Standard Trauma Resuscitation

Resource Management – Identification

Trauma resuscitation team members should identify themselves by name and roles prior to the arrival of the patient with the use of the stickers provided outside of every trauma bay.

Prehospital personnel bring the patient into the Trauma Resuscitation room and assist in moving the patient to the resuscitation bed. A brief report following the MIST format includin mechanism of injury, vital signs, GCS, treatments and responses, and any pertinent past medica history is provided and should not exceed 60 seconds in length. Other conversation during th report should be kept to a minimum. The Scribe nurse should record all information as reporte to the trauma team.

Primary Survey: ATLS Principles- ABCDE: any life-threatening conditions discovered should be immediately treated.

Airway/ C- spine: Assessment of the airway is performed by the PAMD and EDA positioned the head of the bed in collaboration with the TTL regarding definitive airway management. intubation is NOT necessary, the RRT should place O2 by high-flow mask on all patients. During intubation, cervical spine precautions should be maintained.

Breathing: The PAMD and PMD should assess breathing. PCT places the pulse oximeter on the patient, and RRT obtains blood gas.

Circulation: The PCT places ECG leads and auto blood pressure cuff while PN obtains an initial manual blood pressure. Two large bore IV's are placed and PMD assesses pelvis stabilit central, then peripheral pulses, skin color, and mental status. All sites of external hemorrhag are controlled. Blood for laboratory evaluation should be obtained during line placement or b the PN.

Disability: Disability is assessed by noting GCS, pupil examination, and ability to move all 4 extremities.

Exposure and Environment: the patient is undressed for complete examination and subsequently covered with warm blankets. Warm IV fluids should be given via fluid warmer in all multi-trauma patients.

Secondary Survey: Complete head-to-toe exam.

PMD continues with the secondary survey once the primary survey is complete and the patien demonstrates the appropriate physiologic response to resuscitation. This should include a rapid examination of the patient's entire anterior and posterior surfaces, including the flanks and a rectal exam. The entire spinal column from occiput to sacrum is inspected and palpate for deformity, step-off, and pain and the patient is rolled to adequately examine both flanks an axilla. All findings are verbalized to the entire team.

The TTL determines the need and exact sequence of placement of additional IV's, the timing o laboratory assessment, and radiologic assessment required. Trauma X-rays should be obtained immediately following examination of the back. These typically include chest X-ray for blun trauma and appropriate AP and cross-table lateral films for penetrating trauma.

The PMD should perform a detailed head-to-toe examination while X-rays and other procedure are being performed and findings communicated. A FAST (Focused Assessment with Sonography for Trauma) should be performed on all patients with hypotension and/or suspected abdominal injury and uploaded into the ultrasound machine software.

Consultants should be notified early upon recognition of injuries that need their evaluation. Fractures should be splinted and wounds dressed appropriately.

The TTL will then determine where and when the patient should be moved from the resuscitation room to complete the work-up. It may be determined that an unstable patient requires transport out of the resuscitation room prior to completing the full work-up for operative intervention or to continue the resuscitation in the Operating Room or TICU (Traum Intensive Care Unit).

ADDITIONAL IMPORTANT POINTS

- EVERY PERSON TAKES RESPONSIBILITY FOR THEIR OWN SHARPS
  Disposal of sharps is the responsibility of the person using the sharp instrument. A large sharps box is readily accessible in each trauma room.

- No X-rays are obtained during insertion of any IV's, especially central line insertion.

- If the patient's initial BP is within normal limits, repeat BP will be obtained every 5 minute until specified by the TTL. If the patient is hypotensive, then obtain every 1 minute until specified by the TTL.

- Personal Protective Equipment (PPE) should be worn by ALL individuals participating in the trauma resuscitation during ALL trauma activations.