



TRAUMA PRACTICE MANAGEMENT MANUAL

1. INITIAL ASSESSMENT AND RESUSCITATION F. Trauma & Emergency Medicine Shared Responsibilities

Shared Roles and Responsibilities of Trauma Surgeons and Emergency Medicine Physicians During Trauma Resuscitation

1. Trauma Team Leadership and Oversight:

- The **Trauma Attending (TA)** supervises all aspects of the resuscitation, functioning as the designated trauma triage officer who directs the flow of patients to the Operating Room (OR), Computed Tomography (CT), and Intensive Care Unit (ICU).
- The **Emergency Department Attending (EDA)** may assume the role of Trauma Team Leader (TTL) in the absence of the TA and is responsible for the overall coordination and supervision of the resuscitation until the arrival of the Trauma Attending.

2. Primary and Airway Management:

- The **Primary Airway MD (PAMD)** is an Emergency Department Attending, or Anesthesia Resident under the supervision of an Anesthesia Attending. The PAMD assesses and secures the airway, maintains cervical spine stabilization, and performs head examinations.
- The **Trauma Attending (TA)** and **Emergency Department Attending (EDA)** collaborate closely to ensure airway management decisions align with the overall trauma resuscitation strategy, including the need for intubation and advanced airway procedures.

3. Initial Assessment and Resuscitation:

- The **Trauma Team Leader (TTL)**, usually a senior Surgical Resident or Fellow, directs the overall resuscitation, performing or assisting with lifesaving procedures as needed.
- The **Emergency Department Attending (EDA)** functions alongside the TTL, supporting airway management, monitoring patient status, and ensuring that initial resuscitation measures are promptly and effectively implemented.

4. Procedural Expertise and Support:

- The **Primary MD (PMD)**, typically a junior Surgical Resident or Advanced Practice Provider (APP), is responsible for conducting the primary and secondary surveys and may perform or assist with invasive procedures, such as central venous access, chest tube insertion, and wound exploration.
- The and/or **Trauma Attending (TA)** provides (with support from the **Emergency Department Attending (EDA)**) supervision and guidance for these procedures, ensuring they are performed in accordance with the Advanced Trauma Life Support (ATLS) principles.



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5. Continuous Communication and Team Coordination:

- Both the **Trauma Attending (TA)** and **Emergency Department Attending (EDA)** are responsible for maintaining effective communication within the trauma team, ensuring all members are aware of the patient's status, the progression of resuscitative efforts, and any changes in the management plan.
- In cases involving multiple patients or complex scenarios, the **EDA** may assume a leadership role in collaboration with the **TA**, coordinating care among different team members until the Trauma Attending arrives or as necessary to manage multiple resuscitations concurrently.

6. Decision-Making for Patient Disposition:

- The **Trauma Attending (TA)**, in collaboration with the **Emergency Department Attending (EDA)**, determines the need for further imaging, operative intervention, or transfer to the ICU, Trauma ICU, or other specialized units.
- Decisions are based on the patient's response to initial resuscitation, injuries identified during primary and secondary surveys, and other relevant clinical criteria.

These shared roles ensure a coordinated, multidisciplinary approach to trauma care, optimizing patient outcomes through effective resuscitation, management, and team communication.

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