

**BARNES-JEWISH HOSPITAL  
TRAUMA SERVICES POLICIES/PROCEDURES**

**TITLE:** Operating Room Access

---

**SUBMITTED/REVIEWED BY:** Julie Nash, RN, MSN, Manager  
Trauma Services

**LAST REVIEWED/REVISION DATE:** October, 2015

---

**Policy Statement**

A. Barnes-Jewish Hospital as a Level 1 Trauma center will maintain appropriate and timely access at all times (24/7, 365 days/year).

**Purpose**

A. To provide surgical care when necessary for trauma patients.

**Procedure**

A. Assessment

1. The ED/Trauma Team initially evaluates the patient(s) and defines the status of the patient(s) in terms of the patient(s) requiring access to the OR resources.
  - a. Emergent: Life or limb threatening, Immediate need to go to the OR
  - b. Urgent: Significant non-emergent trauma, such as open fractures, need to go to the OR; expected to be in the OR within 3 hours after scheduling.
  - c. Add On: Priority determined by time and space availability at the earliest opportunity
  - d. Unlikely need to go to the OR

B. Implementation

1. Upon a Level I activation, the OR Charge Nurse and Anesthesiologist will respond to all Trauma Page Activations by one of two mechanisms; by calling 362-9104 (ED Communication Center Charge Nurse) or by responding to the ED. The OR Charge Nurse will obtain the following patient information:
  - a. Injury Mechanism and Type of OR anticipated
  - b. Patient Status: Emergent, Urgent, Add On or Unlikely
  - c. Basic Information on Airway, IV Lines & Infusions
  - d. Estimated Time of Arrival to OR
2. In the event of a disaster the BJH Mass Casualty Plan and specific departmental disaster policies will be implemented.
3. For **Emergent** Patients: The OR Charge Nurse will notify the OR trauma team and relay patient information to the team. A direct conversation will occur between the Attending Surgeon or designee and the Anesthesiologist responding to the Level I trauma to confirm the plan and attending surgeon immediate availability.
4. For **Urgent** Patients: The OR Charge Nurse will notify the OR trauma team and relay patient information to the team. A direct conversation will occur between the Attending Surgeon and the Anesthesiologist responding to the Level I trauma to confirm the plan and

Attending surgeon immediate availability. The patient scenario will be reviewed with care planned and provided based on patient clinical need.

5. The Trauma Team will contact the OR Charge Nurse at 362-4000 if the patient status changes.

**Resources/References**

American College of Surgeons, Committee on Trauma “Resources for Optimal Care of the Injured Patient, 2014”

Teresa Hill, BSN, RN, Clinical Nurse Manager 2SWT

Dr. Jason Gillihan, Director, Trauma Anesthesia

Colleen Becker MSN, RN, Executive Director, Perioperative Services

**Approval**

Dr. Douglas Schuerer, Medical Director, Trauma Services      Date of Approval 10/2015