

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

TITLE: Physician Roles In Level I Resuscitations

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Trauma Services

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Policy Statement

A. An organized team approach is required to properly care for the critically injured patient. Trauma team members should understand their roles during resuscitation and be qualified to carry out their responsibilities

Purpose

A. To provide specific role functions to physician members on the resuscitation team.

Procedure

A. Implementation

1. The Emergency Department Attending will supervise the Team Leader and oversee the care of the trauma patient until the Trauma Attending arrives.
2. Upon their arrival the Trauma Attending will oversee the resuscitation and has ultimate decision authority for resuscitation and thoractomy.
3. The Team Leader (S3/4/5/fellow Odd days & EM3/4 Even days) will direct and manage the resuscitation/stabilization of the trauma victim. EM4 should direct the trauma resuscitation in the absence of the Trauma Chief. On Even days EM3/4 will manage the resuscitation with help as needed from S4/5. On Odd days S4/5 will manage the resuscitation with help as needed from EM4. This physician will assist with a surgical airway & thoracotomy as needed, and assign the appropriate upper level resident to perform femoral stick. The team leader is responsible of conducting pre (if prenotification received) and post huddles, as well as keeping the entire team informed of plan.
4. The Emergency Department Attending will be positioned at the head of the patient during the resuscitation. This physician is responsible for the airway and assessing for NG/OG and assessing pupils. A member of the Anesthesiology Trauma Team may also be present at the head of the bed assisting with airway management as needed.
5. The Primary MD (Alternates EM3/4 and S2/3 opposite days of team leader) will perform the primary and secondary assessment. He/She will vocalize all findings.. Responsible for ensuring foley placement and ensures ultrasound completed in collaboration with U/S MD from 1100-1900.
6. Extra personnel (Junior Level EM Resident, Off day Surgery/EM chief, ACCS ANPs, Interns, Nurses, etc.) will expose patient and assist with procedures.
7. Ultrasound MD will be responsible for performing FAST exam (1100-1900) in collaboration with the Primary MD
8. A member of the Anesthesiology Trauma Team will respond to the ED for Level 1 trauma resuscitations. They will be present to assist with airway management as needed.
9. When present, a member of Trauma Service will assist the trauma team as needed.

Resources/References

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

Dr. Brent Ruoff, Chief, Emergency Medicine

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Dr. Douglas Schuerer, Medical Director, Trauma Services Date of Approval 10/15