

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

TITLE: Trauma Response Team

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

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Policy Statements

- A. Effective, efficient care of the injured patient often requires the presence of additional physician, nursing and allied health personnel in the trauma resuscitation area of the Emergency Department.

Procedure

- A. For a **Level I** trauma, the following trauma team members (but not limited to this) will receive a simultaneous group notification with information regarding the incoming patient.

Attending Trauma Surgeon	Emergency Department Attending
Respiratory Therapist	Operating Room Charge Nurse
Pastoral Care	Trauma Chief Resident/Fellow
Trauma Surgical Residents	Radiology Physician & Radiology & CT Technologist
Social Worker	Anesthesia
Trauma Service Manager & Staff	Trauma Director
ED TCC/Communications Room	

Telecommunication devices will be carried by each member of the trauma response team.

- B. It will be the responsibility of each trauma team member to respond in person to the Emergency Department within five (5) minutes with the exception of Pastoral Care, the Operating Room, the Trauma Service Manager, Trauma Service Staff, Trauma Director and the Trauma Attending Surgeon. The OR will respond either by telephone or by responding to the ED. The Trauma Attending Surgeon will respond to the Emergency Department within fifteen (15) minutes. Other personnel present at **Level I** traumas include:

Bedside Nurse	Documenting Nurse
Patient Care Technician	

- C. For a **Level II-A** trauma, the Attending Trauma Surgeon and the appropriate Surgery Resident will receive a simultaneous group call with information regarding the incoming patient. It will be the responsibility of the appropriate Surgery Resident to respond in person to the Emergency Department immediately after notification. If a **Level II-A** trauma patient's condition deteriorates, a **Level I** trauma response will be activated. Emergency Department staff members expected to respond to a Level II-A trauma will include an EM physician, one staff nurse who will serve as caregiver and documenter and one patient care technician who will remain in attendance until the patient has been stabilized. The Attending Trauma Surgeon is expected to be present within 60 minutes.
- D. For a **Level II-E** trauma, the EM 4 resident or EM attending will be notified and the Level II-E algorithm followed. If a **Level II-E** trauma patient's condition deteriorates, a **Level I** trauma response

Trauma Response Team

Page 2 of 2

will be activated. Emergency Department staff members expected to respond to a Level II-E trauma will include an EM physician, one staff nurse who will serve as caregiver and documenter and one patient care technician (if needed) who will remain in attendance until the patient has been stabilized. If additional members of the trauma team are necessary, they will be paged individually. Any level IIE trauma admitted to the hospital will be seen by the Trauma Attending.

- E. Emergency Department staff expected to respond to a **Level III** trauma include an EM physician, one staff nurse who will serve as caregiver and documenter and one patient care technician (if needed). The ED staff will notify the ED trauma surgical resident if a Trauma Service consult is required. If a **Level III** trauma patient's condition deteriorates, a level I trauma response will be activated.
- F. The Trauma Service recognizes that other commitments may preclude a prompt response to trauma response activation. It is the responsibility of the individual on call for the trauma team to ensure that the pager is carried at all time by an individual qualified to respond in a given role.

Resources/References

American College of Surgeons, COT "Resources for Optimal Care of the Injured Patient, 2014
Barnes Jewish Hospital, Trauma Leveling Criteria 4/13

Approval

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