



Trauma Team

Activation

ED response

The ED senior doctor and nurse will act on pre-hospital information as follows:

A. No trauma call

If injuries sound minor or limited and physiological derangement is minimal the ED team will make the initial assessment of the patient without involving other specialties until a clinical need is identified. This will not be the case for the majority of calls that result from activation of the major trauma triage tool.

B. Targeted trauma call

In cases of potentially significant isolated injury without suggestion of polytrauma a targeted call for assistance may be made to the relevant specialty. Examples would include:

Isolated head injury with reduced GCS but no other injuries and stable physiological parameters:
call anaesthetic SpR

Single stab wound to chest with unremarkable physiology: call Cardiac Surgery SpR

C. Amber Trauma call (primarily when an ED consultant is already present)

For all patients with multiple injuries and / or abnormal physiology or conscious level or where the information is unclear, ask switchboard (x2222) for an amber trauma call (stating adult or paediatric).

*On receipt of a trauma call speciality doctors are expected to attend Resus immediately. If they are unable to do so it is their responsibility to ensure that a suitably senior replacement does so. **Do not** ring the Emergency Department for further information.*

D. Red Trauma call (Primarily when no consultant is present in the ED)

When the pre-hospital information suggests that the patient is seriously injured and unstable, or there are multiple casualties ask switchboard (x2222) for a red trauma call. Switchboard will contact the on call ED consultant in addition to the trauma team. This call will usually only be necessary when an ED Consultant is not in the department (ie outside of 0800 – 0000 Mon-Fri and 0900 – 0000 weekends).

Advice for ED Staff:

*If in any doubt as to what level of trauma call to make **err on the side of caution**. It is safer and easier to scale down a response than to scale up. All patients who may be at risk of major trauma must be initially assessed in the resuscitation room.*



Trauma Team composition

ADULT: ED ST (present in dept 24/7), Orthopaedic ST, Vascular surgical ST & Neurosurgical ITU ST.

PAEDIATRIC: ED SpR (present in dept 24/7), Orthopaedic ST, Paediatric surgical ST, Neurosurgical ITU ST, PICU Clinical Fellow.

A Band 6 nurse from the Major Trauma Ward will also attend.

Switchboard will also alert the CT radiographer and radiology SpR out of hours.

Trauma Team roles

Trauma Team Leadership

The trauma team follows an ATLS™ approach. The trauma team leader will be the senior ED doctor present or will be an ED middle grade acting under the direct supervision of the ED Consultant. In the extremely unlikely circumstance that the senior ED doctor present is not ATLS™ qualified it may be more appropriate for an ATLS™ qualified middle grade or above of another team (orthopaedic usually) to take the lead. The trauma team leader will delegate roles to the other members of the team and take overall responsibility for initial assessment and stabilisation of the patient.

The role of the trauma team specialties

Specialties will work with the Trauma Team leader to ensure the smooth and rapid assessment of the patient. They will be primarily responsible for the assessment and initial management of their relevant areas of expertise. They must report to the team leader on arrival and must not leave without the agreement of the team leader.

All middle grade doctors dealing with patients with significant injuries must involve their consultant at an early stage of the process.

Identification

Team members should use the stickers available in resus to identify themselves.

The Scribe

One member of the team should be tasked with the role of scribe. They should keep a close contemporaneous record of events, decisions, referrals, fluid & medication given etc to ensure accurate note keeping. This role may be filled by the Band 6 nurse from the MTW.