

Adult Trauma Team Standard Operating Procedure (SOP)

(Applicable to all levels of trauma call)

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1. Aim

- 1.1 To provide a clear overview of how the assessment, care and initial treatment of trauma patients should be delivered to ensure optimal outcome.

2. Objectives

- 2.1 To achieve consistent trauma team performance.
To describe the expected preparation for trauma patients after pre-alert.
To describe the expected reception of trauma patients.
To describe the expected handling and packaging of trauma patients.
To describe the expected sequence of events for the initial management of trauma patients.

3. Principles

- 3.1 The Trauma Team Leader (TTL) has overall responsibility for the care of the individual trauma patient.
- 3.2 The Trauma Team (TT) is expected to perform in a consistent manner at each trauma call and all members should receive local induction as to their role within the team.
- 3.3 All members of the trauma team should receive specific training to allow them to perform their role competently e.g. how to do a primary survey.

4. Overview

In order to effectively assess, diagnose and treat trauma patients there are several key requirements:

- 4.1 Patients should be fully undressed whilst maintaining their dignity and avoiding additional movement.
- 4.2 Patients should be offered analgesia immediately on arrival, with frequent reassessment of pain score.
- 4.3 Patients should be kept warm and comfortable.
- 4.4 A primary survey should be completed and the findings conveyed to the team within 5 minutes of reception.
- 4.5 A full set of physiological observations should be recorded and conveyed to the team within 2 minutes of reception.
- 4.6 An initial treatment plan should be formulated by the TTL with input from relevant specialists.
- 4.7 Communication is essential and all team members should be made aware of injury load, physiological status and on-going plan.

5. Pre-Alert Call ("ASHICE" Call)

- 5.1 The Ambulance Service will pass a pre-alert message via a dedicated phone in ED Resus to warn of the imminent arrival of trauma patients.
- 5.2 A nurse or doctor should answer the phone immediately and state "Hello, Brighton A&E".
- 5.3 Details should be recorded on the paper forms provided next to the phone.
- 5.4 The nurse in charge of resus and the allocated senior doctor must be informed immediately.
- 5.5 The Trauma Team should be activated via switchboard 10 minutes before the estimated time of arrival (ETA).
- 5.6 Code Red activations should be placed 15 minutes before ETA.

6. Trauma Team arrival and etiquette

- 6.1 All attending members of the Trauma Team must "sign-in" the trauma booklet and don plastic over-aprons and gloves. Name stickers should also be worn on aprons.
- 6.2 Each team member should check any equipment which is required for their role.
- 6.3 Each team member should stand in the allocated positions upon arrival of the patient.
- 6.4 Trauma team members must not leave the trauma call without express permission from the team leader.
- 6.5 It is expected that all team members will attend all trauma team activations.
- 6.6 Whenever possible, team members should arrange cover if they are unable to attend e.g. in theatre.
- 6.7 Members who cannot attend for any reason must call the ED Consultant on 4218 or the Resus nurse on 4250 as soon as they realise they cannot attend. The team leader will decide what action is required based on other available personnel and the expected injury profile.
- 6.8 Non-attendance should be escalated to the relevant specialty Consultant on call and a DATIX should be completed.

7. Trauma Bay preparation

- 7.1 Pre-arrival information made available for all team members to read.
- 7.2 Resus trolley in central position in bay, positioned at appropriate height with sides in “down” position and sheet laid out.
- 7.3 Patient gown, sheet and blanket available.
- 7.4 Name band with unique identifier details.
- 7.5 Trauma booklet with sticker on every page and Scribe ready.
- 7.6 Thermometer and Bair Hugger (machine and sheet) available.
- 7.7 All monitoring ready – ECG dots attached to leads, variety of BP cuffs, EtCO2 etc.
- 7.8 Ultrasound machine in position, switched on and gel available.
- 7.9 Anaesthetic drugs and equipment – checked and available

8. Pre-arrival briefing

Prior to arrival of the patient, the TTL should brief the team. This should be concise but should cover the following points:

- 8.1 Introduction of all team members (first names) and roles.
- 8.2 Confirmation of pre-arrival info e.g. mechanism of injury, expected injuries and condition.
- 8.3 Confirmation of mode of transport e.g. by land or air. If the patient is arriving by air, activation of the Helideck needs to be confirmed as per the Helideck operational policy.
- 8.4 Ensure all team members are dressed in PPE.
- 8.5 Ensure all team members have required equipment.
- 8.6 Ensure any specific actions or roles are allocated e.g. chest drain insertion.
- 8.7 All team members should be positioned in the bay to allow the pre-hospital team to enter the bay and deliver the patient easily without obstruction. Team members should step forward as the ambulance trolley is removed.

9. Handover

- 9.1 The Ambulance / pre-hospital team will deliver a verbal handover to the trauma team. This usually takes place after the patient has been transferred onto the resus trolley.
- 9.2 The team should remain silent and attentive during the handover. No team member should take phone calls during this phase. Ringing phones should be stopped immediately.
- 9.3 Monitoring should be silently applied to the patient during this time. All clothes should be removed at this point if not already done.
- 9.4 Once the team leader has accepted the handover the team should start their actions.
- 9.5 The TTL should provide a patient sticker (with pre-registered patient details) to the pre-hospital team and ask them to attached this to their Patient Record Form (PRF) prior to handing it in to reception.

10. Monitoring

- 10.1 All trauma patients should be initially assessed in the resuscitation room. A full set of observations must be recorded in the trauma booklet including:
 - Non-invasive BP (placed on opposite arm to IV fluid infusion and Sats probe)
 - Pulse rate
 - Oxygen saturations
 - Respiratory rate
 - Temperature
 - BM (maybe taken from VBG result)
- 10.2 Ventilated patients must also have EtCO₂ monitoring and calibration with an arterial pCO₂ sample.

11. Patient Safety

- 11.1 All patients must have a name band with pre-registered patient details placed on arrival. Patient details must include:
 - Unique identifier name
 - Hospital Number
 - DOB
- 11.2 After the patient details have been updated by reception, a second updated wrist band must be applied to the patient. Both wrist bands should remain on the patient for the duration of their hospital admission.
- 11.3 Red name bands must be used for patients with known allergies. Allergy status must be recorded in the trauma booklet once confirmed.

- 11.4 Trolley sides should be kept raised and secured at all times unless a procedure or examination requires otherwise.
- 11.5 Fully immobilised patients should be kept in view of a member of staff at all times in case vomiting occurs and a log roll or suction is required.
- 11.6 The use of anti-emetics should be considered when giving opioids in fully immobilised patients.
- 11.7 Ensure suction equipment is available at all times.

12. Patient positioning and handling

- 12.1 Scoop removal commands will be:
 - **“Ready”** – the team should check hand positions are secure and everyone is in position
 - **“Brace”** – the team should stabilise the patient’s position to prevent patient movement on scoop removal
 - **“Remove”** – the allocated person should pull the scoop blade from under the patient and pass it directly to the ambulance crew.
 - **“Roll”** – the team will simultaneously roll the patient to a pre-agreed position e.g. 90 degrees if there is a need to examine the back.
- 12.2 The patient will be lowered from the log roll using the same commands – **“Ready, brace, down”**.

13. Imaging Requests

- 13.1 Initial imaging requests should be placed on Symphony as soon as is felt clinically indicated by the TTL, usually immediately after the primary survey. As much detail should be provided as possible in the clinical details section.
- 13.2 After completion of the primary survey, the team leader or nominated deputy should arrange any CT imaging. The Duty Radiologist should be called (XXXX) to be informed of trauma scan and that a primary survey of the CT is required.

14. Blood Test Requests

- 14.1 Initial blood requests should be placed on Symphony as soon as the trauma patient is on the system (this can be prior to arrival). A pre-set Trauma panel is available and includes – FBC, U&E, LFT, Clotting screen, Fibrinogen.
- 14.2 For all Code Reds a ROTEM must be done immediately and sent to the lab. This is at the discretion of the TTL for the Advanced Trauma Calls. No ED Trauma Calls should need a ROTEM and if the TTL is considering it then the call should be upgraded.
- 14.3 VBG samples (ABG for ventilated patients) should be processed in the Emergency Department using the near patient testing machines.

- 14.4 Results must be reviewed by the TTL, verbalised to the team and secured in the trauma booklet.
- 14.5 Group and Save samples must be taken using blood hound in accordance with Trust policy. This is a recurrent source of error and failure to follow this procedure may be detrimental for the patient. The process for Cross Match of blood products for pre-registered trauma patients is described in the section on pre-registration (Section 20).

15. Other Investigations

- 15.1 ECG should be performed in all patients over 40 years and in younger patients with appropriate indications.
- 15.2 ECGs must be reviewed by the TTL and signed with written documentation of findings on the ECG and secured in the Trauma booklet.

16. Transfer to CT / interventional radiology / theatre.

- 16.1 Communication is key and prior to any move from the resus room, the destination receiving team must be informed e.g. theatre / Interventional radiology. The Transfer checklist on the Prompt Card should be used.
- 16.2 The Trauma Team Leader should accompany the patient and provide continuity of care and explicit handover at the appropriate time.
- 16.3 It is usual practice for the entire trauma team to accompany Code Red patients.
- 16.4 All transfers should comply with the required standards as per Trust guidelines.
- 16.5 Key staff must be appropriately trained to undertake safe transfers.
- 16.6 Full monitoring and portable monitor / ventilator must be checked and available.
- 16.7 Transfer equipment must be checked and available - transfer bag, portable suction, adequate oxygen supply and reserve.
- 16.8 Commands for patient movement should be issued as detailed in section 6.1 eg "Ready, brace, slide".
- 16.9 Medical notes should accompany the patient at all times when leaving the Emergency Department.

17. Trauma Documentation

- 17.1 The Trauma booklets provide templates for completion by all members of the trauma team.
- 17.2 The required standard is that all boxes are filled in or scored through if not relevant. The highlighted boxes represent the minimum data required by TARN and must be completed in all cases.
- 17.3 A scribe should be allocated for the initial phase of every trauma call.
- 17.4 Patient identifier stickers must be placed on every page of the booklet.
- 17.5 All attending members must record an entry in the appropriate section.
- 17.6 Written entries must be legible, signed, timed and dated. The author's surname must be clearly printed.
- 17.7 All interventions (specifically but not limited to, invasive interventions) must be fully documented including name and grade of clinician and time of intervention.
- 17.8 It is imperative to include accurate timings in the Trauma Documentation including team member's arrival time, patient's arrival time, time of medications and time of interventions.
- 17.9 Documentation should include clear plans and records of discussions between individual teams.
- 17.10 Summary pages of injuries, investigations and ongoing issues must be completed by the TTL prior to the patient leaving the Emergency Department.

18. Drug Chart

- 18.1 The ED Resus SHO should complete a drug chart after the primary survey.
- 18.2 All medications given during the Trauma Call should be documented on the drug chart and not ED Chart. Everything prescribed must have a time documented on the drug chart.
- 18.3 Prescriptions should include regular medication, appropriate analgesia, antibiotics and medications that might be required during the patient's admission.
- 18.4 Consideration must be given to thrombo-prophylaxis e.g. TED stockings.
- 18.5 Some regular medication may need to be withheld e.g. anti-coagulants. This must be discussed with the TTL and the decision fully documented

19. Safeguarding

- 19.1 Safeguarding issues must be considered for all trauma patients.
- 19.2 Any issues identified must be communicated to appropriately senior staff members.
- 19.3 Issues must be documented clearly by the Team Leader or Nursing staff in the relevant section.

20. Patient Admission

- 20.1 The TTL must clearly document who the patient's primary admitting team is. This should include the name of the doctor that care has been formally handed over to and the named consultant.