

PRACTICE GUIDELINE

Effective Date: 3-12-04

Manual Reference: Deaconess Trauma Services

TITLE: OPERATING ROOM NOTIFICATION

OBJECTIVE:

To define a mechanism to notify the operating room of the need to transfer a patient for an immediate surgical procedure.

GUIDELINES:

1. Follow ATLS Guidelines for initial resuscitation.
2. When the need for emergent or urgent operative intervention is determined, contact the operating room charge nurse. The Trauma surgeon responding to the activation will be responsible for making this call. He/she will determine if this case will be considered an emergent or urgent case. Definitions as follows:
 - Emergent Cases – indicates danger of losing their life, a limb, or suffer significant neurological dysfunction. This trauma patient will require immediate surgical need and “bump” the schedule. This patient must be in surgery within 30 minutes of notification from the Trauma surgeon.
 - Urgent Cases – indicates surgery will be done within the next several hours.
3. Convey the following information:
 - 1) Patient name and hospital number.
 - 2) Attending surgeon.
 - 3) Type of procedure to be performed (e.g., laparotomy, thoracotomy, neck exploration, etc.)
 - 4) The need for the cell-saver (yes or no).
 - 5) Identification of an “Emergent” or “Urgent” case.
 - 6) Any other important information (special equipment, cell-saver, X-ray, etc.).
 - 7) “Warm the room.”
4. It is important to designate a member of the team to call anesthesia and notify them of the case with the following information:
 - 1) All of the above information.
 - 2) IV line locations; are they working.
 - 3) Hemodynamic stability.
 - 4) How much fluid and blood has been given.
 - 5) Anticipated findings at surgery (e.g., big blood loss, little blood loss).
 - 6) Any special anesthesia equipment or procedure needed (e.g., pulmonary artery catheter, A-line, TEE, double lumen endotracheal tube, etc.)
5. Once the need for emergent operation has been made, proceed as quickly as possible to the operating room. REMEMBER – anything that can be done in the ED can also be done in the OR and more! Time to definitive care is the fundamental concept.
6. For urgent surgery, the above procedure should be followed, but in general, the operating service (e.g., orthopedics, neurosurgery, etc.) will schedule the case. However, it is

important that, whenever possible, a member of the Trauma Team discuss the case with the anesthesiologist to make sure that the entire perspective of the patient's condition is conveyed.

REFERENCES:

- RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 2006; Committee on trauma American College of Surgeons.
- ADVANCED TRAUMA LIFE SUPPORT FOR DOCTORS: 2007; American College of Surgeons Committee on Trauma.
- Operating Room Policy and Procedure Manual; P & P: C-1 SCHEDULING POLICIES & C-2 MAINTANENCE OF THE SURGERY SCHEDULE.

REVIEWED DATE	REVISED DATE
JAN 05	JAN 08
JAN 06	
JAN 07	