**Created:** February 2022

**Reviewed:** February 2022

**Revised:** February 2022

# Trauma Team Roles and Responsibilities for Patient Resuscitation

**Purpose:**

To clearly define the roles and responsibilities of the Trauma Team to provide optimal patient care and enhance performance improvement activities across the continuum of care.

For resuscitation to be efficient, all team members should be aware of and understand their responsibilities and tasks that need to be completed prior to arrival, as well as upon arrival and during ongoing care.

The individual roles of the team members are subject to change based on the needs of the patient and resources available during the resuscitation. The physician leading the resuscitation may modify the duties of any team member, if in the best interest of the patient.

*****Trauma Team Activation Guiding Principles:**

- Personal Protective Equipment (PPE) should be worn by all personnel who work directly with the patient (Gowns, Gloves, & Masks to include eye shields)
- Keep talking and noise to a minimum
  - Discuss the patient’s condition only behind closed doors and after ensuring a private environment
- Keep doors and curtains closed
  - Vigilantly maintain the patient’s privacy
  - Encourage other patients and family members to stay in their rooms during the resuscitation
- Ensure that the patient is informed of procedures before they are performed
  - Continuously ascertain the patient’s comfort level (e.g., pain, temperature)
- Verbally acknowledges orders
  - Informs the source when the request has been completed
  - When giving orders, ensure their receipt and acknowledgment
- Stand in an area removed from the patient until called upon or dismissed, if not directly involved in patient care
- Vacate the room when X-rays are being taken unless fitted with a lead apron
- Place the patient’s clothing and belongings into labeled bags as soon as possible

## Guidelines:

**A. Emergency Physician**

1. Provide 24/7/365 coverage to support and provide trauma care coverage in the Emergency Department
2. Is present in the trauma room upon patient arrival for Trauma Team Activation (TTA) Red
3. Coordinates the roles of the team members in conjunction with charge or primary nurse
4. Assumes lead role of patient care management until the Trauma Surgeon arrives, who will then assume lead role.
5. Performs primary survey and continues with the secondary survey, if the trauma surgeon has not yet arrived for a TTA Red
   a. Collaborates with the Trauma Surgeon to complete procedures, as needed, such as chest tube insertion, central venous access and FAST exam **5.2**
   b. Completes primary and secondary surveys on TTA Yellow patients
   c. Assists Trauma Surgeon with coordination of care priorities when more than one critical patient is in the emergency department
6. Performs or delegates airway management as needed. For difficult airway management may escalate to Trauma Surgeon or to Anesthesia **5.11**
7. Initiates ED trauma order set
8. Responsible for ordering medications and fluids
9. Makes triage and transfer decisions, including mode of transfer (air vs ground), and completes and signs patient transfer forms in collaboration with the trauma surgeon
10. Communicates directly with receiving physician at receiving trauma hospital regarding transfer, if so delegated by the trauma surgeons
11. Completes emergency department documentation including level of TTA

**B. Trauma Surgeon (Trauma Lead)**

1. Arrives at patient bedside within 30 minutes of patient arrival for TTA Red. If the on-call trauma surgeon is unable to respond within the given timeframe (i.e. currently in surgery with a critical procedure in progress), that surgeon should notify the ED physician immediately and ask that another trauma surgeon be contacted to attend the case. If no other surgeon is available, consider transferring the patient to a Level I or II Trauma center. The on-call surgeon should respond as soon as possible and follow up on the case. **5.4**
2. Must respond by phone within 30 minutes of a TTA Yellow and, if needed, arrive to the trauma room within 30 minutes of ED physician request **5.5**

3. Performs the primary survey and secondary survey (if not already completed by the ED physician)
4. Places appropriate ancillary and nursing orders
5. Assures a stable airway in conjunction with the ED physician. May delegate/escalate airway management to Anesthesia **5.11**
6. Performs procedures as needed such as chest tube insertion, central line and arterial line placement
7. Admission patients- works in collaboration with the ED physician to:
    a. Place admission orders to appropriate services (Trauma, Orthopedics, etc.)
    b. Document level of care for admission – ICU vs floor; Observation vs Inpatient
8. Transfer patients – works in collaboration with the ED physician to:
    a. Communicate directly with receiving physician to expedite appropriate care and transfer
    b. Complete and sign patient transfer form.
9. Documents patient's trauma History and Physical
10. Communicates with Anesthesia and Operating Room (OR) staff for cases going directly to the surgical suite
11. Communicates need for consults such as orthopedics, ENT/Oral Maxillofacial Surgeon, pediatrics, OB, Hospitalist
12. Is present in the Operating Room Suite during procedures that the trauma surgeon is directly responsible for & remains immediately available throughout OR procedures **4.4**
13. Trauma Surgery backup plan: for unusual events requiring one or more surgeons to provide emergent trauma care
    a. Attempt contacting the Trauma Medical Director prior to starting call list
    b. Departmental call list shall be utilized for unusual events requiring more than primary trauma surgeon on-call - (i.e. Primary unavailable (sick, in OR etc) or multiple trauma cases, mass casualty) **4.3**

## C. Orthopedic Surgeons

1. Provides 24/7/365 coverage to support routine orthopedic surgical coverage as well as trauma urgent and emergent surgical needs and interventions
2. Must be at patient bedside within 30 minutes of ED provider or Trauma surgeon request for specific orthopedic injuries as noted in the "Treatment Guidelines for Orthopedic Injuries" **5.20**

3. When patient injuries require a multi-disciplinary approach, the orthopedic surgeon works in collaboration with the ED providers and trauma surgeons as needed to coordinate patient care while in the ED and when scheduling OR time for procedures
4. Collaborates with the Trauma providers when the patient injuries should require transfer to a higher level of care
5. Orthopedic Surgery backup plan: for unusual events requiring one or more surgeons to provide emergent trauma care
   a. Attempt contacting the Orthopedic Liaison to Trauma Peer Review prior to starting call list
   b. Departmental call list shall be utilized for unusual events requiring more than primary orthopedic surgeon on-call (i.e. Primary unavailable (sick, in OR, etc) or multiple trauma cases, mass casualty) **4.11**

### D. Radiologist

1. Provides 24/7/365 coverage to support radiological coverage for trauma urgent and emergent needs and interventions
2. Must document preliminary diagnostic imaging with evidence that critical findings are communicated to the trauma team **5.25**
3. Must ensure that the final report accurately reflects the chronology and content of communications with the trauma team - This should include any changes that occur between preliminary and final interpretations
4. Must ensure documentation of final CT interpretation occurs not later than 12 hours after scan completion **5.26**
5. Departmental call list shall be utilized for unusual events requiring more than primary call – (i.e. multiple trauma, mass casualty)

### E. Anesthesia

1. Provides 24/7/365 coverage to support routine surgical coverage as well as trauma urgent and emergent surgical needs and interventions (see on-call schedule including “on duty” provider notations as well as “primary” and “secondary” on-call anesthesia providers) **4.13**
2. Primary on-call:
   a. Must have appropriate communication device readily available to receive Trauma Team activations or other emergent need notices
   b. Must respond in person to the Emergency Department within 30 minutes of Trauma Team Activation Red **4.13**

c. Must respond in person within 30 minutes of hospital request to manage airway problems or other emergency operations **4.13**

d. Alerts second Anesthesia on call, if unable to provide patient care and/or management and therefore unavailable to respond immediately

e. Notifies second Anesthesia on call, when again available to accept primary Anesthesia call

3. Secondary on-call:

    a. Must have appropriate communication device readily available to receive emergent need notices

    b. Responds immediately when notified by Primary Anesthesia or their designated representative of the need for back up support

        1. Must respond immediately by phone to the Emergency Department when notified by Primary Anesthesia for TTA Red to acknowledge availability as back up call

        2. Must respond in person to the Emergency Department or other hospital unit within 30 minutes of trauma surgeon or ED physician request for airway management

        3. Must respond in person within 30 minutes of hospital request to manage airway problems or other emergency operations

4. Departmental call list shall be utilized for unusual events requiring more than primary and secondary call – (i.e. multiple trauma, mass casualty)

5. Provides the following procedures as directed by physician in charge which includes but not limited to:

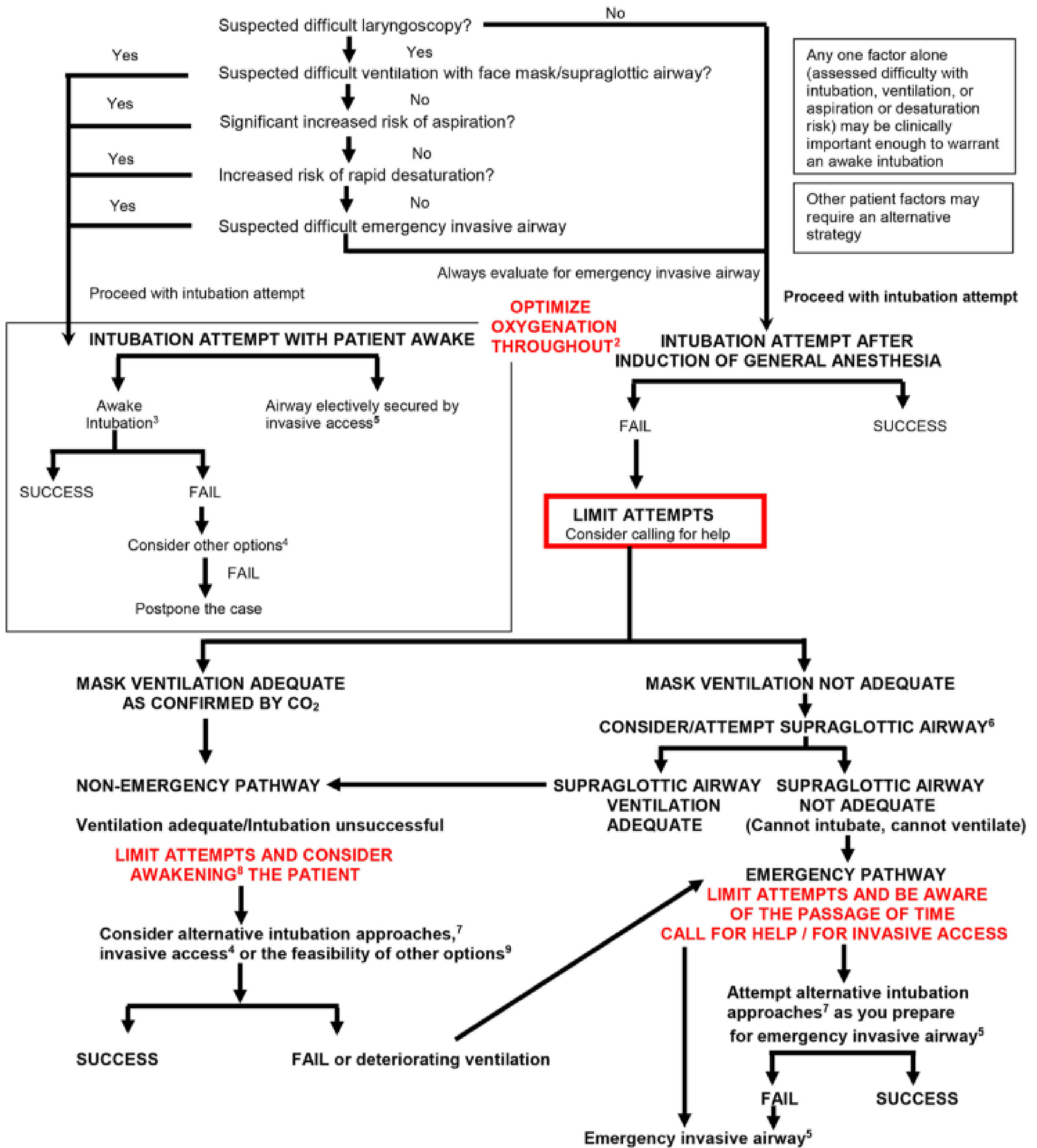
    a. Airway management

    b. Vascular access (peripheral or central)

    c. O/G or N/G tube placement

    d. Sedation for procedures

6. Anesthesia will follow the "Difficult Airway Algorithm" guideline that includes primary airway management with escalation to alternative strategies as needed (see Difficult Airway Algorithm pg.4) **5.11**




## F. Emergency Department Nurses/Techs

1. Prepares trauma room prior to patient arrival

2. Assists EMS with transfer from EMS bed to trauma bed. Allow 60 seconds team silence to receive EMS report
3. Remove patient's clothing and place in patient belonging bag
    a. Be aware of evidence collection needs in intentional trauma; do not release belongings in this case unless permitted to do so - Task Nurse or Tech
4. Attaches BP, cardiac and oximetry monitors to the patient - Task Nurse or Tech
5. Obtains full set of initial vital signs with findings reported out to Recorder. (BP, HR, RR, SpO2, GCS, temperature and pain scale within 30 minutes of arrival) -Task Nurse or Tech
6. Obtains and/or maintains all intravenous lines Primary Nurse
    a. Obtains fluid resuscitation orders and IV rate from lead physician
    b. Minimum of 2 large bore IV's in TTA RED patients with warm fluids
    c. Reports to recorder total IV intake and urine output
7. Be prepared to administer medications as ordered by the Provider
8. Draws or assists lab as needed with obtaining initial lab set; includes urine for toxicology screen - Primary Nurse
9. Inserts Foley catheter when authorized by the physician performing the secondary survey and placement cleared as evidenced by no blood at urinary meatus - Primary Nurse
10. Assists physician with procedures as needed
11. Sets up fluid and blood warmer and starts blood transfusion as ordered – Nursing
    a. Institutes Massive Transfusion Protocol (MTP)as directed by lead physician
12. Remains at patient's bedside throughout the emergency department course and during transport to radiology and final destination - Primary Nurse
    a. Gives patient report to ICU, floor, or surgical staff
    b. If Critical Care nurse is still in the department with the patient, they should accompany the patient during transfer to ICU along with ED RN
13. Documents emergency department course in the electronic medical record
14. Records and trends vital signs including GCS and Temperature per policy or more often as ordered
15. Assures that physician in charge is aware of any changes in the patient's status
16. Works with unit secretary to assemble documentation for team transferring patient out of the facility
17. Ensures family members have transportation directions to receiving facilities

18. Assists with notification of Organ/Tissue Procurement agencies as needed

**G. House Supervisor**

1. Assesses staffing needs; delegates additional nursing staff as required to attend other patients in the emergency department
2. Assists staff with equipment and procedures as needed
3. Communicates with family in collaboration with family support staff member
    a. Assists family to consultation room
4. Assists with bed placement

**H. Emergency Department Technician**

1. Assists with transfer from the EMS bed to the trauma bed
2. Assists in removing patient's clothing; cover patient immediately with warm blankets or Bair hugger
3. Connects patient to monitor
4. Performs EKG
5. Assists with procedures as needed
6. Assists with transport of patient

**I. EMT**

1. Assists with transfer from the EMS bed to the trauma bed
2. Provides patient care report
3. Assists with CPR
4. Obtains IV/IO access as requested

**J. Respiratory Therapist**

1. Checks airway equipment before the patient's arrival (e.g., suction, laryngoscopes, ambu bag, O2)
2. Maintains Oxygenation
    a. Assists ventilation with BVM as necessary and as directed by Provider
3. Assists with intubation:
    a. Performs Cricoid Pressure maneuver (Sellick's Maneuver) after paralytic is given, if indicated
    b. Uses ACLS approved maneuvers for primary and secondary confirmation of tracheal tube placement; Secures ET Tube
4. Ventilates patient:

a. Sets up transport ventilator, if necessary

b. Monitors end tidal $CO_2$ and $SpO_2$

c. Maintain ventilation while patient is transported – CT, CCS, etc

5. Draws ABGs for all intubated patients and as needed

6. Sets up chest tube drainage as needed

### K. Blood Bank & Laboratory Technician

1. Blood Bank Staff: Massive Transfusion Protocol (MTP) is activated by overhead announcement at any point the ED physician or Trauma Surgeon deems MTP should be activated **5.8**

   a. Staff is to arrive within 10 minutes of activation with blood cooler (4 units PRBCs (2units for peds ≤20 kg)) for TTA Red & MTP

   b. Monitors blood cooler temperature probe so that if temperature is close to going out of range, the blood product can be returned to Blood Bank for preservation thus avoiding product wastage

   c. FFP is placed in warmer for thawing

   d. Platelets are ordered STAT from Evansville Red Cross and rushed lights and sirens by state police for emergent use

   e. Determines availability of blood, if more than the first blood shipment are needed

   f. Cessation of MTP occurs when the provider in charge gives the order to cease MTP **5.8**

2. Lab staff

   a. Obtains syringes or vials from IV start (by RN/EMT/physician) or performs venipuncture to obtain blood for trauma lab order set

   b. Ensures type and screen is delivered promptly to the lab to ensure specific blood is available in blood bank if needed

   c. Obtains patient urine specimen from Trauma room nurse

      1. Runs urine HCG on all females in reproductive age group

      2. Runs urine toxicology screen

   d. Runs ABGs when ordered

### L. Pharmacist

1. For TTA Reds and MTPs:

   a. Provides a pharmacological box with rapid reversal agents and other medications to facilitate selection, administration dosing and timings to utilize during a massive transfusion event

b. Also serves as a resource for other drug regimens that can be utilized to help stabilize the trauma patient as well as other medical issues and complications that may occur

### M. Radiology Technologist/CT Technologist

1. Radiology technologists (plain film and CT) responds immediately to Trauma Team Activations
    a. Brings portable X-ray machine to area just outside of trauma room
    b. Prepares for initial radiographs (i.e. CXR and pelvis)
2. Obtains imaging priorities from physician in charge
3. Ensures at least two additional lead aprons are in trauma room and available for emergency department staff
4. Notifies ED physician/Surgeon when films are ready to view on PACS
5. Upon TTA, CT Technician evaluates the scanner for time to availability and holds the elective schedule pending information from the trauma room
6. If electronic transfer or access of images is not available for receiving facility on transfers, arrange for alternative method to provide diagnostic results

### N. Operating Room (OR) Staff

1. The OR team (inhouse or on call team) must be present in OR and the OR suite ready within 30 minutes of emergent request or TTA Red
2. During the day, the next available OR room should be held for the emergent trauma patient until released by the surgeon or anesthesiologist
3. Prepares the general trauma OR - abdominal surgical trays unless notified for other specialty or additional specialty needs such as orthopedics

### O. Registration

1. Registers patient immediately upon arrival to ensure rapid order entry
2. Assures that all TTA patients are provided with armbands with correct information
3. If not directly placing armband on the patient due to ongoing patient care, should ensure that Nursing staff are aware of the armband location and the need to place other patients in the emergency department
4. Directs family support person to the members of the family

### P. ED Secretary

1. Activates trauma team by utilizing automated notification system
2. Confirms that Surgeon & Anesthesia members have arrived. Make additional calls to surgeon if no response
3. Documents trauma activation time, name of trauma surgeon and response time (arrival or call back)

4. Calls consulting specialties as requested and documents time on sign-in sheet
5. Contacts receiving trauma hospital as directed by emergency department physician or surgeon
6. Assists primary nurse in printing copies of all documentation for transport team, e.g., chart, labs, X- ray
7. Initiates departmental call list for unusual events requiring more than primary call – (i.e. multiple trauma, mass casualty)

**Q. Security**

1. Secures helicopter landing pad and assists flight crew with equipment for departing patients
2. Assists with transportation of the patient to CT or helipad as needed
3. Assists with controlling patients or family flow through the ED as needed for the safety of the patients and staff
4. Assists with locking down the ED in the case of intentional injury that may result in retaliation

**R. Family Support Person (Social Services, Chaplain or House Supervisor)**

1. Meets family members; escorts them to the consultation room
2. Offers to contact others (family, friends, clergy)
3. For resuscitations, accompanies family into the trauma room; attends them continuously
4. In the case of patient's death, assists with contacting funeral home after release of the body by the coroner. Notifies Organ / Tissue Procurement

**S. Backup Physicians (non-emergency department physician called in to assist with multiple casualties)**

1. Assists with procedures as delegated by the provider in charge
2. Informs lead provider in charge of findings, patient progress; consults regarding triage, treatments, admits or transfer plans
   a. Backup ED providers assume responsibility for additional emergency department patients as directed by provider in charge
   b. Backup Trauma & Orthopedic Surgeons should triage and assume responsibility for trauma patients needing to transfer to the operating room

**References:**

Trauma Guideline "Trauma Activation"

“Massive Transfusion” Protocol Guidelines

Anesthesia Guideline “Anesthesia Call Availability”

Anesthesia Guideline “Difficult Airway Management” with “Difficult Airway Algorithm” attachment

See: “Treatment Guidelines for Orthopedic Injuries”

Committee on Trauma American College of Surgeons. (2022). Resources for Optimal Care of the Injured Patient (Std 4.3, 4.4, 4.11, 4.13, 5.2, 5.4, 5.5, 5.8, 5.11, 5.20, 5.21. 5.25, 5.26)