

Trauma Team Roles

TRAUMA TEAM LEADER

Prior to patient arrival:

- Ensure pre-arrival preparation has taken place:
 - Universal precautions are undertaken by ALL trauma team members
 - Lead gowns
 - Aprons / protective gowns
 - Gloves
 - Role badges are clearly worn
- Ensure IV fluids are ready and O Neg blood is readily available if required
- Ensure special equipment is immediately available e.g. Ez-IO device, SAM pelvic binder, CAT tourniquet etc.
- Ensure x-ray cassette is in place in the resuscitation patient trolley
- Ensure CT, theatres and specialities are informed in advance if relevant
- Ensure the general surgeons are informed if alerting information suggests cardiovascular instability
- Ensure all the team members understand their specific roles and they channel all information through the Trauma Team Leader
- Establish communication with the TRA to identify treatment priorities

Following patient arrival:

- Ensure there is SILENCE for the AT MIST handover, allow clothing removal, application of monitoring and immediate resuscitative interventions
- Controls and manages the trauma resuscitation
- Maintains communication with the TRA to ensure clear management strategy
- Remains "HANDS OFF" during the resuscitation
- Makes critical decisions: prioritises investigations, interventions and treatment e.g. activation of the Massive Transfusion Policy
- Ensure hypothermia mitigation interventions are available and are employed
- Checks patient details are correctly completed on G&S/XM blood sample and request form
- Considers and communicates change of bay on return from CT
- When appropriate ensure tetanus prophylaxis, IV antibiotics, tranexamic acid are considered
- Liaises with the Radiologist to gain initial primary survey CT findings, and later formal report
- Ensure the lead nurse in the resuscitation room and yourself meet with the patient relatives and give an initial appraisal of the patient's condition
- Ensure ALL necessary trauma documentation is completed in association with the trauma scribe, prescribing all fluids and drugs on a Trust chart and completing the Injury list within the Trauma Documentation.
- Inform the reception team when the patient details should be updated from unknown
- Discusses and finalises management plan with the TRA and hands over care to them at an appropriate time for patients with on-going needs

TRAUMA RESUSCITATION ANAESTHETIST/ 'A' DOCTOR

Prior to patient arrival:

- Ensures pre-arrival checking of all essential equipment
- Ensures nursing staff are familiar with what rapid sequence intubation drugs are required if RSI is indicated, and ensures provision of analgesia and tranexamic acid
- Clarifies drug dosing, particularly when a paediatric patient is expected
- Establish communication with the TTL to identify treatment priorities
- Establish communication with theatres if urgent surgical intervention is predicted
- Is prepared to undertake the role of TTL when multiple patients are expected, or to support ED middle grade staff in this duty

Following patient arrival:

- Co-ordinates the safe transfer of the patient onto the ED trolley
- Considers the immediate safe extrication from spinal board or scoop stretcher
- Responsible for the assessment and management of the primary survey physiology and discusses these findings with the TTL and trauma scribe

- Ensures oxygen is administered and airway interventions are made where indicated, undertakes Rapid Sequence Intubation if required
- Maintains cervical spine immobilisation, if indicated, and controls the log roll of the patient
- If the patient is conscious takes an initial AMPLE history and conveys appropriate aspects to the TTL and trauma scribe
- Prescribes fluids and drugs administered on a Trust chart, ensures CD book is signed
- Discusses and finalises management plan with the TTL
- When appropriate co-ordinates the transfer of the patient to the Imaging Department or other definitive care area.

'B' DOCTOR

Role most usually filled by the ED Middle Grade

Following patient arrival:

- Assists in clothing removal
- Undertakes the primary survey <C> ABCDE assessment
- Ensures the clinical findings are clearly articulated to the Trauma Team Leader and trauma scribe.
- Assists in cannulation and blood taking when required
- Performs other procedures (e.g. FAST examination, insertion of intercostal drains) depending on skill level and training as directed by the Trauma Team Leader
- When appropriate undertake a head to toe secondary survey and ensure the findings are communicated to the Trauma Team Leader and trauma scribe

'C' DOCTOR

Prior to patient arrival:

- Prepares cannulation and blood taking trolley with C Nurse
- Writes the CXR/pelvic x-ray request card with the unknown patient label

Following patient arrival:

- Performs procedures as directed by the Trauma Team Leader depending on skill level and training. This will include:
 - Obtain venous / IO access and obtaining blood sample. Request appropriate blood screening: FBC, U&E, LFT, amylase, clotting, Cross match, G&S, CK, pregnancy test etc
 - Placement of a urinary catheter
 - Ensures appropriate analgesia and fluids are prescribed and documented on the trauma resuscitation chart
 - Liaises with Radiology Registrar and CT radiographer to arrange CT scanning
 - Completes CT request form

RESUS SENIOR NURSE

Prior to patient arrival:

- Supervises the activation of the trauma pager system +/- helicopter pager, ensures appropriate message passed
- Coordinates the nursing response to a trauma call
- Ensures the Trauma Team Leader is immediately alerted to an incoming Trauma Call
- Ensures pre-arrival preparation has taken place:
 - Universal precautions are undertaken by ALL trauma team members
 - Lead gowns
 - Aprons / protective gowns
 - Gloves
 - Role badges are clearly worn
 - Ensures equipment for dealing with catastrophic haemorrhage is immediately to hand if alert message dictates so
- Ensures all nursing team members are aware of their individual roles and sufficient nurses are present
- Ensure the ED shift leader is aware of the imminent arrival of a trauma patient
- Liaises with Reception staff to ensure patient is booked in as unknown if required by TTL
- Identify named nurses to provide optimal on-going care to patients already in the resus room

Following patient arrival:

- Ensures appropriate documentation as regards laboratory investigations i.e. blood transfusion are completed correctly
- Identify named nurse to provide on-going care through CT and to definitive care in conjunction with outreach nurse
- Clearly identifies which bay the patient will return to following CT when appropriate
- With the Trauma Team Leader meet with the family / friends of the trauma patient and give them an initial appraisal of the situation.
- Assist in planning for on-going care by liaising with the ED shift lead regarding suitable bed

'A' NURSE

Prior to patient arrival:

- Plans the airway interventions required with the Trauma Resuscitation Anaesthetist and ensures appropriate equipment is available and fully functional
- Collects drugs from the cupboard and fridge as per SOP for Emergency Drugs

Following patient arrival:

- Assists the anaesthetist with advanced resuscitation interventions (unless ODP present)
- Ensures the semi rigid cervical collar is correctly fitted
- Prepares and administers drugs as required
- Ensures all necessary equipment is gathered and moves with the patient from the resuscitation room to various hospital departments (e.g. CT scan, theatre etc)

'B' NURSE

Prior to patient arrival:

- Ensures monitoring equipment ready and available including X2 and ETCO2 modules and capnograph line
- Prepares the appropriate procedure trolleys (e.g. catastrophic haemorrhage, EZ-IO, intercostal drain, thoracotomy) as indicated by pre hospital information
- Prepares an A-line if indicated by pre hospital information

Following patient arrival:

- Removes patients clothes
- Ensures monitoring equipment is applied immediately on arrival, and the blood pressure cuff is cycling every minute
- Measure the patient's temperature as soon as possible (ideally during the log rolling process)
- Ensures patient ID label is attached to the patient
- Assists the ED middle grade in all procedures e.g. intercostal drainage
- Reports back to TTL for further task allocation once all completed

'C' NURSE

Prior to patient arrival:

- Prepares cannulation and blood taking trolley with the EM junior doctor
- Primes the rapid infuser with small volume (100ml) bags of crystalloid using the double giving set, ensure these are dated if not used
- Do not 'spike' the blood prior to patient arrival (remember maximum 30 mins out of fridge)
- Assists in preparing the appropriate procedure trolleys with B Nurse, as indicated by pre hospital information

Following patient arrival:

- Performs CPR if resuscitation is in progress on patient arrival
- Ensure the patient's clothing is cut off and employs hypothermia mitigation measures
- Ensures the patient's clothing and property is itemised and documented
- Ensures blood samples are taken (assisting the 'C' doctor) and are correctly labelled
- Ensures IV fluid/blood is administered in a timely fashion (e.g. via the rapid infuser) as directed by the TTL/TRA
- Assists in preparing for central line access when required
- Reports back to TTL for further task allocation once all completed