

Trauma team leader

- Controls and manages the trauma team resuscitation.
- Makes decisions in conjunction with specialists.
- Prioritises investigations and treatments.
- Is responsible for all handovers and transfers.







Before patient arrival

- Ensures trauma team activated.
- Appoints scribe (preferably additional team member).
- Ensures correct PPE and identification worn.
- Ensures CT notified.
- Ensures team members 'book in' on ED documentation.
- Introductions and roles assigned.
- Ensures tranexamic acid ready (if needed).
- Ensures blood products ready (if activated).
- Ensures theatre ready (if right turn resus).
- Briefs team.
- Starts the clock when the patient arrives in bay.

Network Co-ordination Service (NCS): **0300 330 3999**

Trauma team leader

First hour of care in ED

Elapsed time	Processes undertaken
Time 0	Patient on ED trolley
Within 10 minutes  	Reception/handover Primary survey and immediate interventions Establish ED monitoring Establish anaesthesia and ventilation (if required) Establish appropriate IV access, undertake venous blood gas, give analgesia +/- fluids Request immediate imaging: CT in stable patients, FAST and PXR in unstable patients Identify and transfer to trauma theatre if patient necessitates immediate damage control surgery
Within 30 minutes  	Gain cardiovascular control Administer tranexamic acid: First bolus (if not already given) and start second infusion Any immediate radiological studies undertaken in resus complete and available for viewing Antibiotics / tetanus given Transfer to CT and start scanning
Within 60 minutes  	Formal CT report available <i>Images transferred to MTC and Network Co-ordination Service contacted</i> Complete secondary survey and further treatments Further imaging undertaken, eg. limbs Tertiary specialist involvement, eg. ENT, maxfax Disposition / transition plan made
Within 90 minutes	Transition to final destination

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Airway specialist

- Communicates airway patency and issues to **team leader / scribe**.
- Ensures patient oxygenated and ventilated with no airway obstruction. Intubate when appropriate only in discussion with the **team leader**.
- Ensures cervical spine immobilisation.
- It is usually appropriate for the airway specialist to talk to the patient and provide ongoing assessment of GCS. Reassures patient on arrival, sets the scene of what is happening and takes AMPLE history:
 - A** allergies
 - M** medications
 - P** past medical history
 - L** last meal
 - E** everything else relevant
- This role may be shared with **doctor 1**. Inform outcome to **team leader / scribe**.
- Considers need for endogastric tube.
- Arterial lines may be indicated. To avoid delay to CT this can usually be done after CT or in the operating theatre. It should not delay either.
- Communication with theatres role is shared with **surgeon**.

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Airway specialist

Airway assistant

- May assist with removing patient clothes, have scissors to hand.
- Assists **airway specialist** in all airway interventions.
- Takes emergency airway equipment / drugs on any transfers (CT, theatre, ITU).

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Airway assistant

Doctor 1

- Undertakes primary survey <C>ABC. Clearly states findings to **team leader** and **scribe**.
- Takes AMPLE history if anaesthetist busy, reassures patient on arrival, sets the scene of what is happening
 - A** allergies
 - M** medications
 - P** past medical history
 - L** last meal
 - E** everything else relevant
- Performs procedures depending on skill level and training. Confirms skill levels with **team leader** prior to patient arriving.
- Neurology exam needed before paralysing anaesthetic agents used.
- Ensures patient kept warm.

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Doctor 1

Nurse 1

- Prepares for trauma call with warming devices, tranexamic acid (if needed).
- Prepares for the trauma call with level one run through when indicated, warmed IV fluids run through, chest drain sets out if suggested.
- Ensures full monitoring is applied quickly and observations fed back to the **team leader**.
- Has scissors ready – removes all clothing including underwear and store securely.
- Covers with Bair Hugger / blankets – check temperature.
- Prepares for transfer to CT ASAP (within 10–20 minutes) and / or theatre.
- Helps with procedures as identified, eg. catheter, chest drain, arterial line.

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Nurse 1

Doctor 2

- Two peripheral lines taking 20mls of blood at same time.
- Bloods needed will usually include:
 - FBC
 - U&E
 - LFT
 - pregnancy test
 - XM 6 units (or G&S occasionally)
 - glucose
 - coag screen
 - venous gas (will include glucose and lactate)
- Orders radiology and bloods in discussion with **team leader**.
- Performs procedures depending on skill level and training and as guided by **team leader**. Confirms skill levels with **team leader** prior to patient arriving.
- FAST scan if accredited and not delay CT.
- Administers drugs, eg. analgesia, antibiotics.
Keeps patient warm.
- Undertakes secondary survey including tympanic membranes.

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Doctor 2

Nurse 2

- Has scissors ready – removes all clothing with **nurse 1**.
- Helps with getting IV access and sending bloods off if required, sets up intraosseus kit (ezi-IO) if no / difficult IV access.
- Draws up drugs / administers as prescribed
- Helps with procedures as identified for **nurse 2** or **doctor 2**.
- Prepares for transfer to CT as soon as possible and / or theatre.

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Nurse 2

Scribe

- Use ED trauma documentation.
- Records names, grades and specialties of all clinical staff attending, plus time of arrival.
- Ensures clock is started when patient arrives and is recorded in ED trauma documentation.
- Records all observations.
- Records all findings and interventions.
- Ensures patient wrist labels are applied (including allergy).

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Scribe