Working Together: 2222 Trauma Team in UHW

What you can expect from the ED

- To put out a 2222 call for ALL patients who meet Trauma Team Activation Criteria
- To put out the 2222 call as soon as is possible – ideally so that team members can attend for the patient's arrival
- The ED Consultant in Charge (CIC) or most senior doctor (Middle Grade if overnight) should identify the most appropriate person to take on the role of Trauma Team Leader (TTL) – like a consultant or MG doctor
- The Nurse in Charge (NIC) should allocate appropriate members of nursing staff to the resus area for the duration of the trauma call
- To provide adequate facilities (resus space, trolley, airway equipment, IV access, monitoring (invasive and non-invasive), drugs, paperwork and somewhere for family/NOK

What you can expect from the Trauma Team Leader

- To identify themselves as the TTL to all members of the team
- To ensure team members are adequately briefed – this relies on the timely attendance of the team members
- To allocate roles based on the role cards for each specialty – NB these may change at times based on clinical need
- To facilitate a 'hand off' handover and allow time for questions
- To support all team members and ensure no one is working out with their level or skill or expertise
- To communicate effectively and listen to all team members
- To respect the expertise of the team members whilst remaining overall in charge of the clinical situation
- To make a decision on patient destination in conjunction with the various specialties
- To stand down any team members no longer required in a timely fashion

What the ED expects from all visiting specialties

- To identify the most appropriate team member to attend the trauma call – ideally someone senior and with experience of trauma management
- To arrive promptly and ideally in advance of patient arrival
- To 'sign in' and provide your name, specialty and grade for documentation
- To wear a sticker identifying your specialty throughout
- To listen to the 'hands off' handover – your patience and absolute attention provides the optimum environment for a safe and effective handover
- Respect the TTL and other team members and undertake roles allocated unless you are unable to do so based on your skill level
- To stay until such times as the TTL has assessed that you are no longer required and gives official stand down notice

THE SUCCESS OF THE TRAUMA TEAM RELIES ON COLLABORATIVE WORKING AND A MUTUAL RESPECT OF EACH OTHERS ROLES WITHIN THE SERVICE

All team members could be asked for undertake one of the many 'shared roles' in the initial assessment and management of trauma patients as per the competencies outlined by the curricula of RCEM, RCOA, RCS.

These include:

- Primary survey
- Application of monitoring
- Intravenous access
- Requesting/sending bloods
- Requesting imaging on TRAK and contacting radiology
- Communicating with families

Requesting imaging:

- CT polytrauma (whole body)
- Important details include haemodynamic stability (helps radiology identify whether to do a dual phase or triple phase contrast CT) and any suspected injuries you wish to urgently exclude

Intensive Care/Anaesthetics

- To provide a clinician competent to recognize and manage immediate airway compromise
- To inform the TTL immediately of any airway concerns and escalate these to the ITU consultant on call (if required)
- Ensure adequate C-spine protection is provided during patient movement
- To provide emergency anaesthesia if required
- To transfer ventilated patients or those with airway concerns on both intra and inter-hospital movements
- To assist with or perform specific interventions (IV access, arterial lines, CVC insertion, chest drains if competent to do so)

General Surgery

- To provide an adequately experienced clinician who can help assess a multiply injured patient
- To assist with or perform the primary survey
- To help identify patients who are unstable and may need to go straight to an operating theatre
- To escalate any immediate life threatening surgical concerns to the TTL and the on-call General Surgery Cconsultant
- To help identify what imaging is necessary in conjunction with the TTL (FAST, plain films, polytrauma CT)
- To assist with or perform specific interventions (e.g. chest drains, thoracotomy, resuscitative hysterotomy if competent to do so)

Orthopaedics

- To provide an adequately experienced clinician who can help assess a multiply injured patient
- To assist with or perform the primary survey
- To identify any immediate limb threatening injuries and escalate this to the TTL and the on-call Orthopaedic Consultant if required
- To undertake a secondary survey and identify any further imaging which may be required
- To assist with or perform specific interventions (C-spine collars, pelvic binders, long bone splints, application of casts as required)

Paediatrics

- To provide an adequately experienced clinician who can help assess a multiply injured patient <16 years of age
- To assist with primary survey and intravenous access
- To communicate with parents/guardians of the injured child
- To liaise with PICU/ScotSTAR retrieval team

Obstetrics/Midwifery

- To provide an adequately experienced clinician to attend ED resus and assist with the initial management of a multiply injured pregnant patient
- To assist with foetal monitoring
- To liaise with obstetric senior/theatre team if delivery of the foetus is anticipated or required