

Title	Trauma Team Action Cards
Applies to	RAH
Date of this version	June 2021
Author (s)	Niall McMahon

RAH Trauma Team

Action Cards

Emergency Medicine

- Senior doctor to perform trauma team leader (TTL) role
- Activate the trauma team through switchboard
 - For pre-alerted trauma cases by Scottish Ambulance Service
 - For those identified at triage of having suspected major trauma
- Ensure the resus bay is prepared for patient arrival
- Activate major haemorrhage protocol and request pack A if serious bleeding clinically suspected
- Coordinate the team to ensure efficient patient assessment, stabilisation and documentation
- Allocate tasks and procedures to members of the trauma team. TTL should remain 'hands off' where possible
- Ensure rapid but safe transfer to CT
- Discuss with MTC consultant at QEUH if ED to ED secondary transfer for major trauma required
- Liaise with anaesthetic and critical care teams regarding preparation and planning for interhospital transfer
- Instigate and chair 'hot' debriefs when felt to be beneficial
 - Challenging, unusual or emotive cases
 - Patient death
- Stand down individual members of trauma team when not required to maintain clinical activity elsewhere in hospital

Anaesthetics

- Attend RAH resus when prompted by the trauma team activation voice page system
- Under the direction of the trauma team leader (TTL) assist in the reception and stabilisation of patient(s)
 - Perform required clinical interventions relevant to competence
 - Perform indirect clinical tasks e.g. trakcare requests
- In conjunction with critical care doctor, provide clinical escort to CT for intubated and spontaneously ventilating patients with appropriate monitoring
- Liaise with theatre and relevant individuals regarding patients suspected or confirmed to need urgent access to cepod or trauma theatre
- Perform early, proactive planning for patients likely to require interhospital transfer e.g. INS for head injuries or MTC for polytrauma
- Participate in 'hot' debriefs
- Stand down from trauma team response when instructed by TTL

Critical Care

- Attend RAH resus when prompted by the trauma team activation voice page system
- Under the direction of the trauma team leader (TTL) assist in the reception and stabilisation of patient(s)
 - Perform required clinical interventions relevant to competence
 - Perform indirect clinical tasks e.g.trakcare requests
- In conjunction with anaesthetics doctor, provide clinical escort to CT for intubated and spontaneously ventilating patients with appropriate monitoring
- Facilitate admission to critical care areas where indicated including early bed management discussions if required
- Assist in planning and preparation for interhospital transfer e.g. INS for head injuries or MTC for polytrauma
- Participate in 'hot' debriefs
- Stand down from trauma team response when instructed by TTL

Orthopaedics

- Attend RAH resus when prompted by the trauma team activation voice page system
- Under the direction of the trauma team leader (TTL) assist in the reception and stabilisation of patient(s)
 - Perform required clinical interventions relevant to competence
 - Perform indirect clinical tasks e.g.trakcare requests
- Liaise with theatre and relevant individuals regarding patients suspected or confirmed to need urgent access to trauma theatre
- Coordinate orthotic (e.g. Miami J collar), splints and plaster cast application where required
- Facilitate admission to orthopaedic ward including early bed management discussions, in conjunction with trauma liaison service, if required
- Participate in 'hot' debriefs
- Stand down from trauma team response when instructed by TTL

General Surgery

- Attend RAH resus when prompted by the trauma team activation voice page system
- Under the direction of the trauma team leader (TTL) assist in the reception and stabilisation of patient(s)
 - Perform required clinical interventions relevant to competence
 - Perform indirect clinical tasks e.g.trakcare requests
- Liaise with theatre and relevant individuals regarding patients suspected or confirmed to need urgent access to cepod theatre
- Facilitate admission to surgical ward including early bed management discussions if required
- Participate in 'hot' debriefs
- Stand down from trauma team response when instructed by TTL