Pediatric Trauma Resuscitation Roles Guideline

Part One: Patient arrival

For all TRAUMA PATIENTS who are brought into the trauma resuscitation area.

The TTL will call a time of

ALL QUIET

One of our physicians will assess A, B and C. After that time EMS will give report.

We are instituting this policy so that the EMS report is heard ONE time by the ENTIRE team.
Part Two: Trauma Room Resuscitation Roles

1. **Trauma Team Leader – TTL (A)**
   A physician that directs the resuscitation efforts for all trauma activations. This person makes all of the diagnostic and therapeutic decisions during the trauma resuscitation under the supervision of the Trauma Attending. If the Trauma Attending is not present, the Emergency Medicine (EM) Attending will supervise. This person stands at the foot of the patient.
   - Assembles the trauma team and makes resuscitation role assignments.
   - Confirms that everyone in the trauma room is wearing appropriate PPE.
   - Makes decision for intubation with the Airway Physician.
   - Directs sequence of resuscitation, diagnostic studies, and procedures.
   - In direct communication with team, recorder, OR staff, CT scan, and ancillary services.
   - Performs E.D. Thoracotomy or directs the Assessment Physician in the performance of this procedure.
   - Reviews all radiographs performed on the patient.
   - Directs order of consultations for the poly-trauma patient.
   - Communicates with the Operating Room (OR) regarding surgical intervention, timing to OR, and types of surgical instruments required.
   - Decides on disposition of patient.
   - Talks with family.
   - Responsible for writing the H&Ps (History & Physical) for Level I trauma activations.

2. **Primary/Assessment Physician – MD #1 (B)**
   The physician responsible for performing the primary and secondary surveys under the direction of the TTL. This physician stands on the left side of the patient and calls out the physical findings so the recorder, primary R.N., and TTL can hear the findings. *This should be the only physician performing the physical exam.*
   - Performs all procedures at the direction of the TTL.
   - Responsible for writing the H&Ps for Level II trauma activations. Also responsible for documenting all procedures performed during the trauma resuscitation.

3. **Airway Physician (C)**
   A physician whose primary concern is airway maintenance during the resuscitation. Usually an Emergency Medicine resident under the direction and guidance of the Emergency Medicine Attending. This person stands at the head of the bed.
   - Responsible for preparing & maintaining all equipment necessary for managing the airway.
- If intubation isn’t required, he/she serves the role of calming the patient, answering their questions, and obtaining medical history (AMPLE). However, this should not interfere with the primary assessment.
- Also responsible for assessing/noting injuries of the head and cervical spine. Like that of MD #1, these findings are to be called out in order for the TTL, primary R.N., and recorder to hear the findings.
- Monitors neurologic status and reports any changes to the TTL.

4. **Anesthesia**
   Responds to Level I trauma resuscitations only. Act as a consultant airway specialist as part of the Trauma team in case a difficult airway arises.
   - Will perform endotracheal intubation in the event the Airway Physician is unable.
   - Excused from Trauma resuscitation by the TTL.

5. **Support Physician – MD #2 (D)**
   The EM resident assigned to responding to trauma activations in the ED. If this person is unavailable, this role will be the most junior Trauma or EM resident assigned to the Trauma Service. This person stands on the right side of the patient.
   - Aids with the exposure of the patient.
   - Assists with procedures. Performs right-sided procedures when simultaneous procedures are being performed. This will be under the direction of the Assessment Physician & TTL.
   - Performs the FAST exam.
   - Will ensure that all necessary orders (i.e. labs, x-rays, CT scans, MRIs) are written.

6. **Trauma Nurse(s) [E]**
   Anywhere between 1-3 nurses present to trauma activation, number depends on level of activation. They are to be positioned on either side of the patient.
   - Initial responsibility is for placement of patient onto the monitor with initiation of blood pressure monitoring
   - IV access assessment with replacement if necessary
   - Setting up the rapid infuser if needed
   - Hanging of IVF/blood products
   - Administering of tetanus and antibiotics if required

7. **Pediatric Intensivist**
   An Attending Physician from the Pediatric ICU may respond to trauma activations to assist with the resuscitation of the pediatric trauma patient. Pediatric Intensivists will have current ATLS to
respond to trauma activations. They may assist with procedures, collaborate with Pediatric ED and TTL on plan of care and travel with patients to diagnostic testing and transfer to PICU.

8. **Medical Student**
   Duties dictated by the TTL prior to the start of the resuscitation. May assist with the care of the patient or assist with taking notes (i.e. scribe), however not allowed to complete the H&P in the electronic medical record.

9. **Recorder**
   Usually a nurse. All aspects of the resuscitation are recorded to keep a complete record of assessments & treatments. Also should record events as they happen. **This is part of the patient’s medical record.**

10. **Scribe**
    Can be either an additional resident or medical student who will record history and exam as it’s being called out to aid with recording information in the electronic medical record by the resident.

11. **Radiology Technician** (F)
    Responsible for obtaining all radiographs as ordered by the TTL. They also work closely with consultants to get radiographs minimizing unnecessary radiation.
    - Excused by the TTL.

12. **Respiratory Therapist** (G)
    Assists the Airway Physician at the head of the bed.
    - Performs manual bag-valve ventilation.
    - Monitors respiratory status.
    - Provides ventilator set-up.
    - Excused by the TTL.

13. **Patient Representative**
    Assists with identifying the patient. May also assist with contacting the patient’s family and coordinates bedside family visits with the TTL. Supports grieving process, sometimes in conjunction with the hospital Chaplain.