Trauma Service 101

Schedule

Morning Sign Out: *report on entire service from night APP* - R5 Provider Office
Every day: 5:30
Morning Report: *present 24 hr admits, complications, escalations of care, education* - R3 Conference Room
Mond – Fri: 6:30 – 7:00; Sat & Sun: 7:00 – 7:30
Walk Rounds: *gravity rounds with attending for trauma patients* - starts on top floor that we have a trauma patient
Mon – Wed, Fri: 8:30; Thurs: 10:00 (time dependent on conference); Sat & Sun: attending dependent

Charting

Trauma Admission Note: use on every trauma activation or consult, please be sure to document thoroughly
.TRAUMAADMITNOTE
Trauma Burn Admission Note: use on every burn admission or consult
.TRAUMABURNADMIT
Trauma Tertiary Note: complete within 24 hrs of admission; includes complete physical exam, contacting PCP, updating history, reconciling medications, following up on final reports of imaging (in house & outside hospital), SBIRT and formulating plan for admission
.TRAUMATERTIARY
Daily Progress Note: use for daily rounding
.TRAUMAAPSO
Discharge Summary*:* start on the day of tertiary survey
Smart Text: MH IP SURG DISCHARGE SUMMARY
Rounding Tab: Use to complete problem based charting. → Ask an APP to show you how to do this.

Trauma Protocol

MMC Trauma Clinical Practice Guidelines → https://collaborate.tuftsctsi.org/redcap//surveys/?s=T4LRJCA3NE
Please review the link prior to rotation and reference as needed. Pay specific attention to the following:

- Cervical Spine Clearance
- Open Fractures Antibiotic Prophylaxis
- DVT Prophylaxis/DVT Prophylaxis Post Discharge
- SBIRT: Identification and treatment of problem drinkers

*It is important that we follow these protocols to maintain our Level 1 Verification

Admissions: The following needs to be done FOR ALL TRAUMAS to complete an admission:

- Trauma H&P Note
- ED Trauma Order Set (will be updated soon)
    - Labs → CBC w/ Diff, CMP, INR, PTT, ETOH, Type & Screen, Urine Tox w/ Methadone
    - Imaging: follow ATLS, most utilized imaging listed below
        - CT Head & Neck w/o contrast
        - CT Angio Chest, Abdomen, Pelvis w/contrast: high v low suspicion based on severity of injury
        - CT Angio Neck: according to Denver Criteria
        - CT Maxillofacial w/o contrast
        - XR: extremities
- *Collect History*: medical, surgical, social, TDap, blood disorders, problems with anesthesia, home medications
- *Consults:* call attending listed on AMION for all except for Geriatrics & Psychiatry, place consult order
    - Orthopedics: all extremity fractures, excluding hands
    - Neurosurgery: spinal injuries, intracranial injuries
    - Plastics: facial fractures, complex facial lacerations
    - OMFS: maxillary, mandible, dental fractures
    - Hand Surgery
    - Geriatrics: ALL falls over 80 years old, and others over 65 as indicated
    - Psychiatry: ALL patients with positive ETOH level, suicide attempt, severe mental illness
- *Admission Orders*: Trauma Surg non-ICU order set (to be updated soon), reconcile home medications
- Clear cervical spine (see protocol): if unable to clear, order Orthotic Device: ASPEN collar and discuss with nurse
- Discuss plan with trauma attending
- Close loop with ED resident and nurse regarding admission order, bed type and safety to move out of critical care.