

Procedure

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1.0 SCOPE

- 1.1. This procedure outlines the criteria and procedure for seriously injured children to be directly admitted to the Operating Room (OR) for surgical management and pertains to all Cincinnati Children's personnel who participate in the care of the seriously injured child.
- 1.2. It is generally recognized that a seriously injured child in need of a Trauma OR Resuscitation during off shifts and weekends requires additional personnel to support the resuscitation.
- 1.3. The Trauma OR Resuscitation team is comprised of an inner core group of health professionals who provide direct patient care and an outer core which support the resuscitative efforts.
- 1.4. Trauma OR Resuscitation members function within this role until they can be replaced by appropriate OR personnel. Additional OR personnel are mobilized by the Manager of Patient Services or by the OR Manager on call.

2.0 DEFINITIONS

- 2.1. **StatLine:** Communication center within the Emergency Department (ED) that receives calls from outside agencies
- 2.2. **Inner Core:** Group of 10 team members (Surgeons, Nurses, Anesthesiologists, Respiratory Therapist) that provide direct patient care
- 2.3. **Outer Core:** X-ray Technician, Family Support / Chaplain, Security, Radiologist, Paramedic, PCA

3.0 PROCEDURES

- 3.1. Activation Criteria:
 - 3.1.1. Child in full arrest with pre-hospital signs of life following a non-cranial penetrating chest or abdominal injury
 - 3.1.2. Child with a penetrating injury and shock unresponsive to 40 mL/kg fluid administration
 - 3.1.3. At the discretion of the ED and surgical attending
- 3.2. Procedure for Activation:
 - 3.2.1. StatLine receives notification from an outside hospital (OSH) or pre-hospital personnel. Prior authorization from the Emergency Department Attending Physician occurs before the Trauma OR Resuscitation page is initiated.
 - 3.2.2. The ED Attending Physician collaborates with the Surgical Attending/Fellow to determine whether the patient meets the criteria for a Trauma OR Resuscitation (notification outlined in 3.5 below).
 - 3.2.3. The ED Attending Physician notifies StatLine to request the activation of a Trauma OR Resuscitation. Required information includes:
 - Patient name (If known)
 - Gender
 - Injury
 - Mode of arrival
 - Estimated Time of Arrival (ETA)
- 3.3. Registration:
 - 3.3.1. StatLine begins the quick registration process, which generates a state name in Epic, if the name is known and verified, actual name is used for registration.
 - 3.3.2. StatLine contacts the Emergency Service Representative (ESR) coordinator to coordinate the pending of the OR bed.
 - 3.3.3. StatLine informs Registration Resource staff that labels, and bracelet need to be delivered to the OR.
 - 3.3.4. Surgery registration is completed once the patient has been admitted.
- 3.4. Timing of Page:
 - 3.4.1. Can be upgraded from any type of resuscitation if patient meets criteria prior to the patient's arrival.
 - 3.4.2. When possible, Trauma OR Resuscitations are paged up to 20 minutes before the patient's expected arrival. If less than 20-minute ETA, paging is activated with the given ETA by EMS.
 - 3.4.3. If patient meets "violence guidelines" criteria, this should be included as the last notation within the content of the trauma page.
- 3.5. Team Communication:

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- 3.5.1 Emergency Department Attending physician contacts the attending Trauma Surgeon regarding the OR resuscitation.
 - 3.5.1.1. ESR will page the Surgery Attending (listed as “Attending Main Campus On-Call Surgeon/Trauma (Days) (PPL)” in Who’s on Call?) with the call back number, followed by 911.
 - 3.5.1.2. If the Surgery Attending cannot be reached, or if the ETA is < 20 minutes, an OR Resuscitation can be activated at the discretion of the ED Attending.
- 3.5.2 The Trauma Resuscitation Team responds to the OR to stabilize the trauma patient. The team members continue in their assigned roles until the OR team relieves them of their responsibility.
 - 3.2.5.2.1 Anesthesia Tech will respond and set up the rapid infuser.
- 3.2.6 Trauma core nurses should continue to assist with medication and fluid administration under the direction of the trauma attending or anesthesia attending until dismissed by either of these individuals.
- 3.6 OR Room / Equipment Availability:
 - 3.6.1. An operating room is committed to trauma 24 hours a day, seven days a week, and 365 days a year.
 - 3.6.2. Between 7 a.m. and 11 p.m. Monday – Friday, the OR charge nurse identifies a room which is available for an injured patient.
 - 3.6.2.1 A member from the OR will greet arriving team members at the rally point and direct to the assigned OR.
 - 3.6.3. Between 11 p.m. and 7 a.m. Monday – Friday, Saturday, and Sunday an operating room is available for trauma at all times. In the event that the in-house surgical team is needed to staff another room, the other room does not start until the on-call trauma team has been notified and is on-site
 - 3.6.4 There are two sets of trauma/emergency resuscitations carts. The trauma cart on the low side is in the designated spot with the other emergency carts and contains the basic operating instruments for trauma. The emergency chest cart on the high side is in the designated spot with other emergency carts and contains instruments to start a trauma case however additional trauma trays must be brought into the room. The neuro carts are located by the neuro rooms.
 - 3.6.5. Upon an impending emergent transfer of a child to the operating room, the OR nursing staff prepares the major trauma operating room for a laparotomy, thoracotomy, or craniotomy as directed by the trauma surgeon.
- 3.7 OR Resuscitation Procedure:
 - 3.7.1. Roles and responsibilities for the Trauma team as defined in TR-01 are the same in the Operating Room setting, except for the MD Team Leader. The Surgery Attending will perform the MD Team Leader role and collaborate with the ED Attending Physician, until there is a clear handoff to either the ED or Anesthesia Attending. All other team members will function in their assigned role until relieved by an OR team member or dismissed by the MD Team Leader.
 - 3.7.1.1 In cases where a patient presents in extremis and there is no attending onsite, the fellow UNDER DIRECTION OF THE ATTENDING may start an OR case.
 - 3.7.2. The trauma team will report directly to the OR except for the Nursing Team Leader and PCA, who will meet the pre-hospital providers and escort them to the OR.
 - 3.7.3. Attire to be worn during a Trauma OR Resuscitation is located at the rally point or on the left inside the G3.362 entrance or in the hallway by the B entrance. The attire for Trauma OR Resuscitation is listed below:
 - 3.7.3.1 Minimal protective attire for inner core OR trauma team participants is hat, OR grade mask, gowns, gloves, goggles (fluid shields).
 - 3.7.3.2 If time allows additional protective attire for OR trauma team members at the bedside includes scrubs or a yellow gown and shoe covers in addition to the minimal OR attire listed above.
- 3.8 Procedure for Emergent Blood in the OR:
 - 3.8.1. Once a Trauma OR Resuscitation is activated, the blood bank automatically delivers 2 units of O negative blood and 2 units of liquid plasma to G3.362.
 - 3.8.2. If additional blood is needed, the Massive Blood Transfusion procedure (MBTP) should be initiated at the order of an attending physician.
 - 3.8.2.1. The OR staff assigned are responsible for obtaining the MBTP coolers from the blood bank.

4.0 LIST OF ATTACHED FORMS

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4.1. N/A

5.0 REFERENCES

5.1. N/A

6.0 APPROVALS

All revisions of this procedure are approved by the Trauma Services Department. This procedure is reviewed every three years or sooner if deemed necessary. The authority for this document resides with the Trauma Service Department. This procedure is approved by the Trauma Service Manager and the Director of Trauma Services.

HISTORY
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07/92
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7/92, 5/95, 6/98, 12/00, 4/04, 11/04, 12/06, 08/09, 10/10, 10/13, 08/16, 10/16, 11/21, 6/24
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