

Emergency Department - Cork University Hospital Major Trauma Centre

TRAUMA TEAM LEADER CHECKLIST

TEAM

- Sign into Trauma team book
- Traumadoc
- Notify Senior ED Doctor/TTL
- Trauma Team Activation
- Role allocation
- Task allocation
- Pre-Brief

What do we know?

What do we expect?

What do we need to prepare for?

Treatment priorities?

Resuscitative surgical procedures likely – “Thoracotomy / Hysterotomy” or need to go to theatre ASAP : Notify surgical specialties and Anaesthetics.

Paediatric trauma team members alerted.

- Summarises regularly and vocalises plan / next steps using ‘10-seconds-for-10-minutes principle’
- After Action Review/hot debrief
- Consider forensics

EQUIPMENT

Trauma Bay set up for shocked patient reception:

- PoCUS
- Procedure trolley
- Circulation trolley

Massive transfusion likely

- Blood bank 22537 /bleep 199
- Blood products ordered
- Rapid infuser checked

Lifesaving interventions:

- Pleural decompression
- External haemorrhage control
- Pelvic splinting

Resuscitative surgical procedures likely:

- Thoracotomy Kit
- Hysterotomy Kit

Specialties informed

PLAN

Pre arrival time out:

- Expected injuries based on mechanism
- Team priorities

Revise lifesaving interventions / WETFLAG

Large bore IV access

- RIC line

RSI

- Analgesia, Sedation & paralytic
- Maintenance drugs

Drugs

- TXA ,Hypertonic saline, Calcium

Disposition

- CT +/- IR
- OT / ICU /Ward

Transfer - Paediatric trauma

- Inform Eye / ENT in advance
- Debrief

PATIENT ARRIVAL

- Last set of vitals
- Transfer the patient to ED trolley
- MIST AMBO handover*
- Monitoring applied*

History*

- Anticoagulant /Antiplatelets
- Significant medical history
- NOK notified

Direct primary survey*

- Rapid transfer to theatre if indicated.
- Order radiology series
- Facilitate secondary survey
- Disposition

* May occur simultaneously



Ospidéal Ollscoile Chorcaí
Cork University Hospitals

MAJOR TRAUMA CENTRE