

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

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

Nursing Team Leader (Scribe)

Prior to Arrival

ROLE STICKER (front & back) & PPE

- Identify Team Leader
- Ensure team Sign-in
- Document Team members presence & role
- Trauma Doc is available
- Ensure ALL team members wear a 'role sticker'
- Liaises with Administration staff
- Ensures porter & HCA is present and available
- Clarify MTP activation

On Arrival

- Ensures clock is activated on arrival
- Documents Pt history, establishes if patient is taking antiplatelet/anticoagulant meds
- Patient identification wrist band & application
- Arrange immediate transfer of blood samples.
- Document continuous timeline of events & interventions .
- Ensure medications & blood products are prescribed.
- Communicate with TTL regarding priorities of care & trends in physiology
- Liaise with Social workers/Spiritual Care and family
- Liaises with CNM2 re bed requirement/theatre
- Remind TTL re tetnus/abx/analgesia

Airway Nurse

Pre-arrival

ROLE STICKER (front & back) & PPE

- Completes equipment checks, locate difficult airway trolley
- Clarifies airway plan with Airway Doctor & TTL
- Check suction available & working (both wall & transport)
- Set up ETCO2
- Prepares ventilator
- Prepares for intubation as per RSI checklist
- Clarifies medications for RSI with Airway Doctor & TTL
- Transport Bag ready

On Arrival

- Ensures cervical spine immobilisation
- Perform rapid neurological assessment (GCS, pupil size & response)
- Ensure oxygenation (15 litres/ NRB)
- Assists with intubation and airway management as required and secures the ET tube
- Manages ventilator with Airway Doctor
- Assists with/inserts nasogastric or orogastric tube
- Performs eye care
- Accompanies the intubated patient during transfer with appropriate airway equipment for transfer

Airway Doctor

• Prior to arrival:

- ROLE STICKER (front & back) & PPE
- Identify and work with Airway nurse
- Formulates and clearly states airway plan with airway nurse and team leader
- With Airway nurse, utilises RSI checklist to prepare equipment and drugs
- Prepare equipment for transfer

• On Arrival:

- Controls & commands safe transfer of patient to resus trolley
- Responsible for assessing and managing the airway & ventilation
- Assess GCS with airway nurse
- Ensures C-spine precautions & controls the log roll
- Assesses need for intervention/intubation and communicates this with TTL
- Liaise with TTL re choice of anaesthetic drugs
- Confirms ventilation parameters
- Monitors neurological status
- Insert orogastric tube/nasogastric tube
- Ensures appropriate on-going sedation
- Accompanies patient on transfer, takes equipment & drugs.

Breathing Doctor

Pre- Arrival

ROLE STICKER (front & back) & PPE

- Identify and work with breathing nurse
- Prepares equipment - thoracostomy kit, chest drain etc. as required
- Locates Ultrasound Machine for eFAST
- Special circumstances – prepare for Thoracotomy , pericardial decompression and inform relevant specialties (Cardiothoracic) as directed by TTL.

On Arrival

- Examine the chest; inspects and palpates the neck
- Assess breathing pattern – RR, adequacy
- Assist with SpO2 and ECG monitoring
- Perform lateral thoracostomy and chest drain insertion as directed by TTL
- Perform eFAST if trained
- Perform the secondary survey & AMPLE History as directed by TTL

Breathing Nurse

Prior to arrival

- ROLE STICKER (front & back) & PPE
- Identify and work with breathing doctor
- Prepare monitors
- Prepare chest drain trolley
- Special circumstances – locate thoracotomy kit , pericardial decompression kit as directed by TTL.

On Arrival

- Apply monitors when patient arrives
- Perform an ECG if indicated
- Assist with removal of clothing
- Assist with chest procedures eg thoracostomy, chest drain insertion

Circulation Doctor

Prior to arrival

- ROLE STICKER (front & back) & PPE
- Identify and work with Circulation Nurse
- Activate Trauma team EDTT/HTT as directed by TTL
- Co-ordinate telephone communications, including specialist teams
- Prepares IV access equipment and/or IO kit
- Prepares for catastrophic external haemorrhage: Tourniquet, haemostatic dressing, splints, pelvic binder etc.
- Special circumstances – prepare for resuscitative hysterotomy and inform relevant specialties (Obstetrics, Neonatology) as directed by TTL.

On Arrival

- Control external haemorrhage
- Continue primary survey assess CRT, HR and BP
- Assess the abdomen and perform eFAST as directed by TTL
- Establish size and function of pre-existing IV lines. Ensure 2 large bore IV cannulas
- Take bloods incl. **Group & Crossmatch**
- Complete and sign forms
- Consider invasive haemodynamic lines
- Order diagnostics as requested by TTL
- Splint/pelvic binder application, reduction of fractures

Circulation Nurse

Prior to Arrival

ROLE STICKER (front & back) & PPE

- Identify & work with the Circulation Doctor
- Ensure monitoring equipment prepared
- Prepare Fluid warmer
- Prepares external warming device
- Blood bank on standby, as applicable

On Arrival

- Attach monitoring, Assess & continuous monitoring of circulatory status
- External bleeding control (apply direct pressure)
- Reminds team of **Group & Crossmatch** sample pre-transfusion
- IV lines & attach warm IV fluids
- Draw up non-anaesthetic drugs (analgesia, antibiotics, Tetnus)
- Relay fluid input/output volumes to Scribe
- Bair hugger / blankets
- Assists with MTP/rapid infuser

Major Transfusion Protocol Doctor

Prior to Arrival

- ROLE STICKER (front & back) & PPE
- Act as main point of contact with blood bank & Haematology throughout the Resus
- Contact Blood bank (22537 & 199#)
- Familiar with MHP & prevention of coagulopathy
- Rapid infuser ready

On Arrival

- **Ensure Group & Crossmatch, Coag & Fibrinogen** sent pre-transfusion
- **Ensures 1:1:1 transfusion**
- Give 10mls 10% Calcium Gluconate on arrival and titrate to requirements
- Anticoagulant reversal if required with Haematologist
- Ensures blood bank aware if stood down in consultation with Team leader
- Return unused blood products to blood bank

OPTIMISE:

- oxygenation
- cardiac output
- tissue perfusion
- metabolic state

MONITOR

(every 30–60 mins):

- full blood count
- coagulation screen
- ionised calcium
- arterial blood gases

AIM FOR:

- temperature > 35⁰C
- pH > 7.2
- base excess < -6*
- lactate < 4 mmol/L
- Ca²⁺ > 1.1 mmol/L
- platelets > 50 × 10⁹/L
- PT/APTT < 1.5 × normal
- INR ≤ 1.5
- fibrinogen > 1.0 g/L

Major Transfusion Protocol Nurse

Prior to Arrival

- Identify and work with MHP doctor
- Ensure Blood bank activated
- Familiarise with Major haemorrhage protocol & prevention of coagulopathy
- Primes rapid infuser
- Arranges for blood products to be collected from blood bank
- Identify nurse for countersigning blood products

On Arrival

- AMPLE history; ?anticoagulant medications
- Reminder: **Group & Crossmatch** sample pre-transfusion
- Commences blood transfusion
- Manages the rapid infuser and administers blood Products.
- **Ensures 1:1:1 transfusion**
- Keep all blood packs post transfusion for counting
- Ensures blood bank aware if stood down in consultation with Team leader
- Return unused blood products to blood bank

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- temperature $> 35^{\circ}\text{C}$
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- base excess $< -6^*$
- lactate $< 4 \text{ mmol/L}$
- $\text{Ca}^{2+} > 1.1 \text{ mmol/L}$
- platelets $> 50 \times 10^9/\text{L}$
- PT/APTT $< 1.5 \times \text{normal}$
- INR ≤ 1.5
- fibrinogen $> 1.0 \text{ g/L}$

Healthcare Assistant(Runner)

Pre-Arrival

- ROLE STICKER (front & back) & PPE
- Liaises with Nurse Team Leader
- Pat slide ready
- Gather blankets
- Bag ready for clothing
- Trauma shears
- Position bed next to monitor
- Assists with equipment preparation as requested

On Arrival

- Assists with transfer of patient
- Ensures Patient identification wrist band applied
- Removes clothing and covers with warm blanket/Bair Hugger.
- Gathers the patient's belongings (keep everything, consider forensics)
- Retrieval of equipment as necessary
- Liaise with nursing team lead before leaving

Porter

Prior to Arrival

ROLE STICKER (front & back) & PPE

- Oxygen with ventilator attachment
- Spare oxygen cylinder for transfer
- Blood bank if required
- Ensure Transport bag & portable suction ready

On Arrival

- Obtain blood products from blood bank if required
- Liaise with MTP team
- Inform CT when ready to leave resus
- Gathers transport bag & portable suction
- Ensures blood bank aware if stood down in consultation with TTL
- Return unused blood products to blood bank