

**UAMS MEDICAL CENTER
TRAUMA SERVICES MANUAL**

SUBJECT: Utilization of Back-Up Trauma Attending

REVIEWED: 11/2016, 11/2017, 11/2018, 9/2019

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RECOMMENDATION(S): Dr. Ron Robertson

APPROVAL: 07/01/2015

CONCURRENCE(S):

EFFECTIVE: 07/01/2015

PURPOSE:

To define the expectations of communication associated with the utilization of the backup call Trauma Surgeon.

POLICY:

It is expected that the Trauma Attending be present in the trauma resuscitation bay for the supervision of the patient care activities of the Trauma Service. In circumstances where the Trauma Attending is not available to immediately respond to trauma team activation, these guidelines should be used to help determine the need for the use of the Backup Trauma Surgeon.

GUIDELINE:

In the event of a Trauma Activation (Level 1 or Level 2) while the Trauma Attending is operating or otherwise unavailable to immediately respond, there will be direct timely communication between the Senior Trauma Resident and the Trauma Attending to determine the severity of injury of the patient and the estimated time that the Trauma Attending could be present.

Criteria used to determine the need for activation of the Backup Trauma Surgeon should include:

1. Patient condition
2. Degree to which the Trauma Attending is occupied
3. Expected response time of backup surgeon.

Use of the Backup Trauma Surgeon should be considered at the time of initial activation when the Trauma Attending is not free to respond and one or more of the following exist:

1. Level 1 trauma activation
2. Penetrating torso trauma
3. Hemodynamic instability
4. Multiple patients with an expectation of need for emergent general surgery intervention

In circumstances that did not warrant activation of the Backup Trauma Surgeon at the time of initial trauma team activation, and the Trauma Attending remains unable to respond to the trauma patient, the following criteria should be considered possible indications to activate the Backup Trauma Surgeon:

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1. Deterioration of patient condition
2. Development of hemodynamic instability of the patient
3. Need for utilization of the massive transfusion protocol
4. Determination of need for an urgent or emergent general surgical procedure

These guidelines are not meant to be all-inclusive and there may be additional situations not listed in which the backup surgeon may or may not be utilized, this decision ultimately resides with the on call Trauma Attending.