

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: Backup Trauma Attending Utilization
UPDATED: 11/2016, 11/2017, 11/2018, 9/2019, 12/2019, 01/2023

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EFFECTIVE: 01/05/2023

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CONCURRENCE(S): Trauma Faculty

APPROVAL: 01/05/2023

PURPOSE:

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

POLICY:

The Trauma Attending is expected to be present the resuscitation of severely injured patients. In circumstances where the Trauma Attending is not available to respond in the allotted time for Level 1 Trauma Activations per the “Trauma Service Response Times” guideline, this guideline should be used to help determine the need for and activation of the Backup Trauma Surgeon.

GUIDELINE:

In the event of a Level 1 Trauma Activation (on arrival or upgraded to during stay) while the Trauma Attending is unavailable to immediately respond because of other clinical obligations, there will be direct, timely communication between the Senior Trauma Resident and the on-call Trauma Attending to determine the severity of injury of the patient and the estimated time when Trauma Attending can be present at the patient’s bedside. If the Senior Trauma Resident and Trauma Attending are unavailable to respond, the Trauma Intern/APRN should attempt to contact them first, but if this is not possible, they should contact the Backup Trauma Attending.

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

1. Patient condition
2. The degree to which the Trauma Attending is occupied
3. Expected response time of backup surgeon
4. Trauma Senior Resident AND Trauma Attending are unavailable to respond

Use of the Backup Trauma Surgeon should be considered at the time of initial activation when the Trauma Attending is not free to respond to a Level 1 Trauma Activation, and one or more of the following also exist:

1. Penetrating torso or junctional trauma
2. Presumed severe TBI (GCS < 9) or suspected spine injury with neurologic deficits
3. Hemodynamic instability
4. Multiple patients with an expectation of the need for emergent trauma surgeon intervention

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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:

1. Deterioration of the patient's condition
2. Development of hemodynamic instability of the patient
3. Need for utilization of the massive transfusion protocol
4. Determination of the need for an urgent or emergent general surgical procedure
5. Determination of the need for an urgent or emergent neurosurgical, spinal, or interventional radiologic procedure

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