

**UAMS MEDICAL CENTER**  
**ACS SERVICES MANUAL**

**SUBJECT:** Trauma Team Roles and Responsibilities

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**UPDATED:** 11/16, 12/18, 01/23

**EFFECTIVE:** 01/05/2023

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**PURPOSE:**

To define and describe the roles of each Trauma Team member to promote an organized and systematic delivery of care to each patient.

The following trauma roles and responsibilities are suggestions to assist with the care and management of the trauma patient. Each patient will dictate various approaches. The resources of the facility, personnel, and the patient's needs may dictate which guidelines are appropriate to best manage the trauma patient's care in different circumstances.

**DEFINITIONS:**

**Inner Core:** Team Members with direct patient care responsibilities. These team members are at the bedside, actively engaged with the patient during the resuscitative phase.

**Outer Core:** Team Members who provide supportive tasks crucial for overall trauma management, but direct patient contact is not required. These team members will be in or near the trauma room but away from the bedside until the patient is stabilized or initial evaluation is completed.

**ROLES AND RESPONSIBILITIES:**

**Attending Physician Responsibility:**

The Trauma Surgery Attending Physician is ultimate responsible for managing the trauma patient and resident supervision. In the absence of the Trauma Surgery Attending or before their arrival, the Emergency Medicine Attending will serve in this supervisory function. The resident physicians will serve in the following roles under the Attending Physician's supervision.

Additional Attending Responsibilities:

- Documentation of their arrival time on the trauma flow sheet
- Notification of the Trauma Program Manager or Trauma Medical Director of performance improvement issues related to activation or resuscitation efforts (see "Trauma Issues Communication Guideline")
- Ensures appropriate communication of patient condition and plan of care to present family or significant others
- Coordination of care and patient disposition between the Departments of Emergency Medicine and Surgery
- Ensures providers are wearing appropriate Personal Protective Equipment.

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**Inner Core Team Members:**

- **Trauma Team Leader (Trauma Surgery or Emergency Medicine Attending)**
  - Respond promptly to all trauma activations, assign individuals to specific roles described below, and communicate these to the team.
  - Assures documentation of arrival time on the Trauma Flow Sheet
  - Takes reports from the pre-hospital providers
  - The Trauma Team Leader should maintain oversight of the room and be responsible for the resuscitation and accurate documentation of findings.
  - May assume any of the roles of the task necessary in the resuscitation but should focus on coordination of the resuscitation
  - Coordinates the Primary & Secondary Surveys along with Adjuncts. Sets the priorities for patient care, including deviation from standard protocols or Survey order as dictated by patient needs.
  - Responsible for the decision to perform invasive procedures and ensuring they are performed properly, or for delegating these responsibilities to the EM Attending
  - Assures documentation of complete history and physical exam
  - Communicates the status of the patient and plan of care to the family/significant others and ensures that they are kept informed
  
- **Trauma Airway Physician (Emergency Medicine Resident/Attending/Anesthesia)**
  - Responsible for airway management and assuring cervical spine immobilization
  - Responsible for conducting Primary Survey assessments A, B, and D and communicating the results to the Trauma Team Leader and Documentation Nurse.
  - Responsible for conducting the Secondary Survey from the head to the mandible and communicating the results to the Trauma Team Leader and Documentation Nurse.
  
- **Trauma Physician Right (Emergency Medicine Resident)**
  - Assists with the transfer of patients from the ambulance gurney
  - Responsible for performing the FAST Exam
  - Communicates all positive and pertinent negative findings to the Trauma Team Leader and Documentation Nurse
  - Priority for performing or delegated right-sided procedures, with appropriate supervision, unless the Trauma Team Leader assigns the procedure to another person because of complexity, skill level, or urgency.
  
- **Trauma Physician Left (Trauma Surgery Resident)**
  - Obtains patient history, if possible
  - Performs the Secondary Survey from the neck down, including the back, axilla, perineum, & rectum
  - Communicates findings to Trauma Team Leader and Documentation Nurse
  - Priority for performing or delegated left-sided procedures, with appropriate supervision, unless the Trauma Team Leader assigns the procedure to another person because of complexity, skill level, or urgency.

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- **Recording Physician (Trauma Surgery Resident)**
  - Orders all diagnostic procedures, lab studies, and medications in Epic at the direction of the Trauma Team Leader or Attending Physician
  - Responsible for contacting and coordinating consulting services (e.g., Orthopedics, ENT, NSGY, ophthalmology, urology, etc.)
  - Assists with procedures and other tasks as assigned by the Trauma Team Leader
  
- **Trauma Primary Nurse (Documentation Nurse)**
  - Coordinates the patient's care in conjunction with the Trauma Team Leader
  - Assigns nursing team member roles before the patient's arrival
  - Communicates with the ED Charge Nurse and obtains information on patient status, field or initial hospital treatment, and responses to treatments
  - Assures trauma bay is warmed before patient arrival
  - Assures trauma labs (including Type & Screen/Crossmatch) are expedited to the lab
  - Obtains and secures the Emergency Medical Services (EMS) transport records
  - Documents trauma team activation times and response times for the Trauma Surgeon and other ED Attending on the flow sheet
  - Defines the position where observers may stand within the room outside the flow of patient care (e.g., students)
  - Completes all required documentation, including serial assessments and input/outputs (see "Trauma Flow Sheet Completion Guideline")
  - Coordinates communication with the x-ray & CT technologist to facilitate efficient and timely radiographic imaging
  - Accompanies the patient to CT, OR, and ICU as indicated
  - Ensures that necessary blood products and medications always accompany the patient
  - Monitors and communicates changes in patient hemodynamic status, vitals, or GCS, changes in the patient's condition, new concerning physical findings or patient history, changes in vasopressor requirements, and intake/output volumes and with the Trauma Team
  - Communicates with family to provide information and support
  - Continually evaluates team function and necessity of member participation while limiting unnecessary personnel
  - Ensures that interventions and diagnostics are completed and anticipates additional interventions when appropriate
  
- **Trauma Resuscitation Nurse-Right**
  - Assists with the transfer of the patient to the ED stretcher and the removal of clothing
  - Reports the patient's initial set of vital signs and communicates to the team and Trauma Primary Nurse (in coordination with the ED Trauma Technician)
  - Ensures adequate vascular access for fluid resuscitation based on patient condition. If necessary, establishes large bore IV and ensures that IVs established before arrival are patent and adequately secured
  - Obtains blood specimens for laboratory analysis. The priority specimen is Type/Cross-Match & ROTEM

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- Obtains serial vital signs and GCS as warranted by patient condition
- Assists Trauma Nurse left with the administration of warmed blood or other fluids as indicated
- Assists with immobilization of fractures and management of soft tissue injuries
- Assists with the placement of treatment adjuncts (NG/OG, Foley Catheter)
- Assists with patient positioning, and procedures performed on the right side, including restraint placement as necessary. Ensures the bed rails are up, when possible, to prevent the patient (or extremities) from falling out of bed.
  
- **Trauma Resuscitation Nurse-Left**
  - Ensures adequate vascular access for fluid resuscitation based on the patient's condition
  - If necessary, establishes large bore IV and ensures that IVs established before arrival are patent and adequately secured
  - Prepares and labels lab tubes
  - Communicates with the Trauma Team Leader if there is a lack of adequate vascular access or if labs have not been able to be collected
  - Obtains and reports the patient's temperature
  - Administers blood products and medications as ordered
  - Ensures patient warming measures are implemented
  - Assists with patient positioning, and procedures performed on the left side, including restraint placement as necessary. Ensures the bed rails are up, when possible, to prevent the patient (or extremities) from falling out of bed.
  - Provides emotional support to the patient
  
- **Respiratory Therapist**
  - Prepares airway, intubation, and ventilator equipment before the patient's arrival, as indicated
  - Applies and monitors pulse oximetry and patient's response to interventions
  - Assists Airway Physician with the management of the airway, administration of oxygen, and ventilation
  - Secures and reassesses endotracheal tube location and bite block throughout resuscitation and stabilization
  - Places the patient on the ventilator and confirms the settings with the trauma team leader
  - Applies continuous ETCO<sub>2</sub> monitoring device
  - Obtains ABGs as requested and reports results to trauma surgeon and the trauma primary nurse for documentation
  - Accompanies the patient to CT/MRI, OR/IR, and ICU as indicated
  - Assists in maintaining C-spine precautions
  
- **Emergency Department Technologist**
  - Obtains a complete set of vital signs and initiates cardiac monitoring
  - Prepares equipment for procedures as indicated by the trauma team
  - Gathers patient valuables for the Primary Trauma Nurse
  - Performs I-stat testing and expedites results back to the trauma team
  - Assists with the removal of clothing

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- Applies warming measures: blankets, room warming, Bair hugger
- After initiation of an MTP, secures Blood Buggy and maintains blood products in it prior to administration
- Performs compressions during CPR
  
- **Trauma APRN**
  - Responds to trauma team activations while on call
  - Performs delegated procedures with appropriate supervision
  - Assists with contacting and coordinating consulting services
  - Communicates with family/significant others
  - Serves as a liaison between nursing staff and trauma service
  - Assists in patient advocacy
  
- **Trauma Program Manager/Trauma Clinical Coordinator**
  - Collaborates with the Trauma Service attending and residents on trauma program policies and procedures
  - Serves as a liaison with pre-hospital care providers & transferring hospitals

**Outer Core Team Members:**

- **Operating Room Supervisor**
  - Responds to all Level I trauma activations
  - Collaborates with the trauma surgeon to assess the need for immediate surgery
  - Facilitates OR availability and readiness
  - Directs preparation of OR suite to receive the patient in a rapid time frame, if surgical intervention is required (see “TRAUMA STAT Operating Room Access”)
  
- **Blood Bank**
  - Monitors the Trauma Activation pager and the Emergency Department blood safe utilization in anticipation of Mass Transfusion
  - Readies and sends blood products to the appropriate location for MTPs.
  
- **Radiology Technologist**
  - Responds to all trauma team activations
  - Upon patient arrival, takes initial radiographs as directed by the Trauma Team Leader and makes them available for viewing by the Trauma Team
  - Returned to the patient’s ED room, after return from the CT scanner, to take additional radiographs as ordered by the Trauma Team
  
- **CT Technician**
  - Upon activation of a Level I trauma, completes current scans and does not start any new patient until released by the Trauma Team Leader or the Trauma Primary Nurse.
  - Expediently performs ordered CT scans

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- Promptly submits images and reformatted images to Radiologist for interpretation
- **Medical Student**
  - May participate in the resuscitation of the trauma patient with responsibilities appropriate to the level of training.
  - Participation is supervised by the Attending Physician in conjunction with the resident physicians
  - Examples of appropriate participation with direct supervision include but are not limited to:
    - CPR
    - Direct pressure application for hemorrhage control
    - Application of splints, tourniquets, bandages, etc.
    - Assistance with suture of lacerations
    - Helps with maintenance of spinal immobilization (e.g., log roll)
- **Chaplain**
  - Assists in the identification of the trauma patient and in obtaining pertinent patient information
  - Assists in locating and contacting the patient's family or significant other(s)
  - Provides psychosocial assessment and intervention for the patient and family
  - Provides pastoral and emotional support for the patient, patient family, and staff
  - Acts as a patient and family advocate
- **ED Registrar**
  - Facilitates prompt registration of patients in the hospital EMR
  - Communicates with the Trauma Primary Nurse to obtain other patient information
  - Ensures that the appropriate patient armband is placed on the patient
- **UAMS Police**
  - Provides crowd control outside the Trauma resuscitation bay and in the ambulance bay
  - Secures ED from unauthorized visitors
  - Is available to assist with the control of combative patients or visitors and accompany physicians when updating visitors, if requested
  - Secures weapons or unauthorized objects until they can be transferred to jurisdictional authorities
- **Hospital Nursing Supervisor**
  - Anticipates and facilitates trauma patient admissions
  - Anticipates staffing needs in the ED, OR, ICU, and inpatient care areas