

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

**SUBJECT:** Emergency Trauma OR Access Policy  
**REVIEWED/UPDATED:** 7/16, 7/17, 12/18, 5/23

**PAGE:** 1 of 2  
**EFFECTIVE:** 5/11/2023

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**CONCURRENCE(S):** Trauma Faculty

**APPROVAL:** 5/11/2023

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**PURPOSE:**

To describes the policy surrounding emergency access to the Operating Room for a trauma patient.

**DEFINITION:**

TRAUMA STAT – denotes an unstable patient that needs to be brought to the OR immediately

**POLICY:**

1. Upon recognition of the need for a TRAUMA STAT the trauma team will notify the operating room coordinator either by phone or verbally in the resuscitation bay.
2. Once notified the OR coordinators will begin the process of preparing Room 13 for an unstable patient. In rare exceptions a TRAUMA STAT may be taken to another room but due to the supplies and equipment present in Room 13 this should not be routine.
3. The patient will come to the OR even if the OR suite is not completely ready for the patient.
4. All other emergencies, urgent and elective trauma cases will be assessed on an individual basis and do not fall under the “trauma stat” protocol.

**TRAUMA STAT PROTOCOL**

- A member of the Trauma Team will call the OR or personally notify the OR coordinator of a TRAUMA STAT case and provide relevant patient information
- An overhead page in the OR will announce the “TRAUMA STAT” and the OR suite # (Typically Room 13)
- The front desk will page anesthesia service and team leader
- The scrub assigned to the case will confirm a slider bed with radiographic plates is in the OR suite. It is recommended that the day shift ensure that a slider bed with radiographic plates is in Room 13 at the end of the shift for night traumas.
- The trauma cart will be rolled into the trauma suite
- The dry erase board in the trauma suite will have current phone numbers for the blood bank, perfusionist, and cell saver.
- The difficult airway cart should be available in the room
- Staffing will accommodate the TRAUMA STAT case as a priority
- If an MTP is in progress a second circulator will be assigned to the room to coordinate the MTP with the blood bank.

*These guidelines were prepared by the UAMS ACS Division. They are intended to serve only as a guideline based on current review of the medical literature and practice. They are neither policies nor protocols. Their use is at the discretion of the managing physician.*

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- Scrub will open room packs and instruments
- Circulator will warm the room to >80 degrees F
- Circulator will ensure there is an under body Bair Hugger on OR table
- Vital sign monitor should be projected on TV