Trauma Service Expectations and Intern Guide

Staff
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MULTIDISIPLINARY TEAM	Contact info
Becky Richards, RN, Trauma Clinical Nurse Coordinator (helps with everything, especially helps with throughput, outpatient needs/follow up)	Desk 70038, Portable 78745
Hailey Swift, RN, Trauma Care Coordinator (nursing education/care, Spinal Cord Injury meetings, spleen vaccine cards, quality indicators/performance improvement)	73297, pager: 0591
Uyen (Jolene) Ngyuyen, Dietitian	Epic chat, on call system

Alex Kinney, Pharmacist	79957, Pager: 0108
Trudy Clark, Administrative Assistant, Trauma Office (Helps with trauma pagers, medics)	74659

Important Numbers

Senior…….. 78742

Junior……. 78740

Intern……. 76112

SICU Resident……. 78743

OR

OR Front Desk 74150
OR Charge RN..... 76212
OR Charge Anesthesia 76364

Imaging/Labs

3rd floor CT Scanner.....74257
5th CT Scanner…….77073
Xray.....74258
Disc/STAT reads……..7xray
MRI……dept-304-581-1632, nurse-60515
EKG……74265
Echo vasc……74003
Lab……74226
IR……..……SPOK or 74748

ED

ED Charge……76122

ED RT……72682

ED……..74172

Blood bank……..……74239

Consults

*****Consults should be paged before being called directly when able/appropriate, phones are second line*****

RAP team.....78662
Pain Management.....79933
Wound Care.....74337
Neurosurgery resident……75397
Ortho resident……..…...78615

ENT resident.....73535
Speech and swallow……76207

Physical/Occupational Therapy……74118

Chaplin……..……..…..…pager 0590

Common floors

7E floor.....74072
8NE floor 74620
SICU.....74314
7NE…….74704

Care Management

Weekend CM.....76101, 75539, 79964
7E CM……..78714, 75529
8NE CM……..……..73392
Review the care manager assigned to the patient under Care Team on the left side of the screen when looking at the patient's epic chart

Supplies

Materials……..74189

Sterile…….72040

Welcome!

Trauma is a busy service and often handles a large volume of patients with a wide range of ages and acuity. There are many resources, such as the trauma handbook, and care team members, as above, to help you over the course of your rotation.

In general, there are two attendings covering trauma every day. Usually there is one attending to cover a week of service rounding, Monday to Sunday, and another to cover outliers/back up rounding patients with the APPs during the week.

As there is high volume and complexity of patients and many different resident specialties and levels of experience, Trauma relies heavily on their APPs to keep the service running smoothly. There are usually 3-4 APPs on weekdays and 2 APPs on the weekend days/holidays to assist with staffing. Patient assignments are made by the APPs daily starting at 6am. Trauma APP shifts are 6am-4pm so please be respectful of their time, especially with tasks/questions after 4pm.

Assignments:

- Patients on primary floors (7E, 8NE, ICU) will be split between the APPs and residents. The primary service attending will round on all of these patients with the group.
- Back up/outlier patients will be seen separately with APP(s) and second attending (all other patients not in the ICU, 7E, or 8NE).
- When fully staffed, the goal is to have an intern and APP assigned to each floor/unit and the senior as substaff.
- Typically, the senior, junior, or an APP will see ICU patients including new ICU patients – However, interns should pay close attention on rounds so they know the patient when they come out of ICU to the floor.

General Overview:

Sign out

5:30-6: Day shift starts at 5:30 for residents. Residents should start by getting report/handoff from the night team. This usually occurs in the Trauma Workroom which is across from the nurses' station on 7E. The Trauma APP workroom is adjacent to 7E workroom. The patients assigned to you for the day will be delegated to you via the white board in the APP workroom. This will be sent out at 6am however tentative assignments are made the afternoon prior. Once you get sign out, one resident will also start holding the trauma call pager and phone. Pages should be triaged and responded to in a timely fashion. When in doubt, please evaluate the patient.

Pre-rounding

You should review, examine, and be prepared to present the patients assigned to you that day on rounds. This pre-rounding should be completed in time for everyone to meet in the trauma conference room on the fourth floor (last door on the left before you leave the hospital heading towards HSC) at 8:00AM. If you have concerns about a patient that need addressed immediately, call the senior, junior, or an APP (depending on who is working that day). Examples include airway concerns, hypotension, concern for bleeding, or chest tube/pneumothorax issues. If a trauma occurs between 6-8:00 AM, you should assume you are responsible for going to the ED unless otherwise communicated. This may mean that you must stop pre-charting/seeing patients. If you ever have questions, please check with an APP.

Table

The senior (or APP) will begin table (located in trauma conference room) at 8am. They will start by going over any emergencies and then review all the new patients from overnight. This is often a good opportunity to learn about trauma injury management patterns and how to interpret imaging. After table, team rounding will begin.

Rounding/Presentations

During rounds, we usually utilize 3 portable computers. One computer is typically used for placing orders and another is used for results/imaging and handoff. The attending often uses the third computer to chart review. Because rounding can take time, consults are often called on rounds. Please condense calls to neurosurgery or orthopedics as able.

- Sample patient presentation (system-based presentation):

- “Mr Smith 48 yo male post trauma day 3 s/p ATV crash, no acute events over night” then go into system/ injury based presentation ie neuro: subarachnoid bleed, repeat CT brain stable, NSGY has signed off, GCS 14. Pulm: rib fx 3-8 on the right, last FVC...

After Rounds

- Respond to traumas PRN
- Complete any tasks- suture repairs/removals, chest tube insertions/removals
- Follow up with care management/complete any discharges
- Complete day notes

Responding to Traumas:

Residents respond to trauma alerts from 6-8am and following the completion of rounds until 5:30pm. During rounds, the outlier/backup APP and attending will respond. You are not responsible for trauma pages while you are in conference/education time. If a trauma occurs on the weekend and you are not on call, you are not responsible for the trauma. If you are only rounding on the weekend, you are not responsible for orders or procedures on patients admitted during that shift.
In trauma activations, the intern is responsible for the Primary survey. This is performed in conjunction with the ED resident who is at head of bed and assesses Head, C-Spine, Airway. It is most convenient if two interns are present so that one can take charge of the note/orders and the other can perform the primary survey. Workup orders are under the **P2/P1 Part B order sets.** It is important that appropriate imaging be ordered at this time and discussed with your senior/attending. There is also a separate order set that contains all basic plain films for extremities.

- P1 (highest level): full trauma team activation
- P2: partial trauma team activation
- P3/consult: must see within 60 mins of arrival (usually have been worked up elsewhere)
- Get lead and protective equipment (gloves +/- gown), sign in with ED RN who is documenting the trauma (make sure you sign in so trauma nurses know you were there).
- Perform primary survey (reviewed in ATLS) and get HPI information, clearly report all findings out loud for nurse recording to write them down (i.e. breath soundsclear bilaterally, 3 cm laceration over right hand)
- Don’t forget to add patient to the trauma rounding and trauma attending list (peds traumas go on ped surgery list, this is 16 yrs of age andyounger unless after 530pm)
- Use order sets to place orders for CT scans/imaging (see example order sets below). You should accompany P1 and P2 patients to the CT scanner. You do not need to go to X-ray IF stable. If unstable, XR should be deferred/performed at bedside.
- Once images are complete, page consulting services. Place admit orders using admission order set. **All protocols are in handbook online.**
- *The trauma handbook can be found online on the WVU Critical Care and Trauma Institute Website* ***Google: WVU TRAUMA HANDBOOK***
- If pt going to SICU call **(78743)** and tell the resident aboutpatient. The senior will call ICU staff to get an ICU bed.
- If P1, lots more people, + staff, you still perform primary survey, junior will do lines/tubes

Trauma H&Ps

- TES HPI is unique. Use note template. MUST have times of page, **initial vitals** etc from trauma sheet. Must get PMH, social and family history unless patient is intubated/sedated.
- MUST fill in problem list with diagnosis and additional info for ALL problems
- **Important -** For trauma transfers, must have copiesof any XR/CT reads as well as ensure the images are up on image grid (synapse) (call 7HELP to get imagegrid access). If no reads were sent with the outside records, have the ED clerk call the transferring hospital and fax copies of the reads. No release of information consent is needed as this is an acute transfer.
- After finished with outside records, these need to go to medical records to be scanned.
- H&P goes to trauma staff on call (i.e. may be different than person on staff that week if its overnight).

Admission/Documenting:

Notes are templated. To access the templates, type in "TES" in the smart phrase box (not a dot phrase). This will give you options for H&P, Consult, and Progress notes.
Trauma has order sets for Trauma Activations (P1 and P2, use part B for both – Part A is for ED nurses). There are admission order sets for Floor/Step down admissions, as well as one specific to the ICU – the ICU will place their own orders though so we are really just responsible for getting the ICU admission approved by the covering Trauma Attending, putting the admission order in, and calling report to the SICU resident. The Trauma Attending should call the SICU attending for report. The attending will call for a SICU bed.

Tips for Charting

Helpful note templates:

- TES H&P
- TES progress note
- TES discharge summary (.dcsum)
- TES clinic note (.clinicnote)

Helpful order sets:

- ED TRAUMA: Adult P2 orders PART B (used for CT scan orders)
- ED TRAUMA: PEDS P2 ORDERS PART B
- ED TRAUMA: XR ORDERS RUE,LUE,RLE,LLE (used for extremity film orders)
- ED RIB FX – FORCED VITAL CAPACITY :IP (used if patient has rib fx)
- TRAUMA: DISCHARGE ORDERSET ADULT TRAUMA :IP (used for discharges)
- TRAUMA: ROUTINE TRAUMA ADMIT :IP (used for obs/floor/stepdown admissions)
- TRAUMA: SICU TRAUMA ADMIT: IP (used for SICUadmission **by SICU team only**)
- TRAUMA: RIB FX PROTOCOL (used for pts with rib fx after FVC obtained)
- TRAUMA: SPLEEN INJURY VACCINATIONS (used forpost spleen vaccinations)
- TRAUMA: ACUTE SPINAL CORD INJURY

Call Expectations

- 24hr call is 6am – 6am. Day call is 6am to 5:30pm– you're responsible for all traumas paged when on call. If multiple traumas come, the trauma senior or staff will be available to assist.
- You will carry 76112 all night.
- Senior (78742) will be called with trauma related issues,
- Junior (78740) should be called for vascular issues on call.

Trauma Education

- Weekly conference: Tuesdays at 8 am in Trauma Office
- Your specialty education/conference day: You will still be assigned patients to see most days, may sign out to resident or APP who will still be there for rounds. If you have the trauma call pager, please give it to a resident or APP who will still be there for rounds.
- First Thursday of every month you will attend the combined Emergency Medicine & Trauma conference at noon in HSC
- SIM lab first Friday of every month at 1 pm (if able, subject to change)
- ICU conference: 1:15-2:15 every Tuesday/Thursday in MICU conference room (if able)

Trauma Clinic

- Occurs every Thursday from 12pm-4pm, except the first Thursday of the month as there is combined ED Conference from 12pm-1pm (see above).
- All residents are expected to show up and actively participate.
- **Please reference the Standard Operating Procedures for Trauma Clinic located in the Trauma Handbook for further instructions.**

Pro Tips & Additional Advice:

- **READ AND REFERENCE THE TRAUMA HANDBOOK!**
- The APPS are here and happy to help, please ask them questions if you need to, especially about their patients
- Please update the hospital course and problem list for your patients everyday
- Trauma is a primary service, this means you need to know what your patients' medical problems are and what home medications they take and if we have resumed them- and if not, why not?
- Please do not write for pain medications inpatient that you aren't willing to continue on discharge
- Calling or speaking with a nurse usually helps build a good rapport and often results in better patient care than putting in orders without communication
- Every patient presentation should end with their disposition and/or plan- you should be thinking about where they will go after the hospital and when
- If your patient is confused/elderly, calling/updating the family upfront before there is a problem often goes a long way

- Be timely with concerns about patients. Some of these patients can decompensate quickly. The ones with most acuity tend to be the elderly patients with multiple comorbidities, new trauma patients < 24H out, or those who are recently post-operative – pay special attention to their vitals and labs.
- Don’t do something that you aren’t confident you can safely do. You will be supervised for any procedure you do, especially the first time. The majority of procedures in the trauma bay will be performed by junior/senior residents or APPs. However, if there is a particular procedure that you would like to learn or improve upon, we can try to identify controlled settings where haste is less of a priority so that you can work on your skill set. Please discuss with your senior.
- Generally speaking, no one should be leaving before the interns have completed their work for the day. This is to ensure there is balance regarding who is overwhelmed for the day with floor pages, new traumas, discharges or difficult patients. This means you should strive to have your daily notes done as early as possible. It is ok to sign notes before we start rounding, but do so with the expectation that you may need to update notes after rounds.