PCMC Trauma Process

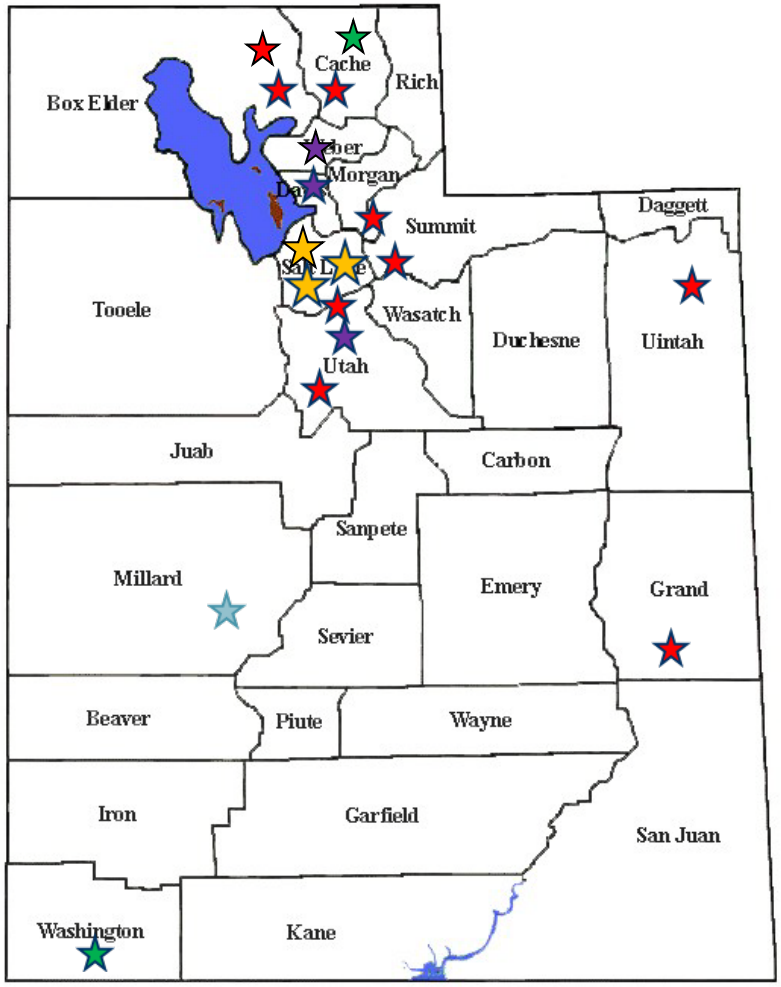
Tia Dalrymple RN, BSN
Trauma Charge Nurse at PCMC
EMSC Clinical Nurse Consultant
6/21/2012

What Should We Learn Today?

- Review the PCMC trauma process
- Discuss Pre-hospital communication

PCMC Trauma Process

Trauma Center Designation



- Level I Trauma Care
  - IMC, PCMC, University of Utah
- Level II Trauma Care
  - Ogden Regional, Mckay-Dee, Utah Valley Regional
- Level III Trauma Care
  - Logan Regional, Dixie Regional
- Level IV Trauma Care
  - Bear River, Moab Regional, Timpanogos, Mt. View, Brigham City, Cache Valley, Park City, Unitah Basin, American Fork, Heber Valley
- Level V Trauma Care
  - Fillmore Community

Trauma Activation

- **Trauma Two**
  - GSC <15 and >10
  - Multiple or serious injury (without evidence of airway compromise of shock)
  - High energy mechanism
  - <24 hrs from injury
  - Emergency physician's discretion

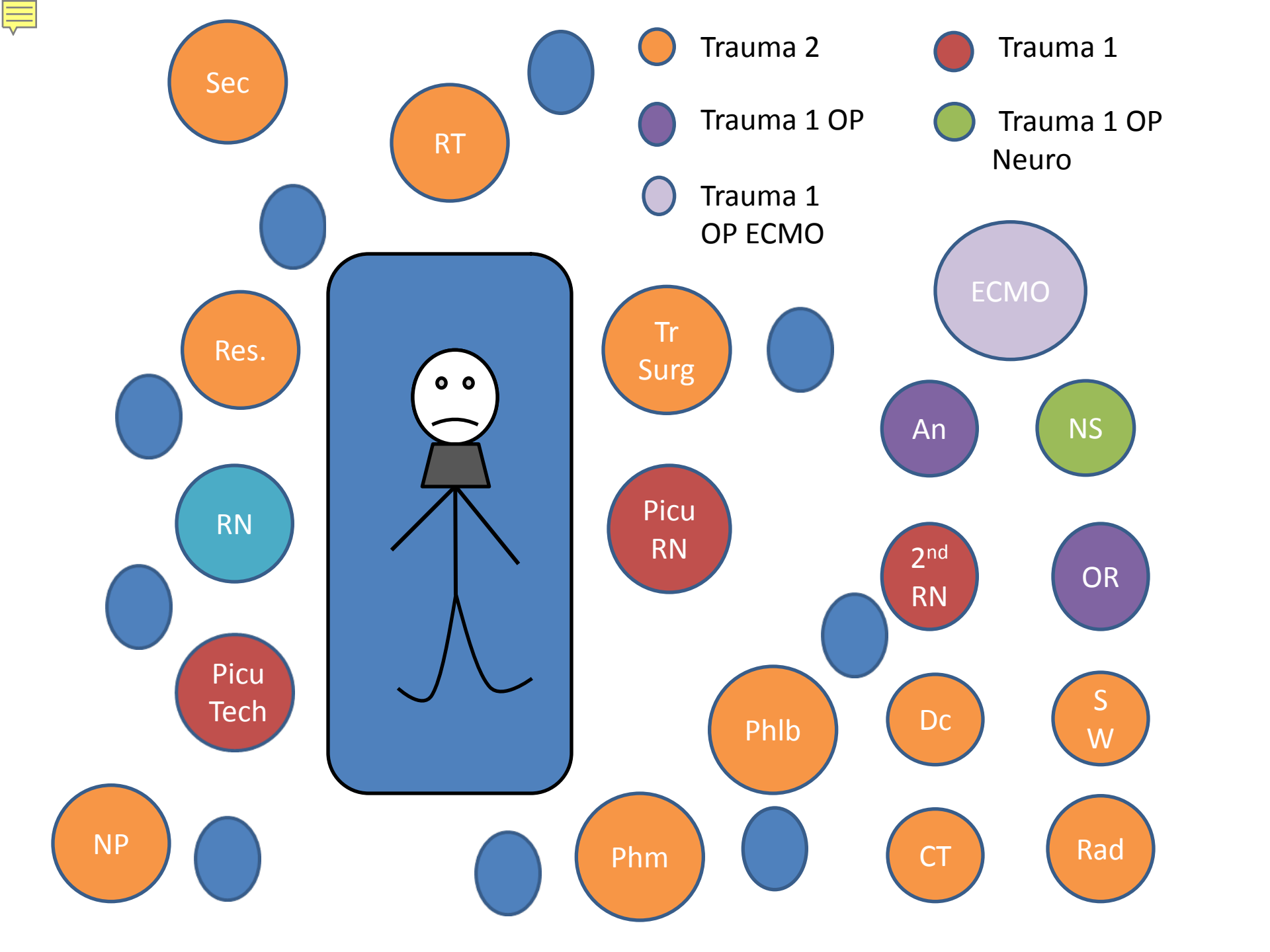
- **Trauma One**
  - Intubated, respiratory compromise or obstruction
  - Shock including patients receiving blood
  - GCS<10 with mechanism attributed to trauma
  - Traumatic paralysis or suspected spinal cord injury or shock
  - Amputation at or proximal to ankle or wrist
  - Traumatic arrest
  - Emergency physician's discretion

- **Trauma One Op**
  - Shock with hypotension or requiring blood to maintain vital signs
  - Significant penetrating injury, ie GSW, stab to abdomen neck of chest

- **Trauma One OP Neuro**
  - Significant penetrating Injury to head
  - Acute intra-cranial hematoma with mass effect
  - Obvious severe, open cranial injury

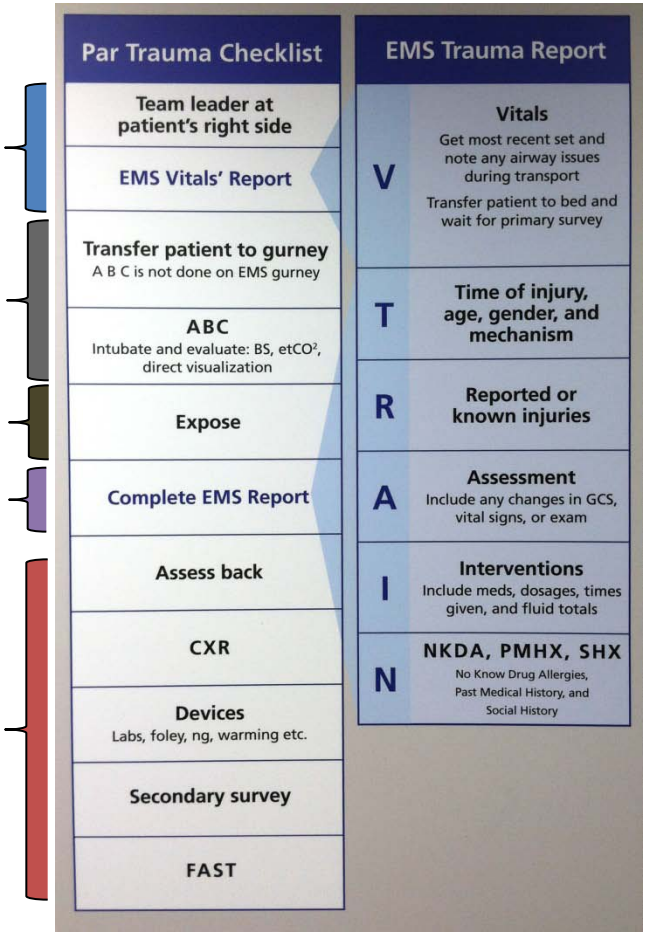
- **Trauma One OP ECMO**
  - Environmental hypothermia: exposure to cold water (<50 degrees F) or ice, snow, or wind with body temperature < 25 degrees C or with a body temperature 25 to <30 degrees C and no pulse. Excludes patients with major blunt or penetrating trauma

- **Trauma Multi-Trauma 5-10**
  - 5-10 victims arriving simultaneously meeting and trauma one of two criteria, including high mechanism of injury


Trauma 2
Trauma 1
Trauma 1 OP
Trauma 1 OP Neuro
Trauma 1 OP ECMO
Sec
RT
Res.
RN
Picu Tech
NP
Tr Surg
Picu RN
Phm
Phlb
ECMO
An
NS
2nd RN
OR
Dc
S W
CT
Rad

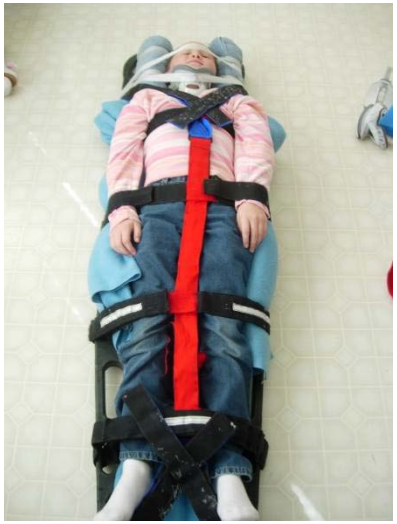
The PAR Trauma

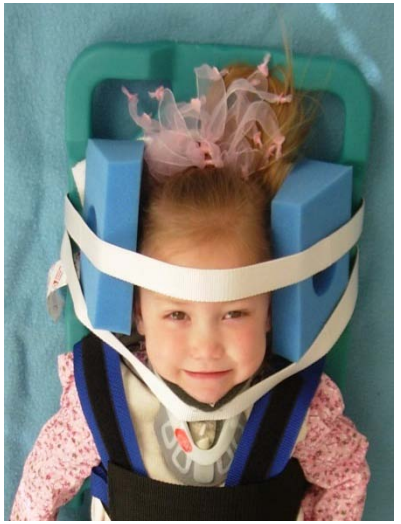
- **EMS Role**
  - Enter (feet first)into the trauma room and report last set of vitals
  - Transfer to the gurney
  - Help in removal of clothes, straps and monitors, removal of transport gurney from the room
  - Complete EMS report by completing the VTRAIN pneumonic
  - Observe from the back of the room or exit as directed



Feel the love…

- Lead placement
- Taping the IV
- Weights in report
- C-collar in place/C-spine secure





What was that entry code again?

91111#

Performance Measures

- Attending trauma surgeon is expected to be in room at the arrival of the patient with pre-notification or within 15 minutes of patient's arrival with no pre-notification.
- The patient will be taken to CT within 30 minutes.
- Patient to PICU within 1 hour of arrival to ED.
- Other tracked items

Non surgical admissions
Complications
Mortalities
Missed Injuries
Hospital Acquired infections

Decubitus
Consultation services
Communication
Pre-admission care

Trauma Charge Nurse Role

9 specialized nurses with at least 3 years PCMC ED experience and completion of the ED Trauma Education Module.

- Act as lead RN on all trauma activations.
- Coordinates care of critical patients in the department.
- Liaison between the trauma team and the ED.
- Orients nurses in the ED to the trauma process.
- Attends trauma M&M, process improvement, and facilitate change when needed.

PCMC EMS Liaison

Ruth Seed RN

PCMC Emergency Department
Quality/Infection Control Expanded Role
And EMS Liaison

801-662-1200

Ruth.Seed@imail.org

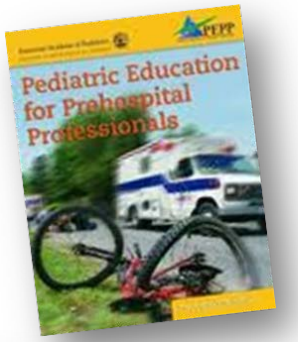
Overall Goal

- Be aware of the “big picture”
- Injury prevention, ongoing trauma education and rehabilitation of the patient are all part of the “Trauma System”

EMSC

Emergency Medical Services for Children

- ✓ Pre-hospital Provider Education
- ✓ Injury Prevention Programs
- ✓ Provision of Pediatric Equipment
- ✓ Statewide Needs Assessments
- ✓ CSHCN Programs
- ✓ National Performance Measures
- ✓ Pediatric Strike Teams
- ✓ Conference Support



Pre-Hospital Communication

In a Perfect World…

- Dispatch will call the ED as soon as they dispatch the flight.
- The Trauma Charge Nurse (TCN) will send out a pre-page which gives a heads up to the PICU and the Trauma Team.
- The flight crew will call with a patient status report and ETA…at least **30 minutes** prior to arrival.
- The TCN will then send out the official page and assemble the proper team.

The Real World…

- What are some barriers to pre-hospital communication?
- Is an “at least 30 minutes ETA” reasonable?
- What information would you like from PCMC pre-hospital and on arrival?