PCMC Trauma Process

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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
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?

911111#
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

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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?