

Emergency Department Trauma Orientation for Travel Nurses

Department Tour

Tour trauma bay

- Identify location of typical, essential, and critical trauma care items — rapid infuser, ART line set-up, chest tube set-up, etc.
- Identify location of US for FAST exams
- Instruct on rapid infuser, locate tubing and fluids, communicate important notes on blood product administration through, etc.
- Crack a trauma cart — set-up, location of key items, show chest tube bag kit with required items

Tour clean utility room

- Identify location of Cordis, tourniquets, blood tubing, extra ART line/chest tube/needle decompression supplies, infant warming mattress, hemostatic dressing, US jelly, etc.
- Identify location of RSI kits

Trauma Documentation Basics

As a Level II Trauma Center verified by the American College of Surgeons Committee on Trauma, we are bound by specific guidelines and standards of care for the trauma patient. It is imperative that certain aspects of trauma care take place, regarding care of the patient and documentation. Following are key points that will help you navigate the essential portions of our ED EMR (EDIS) regarding trauma documentation and facility-specific trauma care.

- **Intake Tab:** This is your triage tab. Please fill it out in its entirety. It is imperative that Trauma is marked as a 'Yes' or 'No'. Trauma is defined as any injury within 72 hours and that is the reason for their visit. This prompts the MD to enter the trauma level and will also populate on a daily trauma log for tracking and abstracting.
- **Injuries that are >72 hours but <14 days:** Say 'Yes' if this is the reason for their visit, but please delineate in your free text HPI under RN notes when the injury occurred.
Example: "Mr. Smith fell down 6 stairs last week, but has increasing back/flank pain, and this is why he is presenting." Please provide those brief, but specific details. We are required to track this injury if the patient is admitted for an injury sustained in this fall.
- **HPI:** Please type something. If another nurse put in a pre-hospital report or Rapid Initial Assessment, you can say, "As above" or "See RIA." You can also click on HPI and start typing a chief complaint (fall, abdominal pain, chest pain, etc.) and a drop-down will appear with pertinent assessment questions.

- **If patient initially called out as a trauma 1 or 2**, regardless of downgrade, a 'Trauma Flowsheet' drop-down is *required*. If downgraded, call operator at that time to inform of downgrade level.
- **CT times:** Timely transport to CT is 20 minutes for a level 1 trauma and 30 minutes for a level 2. There is a drop-down for 'patient transported... at this time...' It is imperative that we track these times to CT (they are trended monthly).
- **MTP and blood administration:** Please document what time the MTP was called and cancelled, if applicable. Blood: there is a drop-down for blood product administration. Please add VOLUME of each unit given in ML's (again, required for tracking purposes).
- **Level I traumas:** MOST level 1's will be registered prior to arrival as a John or Jane Doe. They will be this for at least 30 minutes and will then be registered as real name (if known) and accounts will be merged. You will not lose any charting done under the John/Jane Doe registration. A few things to consider:
 - Please assist in obtaining a thorough report from EMS. The ED MD should request "30 seconds of silence" to allow for this on critical patients. If they do not, please mention.
 - Patient will need to be re-entered into the monitor as their real name once their John/Jane Doe accounts merge. This allows you to pull vitals over into EDIS and you will not lose them.
 - VS: Need BP, HR, and pulse ox every 5-15 minutes until stable, then every 30 minutes thereafter.
 - KEEP John/Jane Doe wristband ON patient. This allows for seamless blood product administration.
 - Trauma surgeon timely arrival for level 1 is 15 minutes (if not downgraded in that first 15); timely arrival for level 2 is 60 minutes (if not downgraded). Documentation of trauma surgeon arrival time is imperative. This is a 'greened out' field and is therefore required before able to sign chart. There is also a drop-down for Trauma Surgeon Arrival Time. (If you don't know who the trauma surgeon was, ask charge, ED MD, or staff nurse.)
- **Drop down the Trauma Level 1 Room Prep under progress notes prior to patient arrival.** This is a guide based on report received to set up your trauma bay: IVACs, rapid infuser, ART line set-up, chest tube set-up, room warmed, etc.

Special Thanks

This orientation checklist was developed by Michelle Wright, BSN, RN, Trauma Program Manager at UP Health System – Marquette in Marquette, Michigan. Users are encouraged to modify this resource to suit the specific needs of their organization.