



Trauma Setup

Setting up a resus room for a Trauma Pre-Alert

Important information to gather:

1. How much time do you have? If you have very little time, attempt to set up the most important parts first and you can get the rest as you need later
2. What is the mechanism of injury? Get as much information as you can from the pre-alert
3. What are the injuries? If there is any detail, this is important to know (will you need the major haemorrhage pack etc.)
4. Where are you setting up? Are you using Resus 1? Is it a minor trauma that can use a different bay?
5. What is the age of your patient? Adult or paediatric? Which trauma team do you need to call?

Once you know these details (if they're available to you!) you can start setting up.

Put out the trauma call or confirm if NIC has done this - 4444 - adult/paediatric trauma call to resus (bay number)

I find it useful to use A-E even when thinking about setting up the room.

A & B - Airway and Breathing

- Is the patient intubated? If so, set up for an intubated patient
- Ensure the airway trolley is either sealed or safely stocked
- Ensure basic oxygen equipment (nasal cannula, NRB) is present and within easy reach

C - Circulation

- Ensure monitoring equipment is ready - BP cuff, three lead, sats probe
- Have a tray ready with cannula equipment set up - the bigger the better in trauma
- Blood tubes - one of each and two purple (one for group and screen)
- Blood track machine - make sure it's charged and ready to be used!
- Belmont machine and tubing
- Major Haemorrhage Pack if needed - call 4444 and ask for MHP, they will put you through to blood bank who will ask some questions about the patient

D & E - Disability, Drugs and Exposure

- Trauma mattress on the bed with sheet (folded in half, with more sheet on the foot end)
- Blocks for immobilising with fabric tape
- Set up a second blue tray under drug cupboard - fill with 10 and 20ml syringes, plenty of normal saline
- Ensure you (or another member of the nursing team) has the keys for the CD cupboard readily available

Who comes once you've put out the trauma call?

Trauma reg and SHO - will likely perform primary survey, SHO will likely fill in the trauma booklet

General surgery reg and SHO

ITU reg - airway doctor, will take over airway from pre-hospital and set up ED ventilator or will set up for intubation/airway protection if needed

ED resus reg/consultant - will act as team leader, will assign roles to others

Nursing team - depending on acuity of trauma you may need 2/3 nurses and a runner outside of the room - ensure you are all clear on your day roles prior to pre-alert arriving

If the trauma has a specific mechanism that requires specialist teams - e.g chest trauma or burns - fast bleep the required team using 4444

ENSURE THAT FAMILY ARE INFORMED/INVOLVED

NIC/senior nurse and senior doctor to have early discussion with family, allow into room as early as possible