Elmhurst Trauma PGY4 Guide

Pre-Shift	Some Comments/Recommendations
Goal: Support the existing Trauma Team I. Introduce yourself to the PGY3 Leader II. State you're there to help and not intrude III. Recognize who you would form a secondary trauma team	I. Introduction to the PGY3 A. Tell the listed PGY3 that you are at their disposal if they need your help in any trauma, not just the red activations. B. Tell them that in a Red activation, you will step in to run the trauma as they move to the airway as per Elmhurst Policy. C. Reminder that Red Activations are yours to give up to lead, if you feel the PGY3 is up to the task and handling the situation you can allow them to lead the trauma and step in to help with critical procedures with the other trauma team members. II. Setting up the Secondary Team A. Identify the EM residents in the department who will form your secondary trauma team in the setting of multiple trauma activations at once. 1. A-side EM resident a) If multiple EM residents, the most senior 2. RACC resident a) At RACC resident discretion based on their own patient load at that time 3. B-side non-trauma EM resident a) If no A-side EM resident available B. Follow the secondary trauma guide as needed 1. Follow MCI protocols, and instructions from the senior attending who will be in charge with MCI activation

During Activation	Some Comments/Recommendations
Goal: Appropriate management of high level trauma codes I. Speak to the PGY3 and state you are taking the role of leader II. Take signout from EMS while the PGY3 starts the primary and secondary III. Enforce this order: Primary Survey, eFast, Secondary Survey & Access, Roll IV. Red airways to EM3 by policy V. Ensure the eFAST is supervised by either yourself or attending VI. Introduce self as the	I. Allow the PGY3 to lead a red level if they seem to have a handle of the situation. A. You can use this opportunity to instead help with junior residents learning critical procedures. You can learn how to guide a tricky airway with a 2 using just your words, or how to properly perform a finger thoracostomy II. If you choose to follow protocol and take over, ensure the smooth transition of the 3 taking over the airway and the 2 moving to exposure/other procedures (ie. chest tubes, lines) III. Running a Red Trauma A. EM1 Roles 1. Get the clothes off the patient. 2. Have the IO prepped, and ready to go if nursing fails first attempt IV placement. 3. Start the eFAST as the primary survey is finished and with the start of the secondary survey. B. EM2 1. Prepare the chest tube/thoracostomy tray as indicated. 2. Performs the secondary survey as the 3 is at airway.

senior to surgery VII. Be professional and co-manage with colleagues VIII. Ensure CT is ready for the trauma IX. Ensure proper workup for the patient X. Run the Secondary Trauma Team Activation	3. Performs necessary critical procedures besides intubation. C. EM3 1. Have them assess the airway, and if need for in-line stabilization can have the EM2 help D. When surgery arrives, clarify you are the senior running this trauma. If this isn't the first trauma activation of the day, it may be confusing for surgery if they earlier interacted with the EM3 as the trauma senior. E. You or your attending MUST see each eFAST view. It is your responsibility as the Trauma Senior to supervise the EM1 to ensure that the saved images are uploaded to qpath by hitting "End Exam" and your responsibility to make sure the FAST is saved under the correct MRN, edited in Qpath and ordered in EPIC. F. You are expected to give a concise presentation to the trauma surgery team leader. Let them know where you are in evaluation without disrupting the flow of the resuscitation. 1. Unless a treatment recommendation represents a threat to life or limb, politely make a counter-suggestion or email the Elmhurst chief later. Arguments should be life-saving: everything else can be discussed after, even if you would do it differently. G. Since you are the newest member to the trauma team in these scenarios, you will be taking this patient primarily. You will accompany to CT, write the note, and ensure the proper disposition for this patient (more than likely SICU). IV. Secondary Trauma Activations A. If the secondary trauma team is activated, ensure all necessary members are mobilized from their positions in the ED B. Have your most senior member take over the role survey and airway C. Have the most junior member take over exposure, access, and eFAST V. MCI Activations A. Form a two-person team with the most senior EM resident who is not on the trauma team, and run a two person trauma B. Follow the instructions of the senior attending who will be activated during MCI

After Activation	**Some Comments/Recommendations**
On Shift: Dispositions & Debrief I. Ensure proper disposition for your patient II. Feedback learning and updates	I. Check in with the trauma team, and see what they thought about the introduction of the new workflow A. Check in with the PGY3, to see if they need help with anything after the red trauma II. Hold a debrief session with learning points A. Tailor it to a critical procedure that was performed during the trauma B. Make sure everyone can voice their insights from the trauma

Topic	Resources
How to Run a Resuscitation	EMRAP - Resuscitation Done Right
Initiating MTP	Paper chase - Sooner is Better in Trauma Transfusion EMA - Shock Index And Pulse Pressure As Triggers For Massive Transfusion IBCC - Massive Transfusion Protocol emDOCS - TEG 5-minute primer
Critcothyrotomy	Live Cricothyrotomy Bougie Assisted Cric
Pediatric Cric Ventilation	emDOCs - Can't Intubate Can't Ventilate How to perform pediatric needle cric
Chest tube Placement	Chest Tube Placement
Subclavian Central Line	Subclavian Central Access
Pericardiocentesis	EM:Rap - Pericardiocentesis
Pelvic Binder	How to place a pelvic binder
Finger Thoracostomy	How to perform a Finger Thoracostomy
Thoracotomy + Approach to Traumatic Arrest	EMCrit How to Perform a Thoracotomy RebelEM - If You're Going to Do a Thoracotomy … do a Clamshell The East Guidelines for ED Thoracotomy Strayer - East Guidelines