

Created: May 2005
Last Revised: October 2022
Last Reviewed: January 2023

Anesthesia Trauma Call Panel Process

- Purpose:** To ensure around the clock coverage and availability of anesthesiologists to support the demand for routine elective surgeries as well as trauma, urgent and emergent surgical interventions.
- Goals:** To provide an organized and documented plan to provide routine coverage and levels of backup to meet the needs of trauma patients and other urgent and emergent cases at all times throughout the year, on a 24/7 basis. Furthermore, to meet the requirements of the American College of Surgeons for Level II Trauma verification as it relates to readiness of facility and physicians to treat trauma patients.

Guidelines:

- A. Call Schedule
 - a. The First and Second Call Schedule is prepared by the Chief of Anesthesiology or his/her designee.
 - b. The Call Schedule will be posted monthly as part of the trauma call panel schedule originated and distributed through Deaconess Medical Staff Department
 - c. At least one anesthesiologist in the heart rotation shall be assigned to the daily call schedule
 - d. After the Call Schedule is posted, it is the responsibility of each individual physician to arrange “trades” in the event he/she is not able to accept the assigned call
 - i. These changes must be communicated immediately to Deaconess Medical Staff Department so changes can be redistributed to the appropriate areas within the hospital
- B. Call Responsibility
 - a. First Call
 - i. Remain on campus throughout his/her assigned shift
 - ii. Carry the trauma pager and respond to all Category I trauma activations via phone to the Emergency Department within 3 minutes acknowledging availability
 - 1. Respond immediately to the Emergency Department for airway management upon request
 - iii. Respond promptly within 30 minutes to managing airway problems in the hospital upon request

- iv. Respond promptly within 15 minutes to manage emergency operations
 - v. Alert Second Call in the event he/she is providing patient care and/or management and is therefore unavailable to respond immediately to a Category I trauma activation
 1. Notify Second Call when he/she become available to once again accept First Call status
- b. Second Call
- i. Carry trauma pager
 - ii. Respond immediately to all Category I trauma activations via phone to the Emergency Department within 3 minutes acknowledging availability when notified by First Call or their representative of the necessity of back up support
 - iii. Be promptly available to respond to a Category I trauma activation or for airway management in the Emergency Department upon request
 - iv. Respond promptly within 30 minutes to manage airway problems in the hospital upon request by the Trauma Surgeon
 - v. Respond promptly within 30 minutes to manage emergency operations
- c. The departmental call list shall be utilized for unusual events requiring more than the First and/or Second Call physicians (i.e. multiple traumas, mass casualty)
- C. Refer to the *Trauma Team Attending Credentials* guideline for requirements for participation on the Anesthesia Trauma Call Panel
- D. A complete list of designated Anesthesiologists that meet trauma requirements for a trauma call panel is available upon request

References:

- Operating Room Staffing Policies & Practices – Document No. H-3
- *Trauma Team Attending Credentials* trauma guideline
- American College of Surgeons Committee on Trauma 2022 Resources for Optimal Care of the Injured Patient
- Illinois Department of Public Health Standards
- Anesthesia Department Call List