

**Created:** April 2004  
**Reviewed:** November 2022  
**Revised:** November 2022



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## Orthopedic Surgeon Trauma Call Panel Process

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**Purpose:** To delineate the requirements for Orthopedic Surgeons participating on the Trauma Call Panel

**Guidelines:**

- A. From 0730 to 0730 each day, including weekends, the Orthopedic trauma call panel has a primary surgeon on call exclusively for Deaconess Midtown Hospital
  - a. If at any time an Orthopedic Surgeon is not available exclusively to Deaconess Midtown Hospital, a back-up Orthopedic Surgeon will be available
  - b. The Orthopedic Surgeon call schedule, including back-up, shall be published
- B. While on trauma call, the Orthopedic Surgeon will perform all services necessary to provide the patients of Deaconess Regional Trauma Center with the level of on-call orthopedic surgical services that should reasonably be provided by a Level II Trauma Center according to the guidelines set forth by the American College of Surgeons (ACS)
  - a. The Orthopedic Trauma Medical Director will be available for consultation when needed
- C. If the on-call Orthopedic Surgeon and the back-up Orthopedic Surgeon become encumbered, the Trauma Surgeon will be notified and activate Midtown Hospital's diversion plan Level 4 (Surgical Trauma Diversion)
  - a. See Hospital Policy and Procedure 40-54
- D. Contingency plan: to be instituted when the on-call and the back-up Orthopedic Surgeon are encumbered upon the arrival of an orthotrauma patient
  - a. The Trauma Surgeon will provide initial evaluation and stabilization of the orthotrauma patient
  - b. Transfer agreements are in place with similar or higher-verified trauma centers
  - c. The Trauma Surgeon will have direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support
  - d. Monitoring of the efficacy of the transfer process will be monitored by the PIPS program

- E. Services for which the Orthopedic Surgeons are responsible shall include, but shall not be limited to, the following
  - a. Determining whether to assign a trauma patient of the Trauma Center to an appropriate admission physician specialist and unit
  - b. In the event of an orthotrauma emergency, an Orthopedic Surgeon or Orthopedic Advance Practice Provider must physically evaluate the patient within 30 minutes of request by the Emergency Department physician or Trauma Surgeon for orthopedic emergencies
    - i. See Management of Musculoskeletal Emergencies guideline
  - c. Admitting isolated orthopedic injuries to Trauma Services, consulting Trauma Surgeon as needed
  - d. Participating in chart review and peer review activities as requested by the Trauma Program Manager and/or Trauma Medical Director
  - e. Being designated only to Deaconess Midtown Hospital when on call for Deaconess Midtown Hospital
  - f. Supplying a signed History and Physical (H&P) or Consultation dictation on Trauma Service's patients
- F. Refer to the "Trauma Team Attending Credentials" guideline for requirements for participation on the Orthopedic Trauma Call Panel. Attendance on the Trauma Call Schedule is a privilege extended to qualified physicians by the Medical Director of Trauma Services
- G. A traumatologist is available to care for severe pelvic and acetabular fractures
  - a. In the event the traumatologist is unavailable within a reasonable time frame, the patient may be transferred to a higher level of care
  - b. If an orthopedic injury is deemed too complex by the traumatologist, the patient may be transferred to a higher level of care
    - i. Examples include pediatric supracondylar humeral fracture, spino-pelvic injuries
- H. In the event that a hand injury is too complex or requiring replantation, the patient may be transferred to a higher level of care
- I. A complete list of designated Orthopedic Surgeon that meet trauma requirements for a trauma call panel is available upon request.

**References:**

- Resource for Optimal Care of the Injured Patient, 2022