PRACTICE GUIDELINE

Effective Date: **3-18-05** Manual Reference: **Deaconess Trauma Services**

TITLE: TRAUMA SURGEON CONSULT

PURPOSE: To identify those patients who do not meet trauma activation/alert criteria, but merit the expertise of trauma surgeon consultation via telephone or evaluation, i.e. isolated/single system injuries.

POLICY: Injured patients who merit a consult should be referred to the Trauma Surgeon on call. This trauma consult should be entered into EPIC under IP Consult to Trauma Services, so it is placed on the trauma surgeon's rounding list. A phone call is required to the Evansville Surgical Associate's (ESA) call center so the trauma surgeon on call will be notified of the consult. Most importantly, whomever makes that call MUST put the time they called in the smart text within the order, within the provider notification screen, or on the ED consult summary. This entry should also include which surgeon they called so Trauma Service's department can track the surgeon's time as part of their quality improvement.

The trauma call schedule lists the primary and backup trauma surgeon on call. Staff is required to review the call schedule and notify the ESA office during the daytime hours and ESA answering service after hours requesting the trauma surgeon on call to be paged. The Trauma Performance Improvement Nurse is also a resource for in house staff and can be notified Monday through Friday during daytime hours as needed by calling 812-450-1788 or 812-450-6022.

GUIDELINES: Trauma patients who require a consult may be referred to the surgeon as follows:

A. Emergency Room
   1. The Emergency Physician or admitting physician can contact the Trauma Surgeon on call for any patient requiring admission to the hospital for any traumatic injury that does not fit Category I or II criteria. This will include any patient admitted to services other than trauma services that need trauma consultation.
   2. A trauma consult via patient evaluation will require that trauma surgeon to evaluate the patient within 6 hours of notification from the Emergency Department physician.
   3. The Emergency Department staff's documentation must reflect the time the trauma surgeon was notified of a consult, the time the trauma surgeon called back, and/or the time he/she arrived in the Emergency Department.
   4. If the injured patient requires admission, the patient will be placed under the Trauma center admission type, which will require the patient to be admitted by a surgical service.
   5. It is recommended that this patient's family physician be consulted as a courtesy and to consult if deemed necessary by the trauma surgeon. This has been

included on the trauma admission orders. Admission by non-surgeons is a performance improvement indicator that is tracked by the Trauma Services department as part of the performance improvement and patient safety program.

B. Direct Admission
1. Patients who bypass the ED as a direct/straight admit who are admitted for an injury meeting trauma activation criteria, will require a Trauma Surgeon consultation after notification of the Admitting Physician.
2. The Admitting Physician will document a Trauma Consult and speak directly to the Trauma Surgeon on call. It is not appropriate for a Non-Surgical Service to accept/admit ANY trauma patient as a straight/direct admission to Deaconess Hospital.

C. Inpatient
1. During daily trauma rounds, if a trauma patient's injuries/criteria warrant a Trauma Surgeon's evaluation/consult, the Trauma Performance Improvement Nurse will discuss with the Trauma Medical Director and/or the Trauma Program Manager to determine next steps (i.e. request consult from admitting service).
2. Patients with injuries should be admitted to a surgical service. Trauma Services will monitor non-surgical admissions for appropriateness of care and the Trauma Medical Director will review all non-surgical admissions with an ISS ≥ 9. Non-Surgical admissions should be $< 10\%$ of trauma admissions.

REFERENCES:

- Resource for Optimal Care of the Injured Patient: 2014
- Committee on Trauma – American College of Surgeon's Standards
- Illinois Department of Public Health Standards

REVIEWED DATE	REVISED DATE
Previous dates removed for space	JAN 2008
AUG 2009	AUG 2008
AUG 2014	JUNE 2011
JAN 2017	AUG 2016
JAN 2018	APR 2021
JAN 2019	
AUG 2020	