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## Trauma Surgeon Consult

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

**Guidelines:**

- A. The trauma call schedule lists the primary and back-up Trauma Surgeon on call
  - a. Injured patients who merit a consult should be referred to the Trauma Surgeon on call
  - b. Staff is required to review the call schedule and notify Evansville Surgical Associates office during normal business hours or ESA answering service after hours, requesting the Trauma Surgeon on call be paged
    - i. Phone call to ESA call center is required so the Trauma Surgeon will be notified of the consult
  - c. Consult should be entered into EPIC under IP Consult to Trauma Services
    - i. Time of consult must be entered in the smart text within the order, the provider notification screen, or on the ED consult summary
    - ii. Entry should also include which Surgeon was contacted so Trauma Services can track the Surgeon's time as part of the Quality Improvement process
  - d. The Trauma Performance Improvement Nurse is also a resource for in-house staff and can be notified as needed Monday through Friday during normal business hours by calling 812-450-1788 or 812-450-6022
  
- B. Trauma patients who require a consult may be referred to the Surgeon as follows
  - a. Emergency Department (ED)
    - i. 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 meet Category I or Category II criteria
      - 1. This includes any patient admitted to a service other than Trauma Services who needs a trauma consultation
    - ii. A trauma consult via patient evaluation will require Trauma Surgeon to evaluate the patient within 6 hours of notification by the ED Physician
    - iii. ED staff's documentation must reflect the time the Trauma Surgeon was notified of the consult, the time the Trauma Surgeon called back, and/or the time the Trauma Surgeon arrived in the ED

- iv. If the injured patient requires admission, the patient will be placed under the Trauma Center admission type
  - 1. This requires the patient to be admitted by a surgical service
- v. It is recommended that the patient's Family Physician be consulted as a courtesy and to consult if deemed necessary by Trauma Surgeon
  - 1. This is included on the Trauma Admission orders
  - 2. Admission by non-surgeons is a performance improvement indicator that is tracked by Trauma Services as part of the performance improvement and patient safety program
- b. Direct Admission
  - i. Patients who bypass the ED as a direct admit who are admitted for an injury meeting trauma activation criteria will require a Trauma Surgeon consultation after notification of the Admitting Physician
  - ii. Admitting Physician should document a Trauma Consult and speak directly to the Trauma Surgeon on call
    - 1. It is not appropriate for a Non-Surgical Service to accept/admit any trauma patient as a direct admission to Deaconess Midtown Hospital
- c. Inpatient
  - i. If at any time during admission a patient is found to have an injury related to a traumatic mechanism, a Trauma Surgeon consult may be entered
  - ii. Admitting Physician should document a Trauma Consult and speak directly to the Trauma Surgeon on call
  - iii. Patients with known injuries should be admitted to a surgical service
    - 1. Trauma Services will monitor non-surgical admissions for appropriateness of care
    - 2. Non-surgical admissions should be <10% of trauma admissions

**References:**

- Resources for Optimal Care of the Injured Patient 2022
- Committee on Trauma – American College of Surgeon's Standards
- Illinois Department of Public Health Standards