

The nursing response to trauma resuscitation should parallel the medical response

Sid Cuthbertson
Nurse Consultant DCCM

ED nurse coordinator

- **During:** Documents intubation time and drugs and doses
- Assists with patient positioning accesses drugs double checks all infusions where necessary
- Liases with social worker
- **At transfer** Liases with MBOR or DCCM Keeps ED charge nurse informed ensures documentation completed and decides on most appropriate transfer nurse

Trauma airway nurse

Critical Care nurse

- **Prior to arrival**

- Checks and prepares airway equipment oxygen and suction
- Intubation equipment, ventilator and capnography

- **On arrival**

- Ensures C spine stabilisation, Assist with patient lift
- Assists with airway management, cut clothes off-right

Critical care nurse

■ During

- Assists with intubation, ensures cricoid pressure is applied by another team member
- Secures ET tube, attaches ventilator and capnography, assists with insertion of NG tube, applies lacriline, Ongoing monitoring of airway and ventilation
- Becomes assist procedure nurse, records ECG, assists with/performs IDC, dipsticks and sends specs, chest drain insertion/DPL/USS etc

Critical care nurse

- At transfer
- Total drainage output IDC/ chest drain and informs documentation nurse
- Ensures portable oxygen available
- Prepares transport box and drugs.

Trauma Circulation nurse surgical nurse

- **Prior** draws up intubation drugs
- Ensures IV trolley available
- **On arrival**
- Switches the timer on assists with pt lift transfer, cuts off the clothes on pts left side
- Attaches monitor
- Performs initial obs
- Assists with control of haemorrhage

Surgical nurse

■ **During**

- Continues with Obs CVS Neuro resp and communicates findings
- Set up art line, administration of IV fluids/drugs
- Applies splints and dressings
- Informs documentation nurse of fluids and drugs

■ **On transfer**

- Ensures equipment and fluids available ward
- patients art line is removed

Non-parallel response equation

Drs ± N-TG = 🖐️ 🔴 🔴 🔴 😞 ☠️

Anarchy in Resus and beyond

Parallel Response Equation

Drs. _____

+TG = 👍 ❤️ ❤️ ❤️ 😊 ☯️

Nurses _____

ACME - peak of perfusion perfection

Conclusion

- To work in parallel allows nurses to work along side medical staff effectively, within their scope of practice, without disrupting medical intervention and at the same time enhancing the effort of the two dimensions 10 fold
- Parallel nursing and medical response to trauma creates a critical mass and the exponential life saving curve

Define Nurse

- A nurse is a health care professional, who is engaged in the practice of nursing. Nurses are responsible (with others) for the safety and recovery of acutely ill or injured people, health maintenance of the healthy, and treatment of life-threatening emergencies in a wide range of health care settings.

Define response

A bodily process occurring due to the effect of some foregoing stimulus or agent;

"a bad response to the medicine";

"his responses have slowed with age"

There is action

Define Parallel

Being everywhere equidistant and not intersecting;

"parallel lines never converge";

Trauma Response

- Team concept (Forming, storming, norming, performing)
- Lead Dr has legal authority, status, power and experience
- Risk: Time, communication, body of knowledge, style of leadership of leader and members
- Benefits: Outcomes shared workload, expertise, options knowledge and solutions

The ADHB Trauma Guidelines

- Team leader is responsible for decisions, direction, destination of the patient
- Capable of performing all roles but primarily hands off
- Obtains essential history - pre hospital care personnel ensures that team members perform their roles
- Contacts other specialities
- Determine trauma plan in consensus with other members
- Priorities injuries, facilitate the passage of the patient to definitive care ensure appropriate documentation is completed, speak with relatives

Medical team

- **General surgical** registrar interventional procedures
- **ED registrar** stop external haemorrhage, primary survey, large bore cannulae trauma bloods. Fluid resuscitation, secondary survey
- **DCCM registrar** communicates with patient, establishes airway, O₂, inline stabilisation of cervical spine, maintains ventilation, evaluates neurological status, monitors ECG and vital signs, inserts arterial line places gastric tube

Trauma nurse coordinator

ED nurse

- Prior: Liases with team leader
- Identifies nursing team members
- Prepares documentation, primes IV lines, alerts blood bank
- Insures rapid infusion device is set as indicated and arterial line

ED nurse coordinator

- On arrival assists with patient lift
- Documents arrival time, history, pt status base line recordings
- Completes paper work for x-rays and lab forms and labels and secures
- Liase with clerks
- Attach ID band
- Labels and secures property