The only role for intensive care staff in trauma resuscitation is to take the patient away at the end...

Tony Smith

Intensive Care Medicine Specialist, Auckland City Hospital
Medical Advisor, St John
Size really does matter...
Propose a new title

- The true role for intensive care staff is to be part of a multidisciplinary team that takes a coordinated and systematic approach to the assessment and resuscitation of trauma patients
- A team is a group of people that work together toward a common goal
- A team player is someone who works as part of a team and not for their own glory
- There is no ‘i’ in team...
But there is an ‘i’ in Tim...
Names can tell us a lot

- I want to introduce to you a theory
- It is not well known but there is a substantial amount of level 9 evidence to support it
- It is the ‘words hidden in peoples names and titles can tell us a lot about them, but in particular they can tell us about their real nature’ theory...
The theory

- Take a name like Tim Parke, take some letters from both names and find the hidden words...
The theory

- Take a name like Tim Parke, take some letters from both names and find the hidden words...
- Like pike...
The theory

- Take a name like Tim Parke, take some letters from each of their names and find the hidden words...
- Like pike...
- Or my favourite... rat...
The theory

- How does it work for Tony Smith?
The theory

- How does it work for Tony Smith?
- Much to my distress I came up with snot...
The theory

- How does it work for Tony Smith?
- Much to my distress I came up with snot...
- Then is was saved when I found mint...
Title a red rag to a bull...
The theory

- What about emergency medicine consultant?
The theory

- What about emergency medicine consultant?
- You get genocide...or genital...
The theory

- What about emergency medicine consultant?
- You get genocide...or genital...
- What about intensive care consultant?
- You get creative...or consultative...
Enough of complicated science

- Enough of complicated science I hear you say
- The real question is: would you trust a man that wore a skirt?
What is worn under a kilt?

- Nothing is worn…it is all in perfect working order…
Doctors that wear skirts are taking over

- 25% of emergency medicine specialists in ACH are from Scotland
- A coincidence?
- A plot...?
The truth

- We have uncovered a plot by Scottish doctors to take over our EDs
- The exodus has become a flood
The exodus has become a flood
Summary

- There is no evidence in trauma to help us
  - There is evidence on intensive care involvement outside the ICU
  - There is evidence for early multidisciplinary involvement in other conditions
- Intensive care staff have a long history of involvement in trauma
  - We bring a large collective experience to the trauma team
- We must not ignore the sinister and dastardly plans of Scottish doctors to take us over
- The true role for intensive care staff is to be part of a multidisciplinary team that takes a coordinated and systematic approach to the assessment and resuscitation of trauma patients
“Nurse, get on the internet, go to emergency medicine.com and click on the ‘are you totally lost’ icon”
We all know what happens when you show a red rag to a bull...
Intensive care staff and the trauma team

- Take a look at the evidence
  - There isn’t any
  - There is evidence on intensive care involvement outside the ICU
  - There is some evidence on early multidisciplinary involvement improving patient care
- Take a look at the history of intensive care staff involvement in trauma teams
- Take a look at what ICU staff might bring to the trauma team
- Reveal to you a recently uncovered plot by Scottish doctors to take over our ED
Intensive care staff outside the ICU

- MET teams improve outcomes
Multidisciplinary team involvement is good for patients

- Stroke units an example

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**PRESS RELEASE**

Scottish Intercollegiate Guidelines Network

**Embargo Until: For immediate release 22 November 2002**

STROKE UNITS: MORE THAN A SIGN ON A WARD WALL ...

New guideline provides overwhelming evidence for properly established specialist stroke units able to save, and rehabilitate, hundreds of lives annually.

A new SIGN1 guideline on the 'Management of Patients with Stroke'2 has been published which could save hundreds of lives each year, and also hundreds of further patients to live independently, if implemented in practice.

Stroke3 is currently the third commonest cause of death and the most frequent cause of severe adult disability in Scotland. 70,000 individuals are currently living with stroke and its consequences4, and each year there are approximately 15,000 further stroke events (with 20% of stroke patients dying within 30 days of experiencing a stroke). For those patients who survive, recovery takes place over a variable timespan with approximately 30% of survivors being fully independent within three weeks, rising to nearly 50% by six months.

In order to provide local Trusts and Health Boards with guidance on how best to manage patients with stroke and, in particular, on the most effective methods of organising local services for stroke patients, SIGN has published a new national clinical guideline based on a review of the latest evidence. The guideline makes a number of key recommendations, including...
Intensive care staff have a long history of involvement in trauma

- Drove the development of the first trauma teams at Auckland Hospital in the late 1970s
- Drove the development of a major trauma policy for Auckland City in the 1980s
- Were the initiators of a major public campaign for motorway median barriers in the 1980s and 1990s
What do intensive care staff bring to the trauma team?

- They bring a large combined collective experience
- Intensive care specialists work as a team
  - Hunt as a pack
- Intensive care specialists review, manage and audit the patients as a team
  - We all see all of the patients
  - High degree of scrutiny of each others practice
  - Gives us a very large collective experience that is unmatched by most other services
  - Most others services only review and manage the patients they admit or see when on duty
What does this mean in reality?

- 230 patients a year with major trauma admitted to ACH
  - 95% (220) are admitted to DCCM
- Each intensive care specialist will get to see and learn from 100-200 major trauma patients a year
- Each emergency medicine specialist will only see those patients that come through when they are on duty, 30-40 major trauma patients a year