

**PROTOCOL FOR EARLY NOTIFICATION OF
TRAUMA SURGEON / ANAESTHETIST / OPERATING THEATRE**

Approved by SGH Trauma Committee Feb 2004, Revised April 2007

The aim of this protocol is to have the Consultant Trauma Surgeon, Consultant Anaesthetist and theatre staff in the hospital and ready to provide surgical intervention as soon as possible after the arrival of those patients that present with injuries requiring rapid surgical intervention.

The protocol **MUST** be activated upon receipt of prehospital information that a patient with any of the following is expected, or on the patients arrival in the ED if there is no prehospital notification:

- ◆ **Stab wound to head / neck / trunk**
- ◆ **Gunshot wound to head / neck / trunk**
- ◆ **Systolic BP < 80mmHg associated with penetrating injury**
- ◆ **Obvious peritoneal violation**

1. **Trauma Team must be activated (Dial 666)**
2. **When Surgical and Anaesthetic Registrars arrive in ED:**
 - **Surgical Registrar to contact Consultant Trauma Surgeon on-call immediately and advise them of patient information.**
 - **Anaesthetic Registrar to notify Consultant Anaesthetist on-call immediately and advise them of patient information.**
3. **Operating Theatres should be notified, via the nurse-in-charge of the operating suite (page 111), by the Surgical Registrar of:**
 - i) **The need for an urgent theatre and staff**
 - ii) **Type of injury**

As soon as it is evident that the patient who has suffered penetrating trauma requires urgent operative intervention, the aim should be to have that patient in the Operating Theatre within as short a time as possible, with only urgent, life-saving interventions performed in the Resuscitation Room.

If the Surgical or Anaesthetic Registrars are not immediately available, it is the responsibility of the Emergency Department Registrar to ensure that the Trauma Surgeon and Anaesthetic Consultant and Operating Theatre staff are contacted. This responsibility may be delegated.