

# **CRITERIA FOR OPERATING ROOM**

## **TRAUMA OPERATING ROOMS**

The goal in the care of the seriously injured trauma patient is to provide the appropriate operative interventions in a rapid, efficient method that minimizes patient traveling, interruption of resuscitation or opportunities for hypothermia. As endovascular and interventional radiology roles in trauma expand, we need to optimize our planning and resources. It is understood that this is a progressing role and that a true hybrid model does not yet exist. Based on current resources, below is the algorithm for OR room requests.

### **Criteria for OR 22**

The goal should be to request this room for the *severely injured* patient who needs a *combined* approach for appropriate ***damage control***.

Appropriate Combinations:

- Vascular (specifically endovascular)
- General Surgery
- Orthopedic (ex fix only)

**Not** yet ready for IR on consistent basis (pelvis, livers)

### **Request Cardiac Room**

- Suspected cardiac injury and pericardial fluid
- Severe chest injury (high risk of needing cardiac perfusion support)

### **Room 9**

At this time, room 9 will continue to be the trauma room for the majority of traumas (isolated laparotomy, laparotomy with external fixator or nailing, open vascular, etc

**NOTE: These are guidelines only, not policy. At any point the clinicians can, together, evaluate resources needed.**