

**SERVICE ROLE DELINEATION FOR PATIENTS ON THE ADULT TRAUMA SERVICE IN  
THE PICU that are ICU Status**

Trauma Service	PICU Service
<p><b>Orders</b></p> <ul style="list-style-type: none"> <li>• Wounds and wound care orders</li> <li>• Blood transfusion</li> <li>• Consults</li> <li>• Spine clearance</li> <li>• Injury follow-up i.e. scans, further films, consults</li> <li>• IVC filters</li> <li>• Initiate Feeds</li> <li>• Initiation of anticoagulation (DVT prophylaxis)</li> <li>• PT/OT/Speech and Swallow</li> <li>• Initiation of tube feeds (the decision whether to Feed, and whether trophic or total enteral support is goal.</li> <li>• Acute resuscitation – all aspects under trauma direction in first 24 hours and/or until trauma chief/attending dictates. In general, the following should apply:               <ul style="list-style-type: none"> <li>○ Hypotension resolved – SBP &gt; 90</li> <li>○ Hemoglobin stable – 2 consecutive values</li> <li>○ Base deficit corrected</li> </ul> </li> </ul>	<p><b>Orders</b></p> <ul style="list-style-type: none"> <li>• Ventilator management               <ul style="list-style-type: none"> <li>○ Extubation but in agreement with the trauma service</li> <li>○ Intubation</li> </ul> </li> <li>• Electrolytes</li> <li>• Nutrition (adjustment of feeds)</li> <li>• Line management</li> <li>• Antibiotics</li> <li>• Pulmonary toilet</li> <li>• ECMO</li> <li>• Insulin (patients with glucose &gt; 150 mg/dl after 24 hours should be managed with an insulin infusion. Goal glucose is 80-120 mg/dl.</li> <li>• Sedation/analgesia</li> <li>• Inotropes/Vasopressors</li> <li>• Maintenance fluids</li> <li>• OK to travel</li> </ul>
<p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>• Tracheotomy</li> <li>• PEG</li> <li>• All chest tubes</li> <li>• DPL</li> <li>• Bronchoscopy</li> </ul>	<p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>• Lines</li> </ul>

## General Principles

- There should be resident to resident communication on all patients at the time of admission and on a daily basis.
- There will be at least a daily morning attending level discussion of the patient and discussion of therapeutic goals.
- The Pediatric Critical Care Service will provide intensive care consultation for patients on the adult trauma service while in the PICU.
- Bed requests should be initiated through the PICU charge nurse (74017). The most senior surgical team member present in the resuscitation will contact the PICU attending to review the case and clear the admission to the PICU.

## Call Notification Tree:

Trauma Service	PICU Service
1 <sup>st</sup> call Daytime: Surgery Trauma “Service Junior” Nighttime: Surgery Junior/Senior B/U – “Junior”	1 <sup>st</sup> Call at any time: PICU resident; (75264) alternative PICU nurse practitioner (daytime)
2 <sup>nd</sup> call Daytime: Surgery Trauma “Service Senior” Nighttime: Surgery Junior/Senior B/U – “Senior”	2 <sup>nd</sup> call PICU Attending
3 <sup>rd</sup> call Trauma Attending	