

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

1. At this time, room 22 is the trauma room for traumas isolated laparotomy, laparotomy with external fixator or nailing, open vascular, etc.
2. For the *severely injured* patient who needs a *combined* approach for appropriate ***damage control***.

Appropriate Combinations:

- Vascular (specifically endovascular)
- Trauma Surgery
- Orthopedic

A trauma patient with an isolated extremity injury that requires orthopedic placement of an external fixator AND revascularization with vascular surgery can be managed in the Heart and Vascular Institute operating rooms. An OR team from 5N will travel to the HVI to ensure that orthopedic support is provided for equipment and supplies. This must be discussed with the Trauma attending on call and the ultimate override will lie with the Trauma attending on call.

A massive transfusion protocol activation or any active polytrauma issues will exclude a patient from this arrangement.

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