

ROLE OF THE TRAUMA TEAM

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All hospitals managing severe trauma should have a dedicated trauma team that is available immediately to attend and manage patients presenting with severe trauma. The composition of the team will depend on local policies but it will invariably involve doctors from the emergency department, anaesthetics and/ or critical care, trauma and orthopaedics and general surgery . Increasingly , radiology and haematology doctors are contributing to the trauma team, as part of the patient's initial assessment and management. Hospitals managing large volumes of cases of severe multisystem trauma are recognising the need for an enhanced trauma team activation for the most severely injured patients – the so-called 'code red trauma call'. Patients identified before reaching hospital as being haemodynamically - unstable or having acute airway compromise may initiate 'code red', triggering the automatic attendance of the most senior clinicians from each discipline prior to the patient's arrival and prehospital activation of massive transfusion protocols. . The role of the trauma team is to apply the principles of Advanced Trauma Life Support (ATLS) to rapidly identify and - treat life-threatening injuries during the primary survey . The principal advantage of a trauma team is that this activity can occur concurrently instead of sequentially; while the anaes - thetist is assessing and managing the patient's airway , another team member can be assessing and managing the patient's breathing, etc. The importance of the trauma team leader cannot be overemphasised: they brief and prepare the team, ation coordina te these sequential activities, manage time, interpret findings and plan the next move. Increasing recognition of the importance of this role has led to the development of post - graduate training courses designed to teach both the technical and non-technical skills required. Generally , the trauma team leader and most senior clinicians should be standing back from the patient, looking at the big ger picture, in order to anticipate the next key decisions. Summary box 27.1 The role of the trauma team /uni25CF /uni25CF /uni25CF /uni25CF - -

Understand the principles of damage control surgery • (DCS) versus early total care (ETC) Allows the simultaneous and ef /f_i cient application of ATLS principles to rapidly identify and treat life-threatening pathologies Should be led by the most senior clinician The most senior clinicians from each specialty should attend 'code red trauma calls' The team leader should be constantly trying to anticipate the next move

The primary survey aims to identify and manage the most immediately life-threatening pathologies first and follows cABCDE.

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