**Purpose:**

To describe the Harborview Medical Center (HMC) Transfusion Service (TS) response to a Trauma call.

* ***Note:*** *This procedure applies to trauma responses in which a Massive Transfusion Protocol (MTP) has not (yet) been activated. If a MTP is activated, follow MTP procedure:*

**Policy:**

* TSL staff will be ready and available at all times to respond to a trauma.
* TSL staff will respond immediately to Trauma pages/calls with appropriate Stock Trauma packs stored in monitored portable refrigerators.
* TSL responder will remain with the patient to facilitate distribution of blood products to patient, and coordinate supplemental orders for blood products with the TSL Lab, until dismissed by the Trauma surgeon.
* When requested, the TSL responder will participate as the 2nd person, in the 2-person verification process for labeling the pre-transfusion sample from the trauma patient per Nursing Policy

**Procedure:**

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| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
| **Trauma Response Activation** | | |
| **1** | * In the event of a trauma or medical emergency situation, the Trauma Phone Tree is enacted. * Members of the Trauma Response Team are notified via pager, requiring a full response to the Emergency Department (ED). |  |
| **2** | The TSL Trauma Pagers are:   * Carried at all times   + ***NOTE:*** *CLT will routinely carry the pager(s), but if necessary this may be carried by a CT* * Handed directly to the next appropriate staff member: * During meal breaks * At shift change * As other needs dictate |  |
| **3** | * + The Trauma Phone Tree activated with “Full trauma response to the ED” or similar message displayed on the trauma pager |  |
| **4** | * + When a trauma page is received:     - Contact the ED charge Nurse:     - Communicate the TS ability to respond: i.e.   + TS staff are responding   + TS staff cannot respond but can issue emergency release PRBC & thawed plasma plus further blood products as required |  |
| **Step** | **Action** | **Related Documents** |
| **Trauma Response Activation cont.** | | |
|  | * + - Obtain any known information on the patient     - Record known information on the Trauma Log:   + Age   + Gender   + ***NOTE:*** *If the required information is not known about the patient at the time of the page or the ED Charge Nurse is not available, do not delay trauma response.* |  |
| **Trauma Response Procedure** | | |
| **1** | * Inform all TS techs of the trauma response page * Prepare to leave TS immediately:   + Load portable blood refrigerator with 1 Trauma RBC Pack and 1 Trauma Plasma Pack (or equivalent number/type PRBC & plasma if no Stock Trauma Packs immediately available).   + Record “ED” and type of RBCs on the erasable board   + Collect the Trauma Log clipboard containing (forms):     - Extra Urgent Release form     - Extra Trauma Log     - Lab Results Log   + Pick up a Portable phone and a pen | * + - * Blood Component Selection Policy       * Using Portable Blood refrigerators |
| **2** | * Utilize the Elevator key to call a West Hospital elevator to the 1st floor. |  |
| **3** | * Upon arrival, ask the ED charge nurse or observe the patient information board:   + Estimated time of arrival (ETA)   + Location where the patient will be treated   + Patient’s age and gender   + Whether stock uncrossmatched blood group O RBCs needed   + Any other pertinent information. |  |
| **4** | * + - Confirm patient information matches phone conversation.     - Verify Rh type of stock uncrossmatched RBCs is correct based on patient’s age and gender. | * + - Blood Component Selection Policy |
| **5** | * Go to the location where the patient is going to be placed (for example, Resus 2).   + Plug in the portable blood refrigerator.   + Document the patient’s information on the refrigerator erasable board   + Ask the trauma doctor to sign the Urgent Release form     - Introduce yourself     - If you don’t know who to talk with, ask! |  |

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| **Step** | Action | Related Documents |
| **Trauma Response cont.** | | |
| **6** | * + - * Facilitate immediate collection and transport of the patient’s sample to TSL: * Stand in a position allowing observation of blood collection * Perform the 2-person verification process per nursing procedure:   + Blood collection   + Comparison of requisition form, armband, and sample label for patient name, MRN, and birthdate   + Sign the labels including date and time of draw   + Sign and date/time the requisition form     - * Begin to dispense blood components as requested by the Trauma Team:   + Record time “issued” on the Trauma Log.   + Call TS for additional units when 2nd stock uncrossmatched RBC is dispensed. | * Table A: Instructions for Completing the Trauma Log * Nursing Procedure: Blood: Pre-Transfusion Compatibility Testing (Type and Screen) and Requesting Blood Products for Adults and Pediatrics |
| **7** | * + - * At the point of care:   + Listen to the nurses or field medic's report when the patient arrives as this will help anticipate the need for blood components   + Pay attention to the treatment of the patient   + Remain alert and prepared to take instructions from the physicians and nurses   + Remain in constant contact with TS for ordering blood components and updates on the patient's location and status   + Record Lab Results   + Record all component orders on the Trauma Log | * Lab Results Form |
| **8** | * + - Retrieve a patient ID labels from the back desk     - Attach a label to the Trauma Log, Lab Results Log, Urgent Release form and each stock Transfusion Record   + Patient ID labels are usually available 5-10 minutes after patient arrives. |  |
| **9** | * + - Coordinate exchange of stock blood components with units released based on:   + Subsequent physician orders   + Admitting name and HID   + In-date sample |  |
| **10** | * + - Update the Trauma Team on component availability:   + Resuscitation Room   + CT: remain in the observation area, retrieving blood from the refrigerator near the Resus room   + Angio: remain in the observation area, moving the refrigerator closer if space is available |  |
| **Step** | Action | Related Documents |
| **Trauma Response cont.** | | |
| **11** | * + - Notify TS if patient is moved.     - Follow patient to new location. |  |
| **12** | * + - Remain at point of care until discharged by the patient's physician, nurse or the charge nurse. |  |
| **13** | * + - Return to TS with the portable blood refrigerator:     - NOTE: Requests to leave the portable blood refrigerator must be approved by the TS Medical Director. | * + - Using Portable Blood refrigerators |
| **14** | * Communicate detailed information to the TS Lead/TS Manager:   + Concerns   + Problems and your handling of the problem   + Suggestions for improvement |  |

**Table A: Instructions for Completing the Trauma Log**

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| --- | --- |
| **Field** | **Information** |
| Response Date/Time | Date/Time tech left TS |
| Responding Tech(s) | ID number of TS staff |
| Patient age/Gender | Initially: as received from the ED charge nurse  At trauma: update/correct information |
| Medical Record Number/Name | Update when available |
| Component Information | Confirm unit numbers and component type |
| Issue date/time | Complete as components are requested |
| Additional Component Orders | Complete applicable fields:   * Initial order/sample drawn * Ordering Physician * Component Type and number * MTP (√) * Location * Issue date/time |
| Additional Components Received | Time received at portable refrigerator  Time requested |
| Diagnosis/Scenario | Brief description obtained from the nurse or field medic report  Include Blood/Medic Run # |
| Disposition of patient | Death  Change in location |

**References:**

Standards for Blood Banks and Transfusion Services, Current Edition. American Association of Blood Banks. AABB Press, Bethesda, MD.