



TRAUMA - RADIOGRAPHER RESPONSE TO EMERGENCY DEPARTMENT TRAUMA ACTIVATION – ST GEORGE HOSPITAL

1. Purpose	Guidelines for Radiographer response to Emergency Department (ED) Trauma activation. This business rule is to be used during Trauma Team activations. The ED Radiographer is an essential part of the Trauma Team. This business rule details the process and suggested timeline for attendance at Trauma Team activations
2. Risk Rating	Low
3. National Standards	 1 – Clinical Governance 5 – Comprehensive Care 6 – Communicating for Safety 8 – Recognising and Responding to Acute Deterioration
4. Employees it Applies to	Emergency Department Radiographer. Trauma Team Leader

5. PROCESS

- The radiographers at St George Hospital carry a pager which will notify the presence, or imminent arrival, of trauma patients to the ED.
- A two tiered trauma call system operates at St George Hospital:

TIER 1 TRAUMA TEAM REQUIRED: The Radiographer is requested to attend the Resuscitation Area on receiving the alert and notify the Team Leader on arrival. The Team Leader will advise which x-rays are needed (usually CXR and PXR), and whether a Trauma Pan Scan is indicated. The requested x-rays will be ordered on Powerchart. Once an MRN is known/prior to a patient being registered into eMR a CXR and PXR may be performed prior to an order being entered onto eMR if imaging is considered an emergency. (Authorisation - Dr D Glenn, Head, Department of Radiology).

During resuscitation:

Extended Focussed Sonography Assessment in Trauma (eFAST) is now an essential part of the initial resuscitation phase and primary survey of a critically injured patient. While eFAST is performed, it may not be immediately possible for the Radiographer to perform x-rays. Mindful of the heavy workload in the ED Radiology Service, and given its co-location with the Resuscitation Area, the Radiographer may notify the Team Leader of the need to continue with other work, but should be prepared to return to the Resuscitation Bay on request.

Stand down

Once x-rays have been reviewed by the Team Leader, the Radiographer should ask whether further imaging is required in the Resuscitation Bay. If no further x-rays are needed then the Radiographer may return to the Radiology area. If subsequent mobile x-rays are needed while the patient remains in Resuscitation (E.g. long bones, post ICC CXR) the Radiographer will requested following an order on eMR to return to ED. Otherwise, imaging orders will be entered into Powerchart for xrays which can be performed in the ED Radiology Department.

TIER 2 TRAUMA STANDBY: ED will page the on call Radiographer and notify them of the location of the patient and the required x-rays.





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6. Cross References	SGH CLIN372 Trauma Triage Activation Criteria – St George Hospital		
0. CI055 References	<u>SGH CLINS72 Trauma Thage Activation Chiena – St George Hospital</u>		
7. Keywords	Trauma, Radiographer response, Trauma Team activation		
8. Document Location	SGH Trauma Page		
9. External	Murphy, F. Major trauma, TARN and the role of the radiographer		
References	Synergy; Apr 2011; Health Research Premium Collection		
11. Implementation and Evaluation Plan	Implementation: The document will be published on the SGH-TSH business rule webpage and distributed via the monthly SGH-TSH CGD report		
	Evaluation: Via the SGH Trauma Team		
12. Knowledge	Q1: What are the 2 types of trauma page that may be activated?		
Evaluation	A1: 'Trauma team required' and 'Trauma team standby'		
	Q2: What is the responsibility of the radiographer during activation of each of these pages?		
	A2: When a 'Trauma Team Required' page is received the radiographer is to attend the ED Resuscitation room.		
	If 'Trauma Team Standby' is received, the ED will page the radiographer to request the appropriate x-rays.		
	Q3: Once an MRN is known or prior to a patient being registered into eMR a CXR and PXR may be performed prior to an order being entered onto eMR in what circumstance?		
	A3: Only if imaging is considered an emergency, otherwise an eMR order must be done first		
13. Who is Responsible	Dr Mary Langcake (Director of Trauma SGH)		

Approval for: TRAUMA - RADIOGRAPHER RESPONSE TO EMERGENCY DEPARTMENT TRAUMA ACTIVATION – ST GEORGE HOSPITAL			
Specialty/Department Committee	Network Trauma Committee Chairperson: Sarah O'Hare SESLHD CNC Trauma & P.A.R.T.Y. Date: 03.11.2021		
Nurse Manager (SGH)	Hayley Smithwick, NM Critical Care Date: 03.11.2021		
Medical Head of Department (SGH)	Dr Mary Langcake, Director of Trauma Date: 03.11.2021		
Executive Sponsor	Andrewina Piazza-Davies A/Operations Manager Date: 03.11.2021		
Contributors to CIBR	Contribution : Dr D Glenn, Head, Department of Radiology		





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Consultation:

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Network Trauma Committee Members (SGH staff only)

Revision and Approval History					
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due	
Aug 2011	0		CNC Trauma SGH	Aug 2014	
Nov 2021	1	Review: Major	Mary Langcake, Director of Trauma Nov 2026		

General Manager's Ratification				
Name: Paul Darcy (SGH)	Date: 26.11.2021			