

**EMERGENCY DEPARTMENT POLICIES**

<b>SUBJECT:</b> MULTIPLE TRAUMA, MANAGEMENT	NO. 64.1 PAGE NO. 1 OF 2
---	-----------------------------

Original date of issue:

Reviewed:							
Revised:		4/03	10/07				

Patient Population

Neonate	✓
Pediatric	✓
Adolescent	✓
Adult	✓
Geriatric	✓

**POLICY**

To expedite treatment of unstable trauma victims in the ED

**IMPLEMENTATION:**

Management:

1. At the discretion of the ED attending, the admitting surgical resident can be summoned to the ED by page and, if necessary, by overhead as well as any surgical specialties that may be required
2. If there is need for a rapid institutional response, telecommunications/(the page operator) can be notified for a "Trauma Team". This will not be an overhead page. Rather, telecommunications will then notify the surgical resident on call as well as the Anesthesia, Cardiothoracic surgery on call, Neurosurgery, and Orthopedics.
3. Any procedures in the ED will be under the supervision of the ED attending. Once the patient is admitted, management may be taken over by the surgical attending if present.

Disposition:

Patients will be admitted by the ED attending to the most appropriate service in consultation with the attending of that service. If the patient has multi-

---

**EMERGENCY DEPARTMENT POLICIES**

---

<b>SUBJECT:</b>	MULTIPLE TRAUMA, MANAGEMENT	NO. 64.1 PAGE NO. 2 OF 2
-----------------	-----------------------------	-----------------------------

system/service trauma, he/she will be admitted to the General Surgery admitting team for 24 hours if necessary. The patient may then be transferred to the service caring for the most severe injury if all other injuries are stable after 24 hours.