

Senior Training Fellowship Report Trauma Nursing

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I thank God Almighty and the Administration of CMC for providing me the opportunity to have Senior Training Fellowship in Trauma Nursing from 7th May to 9th June 2018 (5 Weeks).

I was able to visit the following two institutions:

1. R Adams Cowley Shock Trauma Centre, University of Maryland, Baltimore (4 weeks from 7th May to 2nd June)

2. Kansas University Medical Center, Kansas University, Kansas (1 week from 3rd to 9th June)

I am very grateful to Vellore Christian Medical College Foundation, USA for making it possible for me to have my Trauma Nursing training in R Adams Cowley Shock Trauma Centre, University of Maryland, Baltimore.

My overall objective was to develop a 'System of Quality Trauma Care' in CMC. The experience provided me opportunities to observe and learn the following aspects of trauma care:



1. Trauma Prevention

Trauma prevention Coordinator with the qualification of Masters in Nursing is responsible for the following trauma prevention activities in both the trauma centres

- Preparing pamphlets and distributing them to the public
- Conducting trauma prevention programme on specific topics- (Eg. Stop the bleed) in the schools/colleges
- Bringing volunteers to the hospital, orienting them to the hospital and educating them on trauma prevention
- Conducting trauma survivors annual meet
- Utilizing trauma survivors in trauma prevention activities
- Checking vehicles (cars) in the parking area for maintenance and safety norms

2. Pre hospital (Ambulance) services

The United States of America has a same number (911) for pre hospital services. The call is dispatched by the communication centre to the nearby ambulance service. The paramedics are trained in Community colleges which are not attached to the hospitals and the trainees are posted in the hospital for skill training. The state level policy governs their activities and the work is completely protocol based. Their activities are to

- Provide appropriate pre hospital care
- Transfer the victim safely to the hospital
- Provide the details of the victim to the receiving hospitals
- Provide effective pre hospital mass casualty management
- Being prepared for any type of disasters
- Train the public on Basic Life Support

3. Policies and protocols of Trauma Management

The policies related to triage, trauma management is written down and available in the computer for the staff to follow. New or revised policies are communicated to all staff. The trauma management protocol is based on ATLS guidelines.

4. The role of Nurses and Nurse Practitioners in Trauma Care

Trauma Nurse – Provides trauma care to the patients at the bedside

Charge Nurse – Incharge of the unit to make sure that quality patient care is provided

Trauma Nurse Coordinator – Coordinates specifically the admission and discharge of all trauma patients. She is also responsible for the staffing.

Trauma Nurse Practitioner – Works along with the doctors. They are completely responsible for patient care like providing orders including medication, monitoring patient's response, deciding on investigations to be done, planning for further care and discharge. They prepare discharge summary and follow up patients in the OPD.

Trauma Case Managers – Responsible to make discharge plans for the patients and also identifies the resources needed after discharge at home.

5. Current trends in the Management of Trauma

The ATLS guidelines are followed. During primary assessment FAST is done for all patients since abdominal injuries are the most common injuries among trauma victims. Soon after the primary assessment, management plan like emergency surgery or admission is planned.

6. Team dynamics in the Management of Trauma

Trauma team consists of the senior trauma surgeon, the senior and junior doctors, trauma nurse practitioners, trauma nurse coordinators, trauma case managers, charge nurses, trauma nurses, social workers and chaplains. Each of them have a distinct role to play. They go on rounds everyday and make sure that patient care is appropriately done. The patient care related information are communicated to everyone for continuity of patient care. The nurses are unit based and they work in the same unit every day.

7. Physical set up of the Trauma centre

The total number beds are 125. The trauma center has the following units

Trauma Resuscitation Unit

Neuro Trauma ICU

Multi Trauma ICU

General ICU

Intermediate Care Unit

Each bed is a single cubical with all facilities within to care for the patient. There is no triage as such since all patients with trauma are brought by the ambulance. The resources available are plenty and most of the material resources are disposable. Patients are discharged early and sent to acute rehabilitation centres for continuity of care.

8. Trauma research and the involvement of nurses

Nurses are involved in doing research either independently or along with the medical team. The **Trauma Clinical Research Programme Coordinator is a Nurse** who is empowered to coordinate the trauma research performed by the trauma team members. She helps the researcher to find the available literature on the interested topics and the possibility and feasibility of the study.

9. Pre-hospital and in-hospital Mass Casualty Management

The pre hospital mass casualty management is carried out by the Emergency Medical Services (EMS). The resources are kept ready for the mass casualty management. The hospital has a well

defined plan for mass casualty management and the staff are trained. Mock drills are regularly conducted to keep the plan updated.

Plan of action for Trauma Care in CMC

1. Policies and protocols of Trauma Management

Developing Trauma Nursing related SOPs, Standing orders, Policies and Protocols for Quality Trauma Care for the Trauma Centre in the Kannigapuram campus and orienting the staff towards the same.

2. Pre hospital services

Initiating a toll free phone number so that the ambulance personnel may be able to inform the Emergency Department about the patients before arrival.

3. Role of Trauma Nurse coordinator

Initiating Trauma Nurse coordinator who will coordinate the activities of Trauma Prevention and Trauma Quality Improvement.

4. Current trends in the Management of Trauma

Providing training to Nurses working in the Emergency Department on the current trends in the Management of Trauma based on ATLS guidelines through competency based learning modules. In future, training Nurses from CMC's mission hospital network through online will be initiated.

5. Physical set up of the Trauma centre

Will be working along with the Trauma Team in the infrastructure development of the Trauma Centre, Kannigapuram campus

6. Trauma research and the involvement of nurses

Will identify a forum where nurses may be involved in doing research independently and collaboratively with other team members

7. Pre-hospital and in-hospital Mass Casualty Management

As In hospital Mass Casualty Management policy is already existing, regular mock drills would be conducted for Nurses once in 3 months to develop the skills. A protocol would be developed in discussion with the Trauma Team members for Pre-hospital Mass Casualty Management.