

Here are staffing needs for trauma patients

Here are the minimum personnel mobilized for each category of trauma patients arriving at Eastern Maine Medical Center in Bangor, according to the hospital's Trauma Tier prehospital triage system:

	Tier One	Tier Two	Tier Three
Operational theme; system expectations	<ul style="list-style-type: none">• Immediately life-threatening; obvious instability. Anticipate need for <i>resuscitation</i> in trauma room or OR.• Anticipate need for operative interventions as part of acute management.• Maximum ED, institutional, and medical staff response.	<ul style="list-style-type: none">• Potentially life-threatening.• Anticipate need for <i>stabilization</i> in trauma room or OR.• Maximum ED response, intermediate institutional and medical staff response.	<ul style="list-style-type: none">• No evident instability.• Standard operational procedure.
Personnel minimums¹	<ol style="list-style-type: none">1. Page trauma surgeon STAT (with adequate notification, presence on or prior to patient arrival may be anticipated).2. ED physician3. Anesthesiologist or Certified Registered Nurse Anesthetist4. Primary Nurse²5. Resource Nurse6. Recorder³7. X-ray technologist (if multiple patients are anticipated to require X-rays, request backup technologist)8. Lab phlebotomist9. Respiratory therapist10. Social worker or chaplain⁴11. Page neurologic or orthopedic surgeon following initial assessment, for any applicable injuries12. Page other physician specialists at the discretion of the physician of record	<ol style="list-style-type: none">1. Page Trauma Surgeon ASAP, for phone consultation with ED physician and response as needed. Presence may be anticipated within 30 minutes of patient arrival.2. ED physician3. Anesthesiologist or certified registered nurse anesthetist (At request of ED physician or or trauma surgeon)4. Primary nurse²5. Resource nurse6. Recorder³7. X-ray technologist8. Lab phlebotomist9. Respiratory therapist⁵	<ol style="list-style-type: none">1. Primary Nurse²2. ED clinician ASAP

1. Until excused by either primary nurse or physician of record. Each role described must be assumed by a separate person.

2. Must be certified in a comprehensive trauma curriculum approved by the ED nurse manager (e.g., trauma nursing core course)

3. If not an ED nurse, must have a working familiarity with ED trauma documentation standards.

4. Summoned at the request of charge nurse or designee following contact (or lack thereof) with significant others. Consider critical incident stress debriefing for staff members.

5. As needed for mechanical ventilation or blood gas sampling.

Source: Excerpt from *Appendix D: Review and Overview of the Trauma Tiers*, Eastern Maine Medical Center, Bangor.