NOTIFICATION OF OR AND ANESTHESIOLOGIST FOR EMERGENT OPERATIVE TRAUMA CASES

ORIGINATION DATE: 2/1/2001
Updated: July 7, 2025

PURPOSE: To provide direction for notifying personnel in the Surgery Department and Anesthesiology Department for emergency cases.

EQUIPMENT: N/A

POLICY

A. To provide direction for notifying personnel in the Surgery Department and Anesthesiology Department when an emergent operative trauma case requires transfer to operating room. Emergent surgical cases may be scheduled by phone. The staff surgeon/designee may not know the critical data points at the time of scheduling.

B. The following MUST be relayed:
   1. MRN, required to post electronic case request
   2. Staff Surgeon
   3. Operative procedure
   4. MTP status (ordered or required)
   5. Other crucial needs (special equipment/sets, implants)

C. The following should ideally be discussed (but may not be known)
   1. Patient name
   2. Allergies (incl latex status)
   3. NPO status
   4. Presumed diagnosis/injuries
   5. Infection status

PROCEDURE

A. Trauma provider will press the "Rauland button- ED to OR" when there is a high probability of taking the patient from the trauma bay to the OR emergently and/or the patient is receiving a resuscitative thoracotomy. This will activate the OR to start preparing but not open supplies. See attachment.

B. When immediate operative intervention is required for an injured patient the surgery provider will notify the Surgery Department.

   a. Surgeon provider to speak directly with the Operating Room Charge RN to finalize case request and ETA;
      Designee calling must be able to answer questions related to the procedure.

   b. Surgeon provider is responsible for notifying Anesthesia In Charge (AIC). The following routes of communication may be utilized:

- Direct communication with anesthesia representative (faculty or resident) IF present in the Trauma resuscitation bay
- OR Charge RN can transfer Surgeon provider directly to AIC's phone, allowing Surgeon provider to ensure Anesthesia is aware.
- AIC can be called directly on portable phone

C. Posting of electronic case request in Electronic Health Record:

i. Class A – Life-Threatening (within 15 minutes): Surgeon provider will provide necessary patient information and OR Charge Nurse will post electronic case request.

ii. Class B – Critical (within 2 hours): Surgeon provider will enter electronic case request in the Electronic Health Record

D. On arrival to OR, surgeon will provide directions to anesthesia and other team members via OR-MIST handoff (see attached).

Attachment A.

Trauma Emergent ED to OR Activation

Trauma Surgery determines high likelihood of Emergent ED to OR and/or performing a resuscitative thoracotomy.

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Trauma surgery presses ED to OR Rauland button and calls OR charge

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Rauland sends page/Vocera to the following.

Anesthesia

Anesthesiology FMLH Faculty [29803]

Anesthesia trauma staff/AICs
414 314-3919

Anesthesia in house APP
414-314-3467

Response/Expectations

If not already at bedside, anesthesia will respond to ED Resuscitation Bay.

If already at bedside, anesthesia will prepare for OR.

Trauma Surgery

Trauma Faculty 7am-5pm Weekdays [2707]

Trauma Faculty Acute Care Surg, Afterhours & Holidays [17009]

Trauma Resident Junior [31819]

Trauma Resident Senior [31594]

SICU resident [2710]

Critical Care Trauma (SICU) Faculty FMLH [2711]

Critical Care (SICU) Fellow/Faculty-Evening,

Weekends and Holidays [26343]

Surgery Calls Access Services [11196]

Response/Expectations
Call OR Charge
Prepare for OR

Anesthesia Tech

Vocera Groups – anesthesia tech (41550 / 49851, 49829, 49830, 49831, 49832, 49833, 49834, 49839, 49840, 49845, 49846, 3016015)

SPOK listing ID [38640]

Response/Expectations

Respond with Anesthesia if warranted if not already at bedside. Open Trauma room if patient is transported to the OR.

Blood Bank

Pager 414-314-5872

Response/Expectations

Send or reroute blood products to the OR upon receiving the page.

OR

Pager 414-314-1856
Pager 414-314-3874
Pager 414-314-0818
Pager 414-314-3696

Response/Expectations
Assigned OR trauma team will report to ED trauma bay and wait for direction from trauma attending surgeon.
If OR staff are not available to report to the ED trauma bay, report to the OR trauma room, OR charge nurse will confirm is patient is confirmed. **OR team should wait for confirmation prior to opening.**
Upon confirmation of patient coming to OR trauma room, trauma attending surgeon will call charge nurse at OR front desk to provide pertinent information and post case.
If OR team is in ED trauma bay at this time, team will report directly to trauma OR to start opening and prepping for patient arrival.

Emergency Department

ED trauma team already at bedside.

Response/Expectations

Notify Blood Bank of MTP activation and/or blood administration.
Retrieve designated blood from appropriate blood refrigerator.
Receive MTP cooler from Blood Bank as it arrives to Trauma Bay
Prepare and transport blood products to the OR as appropriate.

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APPROVAL: Trauma Quality and Operations Committee
Attachment B:

Froedtert & Medical College of Wisconsin

ED to OR Handoff

- Reduce noise so entire team can hear trauma surgeon report.
- Surgeon report will guide next steps and determine criticalness of patient

M-	Mechanism of Injury	• Mechanism, blood loss • Criticality of situation
I-	Injuries	• Preliminary diagnosis, extent of injury
S-	Signs/ Stability	• Hemodynamic stability • Verge of coding • Drape or no drape
T-	Treatment(s)	• Procedure(s) planned and priority. • Induction plan (timing) • IV access adequate? • MTP activated? Is blood enroute? • ABX given?