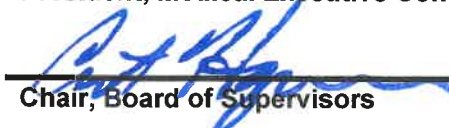




THIS IS TO CERTIFY THAT
ARROWHEAD REGIONAL MEDICAL CENTER'S
EMERGENCY DEPARTMENT
HAS BEEN REVIEWED AND UPDATED
AS NEEDED

	7/24/19
Department Manager (ED) – Kyle Brinkworth, RN	Date
	7/24/19
Department Manager (Trauma) – Sonny Alforja, RN	Date
	8/1/19
Committee Chair (Trauma) – David Wong, MD	Date
	8/1/19
Interim Clinical Director – Ravneet Mann, RN	Date
	8/1/19
Interim Chief Nursing Officer – Nanette Buenavidez, RN	Date
	8/1/19
Chairman, Quality Management Committee – Webster Wong, MD	Date
	8-1-19
President, Medical Executive Committee – Rodney Borger, MD	Date
	AUG 20 2019
Chair, Board of Supervisors	Date

**ARROWHEAD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT POLICIES AND PROCEDURES
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
101.00 Issue 8			X		Scope of Service	Grammatical and formatting
102.00 Issue 4			X		Mission	Grammatical and formatting
103.00 Issue 5			X		Purpose and Objectives of the Department of Emergency Medicine	Grammatical and formatting
104.00 Issue 5			X		Categorization of Emergency Facility	Grammatical and formatting
105.00 Issue 7			X		Organizational Chart and Narrative	Review AUM wording. Grammatical and formatting
106.00 Issue 5			X		Duties and Responsibilities of the Dept of Emergency Medicine	Review job duties and descriptions Grammatical and formatting.
108.00 Issue 4			X		Staffing Model and Assignments	Review min staffing of attendings in policy – highlighted section. Grammatical and formatting
109.00 Issue 5			X		Interdisciplinary Committee Participation	Grammatical and formatting
110.00 Issue 5			X		Medical Rotation in the ED: Resident, Elective, Medical Student, PAs, and Nurse Practitioners	Grammatical and formatting
111.00 Issue 6			X		Improving Organization Performance	Grammatical and formatting
201.00 Issue 7			X		New Hire Orientation	Grammatical and formatting
204.00 Issue 6			X		Emergency Department Staff Meetings	Grammatical and formatting
300.00 Issue 4			X		TRANSPORT OF CRITICAL CARE PATIENTS	Grammatical and formatting
303.00 Issue 6			X		ADMITTING PROCEDURES	Grammatical and formatting
304.00 Issue 10			X		INTAKE PROCESS OF PATIENTS TO THE EMERGENCY DEPARTMENT	Grammatical and formatting
306.00 Issue 5				X	TELEPHONE ADVICE	Grammatical and formatting

**ARROWHEAD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT POLICIES AND PROCEDURES**

2019 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
307.00 Issue 7			X		HELIPORT SAFETY	Grammatical and formatting
311.00 Issue 9			X		EMERGENCY DEPARTMENT COMBINED LOG AND TREATMENT RECORD	Grammatical and formatting
312.00 Issue 10			X		PATIENT FLOW IN THE EMERGENCY DEPARTMENT	Grammatical and formatting
312.10 Issue 5				X	PHYSICIAN CHECK-IN/CHECK-OUT POLICY	Grammatical and formatting
314.01 Issue 5			X		EMERGENCY DEPARTMENT VISITATION	Grammatical and formatting
315.00 Issue 7				X	CONSENTS	Grammatical and formatting
316.01 Issue 4			X		DEFINITIONS OF UNEXPECTED PATIENT DEPARTURES	Grammatical and formatting
319.00 Issue 4		X			TRANSPORTATION OF EMERGENCY DEPARTMENT PATIENTS TO BEHAVIORAL HEALTH	Grammatical and formatting
320.00 Issue 4		X?			EMERGENCY DEPARTMENT DISASTER PLAN	Grammatical and formatting
321.00 Issue 5				X	CODE PINK RESPONSE- EMERGENCY DEPARTMENT	Grammatical and formatting
322.00 Issue 2			X		Reporting Disorders Characterized by Lapses of Consciousness to the Department of Motor Vehicles	Grammatical and formatting
402.00 Issue 3			X		Medical Screening Exam	Grammatical and formatting
403.00 Issue 4			X		Pediatric Assessment Criteria	Grammatical and formatting
404.10 Issue 8			X		Triage Acuity Category Principles and MSE	Grammatical and formatting
405.00 Issue 4			X		Roles and Responsibilities of the Triage Nurse	Grammatical and formatting
406.00 Issue 3			X		Utilization and Evacuation of Locked Cells	Grammatical and formatting
407.00 Issue 3			X		Chart Checks of ED Labs, EKG, and X-ray results	Grammatical and formatting
408.00 Issue 2			X		Routine Cerebral Spinal Fluid (CSF) Orders	Grammatical and formatting

ATTACHMENT R

**ARROWHEAD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT POLICIES AND PROCEDURES
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
409.00 Issue 1			X		ED Management of Patient Surge	Grammatical and formatting
410.00 Issue 3			X		Reading of Emergency Department EKGs	Grammatical and formatting
411.00 Issue 2			X		Reading of Emergency Department X-Rays	Grammatical and formatting
411.10 Issue 3			X		Point of Care Testing – Urine Multistix	Grammatical and formatting
412.00 Issue 1			X		Wampole Prevue HCG Pregnancy Test	Grammatical and formatting
416.00 Issue 4			X		Animal Bites	Grammatical and formatting
417.00 Issue 4			X		Discharging Patients from the Emergency Department	Grammatical and formatting
418.00 Issue 5			X		Deaths in the Emergency Department	Grammatical and formatting
422.00 Issue 3			X		Specialty Service Consults	Grammatical and formatting
425.00 Issue 2			X		“On Call” List	Grammatical and formatting
426.00 Issue 5			X		Management of 5150 Patients	Grammatical and formatting
430.00 Issue 3			X		Abdominal Pain	Grammatical and formatting
430.01 Issue 2			X		Chest Pain	Grammatical and formatting
430.02 Issue 2			X		Drug Overdose	Grammatical and formatting
430.03 Issue 3			X		Extremity Fracture / Dislocation	Grammatical and formatting
430.04 Issue 2			X		Laceration	Grammatical and formatting
430.05 Issue 6			X		Pediatric Fever	Grammatical and formatting
430.06 Issue 4			X		Seizures	Grammatical and formatting
430.07 Issue 3			X		Vaginal Bleed	Grammatical and formatting
430.08 Issue 3			X		Asthma	Grammatical and formatting

**ARROWHEAD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT POLICIES AND PROCEDURES**

2019 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
430.09 Issue 3			X		Burns	Grammatical and formatting
430.10 Issue 3			X		Concussion	Grammatical and formatting
430.11 Issue 3			X		Diabetic Ketoacidosis	Grammatical and formatting
430.12 Issue 5			X		Obstetric Patients and Precipitous Delivery	Grammatical and formatting
440.00 Issue 3			X		Cardiopulmonary Resuscitation	Grammatical and formatting
441.00 Issue 4			X		Treatment of Patients Under the Influence of Alcohol	Grammatical and formatting
442.00 Issue 2			X		Treatment Decon of Exposed to Hazardous Materials	Grammatical and formatting
443.00 Issue 4			X		Emergency Handling and Decon of Radiation Victims	Grammatical and formatting
444.00 Issue 2			X		Emergency Evacuation Plan	Grammatical and formatting
446.00 Issue 5			X		Emergency Treatment of Minors	Grammatical and formatting
450.00 Issue 3			X		Standardized Procedure: Ordering Diagnostic Test by the Emergency Department RN	Grammatical and formatting
451.00 Issue 1			X		External Jugular Venous Catheter Placement in the ED	Grammatical and formatting
TRAUMA SERVICES - Section V						
500.00 Issue 4				X	Mission & Goal	Grammatical and formatting
500.10 Issue 8			X		Trauma Services Hospital Organizational Chart	Grammatical and formatting
500.30 Issue 5				X	Trauma Director	Grammatical and formatting
500.40 Issue 7			X		Trauma Program Manager	Grammatical and formatting
500.50 Issue 5				X	Scope of Practice	Grammatical and formatting
500.60 Issue 7			X		Trauma Team Members	Grammatical and formatting

**ARROWHEAD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT POLICIES AND PROCEDURES
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
500.70 Issue 4			X		Trauma Nurse Position Summary	Grammatical and formatting
500.80 Issue 11			X		Trauma Team Activation Criteria	Grammatical and formatting
500.90 Issue 9			X		Trauma Team Alert Criteria	Grammatical and formatting
501.00 Issue 6				X	Transfer of Patients from Another Facility to the ARMC Emergency Department	Grammatical and formatting
501.10 Issue 2				X	Trauma Resuscitation Video Recording	Grammatical and formatting
501.20 Issue 5				X	Standardized Trauma Assessment and Interventions	Grammatical and formatting
501.40 Issue 6			X		Venous Access in the Trauma Patient	Grammatical and formatting
501.50 Issue 3				X	Laboratory Testing for Trauma Patients	Grammatical and formatting
501.70 Issue 7				X	Cervical Spine Clearance	Grammatical and formatting
501.90 Issue 4				X	Considerations Related to Insertion of a Foley Catheter in Major Trauma Patients	Grammatical and formatting
502.00 Issue 4				X	Considerations Related to Insertion of a Nasogastric/Orogastric Tube in Major Trauma Patients	Grammatical and formatting
502.55 Issue 5			X		Blunt Trauma and the Elderly Patient	Grammatical and formatting
503.20 Issue 6			X		Trauma Team Activation, Alert, Declass, Consult and Burn Activation Charges	Grammatical and formatting
503.70 Issue 5			X		Care of the Pediatric Trauma Patient	Grammatical and formatting
503.80 Issue 5				X	Pediatric Equipment and Supplies	Grammatical and formatting
503.90 Issue 3				X	Burn Activation Criteria	Grammatical and formatting
504.00 Issue 8				X	Standardized Assessment the Pregnant Trauma Patient	Grammatical and formatting
504.10 Issue 2				X	Early Rehabilitation Medicine Referral for Trauma Patients	Grammatical and formatting

**ARROWHEAD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT POLICIES AND PROCEDURES
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
504.20 Issue 5				X	DVT and PE Prophylaxis in Trauma Patients	Grammatical and formatting
504.25 Issue 1				X	Fat Embolism Syndrome Steroid Prophylaxis Guideline	Guidelines for prophylactic steroid use in patients with long bone fractures.
504.30 Issue 3	X				Screening, Brief Intervention And Referral	Screening tool for injury prevention nurse used on trauma patients who present with alcohol/drug use prior to traumatic event.
504.40 Issue 1				X	Post-Traumatic Stress Disorder Screening And Referral	Screening tool for PTSD trauma patients
505.00 Issue 2				X	Circumferential Pelvic Antishock Sheeting: Guidelines For Usage	Guidelines for use of pelvic binding in open-book pelvic fractures.
506.00 Issue 3	X				Hospital Emergency Response Team (H.E.R.T.)	Policy and Procedures for trauma team deployment into the field with EMS personnel for life saving measures.
507.00 Issue 2			X		Reversal Of Anticoagulation	Guidelines for use of reversal agents in patients who are on anticoagulation medications.
508.00 Issue 2	X				Orthopaedic Guidelines For Trauma Room Fracture Washouts And Long Bone Fracture Stabilization In Polytrauma Patients	Guidelines for evaluation and treatment of long bone open fractures in the trauma room.
509.00 Issue 1				X	Service Admission Of Traumatic Brain Injury Patients	Guideline for service line admissions for patients with Traumatic Brain Injuries.
509.10 Issue 2	X				Trauma Patients Admitted To A Non-Surgical Service	Guidelines for patients who present to the trauma room with injuries but are cleared by surgical services for admission.
510.00 Issue 1				X	Blunt Cerebrovascular Injury Guidelines	Guidelines for evaluation and management of cerebrovascular injuries secondary to blunt mechanisms.

ATTACHMENT R

**ARROWHEAD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT POLICIES AND PROCEDURES
2019 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
511.00 Issue 1				X	Blunt Hepatic Injury, Selective Non-Operative Management	Guidelines for selective –non-operative cases.
512.00 Issue 1				X	Blunt Splenic Injury, Selective Non-Operative Management	Guidelines for selective –non-operative cases.



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY NO. 504.30 Issue 3
Page 1 of 3

SECTION: V. TRAUMA SERVICES

SUBJECT: SCREENING, BRIEF INTERVENTION AND REFERRAL

APPROVED BY: _____
Chairman Department of Surgery

I. POLICY

To provide a guideline for screening, brief intervention, and referral related to alcohol use in the trauma patient population at Arrowhead Regional Medical Center. Injury prevention strategies that prevent repetition of risky behaviors are an essential component in trauma care. Using the Alcohol Use Disorder Identification Test (AUDIT-C) is an evidenced based injury prevention strategy to help identify patients who are hazardous drinkers or at-risk drinkers in order to deliver early intervention. Trauma patients that screen positive on the blood alcohol concentration (BAC) test or meet the screening criteria will have a brief intervention prior to discharge.

DEFINITIONS

- A. Screening: Testing for blood alcohol concentration (BAC) and use of the AUDIT-C screening instrument assists in identifying patients with risky behavior therefore, warranting a brief intervention.
- B. AUDIT-C Screening Tool: The Alcohol Use Disorders Identification Test is a simple three questions-screening tool used to identify patients with alcohol problems or potential alcohol problems. The AUDIT-C is scored 0-12. In men, a score of more than four is considered positive; in women, a score of more than three is considered positive. Each patient admitted due to an injury will receive the Audit-C screening.
- C. Brief intervention: Short counseling session (approximately 10 minutes-1 hour) that provides the patient with information about their screening results from their Blood Alcohol Concentration (BAC) and AUDIT-C interview. Additionally, the brief intervention will include discussions on the patient's perception of the role alcohol consumption contributed to his/her injury, guidelines for low risk alcohol consumption, methods for reducing drinking, and assisting the patient in developing goals to reduce risky behaviors.
- D. Referral: Community resources will be provided to the patients to assist in alcohol cessation or reducing alcohol use.

II. PROCEDURES

- A. Screening:
 - 1. A Blood alcohol level will be drawn on patients who have a trauma panel ordered.
 - 2. Blood specimen is drawn by trauma or lab personnel as part of the trauma panel.
 - 3. All admitted trauma patients will have an Audit-C completed upon admission. Those who test positive for blood alcohol or who meet the criteria for brief intervention, will receive that intervention either prior to discharge or will be contacted at home.
 - 4. A list of patients requiring brief intervention will be identified by the Injury Prevention Nurse or designee. This will be done daily or as soon as possible.
- B. Brief Intervention:

1. When the patient is deemed appropriate for screening (alert, cooperative, responsive to questions), the admitting nurse will interview the patient using the AUDIT-C questionnaire in Medi-Tech.
2. The patient will be provided with their BAC and AUDIT-C results in a confidential manner.
3. The Injury Prevention Nurse or designee administering the brief intervention will attempt to elicit open communication with the patient regarding their view of drinking and how alcohol consumption may have contributed to their injury.
4. The Injury Prevention Nurse or designee will provide the patient with a packet that contains health educational information related to alcohol use and resources related to alcohol cessation.

C. Exceptions/Clinical Alerts:

1. Patients, who due to their injury, cannot actively participate in the screening and/or brief intervention will be excluded.
2. Patients with history of substance abuse disorder/ alcohol dependence will be excluded.
3. Patients with psychosis disorder/ admitted to behavior health will be excluded.
4. Patients who are incarcerated will be excluded

D. Documentation

1. The Admitting Nurse will complete the questions as part of the admission assessment in Medi-Tech. The Injury Prevention Nurse or designee will document the intervention and/or referral in the nursing notes section of Medi-Tech in the patient's chart.

E. Follow-up:

1. The Trauma Services Department will track alcohol screenings and brief intervention for performance improvement.

REFERENCES:

American College of Emergency Physicians. Alcohol Screening and Brief Intervention Kit
U.S Department of Health and Human Resources. (2007) Alcohol Screening and Brief Intervention
(SBI) for Trauma Patients; Committee on Trauma Quick Guide. Pgs 3-15. www.samhsa.gov

DEFINITIONS:**ATTACHMENTS:****APPROVAL DATE:**

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Executive Medical Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Nanette Bueanvidez</u> Applicable Administrator, Hospital or Medical Committee
<u>08/20/19</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES:**EFFECTIVE:** 04/20/12 **REVISED:** 05/17/18**REVIEWED:** 03/19/15



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY 506.00 Issue 3
Page 1 of 2

SECTION: V. TRAUMA SERVICES

SUBJECT: HOSPITAL EMERGENCY RESPONSE TEAM (H.E.R.T.)

APPROVED BY: _____
Chairman, of Department of Surgery

I. POLICY

The Hospital Emergency Response Team responds to emergency situations outside the hospital setting to perform emergency field amputations in circumstances where amputation is the only option for extrication and as a life saving procedure. Preservation and reattachment are the goals if possible. The team should be assembled and ready to respond within 20 minutes of request.

II. PROCEDURES:

- A. Communication
 - 1. Following notification of request for field amputation, the Trauma Attending is to be notified.
- B. Responding physician
 - 1. The Trauma back-up surgeon will be called in and directed to the scene to perform the procedure unless otherwise determined by the in-house Attending Surgeon.
- C. Support staff
 - 1. A trauma nurse will accompany the physician to the scene to provide assistance as needed.
- D. Supplies
 - 1. The following supplies will be stored in a container marked "H.E.R.T." and will be housed in the trauma resuscitation room:
 - Equipment:**
 - a. Gigli saw (2) with 2 sets of handles
 - b. Amputation knife
 - c. Scalpel
 - d. Hemostats
 - e. Gauze dressings
 - f. Tourniquets
 - g. Betadine
 - h. Gloves
 - i. BP cuff
 - j. Commercial tourniquet
 - k. Needles (18g, 22g) 1 ½"
 - l. Syringes (3cc, 10cc, 35cc)
 - m. PPE (Steel toe boots, gloves, safety goggles, hard hats)
 - Medications:**
 - a. Morphine 20mg
 - b. Versed 10 mg
 - c. Ketamine 1000mg
 - d. Lidocaine w/ epi 1% 60ml
 - e. Tranexamic Acid 1gm with 100mL normal saline bag and IV tubing

- E. Transportation
1. When either ground or air transportation is indicated, the San Bernardino County Communication Center will arrange response vehicle transportation for the team.
 2. Upon conclusion of the incident, the team will work with the Incident Commander to contact the San Bernardino County Communication Center to arrange transportation of the team back to the originating facility, if needed.
- F. Arrival on Scene
1. Upon arrival to the scene the physician will report to the incident commander and show proper identification.
 2. The physician must agree to sign the patient care record agreeing to take full responsibility for the care and treatment of the patient(s) involved in the incident and accompanies the patient(s) in the ambulance to the medical facility most appropriate to receive the patient(s). This statement is available on the Inland Counties Emergency Medical Agency (ICEMA) e-PCR and on the back of the first (white) copy of the ICEMA Standard Run Report Form (01A). Prehospital EMS agencies using software not totally integrated with ICEMA software must provide a form stating the above and obtaining physician signature.
 3. Care of the patient must be transferred to a physician at the receiving facility.
- G. Documentation
1. The physician performing the field amputation is responsible to document the procedure on a progress note upon return to the hospital.
 2. Nursing documentation for any care rendered in the field will be documented on the trauma flow sheet in the nurse note section upon return to the hospital.

REFERENCES: Inland Counties Emergency Medical Agency. (February 2014). *Physician on Scene, 9020.Hospital Emergency Response Team Policy, 15050*

DEFINITIONS:

ATTACHMENTS:

APPROVAL DATE:

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Nanette Buenavidez</u> Applicable Administrator, Hospital or Medical Committee
<u>08/20/19</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES: NA

SUBJECT: HOSPITAL EMERGENCY RESPONSE TEAM

ARMC Policy No. 506.00
Page 3 of 3

EFFECTIVE: 3/31/11

REVISED: 2/20/14, 5/19/16, 1/17/19

REVIEWED:



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY NO. 508.00 Issue 2

Page 1 of 3

SECTION: V. TRAUMA SERVICES

SUBJECT: ORTHOPAEDIC GUIDELINES FOR TRAUMA ROOM FRACTURE WASHOUTS AND LONG BONE FRACTURE STABILIZATION IN POLYTRAUMA PATIENTS

APPROVED BY: _____

Chairman Department of Surgery

POLICY

Adequate wound assessment, debridement, lavage, and fracture stabilization are vital adjuncts to minimize morbidity. Historically it has been recommended that this should occur as soon as possible after injury. Recent publications have questioned the need to rush all orthopaedic injuries to the operating room when care may be compromised due to shock, lack of experienced surgical team; or when other extenuating circumstances prevail. Damage control orthopaedic surgery is an important approach in the care of the polytrauma patient.

- I. The goal of the initial washout timing should be < 8 hours from arrival.
- II. The goal for timing of long bone fracture stabilization in the polytrauma patient should be < 24 hours.

PROCEDURES

Based on the assumption that the earlier the bacterial contamination is reduced the less likely it is that an infection will supervene, the ARMC Orthopaedic Service will attempt to abide by the following general guidelines with the respect to open fracture washouts in the Trauma Room:

- A. If adequate analgesia/anxiolysis can be safely achieved, the washout should be performed in the Trauma Room but ultimately in the Operating Room.
- B. If adequate analgesia/anxiolysis cannot be safely achieved, the washout should not be performed in the Trauma Room but ultimately in the Operating Room.
- C. Situations where the patient usually will **not** be taken to the Operating Room on an emergent basis include:
 - 1. Gustillo grade 1 or 2 fractures

2. Absence of gross contamination
 3. No operative suite available
 4. Patient too unstable to go to Operating Room
 5. Equipment availability issues
 6. Subspecialty expertise availability
- D. Circumstances where an attempt should be made to take patient to Operating Room to perform washout may include:
1. Grossly contaminated wounds
 2. Neurovascular compromise/compartment syndrome
- E. Decision to take patient to the Operating Room for definitive care should ultimately rest with the specific orthopaedic attending physician on call.

REFERENCES:

Skaggs, D., Friend, L., Alman, B., Chambers, H., Schmitz, M., Leake, B., Kay, R., & Flynn, J. (2005, January). The Effect of Surgical Delay on Acute Infection Following 554 Open Fractures in Children. *The Journal of Bone and Joint Surgery*;87(A):8-12.

Srour, M., Chan, C., Schnuriger, B., Skiada, D., Inaba, K., Okoye, O., Lam, L., Demetriades, D. Prospective Evaluation of Open Fractures – Impact of Time to Washout. Presented at University of Southern California, Los Angeles, CA.

Dunham, C.M., Bosse, M.J., Clancy, T.V. (2000). Practice Management Guidelines for the Optimal Timing of Long Bone Fracture Stabilization in Polytrauma Patients. *The Eastern Association for the Surgery of Trauma*.

Nicola, R. Early Total Care versus Damage Control: Current Concepts in the Orthopedic Care of PolyTrauma Patients. *ISRN Orthopedics*, Volume 2013, Article ID 329452, 2013

DEFINITIONS:**ATTACHMENTS:**

APPROVAL	DATE:	<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
		<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>02/12/19</u>	<u>Orthopaedic Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>08/01/19</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
		<u>08/01/19</u>	<u>Nanette Buenavidez, CNO</u> Applicable Administrator, Hospital or Medical Committee
		<u>08/20/19</u>	<u>Board of Supervisors</u> <u>Approved by the Governing Body</u>

REPLACES:

EFFECTIVE: 10/01/14 **REVISED:** 08/20/15

REVIEWED: 01/17/19



ARROWHEAD REGIONAL MEDICAL CENTER
Trauma Services Policies and Procedures

POLICY NO. 509.10 Issue 1
Page 1 of 1

SECTION: V. TRAUMA

SUBJECT: TRAUMA PATIENTS ADMITTED TO A NON-SURGICAL SERVICE

APPROVED BY:

Chairman, Department of Surgery

POLICY

This policy defines the service admission to a non-surgical service for the traumatically injured patient.

PROCEDURES

- I. All patients that meet alert or activation criteria, as well as trauma consultations, must be evaluated by the Trauma Service and cleared prior to being admitted to a non-surgical service.
- II. Patients cleared by the Trauma Service to be admitted to a non-surgical service must be re-evaluated the following day by the Trauma Service.

REFERENCES: N/A

DEFINITIONS: N/A

ATTACHMENTS: N/A

APPROVAL DATE:

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>N/A</u>	<u>Trauma Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>N/A</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>08/01/19</u>	<u>Nanette Buenavidez</u> Applicable Administrator, Hospital or Medical Committee
<u>08/20/19</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES:

EFFECTIVE: 05/06/16

REVISED: _____

REVIEWED: 4/21/19