

T2 Trauma Resident/NP Service

Expectations of T2 trauma resident/NP:

- Receive sign out with rest of team at 0600 (0530 Wed/Fri)
- Attend Trauma conference 0700-0800 (0730-0830 Wed, 0615-0700 Fri)
- Review patient charts beds 15-31 and any patients admitted to trauma or needing trauma admission that still reside in the ED (this work needs to be divided between the NP and T2 resident via verbal conversation either after sign out or morning report)
- T2 Resident and NP will continuously communicate and develop a plan to divide the daily work.
morning labs/imaging
- Consult recs are placed
- Orders cleaned up, including “crack bed” orders, diet orders, wound care orders, weight bearing statuses, PT/OT/ST, and d/c orders that are not applicable any longer (central line, arterial line, tube feeds, nursing orders)
- Update handoffs
- See patients all patients in the ED that are admitted to Trauma or need admission to Trauma and follow up imaging and plans from consulting services
- Round with T2 NP, T2 Attending, pharmacist – usually starts around 0800-0830; it is expected that each NP and resident sees every patient assigned to the resident service on T2
- Be able to give brief and concise summary of each patient to team
- Be able to develop an appropriate triage list to share with NP and charge nurse that can be triaged off the floor (ONLY if beds are necessary; just because they can go to T3/T4 does not mean they will)

****A patient does not get assigned to the T3 or T4 NP team until they have a bed assignment on another floor.****

****T2 Resident will respond to levels and new consults as necessary. Each T2 resident/NP should be present on the unit as much as possible if not seeing a new patient in the ED****

Contraindications for Direct Admission to T3 or T4 Service:

- Unstable vital signs
- Vasoactive drips, blood transfusions, conscious sedation for any procedures, map goals, spine precautions, q2h neuro checks, frequent vascular checks, serial abdominal exams, arterial line in place
- Any procedure performed in trauma bay as part of resuscitation (chest tube, intubation, CVL or IO placement, etc.)
- Any condition requiring ICU admission

Reviewed By:
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VANDERBILT  UNIVERSITY
MEDICAL CENTER
DIVISION OF TRAUMA & SURGICAL CRITICAL CARE

*****All Direct T4 admissions require Attending Approval*****

The following must be completed by the resident admitting the patient to T3 prior to assigning the patient to the service:

- Handoff completed with HPI, trauma injuries, traumagram reads (please use the smartphrase .handoff in Estar)
- Necessary orders are placed i.e. appropriate consultation orders, PT/OT/ST, analgesic medications, diet orders.
- If Traumagram is deemed necessary then it must be complete and reviewed by an Attending
- Call 615-390-1365 to verbally sign out patient to T4 service