UCSF at ZSFG, Anesthesia Residency
Trauma Resident Rotation

Goals and Objectives

The Trauma Anesthesia Resident completes a 2-week placement spread over the 2-month rotation at ZSFG (excluding the first two months of the academic year). The Trauma Rotation provides CA-1 Anesthesia Residents with experience in multidisciplinary trauma care, emergency preparedness, and resuscitation. Residents will:

- Participate in the management of severely injured trauma patients across the continuum of care from the Emergency Department, to the Operating Room, and into the Intensive Care Unit
- Maintain a state of readiness for the Anesthesia service to respond to any emergencies
- Assess immediate clinical issues in the PACU and initiate management in consultation with the designated Anesthesia Faculty
- Develop a deeper understanding of anesthesia outside of the main operating rooms

Logistics

- The Resident will arrive to the OR at 06:45, collect a Controlled Substance Drug Box (to be placed in OR #1), and attend the OR sign-out at the front board at 06:55.
- After sign-out they will receive the yellow 'banana' phone (#30000) from the overnight Senior Resident and a 900 trauma pager. The resident will confirm both are on and have sufficiently charged battery
- The Resident will introduce themselves to the Trauma Anesthesia Attending (D2-#30002) at the end of sign-out
- The priorities of the morning are to ensure emergency preparedness – see below for Code 'Red' Bag and Room 1 checks

Responsibilities

Red Code Bags & OR #1 (Trauma OR)

- There are four (4) adult code bags (Green/Purple/Blue/Orange) and one (1) pediatric supplemental bag
- The bags should be taken to the Anesthesia workroom, checked/restocked in accordance with the designated checklist, and returned to their original location (OR front desk)
- When the Resident will be leaving the perioperative floor, they are required to carry a code bag
- OR #1 will be prepared for immediate use at all times. After the room readiness checklist is completed, there is a signoff sheet to confirm the room is ready
- After OR #1 has been used, it should be returned to a state of readiness ASAP

Trauma

- The Resident is an essential part of the Multidisciplinary Trauma Response team

    - Anesthesia provides an Anesthesia Attending and Resident to all high-level trauma activations, and consultation as required
- All members of the trauma team are expected to wear maximum barrier Personal Protective Equipment (PPE) during trauma patient care – gown, gloves, mask, eye protection, hair covering
- The trauma anesthesia team is responsible for airway management for trauma patients from Tuesday 07:00 until Saturday 07:00
    - Emergency Medicine manages the airway at other times with Anesthesia backup
- In addition to airway management, the Anesthesia Department provides assistance with hemodynamic management and vascular access in the ED.
- The anesthesia team also cares for these patients in the OR and Interventional Radiology
- After a trauma patient is intubated by Anesthesia, it is expected that the Anesthesia service to maintain responsibility for the clinical management of the patient until a disposition has been decided (eg during CT scans). Once a final location has been decided then the Anesthesia service will provide transport to the ICU or ongoing care in IR/OR. The Department of Anesthesia is NOT responsible for patients intubated by other services.
    - In the event that there is a substantial delay (for clinical or logistic reasons) determining transport to a final location, or the Anesthesia resources are needed elsewhere more urgently – the care of the patient can be formally signed out to the EM or Trauma services

<u>Code Pager Responses</u>

- The trauma & code pager must be carried and turned on at all times
- Location format in pagers are ##### (e.g. H3416 reads as H=Building 25, 3=floor, 4=ward, 16=bed number)
- The following pages require immediate Anesthesia response
    - Shock-Trauma Alert
        - Highest level of activation reserved for patient with major hemodynamic instability and traumatic mechanism of injury
        - Rarely any clinical information in advance
    - 900 Trauma
        - Full trauma team response
        - Major traumatic mechanism with physiological derangement or high risk of
        - Variable amount of clinical data – usually age, gender, mechanism, body compartment, and some vital signs
    - Airway STAT
        - Immediate airway management required in the hospital
    - Code Blue
        - Cardiac arrest call
        - Covers Building 25 (main clinical building), Building 5 (old hospital/clinics)

        - Includes some outpatient locations – eg outpatient dialysis (Building 100), AVON Breast Center
    - OB STAT
        - Obstetric emergencies – usually on H22 (second floor)
        - Provide support to the OB Anesthesia team as necessary

PACU

- Provide an immediate clinical anesthesia resource to the PACU for any post-operative patient instability
- Attempt will be made to be present for report from the primary anesthesia team on arrival to PACU
- It is expected that the Resident will conduct an initial history, examination, and provide a differential/treatment plan before communicating with the designated Anesthesia faculty
- Any clinical emergency should be immediately communicated to the D1 Anesthesia Attending and/or a Code Blue called
- When clinical care permits, the Resident can sit and use the computer located in PACU bed space 2
- Primary responsibilities remain towards trauma and emergency response at all times

Other

- The Resident will act as an essential resource to the Anesthesia Department being deployed to assist with a variety of clinical needs including, but not limited to:
    - Preoperative assessment of add-on cases
    - Placement of difficult peripheral IVs
    - Serial assessment of critical patients in the ICU/Floor (eg angioedema)
- Stroke embolectomy activations are considered emergent cases (of the same urgency as an OR #1 activation). Clinical care occurs in IR Suite #3. The resident is expected to be familiar with this location. See separate policy on Anesthesia for Stroke Embolectomy
- Participate in Code Blue activations in the OR

Education

Trauma Anesthesia Toolbox

- Residents will receive separate notification about the Trauma Anesthesia Toolbox
- The Toolbox contains the basic didactic and clinical teaching curriculum
- The Resident is expected to communicate with D2 at the start of the shift to decide on a teaching topic for later in the day

Contacts

ZSFG Anesthesia Site Director: Vincent Lew (vincent.lew@ucsf.edu)
ZSFG Anesthesia Associate Site Director: Neelesh Anand (neelesh.anand@ucsf.edu)
ZSFG Anesthesia Education Coordinator: Justin Aquino (justin.aquino@ucsf.edu)