

Importance of teamwork in trauma resuscitation, each member of the team has a specific role and assignment to perform and it's up to the team leader to make sure everyone performs their tasks. Subglottic suction tube. The trauma itself and the resuscitation is not a time to veer from standard protocols and policies or try new things. For patients safety a high reliability organization utilizes crew resource management and situational awareness to make sure the patient gets the best care possible. We've got a 21 year old male unrestrained driver, 50 mph rollover with the airbag of Floyd's airway is patent GCS of 15, blood pressure 115 / 78 ETA approximately 5 minutes and they will also be conscious. OK, Also give him some antibiotics, OK, couple grams of. It's a baseline got it couple of grams and that was only a couple of units before all this looks like this all right, the OG 2 confirmed by auscultation all right, anything else any from the team this year 11 startling. Hi, we got a 21 year old male who's involved in a rollover accident on the Expressway. Unrestrained airbag deployed. Let me know what his repeat blood pressure is. 60 / 40 Alright, start that massive transfusion protocol, all the operating room, we'll let them know we have a case for them straight up to the OR we'll have the images. Will communicate with it to you before the patient, well before we could do an intubation attempt, and initiate stabilization. We got an IV established 18 gauge left hand cube. It looks like we've got a bad bruise and some hematoma of the left upper quadrant. Of the left thigh, the femur is exposed as well as a deep laceration 2 deep lacerations to the right foot. We'll do 20 milligrams and we'll also do rocuronium, We'll do 100 milligrams of rocuronium. I'll be providing infrastructure for. You should be doing cricoid pressure. Alright I'm the cricoid pressure till lunis passed the cords that letters out to balloon is up. Perhaps and check the end title. Vitals are going repeating Ivy fluids still infusing and I was playing block pressure, so give me a new blood pressure. It is not intended to be anything else but performed in a way where everybody is on the same page. Each member of team should look out and see if there's anything that another member may not be visualizing at the time of the resuscitation. Depending on what the patient's airway status looks like, either myself or the senior resident will take the first step. Alright, I'm your primary nurse Dexter, if you can get my labs for me, Aaron is my cut off the patient's clothes and hook them up to the monitor. He's got pain on the lower left rib cage on inspiration. Backward C collar. The rest of the primary survey airway is clear. Doctor Francis, what radiology studies would you like? OK, maintaining any other obvious signs of integration? I remember foremost exam and his level of consciousness has declined. I'll be holding cricoid pressure and I'll be holding these kind of stabilization. Sounds good, ET Seen above the Carina below the clavicles. He has fluid in Morrison's pouch. Either up in the OR after we address this hemoperitoneum, secure the tube, package them up and let's get him up to go our safety or we'll be ready in 10 minutes. The massive transfusion protocol for initiated Mike is on his way down to the blood bank to grab the blood. Our plan is we're going to do video learn Jacoby with the CMAC. We have to LA for backup as well as Boogie for assistance. Take some deep breaths for me That sounds clear bilaterally. The pulses bilaterally. Secretarial podcast players. Pupils are three to 2mm bilaterally. What cutaneous manifestations of trauma are present? We've got to open fracture. We have IV access established. We're going to roll them towards me. Only one person on this side to check his spine and perform a rectal exam. We're going to roll towards me. Yeah, we're doing the example you've been examining, or we can roll towards you. OK, Sir, can you feel my

fingers on the top of your spine?No. Rectal exam uh, normal sphincter tone.Now let's get them rolled one more time before they filmed on three 123.And we're going to go ahead and incubate them since you keep compensating.OK, we'll push the medicine.We have a good Paul Sacks tracing.Coronium and how much accommodate would you like?OK. We've been checks out.OK. You have your meds ready?We're going to need a OG tube as well as blood pressure is still 110 over.Maybe a few skull films you'll need before you leave.Positive fluid in the left upper quadrant.Is there any further assistance with ESPN?Appreciate it. Let's recycle the blood pressure in the pelvis.Got diffuse hemoperitoneum.We have .a size 4 curved blade available.Good