



## Communication of Major Therapeutic and Management Decisions in the Critical Care Units

**Purpose:** To identify the major therapeutic and management decisions that must be communicated between the Critical Care and Trauma Teams during care of trauma patients in the Critical Care Units.

**Guideline:**

1. The Trauma Surgeon must retain responsibility for trauma patients in the Critical Care Units and coordinate all therapeutic decisions.
2. Many of the daily care requirements can be collaboratively managed by the Critical Care Physicians covering the trauma patients in the Critical Care Units, but the Trauma Team must be kept informed about, and the Trauma Surgeon must concur with, major therapeutic and management decisions made by the Critical Care Team.
3. The following events must be communicated between the Critical Care Team and the Trauma Team prior to, or if the urgency of the decision does not permit this, as soon as possible after their occurrence:
  - a. Intubation/Extubation
  - b. Hypotension
  - c. Starting pressors
  - d. Critical lab values
  - e. Transfusion
  - f. CT scans ordered
  - g. Enteral feeding after abdominal surgery
  - h. Patient going to the OR for a non-scheduled procedure
  - i. Patient returning from the OR after a non-scheduled procedure
  - j. Medical or surgical subspecialty consult requests
  - k. Discussion with the family re: limiting or withdrawal of life support
  - l. Complication of care
  - m. Any other major change in condition
4. This communication may occur directly between the Critical Care Team and Trauma Team members or through the nurse caring for the patient in the Critical Care Units.
5. Instances of deviation from this guideline should be referred to the Trauma Coordinator for investigation and tracking.

## REVIEW/REVISION HISTORY

<b>Review/Revision Date</b>	<b>Approved by:</b>
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