



# CONWAY MEDICAL CENTER

## PROCEDURE

*When in hard copy form, refer to Policy Manager to validate this as the most current revision.*

TITLE:	LAB-SPC-05.13 Lab Responsibility for Trauma Activation-PRO		
ISSUED BY:	Administrative Lab Director	REFERENCE #:	LAB-SPC-05.13-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2013-06-24

**SCOPE:** All laboratory and ED staff.

### PROCEDURE:

#### I. NOTIFICATION:

- A. Device: ASCOM telephone 7528
- B. Backup: Phone to 8276 (Chemistry) Staff will try to connect with phlebotomist  
*This is to be used when the Ascom phone system is down.*

**ALERT: Should the 7528 Ascom phone be inoperable... choose another Ascom to be designated as the Trauma phone and notify the ED immediately of the change in assignment.**

**NOTE:** *During times that lab is already staffed in the ED no call will be made unless there are multiple victims and assistance is needed.*

#### II. PROCEDURE FOR ASCOM PHONE ASSIGNMENT IN THE LAB:

- A. ASCOM Assignment: The trauma Ascom will be assigned to a phlebotomist who will be responsible for all traumas calls. The assigned phlebotomist should make sure that the Trauma Ascom is fully charged and functional. Batteries should be replaced when indicated on the phone. Ascom Assignments are made and posted on our phlebotomy communication board so everyone knows who has what Ascom phone.
  1. The phlebotomist assigned should make sure that there is a "T" beside their name on the communication board so that everyone knows who has the trauma phone.
  2. As the Trauma Phone is handed off, the phlebotomist should change the "T" designation on the board to whomever has been assigned responsibility.
  3. The 3<sup>rd</sup> shift phlebotomist will hand the Trauma phone off to one of the 1<sup>st</sup> shift phlebotomists. The oncoming phlebotomists must decide who will be responsible for the pager for the balance of the shift and indicate on the communication board.
- B. Trauma Phone Sound Off:
  1. As the phone sounds off, there will be a display that will indicate the type of trauma and the phlebotomist should dispatch to the ED ASAP.
  2. If there is a situation where the phlebotomist is tied up and cannot go, they should phone the lab, ext 8276 – Chemistry, for a different assignment to be made.

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#### IV. PHONE NOTIFICATION: (in the event the ASCOM system is down)

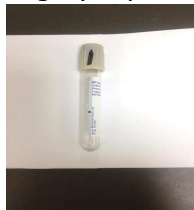
- A. ED staff will call ext 8276 Chemistry of the trauma.
- B. Chemistry tech connect with phlebotomist to respond – if phlebotomist is not in the lab at the time of the call... the tech must make every effort to find the phlebotomist. If the Ascom phones are down, personal cell phones may be used to communicate.

#### V. PHLEBOTOMIST RESPONSE:

- A. Get to ED ASAP with collection supplies (tray) and patient id system.
- B. Upon arrival communicate with the ED Secretary of arrival time. You should record time and sign the designated Trauma Log. NOTE: Be sure that times are in sync.
- C. Enter the patient's room
  1. "IF" the physician is in the room: He/she will instruct the phlebotomist what, if any collections will be needed.
  2. "IF" the physician is NOT in the room, follow the collection protocol below, DO NOT WAIT FOR INSTRUCTIONS

#### D. COLLECTIONS:

- \* 1. Adult Patients: Collect the following tubes:
  - a. Blue
  - b. Gold
  - c. Green
  - d. Lavender
  - e. Pink
  - f. Gray
    - (1) Immediately place on ice or place in frozen tube holder
    - (2) For all **LEVEL 1** Traumas, using a permanent marker, write a "1" on both Sides of the CAP of the gray top tube (see diagram).
- \* 2. Children: Less 13: On both Level 1 and Level 2
  - a. Green and Lavender- Microtainer tubes should be used when indicated
  - b. Pink tube (3 ml min)
  - c. Gray
    - (1) Immediately place on ice or place in frozen tube holder
    - (2) For all **LEVEL 1** Traumas, using a permanent marker, write a "1" on both Sides of the CAP of the gray top tube (see diagram)



- D. All patients should have an account number: NOTE: it may be a temporary (dummy) name
- E. Return to the lab with the collection of tubes-if other collections are needed on the units



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place sample(s) in the pneumatic tube system

H. The phlebotomist may leave the ED area after labs collected on all trauma patients.

**\*NOTE: Place Trauma labels (Red) on all tubes**

### VI. ORDER INSTRUCTIONS FOR LABORATORY STAFF:

A. Collections with no orders

1. Unit Secretary will notify to lab staff when orders have been placed in the computer
2. Upon receipt of orders, receive, process, and report

B. Collections with orders

1. Upon receipt of samples, receive, process and report
2. Upon verification on the instrument(s) all results are available on the computer.

### VII. STORAGE AND MAINTENANCE OF ASCOM BATTERIES

Batteries: Additional batteries, are stored in the lab and should be changed at the beginning of each shift.

**RECORDS: N/A**

**REFERENCE STANDARDS: NA**

### REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
06/24/13lds	All	New protocol for activation of Trauma in ED.
03/19/15lds	All	Reviewed. No content Changes.
08/21/15lds	All	Complete revision with addition of pagers.
11/10/15dlt/lds	All	Section IV added phone connection when other system not working Section V redefined collection protocols.
02/15/16lds	Pager sections V	Removal of all sections that shared Pager information and replaced with ASCOM information as the notification device. Added Collection Protocols for when physician in the room with patient Trauma Committee approval
05/13/16lds	Section V (D)	Mark gray top tube to indicate Level 1. Revised where batteries kept. Change approved by Trauma Committee.
03/28/18 dlt	Section IV (B)	Corrected Wording