



Source: Waite, S., Scott, J. M., Drexler, I., Martino, J., Legasto, A., Gale, B., & Kolla, S. (2018). Communication errors in radiology - Pitfalls and how to avoid them. *Clinical imaging*, *51*, 266–272. https://doi.org/10.1016/j.clinimag.2018.05.025





TRAUMA ROLE CARD

Trauma Doctor Team Leader

Positioned at the end of the bed

Pre-arrival

Ensure roles are allocated.

Staff wearing lead gown with PPE & stickers.

Contact or communicate with teams outside of ETC.

- Surgeon
- Radiology
- OT (telelink)
- · Blood bank

Confirm required equipment and medications.

Maintain crowd control.

Arrival

Confirm handover process for prehospital team. Ask if there are any immediate needs for the patient.

- 1. If haemodynamically stable, handover prior to transfer
- 2. If haemodynamically unstable, transfer prior to handover

Room control for handover
Confirm primary survey results
Review CXR & Pelvic XR
Ensure bloods +/- ROTEM sent
Identify requirement for Red Blanket Protocol.

10 - 20 minutes

- Organise required CT imaging with XR radiographer/radiologist.
- ECG (for suspected myocardial contusion).
- Articulate management next steps.

20-30 minutes Expedite transfer to definitive care.

Prior to transfer

Contact family with social work support.

Complete documentation. Sign verbal orders.