This suggested trauma team timeline is based on a combination of guidance from expert opinion and experience of UK emergency departments. It aims to help clinicians familiarise themselves with the basic principles of organising and responding as a trauma team, and the

### Time T

**Patient arrives**

#### T-15
15 minutes before arrival of patient

- **Team assembles**
  - Ensure all team members present
  - Introductions
  - Allocation of roles

- **Declare code red?**
  - Inform transfusion laboratory if a "shock pack" is required

- **Team brief**
  - Team leader briefs the team with information from the pre-hospital alert. Team discusses what they expect to happen

#### T+0
Immediate actions

- **Horizontal assessment**
  - Components of the <C>-ABCD paradigm and initial investigations (such as chest and pelvic x-ray, and blood tests) are carried out by several people at the same time, coordinated by the trauma team leader. This allows the team to have the required clinical information quickly

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#### T+5
5 minutes after arrival

- **Initial treatment**
  - Oxygen: 15 L via non-re-breather mask
  - Secure large bore venous or intraosseous access
  - To allow rapid administration of blood and blood products

- **Blood tests**
  - Full blood count
  - Venous blood gas
  - Blood group and save
  - Urea and electrolytes
  - Thromboelastometry: Such as RoTEM
  - Point of care INR testing: If patient is on warfarin

- **Reassess whether essential bodily systems are under control**
  - Chest and pelvic x rays
  - Is further Intravenous access needed?
  - Ultrasound (FAST† scan) to aid critical decision making

- **Review <C>-ABCD**
  - Assess whether essential bodily systems are under control

- **Analgesia**
  - Consider risks and benefits of RSI*. It may be needed for humanitarian reasons, if patient is in very severe pain and an operation is planned very soon

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#### T+15
15 minutes after arrival

- **Command huddle**
  - Once the initial examination of the patient is complete, a decision on the next steps of treatment is made by senior members of the team. This is then communicated to the whole

- **Confirm drugs given so far**
  - Analgesia
  - Tranexamic acid (15 mg/kg)
  - Antibiotics
  - Tetanus prophylaxis
  - Calcium chloride

- **Inform family**
  - The trauma team leader and a senior nurse (usually the scribe) will talk to the patient’s family to explain the situation

- **Transfer**
  - If a CT scan has been performed elsewhere, consider priority transfer to:
    - Operation theatre
    - Critical care
    - Interventional radiology
    - Trauma ward

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#### T+20–30
20–30 minutes after arrival

- **Situational update**
  - Immediate CT scan versus transfer to operating theatre
  - Set goals on physiology and blood product requirements
  - Ongoing transfusion requirements?

- **Secondary survey**
  - May be performed if patient does not require time critical interventions

- **Prepare for transfer**
  - Reassess splinting and all dressings
  - Secure patient and all IV access lines
  - Use a vacuum mattress
  - Consider use of a pre-departure checklist

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### Example of <C>-ABCD systematic approach

- **<C>**
  - Amputated limb: Apply tourniquet and compression bandage with or without topical haemostatic agents
  - Actual or impending airway compromise: RSI* with cervical spine control
  - Ventilatory failure: RSI* and consider need for chest decompression: needle versus thoracostomy versus chest drain insertion
  - Pelvic fracture suspected: Apply pelvic binder
  - Long bone fractures: Splint and assess peripheral pulses
  - Unconsciousness (GCS 8 or less), unmanageable, combative or severely agitated patient with a head injury: RSI*

### Trauma call timeline

- **A**
  - Age

- **T**
  - Time of injury

- **M**
  - Mechanism of injury

- **I**
  - Injuries sustained

- **S**
  - Signs and symptoms

- **T**
  - Treatment given so far

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* RSI = Rapid sequence induction of anaesthesia

† FAST = Focused Assessment with Sonography for Trauma

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