

1 INT. ED. RESUS - DAY (10:15)

(TTL, ED NURSES x 3, ANAESTHETIC CONS, ODP, ED SPR, T&O SPR, GEN SURG SPR)

The team is gathering in the Resus Room in Bay 5 to receive a Trauma patient. There has been some informal talking between the group. They are all putting on plastic gowns with stickers on the front. As the TTL speaks one of the nurses writes the information on the white board.

TRAUMA TEAM LEADER (TTL)

Hello everyone, I'm Iain Beardsell, one of the ED consultants and I will be the Trauma Team Leader"

We are expected a patient in some minutes with the following pre alert

Their age is blah and at such and such a time they had this happen to them.

Their injuries are this and that and the signs are these. They have had this treatment and are due into Resus at this time.

Has anyone got any questions about what we are expecting?

The team all nod in agreement. The TTL continues..

TRAUMA TEAM LEADER (CONT'D)

So please could I ask you all to introduce yourselves to the team and your role looking after this patient.

Improvised section - each member of the team takes turns to introduce themselves and their role

TRAUMA TEAM LEADER

Please do write your name on your sticker, I'm afraid at my age I won't remember all of your names

The team smile and the ANAESTHETIST reaches for the felt pen.

TRAUMA TEAM LEADER (CONT'D)

So when the patient arrives, I will ask if the patient is 'stable for a hands-off handover'. If they are we will park the patient up next to our trolley and all listen to the handover.

Please listen carefully and always remember that the prehospital team may well been in a really difficult situation over the last few hours and we want to support them as best we can.

If the patient isn't stable, I will ask the prehospital team to continue team leading until such time as we can take a handover.

The whole team is giving the TTL their full attention now

TRAUMA TEAM LEADER (CONT'D)

Please remember that a quiet trauma call is a good trauma call. If there is anything you need, or anything that concerns you please ask me, my name is Iain and I will make it happen or think through your worries with you.

2 INT. ED. RESUS - DAY (10:25)

(TTL, ED NURSES x 3, ANAESTHETIC CONS, ODP, ED SPR, T&O SPR, GEN SURG SPR, PHEM DOCTOR AND PHEM PARAMEDIC)

The prehospital team has arrived. They look like they've had a difficult hour or so. The team all fall quiet as the Resus doors slide open. The TTL reminds them to keep quiet

TRAUMA TEAM LEADER (TTL)

OK everyone. Nice and quiet for the handover please.
and introduces himself.

TRAUMA TEAM LEADER (CONT'D)

Hi, I'm Iain and I'm going to the Trauma Team Leader. Is your patient stable for a hands-off handover?

Great. Thanks so much. Please can you give your handover and then we'll transfer the patient onto the trolley

PREHOSPITAL TEAM LEADER

Thanks so much. I'm X and I am the doctor with the Air Ambulance today and this is my ATMIST handover.

The team all listen while the prehospital team leader gives his handover.

PREHOSPITAL TEAM LEADER

That completes my handover, is there anything else you would like to know?

TRAUMA TEAM LEADER (TTL)

Nothing from me, thank you. Sounds like a tough job done brilliantly. OK everyone, please can we get the patient onto the trolley and transfer all of the monitoring.

The team work together to move the patient smoothly onto the hospital trolley. The prehospital team disconnect their equipment and move away from the bay.

2 INT. ED. RESUS - DAY (10:35)

(TTL, ED NURSES x 3, ANAESTHETIC CONS, ODP, ED SPR, T&O SPR, GEN SURG SPR)

The prehospital team has arrived. They look like they've had a difficult hour or so. The team all fall quiet as the Resus doors slide open. The TTL reminds them to keep quiet

TRAUMA TEAM LEADER (TTL)

Thanks everyone. Let's do the transfer checklist to make sure we are safe and ready to go to CT. This is a challenge/response checklist so when I call it out please say 'yes' if you believe it has been done

The TTL reads out each section of the Transfer Checklist in turn and waits for a response to each item. Once complete he says

TRAUMA TEAM LEADER (CONT'D)

Our primary plan will be to go straight to CT, and get the scan completed. If at any point, we are concerned that the patient isn't stable enough to get there we will simply come back to this Resus Bay and continue the resuscitation while we make other plans.

Please remember that we need to be quiet when we are in the scanner and everyone except myself and the anaesthetic team will need to stay outside, to allow the radiology team space to concentrate. If we need you urgently, I'll call you in.

Has anyone got any questions?

Thanks so much everyone. Let's go.

The team all leave Resus and move towards the CT scanner.