**EMS & TRAUMA SYSTEMS**

## Hospital Resources, Equipment Checklist and Attestation Form

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| **Hospital** |  |

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| Stages of Care Considerations |
| **Pre-hospital** Is EMS available? | Yes | No |  |
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| **Entrance & Helipad** |
| Is there access from the ambulance or helicopter landing area to the trauma treatment area? |  |  |  |
| Is there priority access to the operating room, laboratory, blood bank, radiology, and other support services for trauma patients? |  |  |  |
| Is there a Decontamination Room? |  |  |  |

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| Stages of Care Considerations |
| **Emergency Department** E = Expected, D = Desired |
| **Equipment** | **Description** | **L1** | **L2** | **L3** | **L4** | **Yes** | **No** | **Notes** |
| Airway control & Ventilation Equipment | Infant BVMChild BVMAdult BVMETT sizes 3.5,4.0,4.5,5.0,5.5,6.0,6.5,7.0,7.5 & 8.0 mmSupraglottic airwaysLaryngoscope & blade sizes 1-3OPAs 50,60,70,80 mm o NPAs | E | E | E | E |  |  |  |
| Pulse oximetry | Infant probeChild probeAdult probe | E | E | E | E |  |  |  |
| Suction Devices & Supplies | Catheters 6,8,10,14 Fr | E | E | E | E |  |  |  |
| EKG monitor and defibrillator | Adult & Pediatric crash cartsEKG & defibrillator defibrillation pads (adult/pediatrics) | E | E | E | E |  |  |  |
| Crystalloid IV fluids & administration sets | E | E | E | E |  |  |  |
| IV catheters | Sizes: 14,16,18,20,22 gauge | E | E | E | E |  |  |  |
| Mechanism for IV flow rate control | Infusion pump | E | E | E | E |  |  |  |
| IO needles & administration sets | Pediatric, adult & bariatric sizes | E | E | E | E |  |  |  |
| Arterial tourniquet | E | E | E | E |  |  |  |
| Supplies for surgical airway | Pediatric & adult | E | E | E | E |  |  |  |
| Supplies for thoracostomy | Chest tubes: range sizes from 10 to 36 Fr. | E | E | E | E |  |  |  |
| Drugs necessary for emergency trauma care | RSI drugs (including dosage scale), analgesics, sedatives | E | E | E | E |  |  |  |
| Nasal & oral gastric tubes | NG: range of sizes from 8-18 Fr.  | E | E | E | E |  |  |  |
| Cervical collars | Infant, child, adult | E | E | E | E |  |  |  |
| Mechanism for pelvic stabilization | Commercial binder or sheets and clips | E | E | E | E |  |  |  |
| Pediatric length-based resuscitation tape or reference manual | Broselow tape (updated)  | E | E | E | E |  |  |  |
| Mechanism to warm fluids  | Warming cabinet or inline fluid warmer  | E | E | E | E |  |  |  |
| Rapid IV fluid infuser | Pressure bags or mechanical infusion device | E | E | E | D |  |  |  |
| Quantitative End-tidal CO2 | E | E | E | E |  |  |  |
| Ultrasound (not required but desired) | Portable device for FAST exam and IV placement  | D | D | D | D |  |  |  |
| Video laryngoscopy (not required but desired) | Pediatric wand, adult wand | D | D | D | D |  |  |  |
| PPE | Gloves, masks, face shield, gowns | E | E | E | E |  |  |  |
| Communication with EMS | Two-way communication with pre-hospital care providers | E | E | E | E |  |  |  |
| Decontamination supplies & equipment | E | E | E | E |  |  |  |
| Trauma Team Activation Criteria | Activation indicators must be readily available in locations where a trauma patient is likely to be initially encountered ( e.g. trauma bay, triage and EMS radio) | E | E | E | E |  |  |  |

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| Stages of Care Considerations |
| **Radiology Department** E = Expected, D = Desired |
| **Resources or Equipment** | **Description** | **L1** | **L2** | **L3** | **L4** | **Yes** | **No** | **Notes** |
| Airway control & Ventilation Equipment | Infant BVMChild BVMAdult BVMOral airways (variety of sizes infant to adult) or nasal airways (infant to adult sizes) | E | E | E | E |  |  |  |
| Suction devices & supplies | Pediatric suction catheterAdult suction catheterSuction tubing long enough to reach patient | E | E | E | E |  |  |  |
| Diagnostic angiography of all types | E | E | D |  |  |  |  |
| Magnetic Resonance Imaging | E | E | D |  |  |  |  |
| Interventional Radiology | E | E | D |  |  |  |  |
| Sonography | E | E | E | D |  |  |  |
| Computed Tomography | E | E | E | E |  |  |  |
| Technician in-house | E | D | D | D |  |  |  |
| Technician on-call & promptly available |  | E | E | E |  |  |  |
| Teleradiology | E | E | E | E |  |  |  |
| Facilities utilizing teleradiology must have a policy that outlines use, turn-around times, and quality improvement activities related to over-reads and turn-around time. Submit these information along w/ this attestation form | E | E | E | E |  |  |  |

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| Stages of Care Considerations |
| **Clinical Laboratory Services & Blood Bank** E = Expected, D = Desired |
| **Resources or Equipment** | **L1** | **L2** | **L3** | **L4** | **Yes** | **No** | **Notes** |
| Clinical laboratory services available 24 hours/day | E | E | E | E |  |  |  |
| Standard analyses of blood, urine and other body fluids, including microsampling | E | E | E | E |  |  |  |
| Blood typing and cross-matching | E | E | E | E |  |  |  |
| Coagulation studies, PT, PTT, Fibrinogen | E | E | E | E |  |  |  |
| Comprehensive blood bank or a written process for rapid access to additional blood supplies from a community central blood bank and Red Cross approved hospital storage facilities.  | E | E | E | E |  |  |  |
| Adequate in-house supply of RBC, FFP, platelets, cryoprecipitate & appropriate coagulation factors | E | E |  |  |  |  |  |
| Adequate supply of PRBC and FFP available within 15 minutes |  |  | E | E |  |  |  |
| Blood gases and pH determination | E | E | E | E |  |  |  |
| Microbiology | E | E | E | E |  |  |  |
| Presence of massive Transfusion Policy | E | E | E | E |  |  |  |

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| Stages of Care Considerations |
| **Operating Room**  |
| **Resources or Equipment** | **Description** | **L1** | **L2** | **L3** | **L4** | **Yes** | **No** | **Notes** |
| Mechanism to warm patient | Blanket warmerRadiant heatBair Hugger |  |  |  |  |  |  |  |
| Mechanism to warm IV fluids | IV fluid warming cabinetInline fluid warmer |  |  |  |  |  |  |  |
| Rapid infuser system | Pressure bag Mechanical infusion device |  |  |  |  |  |  |  |
| Cardiopulmonary by-pass capability | E | E |  |  |  |  |  |
| Operating microscope | E | D | D |  |  |  |  |
| Thermal control equipment for ambient air | E | E | E |  |  |  |  |
| Thermal control equipment for blood and fluids | E | E | E |  |  |  |  |
| X-ray capabilities including C-arm image intensifier | E | E | E | E |  |  |  |
| Endoscopes, bronchoscope | E | E | E | D |  |  |  |
| Craniotomy instruments if neurosurgical capabilities are services are available and neurosurgical trauma patients are being managed. | E | E | E | E |  |  |  |
| Monitoring equipment | E | E | E | D |  |  |  |

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| Stages of Care Considerations |
| **Post Anesthesia Recovery or PACU** E = Expected, D = Desired |
| **Resources or Equipment** | **Description** | **L1** | **L2** | **L3** | **L4** | **Yes** | **No** | **Notes** |
| Equipment for Monitoring and Resuscitation | Adult and pediatric crash cartsEKG and defibrillatorDefibrillator pads (adult/pediatric) | E | E | E | D |  |  |  |
| Pulse oximetry | Adult and pediatric probes | E | E | E | E |  |  |  |
| Thermal control | Blanket warmerMechanical mechanism for thermoregulation (e.g. Bair Hugger) | E | E | E | E |  |  |  |
| Mechanism to warm IV fluids | Warming cabinetInline fluid warmer | E | E | E | E |  |  |  |
| Intracranial pressure monitoring equipment if neurosurgical capabilities or services are available and neurosurgical trauma patients are being managed. | E | E | E |  |  |  |  |

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| Stages of Care Considerations |
| **Intensive Care Unit** E = Expected, D = Desired |
| **Resources or Equipment** | **Description** | **L1** | **L2** | **L3** | **L4** | **Yes** | **No** | **Notes** |
| Equipment for Monitoring and Resuscitation | Adult and pediatric crash cartsEKG and defibrillatorDefibrillator pads (adult/pediatric) | E | E | E |  |  |  |  |
| Ventilator | Located or accessible to ICU | E | E | E |  |  |  |  |
| Intracranial pressure monitoring equipment.Intracranial pressure monitoring equipment is required at Level III trauma facilities where neurosurgical patients are acutely managed. |  |  |  |  |  |  |  |
| Pulmonary artery monitoring equipment |  |  |  |  |  |  |  |

I verified that the resources and/or equipment listed in this document is present in the identified areas of the hospital.

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form must be verified and approved by the Trauma Medical Director (TMD)

TMD’s name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TMD’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_