

## Guideline – CT/Imaging following Emergent OR for Trauma

Purpose: - This guideline was developed collaboratively with Imaging, OR /Anesthesia, and the Trauma Program to ensure timely imaging in patients that need emergent operative intervention after trauma and may require additional intervention prior to inpatient admission.

- If trauma workup (CT imaging) is incomplete with potential for immediate RTOR- **HIGH RISK:**
  - CRNA to continue care to CT and then back to the ICU/OR
  - RN/CST to keep room open. Discuss with surgeon what they want ready to go for return to OR
  - If transporting to ICU following CT, the OR team can break down the room but will need to wait for the CRNA to return from ICU. No cases can proceed until CRNA returns.
  - EPIC case record will need to stay open since the CRNA will continue to chart on this throughout CT exam.
  - Trauma surgeon or designee will accompany patient to CT and to final destination ICU or OR
  - Trauma surgeon or designee will ensure appropriate CT imaging is ordered and call CT to notify of transport from OR for emergent imaging
  - Trauma surgeon or designee will communicate directly with radiologist for preliminary report to inform the disposition from CT
  
- If postop imaging is desired but does can be obtained after settled in the SICU – **LOW RISK:**
  - CRNA can transport directly to ICU to give report, ICU RN will then transport to CT.
  - OR RN/CST will break down room and prepare for the next case in that OR.