**APPENDICES**

**Appendix 1a: Mental Practice Script for Team Leaders (Emergency Medicine, General Surgery)**

Immediately upon entering the trauma bay I will **introduce myself** to the other team members.

I will assess the patient’s status based on the **ATLS protocol and proceed with the primary and then second survey**. I will remember that I am functioning as a member of the trauma team. **My main priority is to identify the greatest threats to life first and to prevent further injury**.

I will begin with the **ABCDE’s**.

My initial priority will be to **ascertain the patency of the patient’s airway**. I will communicate by name with the anesthetist to determine if the patient is protecting his airway. I will also, ask if there are any predictors of a difficult airway. **I will remember that C-spine precautions need to be maintained**.

I continue with the **ABCDEs**.

I will continue to communicate with my anesthetist to confirm that breathing and ventilation is adequate. I will look for signs of respiratory distress. What is the patient’s level of consciousness, respiratory rate, oxygen saturation, is there equal and bilateral air entry. If the patient is not breathing spontaneously or is breathing inadequately I will communicate with the anesthetist what the next plan of action should be.

I will continue with the **ABCDEs.**

While we are assessing the airway, we will check the **central pulse and check the blood pressure to ensure that it is adequate**. I will also assess skin colour and temperature. I will ensure that the patient has 2 large bore IVs with warmed normal saline infusing. I will rapidly assess for any obvious signs of massive hemorrhage from the abdomen, chest, pelvis and femur. **If there is no pulse I will instruct a member of the team by name to begin CPR and remember my algorithm and differential diagnosis for an arrest.**

Prior to proceeding to check for neurologic status I will quickly re-assess the **A-B-C.**

I will then proceed to assess the neurological status by determining the patient’s level of consciousness, their GCS score, any signs of head injury or intoxication.

**I will then go back and re-assess the patient’s A-B-C.**

I will then make sure the patient is kept warm. If further investigations are necessary I will ensure that the appropriate monitors are in place and that the patient is stable enough for transport.

**Appendix 1b: Mental Practice Script for Anesthesia Team Members**

Immediately upon entering the trauma bay I will **introduce myself** to the other team members.

I will assess the patient’s status based on the **ATLS protocol and proceed with the primary and secondary survey**. I will remember that I am functioning as a member of the trauma team. **My main priority is to identify the greatest threats to life first and to prevent further injury**.

I will begin with the **ABCDEs**.

My initial priority will be to **ascertain the patency of the patient’s airway**. I will communicate by name with the trauma team leader whether or not I conclude that the patient is protecting his airway. I will also, assess to see if there are any predictors of a difficult airway. I will **remember that C-spine precautions need to be maintained**.

I continue with the **ABCDEs**.

I will continue to communicate with the team to confirm that breathing and ventilation is adequate. I will look for signs of respiratory distress. What is the patient’s level of consciousness, respiratory rate, oxygen saturation, is there equal and bilateral air entry. If the patient is not breathing spontaneously or is breathing inadequately I will communicate with the team what the next plan of action should be.

I will continue with the **ABCDEs.**

While we are assessing the airway, we will check the central pulse and check the blood pressure to ensure that it is adequate. I will also assess skin colour and temperature. I will ensure that the patient has 2 large bore IVs with warmed normal saline infusing. I will rapidly assess for any obvious signs of massive hemorrhage from the abdomen, chest, pelvis and femur. **If there is no pulse I will be prepared to begin CPR and remember my algorithm and differential diagnosis for an arrest**.

Prior to proceeding to check for neurologic status I will quickly re-assess the **A-B-C.**

I will then proceed to assess the neurological status by determining the patient’s level of consciousness, their GCS score, any signs of head injury or intoxication.

**I will then go back and re-assess the patient’s A-B-C.**

I will then make sure the patient is kept warm. If further investigations are necessary I will ensure that the appropriate monitors are in place and that the patient is stable enough for transport.