

## Policies, Procedures, Standard Operating Practices

<b>Title:</b> Trauma Clinic Patient Follow-Up	<input type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input checked="" type="checkbox"/> SOP
<b>Category:</b> Patient Care Services <b>Dept/Prog/Service:</b> Trauma Program	<b>Distribution:</b> North West Regional Trauma Network (NWRN)		
<b>Approved:</b> EVP, IN-PATIENT CARE PROGRAMS <b>Signature:</b>	<b>Approval Date:</b>	<b>Nov 6, 2018</b>	
	<b>Reviewed/Revised Date:</b>	<b>June 12, 2018</b>	
	<b>Next Review Date:</b>	<b>Nov 6, 2021</b>	

CROSS REFERENCES: *Trauma Care Practice (PAT-5-71)*

### 1. PURPOSE

To ensure a continuity of care for ambulatory trauma patients discharged from the trauma service to the community and/or region that require follow-up in the TBRHSC ambulatory care setting or via Telemedicine if appropriate and/or technology is available to patients.

### 2. POLICY STATEMENT

Referral to the trauma clinic will only be made by the Trauma Nurse Practitioner (TNP) or Trauma Most Responsible Physician (TMRP) which is covered by the Acute Care Surgeon (ACS) on call.

The trauma patient will be provided follow-up with a TNP within the ambulatory patient care setting to address acute outstanding patient care needs to promote appropriate rehabilitation. Any chronic or ongoing medication and illness management to be followed by primary care practitioner, consultant and/or original prescriber.

If other consultants are identified and are required during the planned appointment, the TNP can include them in the assessment and plan (i.e. Social Worker).

### 3. SCOPE

Care to be provided by TBRHSC Trauma Nurse Practitioner (TNP) in collaboration with the acute care surgeon on-call.

### 4. DEFINITIONS

Trauma Nurse Practitioner (TNP): are advanced practice registered nurse educated and trained to provide health promotion and maintenance through the diagnosis and treatment of acute illness and chronic condition

Acute Care Surgeon (ACS) Service: is a branch of the trauma program where a patient receives active but short-term treatment for a severe injury or episode of illness requiring consultation from a surgeon

Trauma Most Responsible Physician (Trauma MRP): A physician with experience in trauma who provides the majority of the patient's primary care

### 5. PROCEDURE

1. Upon discharge of trauma patient from the trauma service to the community and/or region, follow-up appointments will be arranged by TNP or the discharging Trauma MRP.
2. Time and date of the appointment will be arranged by the TNP or Trauma MRP, in consultation with the patient/family and documented on the discharge order sheet.
3. The discharge order sheet will be faxed to ambulatory care clinic for appointment booking.
4. Patient will register on specified date in ambulatory care setting and chart will be created.
5. Ambulatory care RN will accommodate room for patient assessment and obtain baseline vital signs.
6. TNP to assess patient in arranged patient care space and determine care needs.

This material has been prepared solely for use at Thunder Bay Regional Health Sciences Centre (TBRHSC). TBRHSC accepts no responsibility for use of this material by any person or organization not associated with TBRHSC. No part of this document may be reproduced in any form for publication without permission of TBRHSC. A printed copy of this document may not reflect the current electronic version on the TBRHSC iNtranet.

7. If required TNP will consult ACS on-call if patient management outside TNP scope of practice.
8. TNP and or ACS on-call will document all assessments on registered chart (Form # ADT 4 CS-337).
9. Following assessment if there are any additional identified care requirements, these will be documented on the chart, referred as required then discharged from ambulatory care by TNP and/or ACS on-call.
10. Patient care chart (Form # ADT 4 CS-337) to be discharged by ambulatory care staff.

## **6. RELATED PRACTICES/HEALTH CARE MANAGEMENT**

### Subjective data requirements:

- a) Patient report of history of symptoms;
- b) Any required patient medical records;
- c) Consultations from other care providers.

### Objective data requirements:

- a) Physical exam appropriate to injury(s) or condition;
- b) Review physiological parameters, lab results, diagnostic test results, and other pertinent data.

### Assessment:

- a) Injuries/diagnosis consistent with subjective and objective data;
- b) Assessment of current health status.

### Plan:

- a) Laboratory tests or diagnostic studies if required;
- b) Initiation of referrals as appropriate.

### Treatment:

- a) Administration of medication/devices as outlined in scope of practice & consultation of TMRP;
- b) Dietary/activity recommendations as indicated by injuries and client condition;
- c) Consultation/follow up appointments with family physicians and/or health care providers as appropriate;
- d) Allied health care referrals as appropriate.

### Patient/Family Education:

- a) Provide information on diagnosis, injuries, expected outcomes, and prevention;
- b) Provide information on medications, treatment measures and devices;
- c) Provide information on activities, injury prevention, lifestyle counseling, and support groups as appropriate;
- d) Provide and educate on referrals/follow-up care as necessary;
- e) Inform and update patient/family regarding the patient's condition, progress, and ongoing management as appropriate;
- f) Obtain informed consent for treatments/procedures if appropriate and within authorization.

## **7. REFERENCES**

College of Nurses of Ontario (2017). Practice Standard: *Nurse Practitioner*

College of Nurses of Ontario (2017). Authority & Restrictions: *Nurse Practitioner*