**OPERATIONAL GUIDELINES: FAST TRACK OF PATIENT FROM EMERGENCY DEPARTMENT TO INTENSIVE CARE UNIT**

**CM T-37 Fast Track of Trauma Patients 8E/12F**

1. Identify patient who meets criteria for fast track process – requires critical care monitoring, trauma eval complete and does not require immediate operative intervention.

2. The trauma attending, trauma chief resident or designee communicates fast track plan to Administrative Supervisor.

3. Administrative Supervisor determines bed availability on 8E and calls unit to confirm resources are available.

4. If resources are available, Administrative Supervisor calls trauma team that fast track is available and approved.

5. If resources are not available, Administrative Supervisor will discuss with 8E Clinical Leader an appropriate timeframe in which the patient can be admitted. Timeframe will be relayed to Trauma team and ED staff.

6. Nursing report is given by ED RN to SICU RN prior to transport. Patient transported to SICU.

7. The Trauma Chief Resident or designee will notify the SICU team of patient and retain responsibility until signout.

*If no bed is available in SICU, the most stable patient will be moved to the PACU to accommodate the new trauma patient per policy.*