

Trauma Recovery Unit Admissions Guideline

Background: The addition of the Trauma Recovery Unit (TRU) is part of the trauma service redesign that includes absorption of the orthopedic trauma inpatient service. In order to accommodate these additional patients, 10 beds on the TRU are designated for the trauma service. These 10 beds will be staffed by a Trauma APP primarily with back-up attending coverage by the Green/Gold/Blue attending for each patient

The TRU is designed to manage patients that have minimal advanced needs and ideally are in their recovery phase post-injury with minimal medical or trauma needs.

Guidelines for appropriate TRU admission:

- Only require q4 assessments
- Minimal active medical and/or trauma needs
- Have completed all operative interventions and have stable post-op course
 - Exception: Healthy pt's needing only extremity fixation that do not require compartment checks are eligible for TRU admission
- Pt's awaiting placement: Psych bed, SRC bed, SNF pending
 - Note: Plan should be defined, difficult disposition without an identified plan should not move to the TRU

Patients inappropriate for TRU admission:

- Pt's with complex medical needs requiring active management (ex. COPD with O2 requirement, CHF with active diuresis needs)
- Pt's still requiring operative intervention other than isolated extremity
- Pt's with poly-trauma and active multi-service trauma needs
- Pt's with large injury burden in peri-operative phase (ex. Operative pelvic fractures)
- Pt's with complex disposition that still do not have a disposition plan outlined

Process:

Floor attendings should identify daily which patients on the ATCU and TBNU would be medically appropriate for admission to the TRU. Each team's APP will maintain a list of appropriate TRU eligible patients. The TRU APP will review the list of eligible TRU patients and determine which patient to transfer when TRU beds are available with the goal of maintaining 10 patients on the TRU daily.