

## Trauma Floor Rounding Mnemonic

### **T**ubes, lines, drains or foley?

- Removal of unnecessary lines/foley/drains

### **R**eady for discharge?

- Ensure appropriate discharge plan ASAP with CM to prevent discharge delays
- f/u needs of consultants, incidentals, PT/DME, and patient education

### **A**irway and Oxygen weaning?

- Tracheostomy de-escalation process i.e. downsize to cuffless and initiate capping trials with ST when appropriate
- Pulmonary toilet and IS

### **U**lcer prevention and VTE?

- Modalities in play to prevent decubitus ulcers in high-risk patients with immobility i.e. paralysis, mal-nutrition, obesity, prolonged hospital stay
- SCDs and chemical VTE prophylaxis

### **M**eal intake, fluids, and bowel function?

- Nutrition optimization, when in doubt consult Nutrition.
- Discontinue unnecessary IVF and assess volume status
- Bowel regimen, especially with narcotics.

### **A**nalgesia, antibiotics and poly pharmacy?

- Wean IV narcotics to off within 48 hrs from injury/surgery
- Antibiotic stewardship i.e. de-escalation, set stop dates and adjustment per cultures.
- Resumption of appropriate home medications

### **S**afety concerns?

- Awareness and monitoring of high-risk factors to prevent unplanned returned to ICU or complications