Name of Policy: **Pre-empting of Electively Scheduled Cases and Trauma Alerts** **Policy Number**: 3364-124-47 **Approving Officer**: Chief Executive Officer **Responsible Agent**: Chief Nursing Officer **Scope**: The University of Toledo Medical Center Operating Room (OR)/Perioperative Services	**UTOLEDO HEALTH** **Effective date:** 1/2026 **Original effective date**: January 12, 1994

Key words: Elective Cases, Trauma Alert, Scheduled Surgery, Emergency Cases, Changes

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A)   Policy statement

Pre-empting of scheduled surgery for emergency cases will be completed per departmental protocol.

(B)   Purpose of policy

To facilitate changes in the OR schedule to accommodate emergency cases.

(C)   Procedure

(1)   For emergencies started on the night shift which will run into the daily elective schedule:

(a)   If any of the twelve operating rooms in the main OR are open, then the scheduled elective cases to be started as first case of the day starts for the next morning will be rearranged to allow them to start on time. Smaller rooms will be assigned on the basis of which cases require more room or equipment.

(b)   If the surgeon of record for the emergency case has a room scheduled as a first case start, it will be delayed until the emergency is finished. If the surgeon is capable of running two simultaneous rooms, then the elective case will be held until the emergency is finished, or until an additional room can be offered. In the situation of an emergency case requiring the services of

more than one surgeon, then the surgeon who will be starting a case at or near the time of all first case starts will be considered.

(c) If no rooms are free, and the surgeon of record is not on the elective schedule, then cases will be pre-empted in the following order:

(i) Any room whose start time is later than the normal start time of the OR. If no such room exists then:

(ii) A room scheduled to be utilized by members of the same service as those operating on the emergency (i.e., an orthopedic emergency case would pre-empt the orthopedic room). If no such room exists then:

(iii) A room will be pre-empted after review of the schedule by the OR operations supervisor or their designee. Cases may be exempted because of their semi-emergent nature.

(2) For Class X emergencies, Class IA emergencies, and trauma alerts during the normal schedule:

(a) When true emergencies (Class X or 1A) are posted, an additional room may be opened if, in the judgment of the anesthesiology coordinator and the nursing house supervisor, sufficient resources (human and technical) are immediately available.

(b) If an additional room cannot be opened, the surgeon requesting access to the OR's must displace his own cases preferentially.

(c) If the surgeon does not have a case, the service to which the surgeon belongs will be displaced.

(d) The surgeon must directly communicate to the surgeon being bumped.

(e) Cases displaced for emergencies get priority access.

Approved by:

/s/

Daniel Barbee, MBA, BSN, RN, FACHE
Chief Executive Officer

1/12/2026

Date

/s/

Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer

1/12/2026

Date

Review/Revision Completed by:
Operating Room Management

Policies Superseded by this Policy:
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