

NeoNavis

# TRAUMA CASE INBOUND



Rules of Play

### Trauma Case Inbound Counters & Markers

A grid of counters and markers for the game, including icons for various medical equipment and patient status indicators.

Four 'SHIFT' cards (SHIFT 1, SHIFT 2, SHIFT 3, SHIFT 4) showing player assignments and fatigue levels for Neuro, General, and Ortho specialties.

### SEQUENCE OF PLAY

1. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
2. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
3. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
4. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
5. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
6. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
7. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
8. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
9. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).
10. Shuffle the deck of Ambulances in 100 counts of severity plus fatigue (100 counts of severity plus fatigue).

Grid for tracking doctor and nurse assignments across different exam and OR rooms (Exam 1, O.R. 1, O.R. 2, Exam 2, O.R. 3, O.R. 4).

### Trauma Case Inbound:

Tables for Injury Type, Injury Severity, and Vital Signs, along with instructions for how to use them.

Tables for Game Turn, Successful Operations, and Unsuccessful Operations, along with equipment usage tracking.

Grid for tracking Injury Severity and Vital Signs for multiple patients, including injury type and severity indicators.

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## NeoNavis Trauma Case Inbound

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Thanks to Anne Stone and Thomas Martin for playtesting.

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# 1. INTRODUCTION

Trauma Case Inbound is a game portraying an unusually hectic day at a hospital's emergency department. Its level of realism is somewhere between that of actual medical procedures and emergency medicine as depicted in movies/television shows. Players will need to assign their limited numbers of doctors, nurses, and equipment based on available information on incoming patients, and personnel fatigue is a significant factor.

The game may be played either solitaire or multiplayer (which is a "multi-solitaire" situation presenting each player with the same incoming patients). Multiplayer interaction is possible by rerouting inbound patients to another player's hospital. Most of the rules are the same for solitaire and multiplayer, and cases where a rule only applies to solitaire or to multiplayer are identified. There's no fixed limit on the number of players, but one to four is a reasonable range.

# 2. OVERVIEW OF PLAY

Before play, each player sets up his/her hospital map, patient, and doctor/nurse displays. Each turn, one or two patients arrive at each player's hospital, a variable amount of information on one of next turn's arriving patients may be relayed by the transporting ambulance, and doctors/nurses/equipment are assigned to treat patients at the hospital. Doctor and nurse fatigue increases each turn that they operate. On turn 9, a second shift of doctors and nurses arrives, though the first shift may remain on duty and fatigued doctors and nurses may recover in the rest area. The game ends after 14 to 16 turns, determined randomly. In a multiplayer game, the player who has performed the most successful surgeries with the fewest unsuccessful surgeries wins; in a single-player game, the level of victory is determined by a table.



### 3. GAME COMPONENTS

#### 3.1 Components include:

- This rulebook
- Hospital Map
- 31 counters (the larger playing pieces)
- 106 markers (the smaller playing pieces)
- Game Display
- Two Doctor/Nurse Displays
- Patient Display
- Sequence of Play
- One six-sided die is not included but is required for play. A “1d6” roll means to roll one die for a range of 1 to 6, and a “1d3” roll means to roll one die and divide by two, rounding up, for a range of 1 to 3 (so that 1–2 = 1, 3–4 = 2, and 5–6 = 3).

**3.2 Hospital Map:** The map shows eight areas: Triage, Rest, two Exam rooms, and four Operating Rooms (O.R.s). Doctors/nurses that are not otherwise occupied as well as newly-arrived patients are in Triage. The Rest area represents places in the hospital where fatigued doctors/nurses can nap/eat to recover. The Operating Rooms are where surgeries are performed; each one is specialized for one type of operation. Exam rooms aren’t normally used for operations and aren’t really set up for them, but they can serve in a pinch.

**3.21** Triage can hold any number of patients, doctors, and nurses. There is no fatigue increase for doctors or nurses when they spend an entire turn there.

**3.22** The Rest area allows doctors and nurses to recover two points of fatigue for every turn that they spend there.

**3.23** Operating Rooms always need to have one patient plus a minimum of one doctor and one nurse for use. One additional doctor, one additional nurse, and/or one piece of equipment can be added for additional benefits. Each O.R. provides a +1 bonus in one type of surgery due to being specialized in that area; there is no bonus or penalty if a different type of surgery is performed there.

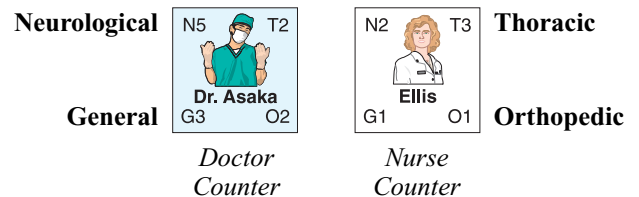
**3.24** Exam areas are not normally used for surgery, but they can be. They carry a -1 penalty for all operations but otherwise function exactly as an Operating Room.

**3.3 Markers:** The smaller (0.4”) squares with gray triangles are indicator markers used on the information

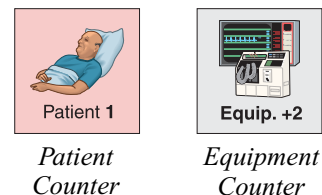
tracks (current turn, patient injury areas, doctor fatigue levels, etc.). The Code Blue markers are used when resuscitating critical patients. Those with negative numbers can optionally be placed on doctor and nurse counters to show the effects of fatigue (the negative numbers shown on each fatigue track).



**3.4 Counters:** The larger (0.6”) squares are used to represent doctors, nurses, patients, and portable emergency equipment (such as crash carts). Other personnel (such as anesthetists, radiologists, etc.) and standard surgical equipment are assumed to be present, but these are not represented with counters. Each player also has two “Reroute Inbound” counters. Lastly, there are two “Double Inbound” counters and one “First Player” counter which are used during multiplayer games.



**3.41** The letter-number pairs in the corners of doctor and nurse counters show that person’s abilities in Neurological, Thoracic, General, and Orthopedic surgery (these values are also shown on the Doctor/Nurse Displays). These are reduced by any applicable fatigue effect. Doctor and nurse counters are always present on the map once they enter play (the eight Shift 2 counters begin the game off the map).



**3.42** The +1 or +2 value on equipment counters shows the bonus provided during surgery. Each equipment counter may be used three times during a game as shown on its Uses Left track on the Game Display: when this value reaches 0, the counter may no longer be used. Equipment counters are placed in O.R.s or Exam rooms when in use and are placed next to their Uses Left track on the Game Display when not in use.

**3.5 Game Display:** This shows information for the patient that's currently inbound on the left side. The right side shows the current game turn, the number of successful and unsuccessful surgeries, and the Uses Left for equipment counters. Equipment, unspent Reroute Inbound, and unspent Double Inbound counters are also placed here.

**3.6 Doctor/Nurse and Patient Displays:** These have tracks for showing information about these counters. The number shown in each track space is generally all that's required, but the higher-numbered fatigue spaces have two numbers. The negative number, shown in bold, is the detrimental Fatigue Effect that decreases doctors'/nurses' abilities during surgery. A matching marker may be placed on the counter for ease of reference, though this is not required.

## 4. SET UP FOR PLAY

If playing multiplayer, each player will need a Hospital Map, set of Counters & Markers, Game Display, Doctor/Nurse Displays, and Patient Display. Only one First Player counter will be used.

**4.1 Set Up Map:** Place the counters for the four doctors and four nurses from Shift 1 in Triage.

**4.2 Set Up Doctor/Nurse Displays:** Place indicator markers on the "0" spaces of the fatigue tracks on both Doctor/Nurse Displays. Shift 2 personnel will arrive on turn 9; place their counters on top of their small counter images on the display until then.

**4.3 Set Up Patient Display:** Place the eight patient counters on this display. When a patient arrives at the hospital, place the patient counter on the map and put indicators on that set of tracks. When a patient leaves the hospital (after successful or unsuccessful operation), return the counter to the display and remove the indicator markers from the tracks.

**4.4 Set Up Game Display:** Place indicator markers in the Trauma Case Inbound section in the "unknown" spaces. Also put indicators on the Game Turn, Successful/Unsuccessful Surgeries, and Uses Left tracks in the underlined spaces. Lastly, place the two Equipment counters and the two Reroute Inbound counters (along with the Double Inbound counters if multiplayer) in the indicated areas.

## 5. SEQUENCE OF PLAY

**5.1** If playing multiplayer, one player be First Player each turn, with First Player passing to the left at the end of each turn. Before starting the game, choose (randomly or by agreement) one player as First Player and give him/her the counter before starting play.

**5.2** Before starting the first turn, roll up inbound patient information for the Game Display (as described in rule 6.1). The First Player does this in multiplayer games. This means that an inbound patient will be ready to arrive at the start of turn 1 (in step 1a).

**5.3** In brief, each turn a patient will arrive (some or all of whose information was radioed in last turn) and possibly an unexpected one will also arrive. You'll then determine what information is available for next turn's incoming patient; assign doctors and nurses to operate, rest, or remain in triage; adjust fatigue of doctors and nurses who operate or rest; and resolve the operations.

**5.4** While a less-verbose summary is on the one-page Sequence of Play Display for reference during play, the full, detailed sequence of play is below. More-thorough coverage of some of the procedures are given in rule section 6.

- 1. Incoming Patients** (First Player makes all rolls in multiplayer games so that all players use the same information)
  - a. Any missing information on the inbound patient is determined, then each player transfers that info to the tracks for any unused patient on his/her Patient Display, placing the matching patient counter in his/her Triage. If a player's Triage has a Reroute Inbound Counter, the inbound patient is ignored; if a player's Triage has a Double Inbound counter, two inbound patients are recorded (remove Reroute/Double counters at this point). If all eight of a given player's patient counters are in play at the same time, he/she ignores additional patients.
  - b. Roll up known inbound patient info (for the patient that will arrive in step 1a next turn) and adjust tracks on the Game Display to reflect it.
  - c. An unexpected patient arrives on a roll of 1–3. If so, roll up one full set of patient information which is recorded on all players' Patient Displays. Each player places the matching patient counter in Triage. If all eight of a given player's patient counters are already in play at the same time, he/she ignores this additional patient.