MEMO

Date: January 23, 2018

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
    Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, January 23, 2018 for our monthly review. Please find the following teaching points and synopsis of the discussion. Please share this information with physicians from your Department who participate on the Trauma Call schedule.

- Resuscitation – The resuscitation of a trauma patient can be complex. Initially patients may be restless with normal vital signs. This restlessness may be an early indication of hypovolemic shock. ATLS should be initiated as soon as possible and will vary some from ACLS. With ATLS larger volumes of resuscitation may be required and additional procedures such as REBOA or ED thoracotomy.
- Communication – The trauma team may frequently communicate with consultants and/or transfer care of the patient to a specialist. The trauma team should maintain control and provide treatment for the patient until a total transfer has occurred.