MEMO

Date: March 20, 2018

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, February 27, 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.

- Organized Trauma Resuscitation – It is important that the trauma team functions efficiently and that each member of the team knows their role. The team leader should oversee the trauma resuscitation and assign task to other team members. If the team leader needs to participate or assist with a procedure, the leadership role should be transferred to another senior physician until the procedure is completed. The trauma resuscitation guideline has been updated and is available on our trauma website http://w3.mccg.org/TS_IEP/login.asp.

- Complicated Surgical Patients – Most patients on the trauma service have a relatively short length of stay and straightforward diagnosis. However, some patients will have multiple abdominal surgeries and develop chronic conditions such as, intestinal fistulas. These patients may have multiple readmissions and may be covered by several different attendings. This may result in lack of continuity of care. These patients should be followed by 1 attending regardless of which attending is on service.

- Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) – This is a new life saving technique that allows the surgeon to temporarily occlude the aorta to control life threatening hemorrhage. A new guideline has been developed that describes the indications, contraindications, technique, and pitfalls of this procedure. It is listed on our trauma website http://w3.mccg.org/TS_IEP/login.asp.