MEMO

Date: April 26, 2018

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
Chair, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, April 24, 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.

- Chest tube insertion – It is important to follow ATLS protocol when inserting chest tubes. The 4th or 5th intercostal space is the preferred location. One should be careful in placing the tube more inferior as the tube may be inserted below the diaphragm. If there is any question as to where the chest tube is located, a CT scan may be obtained.
- FAST exam – When completing the right upper quadrant images on the FAST exam, make sure that at least 1 image shows the liver diaphragm interface to make sure there is no blood between the liver and the diaphragm.
- Eventration vs Diaphragm Rupture- This can be a difficult diagnosis to make even when CT imaging is used. Looking at all plains of CT images such as axial, coronal, and sagittal may aid in the diagnosis. It is important to follow the diaphragm thru each image to locate the area of rupture. If there continues to be concern, diagnostic laparoscopy may be considered.