MEMO

Date: June 27, 2017

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
Chair, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, June 27, 2017 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.

- **Tracheal Stenosis:** This is a rare complication since endotracheal tubes now have a high volume low pressure cuff. Despite these improvements and technology, tracheal stenosis can occur with prolonged intubation. In a trauma patient, tracheostomy should be performed early if the patient is unable to wean from ventilation. This should take place after control of ICP and completion of resuscitation. The patient should also be relatively stable on a ventilator without high levels of PEEP or oxygenation.

- **Confirmation of Chest Tube Placement:** Chest tube insertion as well as interpretation of location of chest tube by chest x-ray can be difficult in a morbidly obese patient. These patients may require assistance by interventional radiology if time allows. If IR assistance is requested, it is important to specify the placement of the chest tube in the order. Otherwise, thoracentesis will be completed without placement of the drain.