MEMO

Date: March 28, 2015

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, February 24, 2015, 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 goals prior to transport to CT - The trauma patient should be thoroughly evaluated by the trauma team and resuscitation initiated before transport of the patient to the CT scanner. Although CT scans may be obtained relatively quickly, once the CT is initiated, the whole process can be time consuming. Therefore, it is important that the patient be stable before transport to the scanner. If instability persists, aggressive surgical therapy should be considered as first line treatment.

- Operative versus angiography management of hemorrhage – Both modes of therapy can be life saving in the appropriate patient who is undergoing life threatening hemorrhage. If there is any doubt, one should err on the side of operative intervention. It is important to note that angiographic therapy will not control etiologies of hemorrhage that result from venous bleeding. If there is concern for major venous bleeding this should be controlled in the operating room. Likewise, stability of the patient is important even for injuries that can be managed in the arteriogram suite. It may be safer and more efficient for the patient to be treated in the operating room even if they have arterial hemorrhage. All these factors must be considered when making the decision to control hemorrhage in the arteriogram suite versus the operating room.

- Patients with peritoneal dialysis catheters – These catheters may be used to aspirate fluid from the abdominal cavity in trauma patients who present with hypotension. Although this is not a common practice, it does allow quick access to the abdominal cavity for evaluation of hemorrhage.
- Jehovah’s Witness patients – These patients can be difficult to manage in the acute trauma setting, especially when the patient is suffering from hemorrhage. The patient’s wishes must be respected. Many times their wishes are made known through an armband or bracelet. This can be helpful in the obtunded patient. Once family members arrive, further discussions can take place regarding the risks and benefits of transfusion therapy.
- Airway management – Many patients will arrive in the trauma bay already intubated. Although the patient is intubated, airway remains the first priority for evaluation by the trauma team. Some techniques that may be used to evaluate tube positioning include direct laryngoscopy, auscultating for bilateral breath sounds, capnography, and chest x-ray.
- Massive transfusion protocol – MTP continues to be an important part of the trauma team armamentarium. This may be used in the trauma bay and continued as the patient moves to the OR, ICU, or angiogram suite.