MEMO

Date: August 10, 2015

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, July 28, 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.

- Open versus closed extremity fractures – It is important that each fracture be assessed and that any dressings that are in place be removed for a thorough evaluation. It is important to document in the H&P the appropriate physical findings that lead to the diagnosis of open versus closed fractures. These findings should immediately be relayed to the appropriate consultants and their plan of action documented as appropriate. If the fracture is open, antibiotic therapy should be started as soon as possible.

- Abdominal distention and ileus leading to respiratory distress – Patients may have an ileus for a multitude of reasons. These may include but are not limited to spinal fractures, pelvic fractures, pneumonia, head injury, and narcotic use. It is imperative to monitor abdominal distention closely and consider NGT decompression if ileus and emesis persist. Once respiratory distress is demonstrated from possible aspiration, transfer to the ICU should be considered.

- Indications for an ER thoracotomy – The EAST guidelines should be used as an excellent reference for the indication for an ER thoracotomy. These guidelines will be posted on the Internal Education Program website.