MEMO

Date: April 20, 2015

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, March 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.

- Management of Pneumothorax – If a patient has any signs of hemodynamic instability and a pneumothorax in the trauma bay, he/she should be considered for the placement of a chest tube prior to transport for CT scan or other x-rays.

- Resuscitation of the patient with hypotension and pelvic fractures – The patient who has complex pelvic fractures and hemodynamic instability may present some of the most challenging cases for the trauma team. The FAST exam may be used as an initial diagnostic test to help guide further interventions for hemorrhage control. The first question that must be answered is whether or not the patient is bleeding into the abdominal cavity. If the FAST exam is positive in a patient with an open book pelvic fracture and hypotension, the patient should be taken to surgery for an exploratory laparatomy. If the FAST exam is negative in a patient with an open book pelvic fracture and hypotension, the patient should be taken to arteriogram as a first line therapy. The goal is to control the hemorrhage as soon as possible which mandates that the appropriate decision is made early in the workup of the patient.

- Damage control orthopedics – Patients who have a physiologic debt or significant brain injury should be considered for an abbreviated orthopedic procedure. It may be best for the patient to have this procedure take place after appropriate resuscitation in the ICU. Close coordination between the trauma attending and orthopedic attending is important in this scenario.