MEMO

Date: November 21, 2014

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
       Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, October 21, 2014, 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.

- Recurrent hemopneumothorax after chest tube removal – After chest tubes are removed, a follow up CXR should be performed in approximately 4-6 hours to rule out any residual pneumothorax. Once a follow up CXR is cleared the patient may be discharged from a lung standpoint. It is important to follow up these patients up post discharge as a recurrent pneumothorax may occur after discharge.

- Airway management – Evaluation of the airway is always the first priority in trauma. When trauma patients present from other facilities the endotracheal tube or tracheostomy tube should always be evaluated to make sure it is in the appropriate location.
All material associated with Trauma Peer Review & Performance Improvement is confidential and protected. All material & discussions should remain confidential. The Georgia peer review statute, O.C.G.A. § 31-7-130, et seq. (the “Georgia Statute”), sets forth the standards by which health care providers may evaluate the quality and efficiency of services provided by other health care providers with immunity from liability for any individuals participating in the peer review process and confidentiality of such evaluations.