MEMO

Date:

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
        Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, January 27, 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 ileus – Trauma patients will frequently develop an ileus at some point during their hospitalization. Nursing staff should work closely with the physician team to notify physicians of persistent episodes of vomiting. If the vomiting is persistent, the diagnosis of ileus or bowel obstruction should be considered. NG tube decompression should be considered to prevent vomiting and possible aspiration.

- DVT prophylaxis – LMWH should be started as soon as possible on the majority of trauma patients to prevent DVTs. This can be difficult in the brain or spinal cord injured patient. Consultation between neurosurgery and trauma should take place frequently to weigh the risks and benefits of neurological bleeding versus DVT formation.