



Miami Valley Hospital
 Good Samaritan Hospital
 Atrium Medical Center
 Upper Valley Medical Center
 Premier Health Partners

Trauma Alert

Keeping you informed from your partners in trauma care

Coordinator's Corner

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Education Dates

ACLS PROVIDER—MVH 2011

January 13-14
 February 10-11
 March 30-31
 April 7-8
 May 25-26
 June 16-17
 September 8-9
 October 5-6
 November 2-3

RECERT ACLS—MVH 2011

0800-1200 or 1230-1600

February 9
 March 29
 April 6
 May 24
 June 15
 July 13
 September 7
 October 4
 November 1

Happy New Year!

January Issue

2011 Initiatives

Many of you who have been practicing your clinical expertise for awhile may agree the way we do things now is not the same as the way we did things back then. For example, has anyone else lost track of how many times CPR and ACLS have changed? More recently toward the end of 2010, several ideas and initiatives came about for in-hospital providers that have changed some of the information requested from EMS professionals. Let's review briefly.

GCS

August, 2010, was highlighted by a visit from the American College of Surgeons for the reverification of Miami Valley Hospital as a Level 1 Trauma Center. It also initiated a change in our Trauma Team Activation Alert Paging System. A template was created to make sure all necessary information was obtained. A great deal of focus was obtained on getting **VITAL SIGNS (stable or not)** and a **GCS** score on all pre-arrival calls. The initial **GCS** provided by EMS provides the team with a baseline score, allowing for comparison through repeated assessments to determine trends of neurological demise or improvement. Your role in providing this information is essential.

Trauma Team Activation Alert Paging System Template
TA. (TIME). (CATEGORY). (MODE OF ARRIVAL). (AGE). (SEX).
(MECHANISM OF INJURY). (INJURY). (VITALS). (GCS). (TREATMENTS).
(ETA).

Hypothermia

With the frigid temperatures outside, a reminder of the risk of hypothermia is brought to the forefront. Hypothermia can be identified in a patient with a core body temperature below 95F. Trauma patients are at significant increased risk for developing hypothermia in the pre-hospital environment. Hypothermia in trauma patients has been associated with increased mortality rates as a result of dysrhythmias, coma, coagulopathy, and decreased cardiac output. Coagulopathy is a disease that alters the body's mechanism for clotting blood; this can lead to significant hemorrhage, hypovolemia, and shock. So, keep these patients warm!

RECERT ACLS-MVH 2011

0800-1200 only

January 12
August 10
December 15

ACLS AT UVMC

May 7
May 14

ACLS RECERT AT UVMC

April 9
October 7

PALS AT UVMC

March 26/April 2
October 16 and 23
Recert April 2 and October 23

ITLS PROVIDER AT MVH

April 30 and May 1
October 1-2
December 3-4
RECERT held on Day 2 of Provider Course

PALS PROVIDER AT MVH

March 10-11
June 9-10
September 28-29
November 29-30

RECERT PALS AT MVH

March 9
June 8
September 27
November 28 in the AM only

ACLS AT AMC

January 21 and 24
March 8 and 10
May 6 and 9
July 14 and 15
September 13 and 15
November 18 and 21
RECERT held on Day 2 of Provider Course

PALS AT AMC

February 15-16
April 28-29
June 22-RECERT only
August 23-24
December 1-2
RECERT held on Day 2 of Provider Course

**EMT Basic and Paramedic Course
Available at UVMC contact
Tony Alexander, NREMT-P, EMSI
At 937-440-4886**

Head Injuries

Our population is getting older. Approximately, 25% of all trauma deaths are from the geriatric population. Falls, second to Motor Vehicle Crashes, are a leading cause. A significant amount of patients in this group are on some form of anti-coagulant therapy. Most healthcare professionals are familiar with the "Big 3" anticoagulants, **Aspirin, Plavix, and Coumadin**. Three others that are less familiar and may not be easily recognized are **Aggrenox, Dabigatran (PRADAXA), and Lovenox**. Early recognition and reporting of this to hospital providers is essential. Standards for reversal of anti-coagulant therapy have been established for the treatment of a Traumatic Brain Injury. A Reversal Agent should be initiated within 2 hours of arrival to Miami Valley Hospital. This is not a lot of time. You will encounter patients who have been "down" for an unknown amount of time.

Focus on the Elderly

The Geriatric Triage Protocol defines the geriatric population as those over 70. It takes "less" for geriatric patient to require care in a trauma center than a younger patient. Older patients are more like to die of secondary complications than younger patients due to co-morbidities. Pre-existing conditions increase mortality about 6 times compared to those without limitations. Co-morbidities or pre-existing health conditions, such as cardiac and pulmonary diseases, can also further complicate a patient's recovery from what might appear a relatively minor injury. The co-morbid disease may be the instigating event that caused the traumatic injury. For example, the patient has an MI, causing them to lose control of the motor vehicle. Always be suspicious.

Clearing C-Spine in the Field

Ever wonder what happened when a combative patient with a suspected neck injury comes in fighting, is sedated, and then wakes-up paralyzed? A study, using cadavers, was done by Dr. Peleg Ben-Galim, an Orthopaedic Surgeon from Houston, Texas, trying to explain this phenomenon. In those cadaver models that actually had a severe neck injury, an incorrectly placed cervical collar or a collar that is the wrong size, can actually push the head away from the shoulders, making the injury worse. He mentions that most studies on the efficacy of cervical collars were done in healthy, uninjured patients. These patients' muscular and ligament structure in the necks were intact.

Dr. Ben-Galim is in the process of creating a device that will better stabilize the head and neck without applying traction. Until that device is accepted by the medical (and legal) communities for use, special attention must be given to proper sizing of the collar.

Also, beware of the pitfall of distracting injuries. Many cervical spine injuries happen with concurrent injuries to other body systems. Some injuries are gruesome and can lead our attention away from other priorities. The #1 priority in patient care remains the same-airway stabilization with controlled c-spine immobilization.