Trauma Rotation- Tips and Tricks

At least 2 weeks prior to the start of the rotation:
PGY-1's Rotating for the 1st Time in Trauma/JMH: Please contact Liliana Necuze in the Ryder Trauma Center. for your Cerner Training to be scheduled. Her contact info is:
Liliana Necuze- Trauma Resus. Resident Coordinator
Lnecuze@med.miami.edu – Tel # : 305 585 1194
Complete and submit the "Rotator/Observer Form" to Liliana and Angelico (Angel) Perez in the Med Ed office. His contact info is: APerez12@jhsmiami.org .
*** Residents must go to the Physician's Services Office located at- East Tower - 1st. Floor – for ID cards, parking access, etc.**

First day:
1: Get parking

2: Go to ID office and get ID

3: Cerner training
- Much of this doesn't apply, focus on how to put in orders, how to print prescriptions, how to discharge a patient, and how to see radiology and lab results. We don't write notes in this.
- After Cerner training return to the trauma offices for the rest of the orientation

Trauma resus unit:

Radios:
There are 2 radios the trauma rotators carry. At the start of the shift make sure they have fresh batteries. When someone is calling you they say "Rescue to JMH"

Push the big button on the side, wait 3 seconds and then say "JMH K"

If it is a trauma alert, start writing down info on the trauma slips. If it's a medical call just listen, make sure the medical advisor (in the ER) acknowledges if it's someone sick/complicated (stroke alerts, cardiac arrest, MI alerts, requests for orders.) If it's simple or you have no questions just say "JMH to rescue, QSL."

QSL means "I understand and have no questions."

Make sure you know the patients GCS, if they are coming by ground or air and their estimated time of arrival.

Then tell the secretary or the nurse who will page out trauma team.

Getting ready:

When a trauma is coming get dressed. You should be wearing hat, gown, mask, eye protection and gloves. Nitrile gloves for most traumas. Sterile gloves if you think you are going to be putting in a central line or chest tube.

Make sure there is a chest tube tray, a scalpel and chest tubes in the trauma room the patient is going to. Don't open the tray unless you are pretty sure you are going to use it.

Trauma comes in:

Move the patient to the bed. The resident running the trauma starts getting history. Assign someone to do the primary survey. Call out if the airway is clear, if breath sounds are equal. Look for active bleeding. Get a GCS.

Then do a head to toe exam, focusing on:
Facial trauma
c-spine tenderness
chest instability
abd tenderness
pelvis stable
extremity tenderness or deformity.

Patient will then be rolled. They stay on the backboard generally. So a gel pad is placed under them and they are rolled back to the other side to get the pad all the way under. Spine is checked. No rectal exam unless penetrating pelvic trauma.

Make sue to check armpits and perineum, especially in GSWs.

Do the FAST exam.

Get plain films. (The secretary and nurses can order films and labs, MD orders meds)

Almost all traumas get a chest xray. Serious mechanism or blunt trauma get pelvis xray.

Check xray prior to CT. Chest tubes placed prior to CT for significant heme/pneumothorax. Address open book pelvic fractures with pelvic binder.

Make sure pt has good access. Large bore IV best, otherwise central line or IO.

CT patient. Serious trauma gets Pan Scan (CT w/o contrast brain and C,T,L,s spine. Facial reconstruction. CT with contrast chest, abd, pelvis, with angio recon). Sometimes we do only some of these CTs. Generally as rotators you can decide on the chest and pelvis x-rays prior to attending/fellow arrival, but check with attending or fellow or senior resident if question about what kind of CTs to get.

Follow up CT findings, consult appropriate services based on findings. Ortho for fractures, OMFs for facial fractures. Ask about spine, sometimes it's Roth spine, sometimes neurosurgery. Always neurosurgery if neuro deficits.

Work on dispo. There is a SICU and a TICU. Be careful, they have different order sets. There is also a mini-unit, sort of a step down. There is the floor. There is the OR, and there is home. If they are getting admitted to trauma the rotators do the admission orders. If they are getting admitted to someone else like ortho, that service should come down and do the order.

<u>Sample floor admission orders (SICU/TICU have pre-printed sheets. :</u>
Start with date and time
1: Admit –location
-service (trauma red/green)
-inpatient or 23 hour observation
-attending and chief resident name

2: Diagnosis: Trauma/MVC/GSW etc

3: Nursing
-Vitals Q 4/6/8 HRS/ per floor protocol
-I/Os
-Foley to gravity
-B/L SCDs to calves
-Incentive spirometry
-OOB/ambulatory/bed rest
-NGT?
-Chest tube (-20cm H20 suction)

4: X-rays (AM CXR)

5: Labs

6: Diet

7: Meds: -Fragmin 500 units SQ Q 24 HRS all except bleeds
-pain meds, no NSAIDs
-Zofran/ anti-emetics
-PPI
-Other meds

8: Any special orders
-Respiratory/ insulin SS/ PCA/ Heparin drip/ ABX/ PT-OT all have separate forms.

Documentation:

Okay, here's where it gets tricky. Each patient gets a lot of documentation:

1: Trauma slip. This is mainly for the residents to keep track of all the patients and to present at sign out. Does not go in the chart. Starts with the pre-hospital notification. Has primary and secondary survey. Write down labs, especially ABG (with focus on base deficit) and WBC. This sheet is good to keep track of what reads you are still waiting for and what consults still need to weigh in. Make sure to put a sticker from the chart on the bottom of this sheet.

2: "Man sheet." This is in the chart. It has a drawing of a man. Write a basic history and physical. Doesn't really have room for a plan. Draw in the injuries.

3: FAST note/MD assessment note: This is in Centrex, which is a different system than Cerner. You probably need to call the help number on the screen to get set up. To find it Google "Centrex Miami." Bookmark the first time you find the login page.

Then click on CARE

Log in to CARE. User number is MD number, probably have to call for password but you can try the password that got you in the computer.

This is old school. You have to select things by moving with arrows and hitting enter. Can't use the mouse to click

-Resus menu
-Resus MD assessment (bottom left)
-Resident MD assessment

Now notice you can't find the patient. Now click F1
Go down to "Trauma resus Census"

Find the patient
Under date and time enter "T"
-enter GCS
-enter as much info as you can.

Some spaces are free text, many you have to hit F1 to enter into a sub menu, F3 to select something.

F11 is like escape.

Do the FAST note the same way. It's under "NOTES." We are under "RESU" then TCU for service.

Progress notes: Done one blank progress note paper with the patient's sticker. This is where you write that the patient is cleared by trauma for admission to ortho, or that the patient is going to sign out AMA etc.

Other tips:

Chopper:
One resident goes up to the helipad when the chopper comes in. You can't have anything loose or around your neck (like stethoscope.) Don't approach the chopper until waved in by the crew. And don't walk into the tail rotor, good way to ruin your day.

Army: The army sends teams to rotate with us about every month. They are only in the resus area for about 2 weeks. They have one shift where they are there for 48 hours straight. They only bring about 2 docs, and there usually work pretty well with us. They are there for experience but you should still be in there, doing procedures. The medics are allowed to do things like suture and irrigate wounds with MD supervision.

Chest tubes:
-Emergent chest tubes should be 36 French or 40 French
-patients don't go to CT with significant heme or pneumothoraxes without a chest tube
- be sure to attach chest tube to suction

Open fractures:
-give 1 gram ceftriaxone and tetanus
-get x-rays of bone or joint above and bellow injury (applies to closed fractures too)

Massive transfusion, there is no order for it in the computer. Order transfuse PRBCs, transfuse FFP. You have to order platelets separately under "platelet products."