

Regional Trauma Network Newsletter

SW LHIN March 2018

Tips From TAC!

(Trauma Association of Canada conference)

There was a big focus this year on “Older Adult” trauma patients and the reality that trauma is soon to be no longer an illness of the young! Below are a few interesting presentations!

Blood Alcohol Screening in Older Adults :

Sunnybrook’s study found that 7% of older adult patients had +ve blood alcohol levels. Of these, 91% were independent living previous to the event but only 39% of those were discharged home! Have a discussion about the risks of drinking with the older adult patient!

Trauma Team Activation for Older Adults:

Three car pile up with four injured patients. Their ages are 25, 42, 37 and 73. **The Ottawa Hospital (TOH)** found that older adults were less likely to be transferred to a trauma center from the crash scenes even if very injured which may contribute to the patient morbidity/mortality. TOH suggested that age be a main criteria for Trauma Activation as well as involving a geriatrician early in their care.

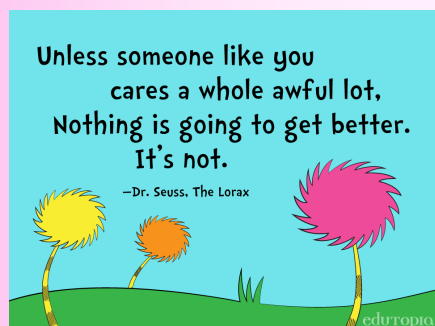
Could Fibrinogen replace plasma in early trauma resus?

With the knowledge that Fibrinogen and Factor V are key factors in blood loss, the **Sunnybrook** team presented early research indicating that re-constituting fibrinogen may serve as a great alternative to plasma especially in the regional centers. Don’t have to worry about cross matching and no need to thaw! Stay tuned for news on that!

ABC’s of Trauma: Advocacy Because we Can:

Opioids, Suicide & Falls are some of the most preventable deaths from injury.

Be opportunistic and spread the injury prevention message! Use your influence to educate at the bedside!



In-Situ Simulation: Need to train like the military:

There was a large group of military medical professionals there. They advocated that in the military, no one is sent to war without practicing all the skills multiple times in the field. The military physician’s argue that trauma medicine needs to be the same! Trauma simulations in your trauma room is the best way to prepare your team!

Talk Trauma Conferences 2018!!

For the first time in history, we have stacked the **Adult & Pediatric Talk Trauma** conferences back to back so that our out of town guests might maximize their time and education!

This years conferences are promising to be amazing with our theme of hypothermia and cold injuries in trauma care. Very appropriate given our cold and snowy winter! With topics like “The Cold Icy Crash,” “When Blood Runs Cold” as well as 2 trauma survivor speakers, this conference is sure to be educational, entertaining and energizing for our upcoming trauma season.

See poster for details and register soon before we sell out!

TIPS for Tubing a Shocked Trauma Patient

1) **A hypovolemic patient will deteriorate during intubation!**

⇒ Be aggressive! First fill the tank with blood products to maximize BP!

2) **Be careful about drug dosage!**

⇒ Sedation should be reduced (by a lot)

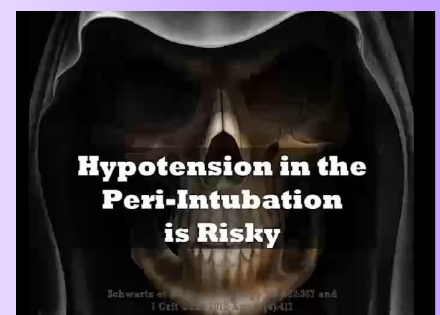
* Great choice = Ketamine 0.25-0.5mg/kg IVP

⇒ Increase your paralytic agent!

Aim for high BP prior to intubation

Replace blood volume

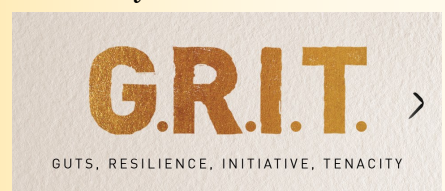
Keep pt. warm



<https://emcrit.org/racc/intubation-patient-shock/>

Way to go Wallaceburg Team!

Dr. Dixon and his team at the Wallaceburg ED showed true grit as they expertly mobilized their resources in their small community when they were faced with an unstable 3 year old trauma patient this winter. Incredible work team!



We are excited to be travelling to Listowel and Wingham this spring and hope to do some in-situ simulation of our own with our **Regional Trauma Team Development Course!!** See you soon!!