How to Be a GREAT Trauma Intern
Harborview Medical Center
Harborview Trauma Center

- Receives all major trauma from WA state as well as neighboring Alaska, Idaho, and Montana
- Transfers from Rural Hospitals
- Field Responses Airlift
Structure

• Trauma Team is:
  • Emergency Medicine Attending
  • “Trauma Doc” (TD)
    – second year Emergency or Surgery resident who oversees all trauma and run the codes

• Trauma Interns
  – 2-5 interns form various residencies
  – Emergency, Surgery, Family Medicine, OB
  – from HMC/UW, Virginia Mason and Swedish
Other Fishes in Bowl

- **Surgery R3** will be the general surgery consult
  - sits next to TD in fishbowl
- **Ortho resident** often in ED fishbowl too
- Modified trauma codes have **Surgery Chief and R3** at work up
- Full trauma codes have **whole Surgical Team** and **Anesthesia**
Trauma Algorithms

• There are Committee based Evidence Based Medicine (EBM) algorithms, updated within last year
• There are 2 websites to access the Trauma Algorithms
  – 1. WIKI (hmced.org)
    • wiki also has all other info @ running the ED
  – 2. OCCAM site (occam.hsl.washington.edu)
• www.hmcved.org
• Lists all information about Harborview ED
• Trauma Care section has all trauma algorithms and references to the EBM literature
• Training and Educational section has
  – procedural videos
  – power points on Emergency Medicine didactics
  – interactive educational games
OCCAM
(Online Clinical Care Algorithms and Messages)

• OCCAM is a UW website created by the UW faculty (occam.hsl.washington.edu)
• Lists the most up to date committee based/EBM algorithms for proper work up and treatment for patient care
• Many of these relevant to Emergency Medicine are loaded directly onto the WIKI
• Can access the OCCAM site on side bar of WIKI and find them imbedded in the WIKI
Trauma Algorithms

BEFORE YOUR FIRST DAY

• READ the Trauma Care section of WIKI
• Know what constitutes major and minor trauma
• Know what constitutes high and low risk mechanism
• Go over:
  – C Spine Clearance
  – Indications for Head CT
  – Blunt and Penetrated trauma algorithms
  – How to Document and enter Orders
Trauma shifts
what your day will be like

Will be a mixture of major and minor trauma

Be able to change gears from loping along to very efficient multi tasking
Minor Trauma

• Lacerations
• Low speed MVAs
• Assaults
• Ground Level Falls
• Low Level Falls
• Minor Burns
Minor Trauma

- Sign up for your patient on Firstnet
  – So team knows patient claimed
- Undress everybody
- ABC - > exam head to toe and back
- Then present to Trauma Doc/Attending
- Order Xray and labs
- Go over plan with Nurse
- Don’t forget analgesia
After Orders are entered

go talk to Nurse and verbally go over plans and orders

This is vital
muy importante for timely care
Major Trauma

- All high speed MVAs
- MCAs >20mph or separation from vehicle
- Falls >20ft adult >10ft kids
- Auto vs Pedestrian or bicycle
- Penetrating Injuries
- Head injury with altered mental status
- Major Burns/Inhalations
Major Trauma

- All Interns to medic arrival
  - Unless assigned to other tasks

- Know your role

- One Intern should enter orders as TD and Attending decide work up
Major Trauma

- Get physical process done
- Help Undress the patient
- Help Roll the patient
- Femoral ABG
- Place IVs/Hang Fluids as needed
- Put in Orders
- Help Assess extremity damage
- Help Splint unstable limbs
- Do ABIs
“Trauma Labs”

- Includes: CBC, Chem 7, PT/PTT, Amylase, BAL
- *Extra* order for lactate and serum pregnancy
- *Extra* order ABGs, CO, Troponin, CK, LFTs and Lipase
- Pediatric trauma labs have LFTs
- *Extra* order for Type and Cross
- DON'T order EHP (emergent hemorrhagic panel) *except* for massive transfusion protocol (it's very expensive)
Trauma Xray/CT orders

- Most Commonly ordered for Major Traumas
  - XR Trauma Series
  - CT Trauma Torso w/ T/L Spine reconstruction
  - CT Trauma Head W/C Spine
  - or
  - CT Trauma Abdomen/Pelvis with T/L spine reconstruction
  - XR Extremities as indicated
CT Trauma Panscan not yet available - but soon to replace separate orders
(EBM indicates this is emerging standard of care)
Major Trauma

- Understand that Communication is Key
- Report all findings out loud to TD
- All Communication through the TD
- If hear important information -> share it
- Go get Nurse to help bring meds to bedside if needed
- Call Consults if TD need it
- Ask the MAs for equipment requested or inferred
Wound Care

- Clean off all wounds well to inspect for underlying lacerations
- Use long acting local anesthesia if dept busy
- Close wounds within 6 hours
- Make sure DT given if needed
- Make sure Attending sees procedure
Consults

• Some TDs want to call all consults- other delegate to the interns

• Know the ORTHO minor trauma list - (on WIKI)
  – Some injuries follow up w/primary care

• Craniofacial (CF) is the pager for all facial trauma-
  – covered alternating by: Plastic/CF and ENT

• “SPINE” is the pager for all spinal injuries
  – covered alternating between Neurosurgery and ORTHO

• OB/GYN wants to be paged on all pregnant trauma patients
Close the Loop

- Discuss Lab and Xray findings with TD and Attending
- Reassess patient
- Consults
  - Occasionally consult resident will tell a single person the plan
  - Make sure it gets back to TD and Attendings ASAP
- Disposition
Disposition

- All patients need an assigned provider and time frame in which to see them
- Often a consult service clinic
- If not, follow up with PCP
- If no PCP, get After Care Clinic appt and give out community clinic list
- Put in referral forms as needed
- Recommend Rx for all
Disposition

Make your life easier

Start discharge forms as soon as you have a good idea of plan
Documentation

- Develop a good full trauma exam document
- Describe all injuries succinct and exact
- Pertinent negatives very important
- Send the chart to the primary/first ED Attending
- Get your charts done that day
Trauma Doc needs to know everything

The Attending does too

Hopefully TD is keeping the Attending abreast of everything

But if super busy make sure Attending knows
Take it ON

• Know the Protocols
• Understand your Role within the team
• Full exam on everyone
• Communicate with Nurses, TD, Attending
• BE A TEAM

LEARN A LOT and HAVE FUN
Its just a shark....