



TRAUMA COMMITTEE MINUTES

Date: May 9, 2024 Chaired By: Dr. Steve Henson
Location: TEMS Office and Virtual Begin Time: 14:00 End Time: 15:00

Attendees

Adrian Proumen, Darrin Gomes, David Brock, David Keeler, Jay Collins, Linzi Andrews, Lisa Bono, Michele Leffel, Mike O'Neill, Pat Edwards, Paige Waltz, Ralph Rosignolo, Steve Henson, Valeria Mitchell, Valerie Vagts, Whitney Pierce, Will Shackelford, Wendy Clement

Approval of Minutes

David Brock 1st, Darrin Gomes 2nd, none opposed. Accepted as presented

Data Review: March 1-April 15

- Needle Decompression: 3 in 2024 vs 3 in 2023
 - Annual: 85 in 2023; 42 in 2022
- Traumatic arrests: 3 in 2024 vs 4 in 2023
 - Annual: 87 in 2023; 84 in 2022
- Tourniquets: 7 in 2024 vs in 17 2023
 - Annual: 109 in 2023; 163 in 2022
- RSI: 27 in 2024; 30 in 2023
 - Annual: 262 in 2023; 243 in 2022
- Whole Blood Administrations = 103 since inception

CHKD- nothing to report this meeting

- 8th Annual Trauma Conference I May 23rd! Follow-up on cases has been going well and has included both positive feedback and constructive criticism.

Case Reviews

- Needle Decompression: 45 male, multiple GSW. Handcuffed until EMS asked for the patients release of hands to work the patient. Patient also received whole blood in the field, 2 units at the hospital and one unit of pRBC's. Despite efforts, deceased. Suggested to speak with law enforcement regarding handcuffing critical patients.
- Tourniquet: 40 female, GSW, PD placed tourniquet on leg and adjusted by EMS. Bravo alerted. Placement was effective. Tibia surgery required, patient was released home on day 3.
- RSI: 3 part system. 39 male, MVC, bystanders pulled patient out of water prior to EMS arrival. Patient was assessed, c-collared, back boarded and became combative. Ketamine used via doctors' orders. Nightingale arrived, RSI'd the patient and transported to SNGH. Patient had orbital wall and rib fractures. He tolerated the treatment plan well and was released home on day 10. This was an excellent example of collaboration, from the bystanders actions to EMS to Nightingale to the receiving Trauma doc. This case was also good at highlighting the use of ketamine outside of protocol to help the patient receive treatment from EMS better, which benefited the outcome of the patient.
- Traumatic Cardiac Arrest: 19 male, MVC. A&O x4 upon EMS arrival. Patient was c-collared and backboarded. En route to hospital, patient became hypoxic with labored breathing, received a needle decompression and a unit of whole blood. Alpha Alerted by hospital and was transferred after stabilization from VBGH to NGH the next morning. Diagnosed with an anoxic brain injury and despite the best efforts, 3 days later, this patient became an organ donor. Case was well documented.

New Business

- DMIST was presented as a result from a small EMS/SNGH Trauma team workgroup. Will be implemented on 5/13 at SNGH



Roundtable

- VB – Randy moved on from PI to the drug program
- CRMC – working on Trauma designation
- IOW – finished up RSI – have been live about a year, now looking at surgical cric
- Blood Drive is 5/23 from 9-2 at the TEMS office
- Come to EXPO next week! Register here: <https://tidewaterems.org/expo/>

Next Meeting

The Trauma Committee meeting will be in-person/hybrid on July 11, 2024 at 2:00 pm