

Introduction to the Trauma Service (Blue Surgery)

Joseph Rappold, MD, FACS
Trauma Medical Director

Trauma Attendings

- Joseph Rappold, MD, FACS (p: 741-6256)
- Virginia Eddy, MD, FACS (p: 741-8415)
- David Ciraulo, DO, MPH, FACS (p: 741-6192)
- Kristen Sihler, MS, MD, FACS (p: 741-1415)
- Lee Hallagan, MD (p: 741-8101)
- Nora Cheung, MD (p: 741-8287)
- Jaswin Sawhney, MD, FACS (p: 741-6259)
- Damien Carter, MD (p: 741-6475)
- Bruce Chung, MD (p: 741-1515)
- Elizabeth Turner, MD (p: 741-1589)

Global Service Responsibilities

- Respond to traumas and trauma consults at the request of REMIS or the ED
- Rounds on the trauma and wound services
- Sees non-ICU consults for PEGs
- Goes to the OR for patients on the service
- Completes documentation appropriately including trauma H&P and tertiary surveys

Chief Resident Responsibilities

- Primary responsibility for patients on whom the residents round
- Maintain an overview of all patients on the trauma and burn/wound care services, including patients in the ICU
- Assign residents and APPs (as able) to OR cases
- Educate APPs, junior residents, medical students
- Designate a person (resident/APP) at all times to respond to trauma consults
 - Consults should be seen within 30 minutes of request
 - Any concern for significant injury requiring more help to evaluate should be upgraded to a full trauma response immediately
- Every other week trauma lecture Thursday 7AM (email attending early to get help with lecture)
- Notify attending of any critical issues (e.g. pt transferring to ICU)

Schedule

- 6:30 AM – trauma morning report, discussion of all new admissions over previous 24 hrs
- Walk rounds per attending preference (7 or 8AM)
- First and second Wednesdays – meeting at 7A (peer-review and TOPIC)
- Every other Thursday – 7AM trauma lecture
- ED chief resident directs the trauma resuscitation in the trauma bay from 7A to 7P, night float surgery chief runs 7P-7A

Attending Schedule

- Trauma attending of the week responds to traumas 7A-5P on M-F. Night float attending responds 5P- 7A on M-Th. Friday to Sunday attending coverage is from 7A -7A (24 hr shift).
 - The attending covering Friday and Sunday call will round on the trauma and burn/wound services Saturday and Sunday.

Rules

- Chief responds to all Level 1s even if he/she must leave OR
- Attending must be called within 20 min of arrival if not already present for Level 2s (sooner if you need them)
- All patients need a discharge summary
- Discharge summaries should be sent to the trauma attending of the week
- Pages should be answered promptly
- The service pager should not go to the OR

Trauma Bay Team

- Trauma attending
- ED attending
- Senior resident (ED or trauma) running the resuscitation
- ED resident on airway
- Trauma resident on primary and secondary surveys
- Second trauma resident on procedures
- Primary nurse
 - Documents during initial evaluation, transports patient to scanner and back
- Secondary nurse
 - Responsible for bedside procedures

Trauma Bay Principles

- Follow ATLS protocol!
 - Primary Survey – ABCDE
 - Remember to repeat the primary survey starting from “A” if any part of the primary survey required intervention
 - Secondary Survey
 - Head to toe exam, including back/perineum/axillae (do NOT delay back exam until transfer to CT table), rectal if necessary
 - Blood at meatus and/or suspicion of major pelvic fractures mandates prostate exam

Trauma Bay Principles

- Adjuncts to secondary survey
 - CXR
 - Pelvic XR
 - definitely do if suspicion for pelvic fractures
 - If pelvic clinically unstable, place binder BEFORE xray
 - If binder placed, get xray afterwards to ensure binder is in correct location and of appropriate tightness
 - Pubic symphysis should get closed, but NOT be overlapping
 - FAST
 - Basic – perihepatic, perisplenic, pericardium (subxiphoid or parasternal), pelvis
 - Extended – bilateral anterior thorax to look for pneumothorax

Trauma Bay Principles

- Crowd and noise control is essential! Roles should be determined ahead of time whenever possible, and people who are not fulfilling essential functions need to stay out of the way of those who are.
- Try to stay out of the way of the nurse getting IVs and vital signs – you need those too!
- Intubated patients should automatically get an OG tube.
- Blood at the meatus may indicate urethral damage. ATLS guidelines state that ONE attempt at passing a Foley can be made by either an attending or senior resident.

Mandatory Trauma Response Times

- Priority 1 – trauma attending to be at bedside within 15 minutes of patient arrival
- Priority 2 field trauma – trauma attending to be at bedside within 30 minutes of patient arrival
- Priority 2 trauma transfer – trauma attending to be contacted within 30 minutes of patient arrival
- Consultant times

Special Populations

- Pediatric traumas 12 years old and under go to pediatric surgery service; 13 and above go to trauma service
- Elderly patients ≥ 80 years old all need a geriatric medicine consultation
- Mandatory ICU admissions
 - Q1H neuro checks
- Recommended ICU admissions
 - Grades 4-5 splenic injuries
 - Elderly patients with 3+ contiguous rib fractures
- Fall patients > 60 yo get referred to the fall prevention program

Trauma Documentation

- Please remember:
 - Complete documentation is the responsibility of *all* trauma team members!
 - Past medical and surgical history, home meds, allergies, social history, family history, etc., actually do need to be reviewed and documented for every patient upon admission. When nobody fills in the “History” activity, your templated notes will say “No history on file”, which is not acceptable for documentation purposes.

Trauma Documentation – H&P

Step 1: Select note type "Trauma H&P"

Step 2: Select correct service "Trauma"

Step 4: Select trauma attending as cosigner

Step 3: Check "Cosign Required"

Step 5: search templates by dotphrase (.surgtraum)

Step 6: Select appropriate template

Summary Edit Note

New Note

Sensitive Bookmark Details

Type: Trauma H&P Service: Trauma Date: 6/2/2016 Time: 1851

☒ Cosign Required Cosigner:

.surgtraum

Abbrev	Expansion
SURGTRAUM...	Trauma Admit Note, Version 2.5, (12/18/2014)
☆ SURGTRAUM...	Trauma Tertiary Survey Form, Ver 1.1 12/10/13

Refresh (Ctrl+F11) Close (Esc)

Trauma Documentation – H&P

New Note

Type: Service: Surgery Date: 11/1/2016 Time: 1041

☐ Cosign Required

Trauma Admission Note

Date: 11/1/2016	Patient Arrival Time: ***
EMS Notification Level: {ACS trauma levels:32336}	Hospital Level: {ACS trauma levels:32336}
ED Attending: ***	Arrival Time: ***
Trauma Attending: {ACS attendings:32334}	{ACS attending contact method:32335}
Directing Provider: ***	Time: ***
Trauma Senior Resident: {Surgery Resident:32526}	Arrival Time: ***
Trauma Residents: {Surgery Resident:32526}	Arrival Time: ***
Other Trauma Staff: {trauma APP:32525}	Arrival Time: ***

Mode of Arrival:

☐ Lifelight ☐ DHART ☐ Ambulance ☐ Private Vehicle
☐ Other:

Pre-Arrival Data:

Approximate time of injury: ***

☐ Field Trauma ☐ Trauma Transfer

Hypotensive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lowest systolic blood pressure: ***
Loss of Consciousness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hospital GCS:
Pre-hospital fluid volume:	Pre-Hospital blood products:
Transferring facility:	Transferring physician:
Other:	

Mechanism of Injury:

<input type="checkbox"/> Assault	<input type="checkbox"/> Motor vehicle crash
<input type="checkbox"/> Burn	Belted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Fall	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Gunshot wound	Airbag deployed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Hanging	Position <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Unknown
<input type="checkbox"/> Pedestrian struck	Collision type <input type="checkbox"/> Frontal <input type="checkbox"/> Lateral <input type="checkbox"/> Rollover <input type="checkbox"/> Unknown

- The Trauma H&P and Tertiary templates are set up to fulfill all documentation requirements from the American College of Surgeons – Committee on Trauma (ACS-COT)
 - EVERYTHING on the forms must be filled out, or a specific reason given as to why it cannot be filled out.
 - Examples of commonly overlooked documentation include checking off attending arrival vs. call times.
 - This is critical to maintain MMC's level one trauma center designation

Unfinished notes can be shared for multiple providers to work on it later by "Pend".

Trauma Documentation - Procedures

- EPIC has a number of very well-built critical care procedure templates, please use!
 - Available templates: central line, intubation, chest tube insertion, arterial line, burn treatment, IO line insertion (and others)
 - Screenshots on next slides

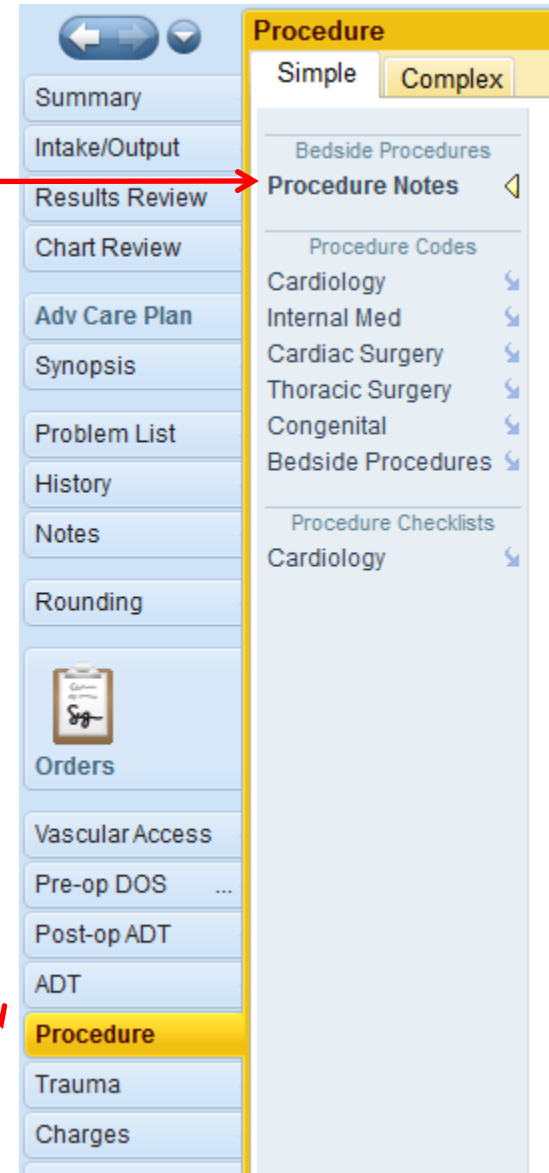
Trauma Documentation – Critical Care Procedures

Step 1: Look under Procedure Activity
Step 2: Click Procedure Notes
Results on next slide

If you do not have the Procedure Activity in your Sidebar, look under “More Activities” at the bottom left of the screen, and use the “Menu Personalization” menu.

2

1



Trauma Documentation – Critical Care Procedures

Change names as needed

The screenshot shows the 'NoteWriter' application window. On the left is a sidebar with navigation links: Summary, Intake/Output, Results Review, Chart Review, Adv Care Plan, Synopsis, Problem List, History, Notes, and Rounding. The main window has a yellow header with 'NoteWriter' and a 'Copy Note' icon. Below the header is a 'Procedures' tab. A dark blue bar with 'Select Procedures' is visible. Underneath, the 'New Procedures' section contains two dropdown menus for 'Authorizing provider' and 'Performing provider', both set to 'Cheung, Nora H, MD'. Below these are several buttons for different procedures: Central Line, INTUBATION, Lumbar Puncture, Chest Tube Insert..., Insert arterial I..., PARACENTESIS, Thoracentesis, FEEDING TUBE REPL..., SHOULDER INJECTIO..., SUTURE / STAPLE R..., GASTRIC LAVAGE, ORTHOPEDIC INJURY..., UMBILICAL CATHETE..., ELECTRICAL CARDIO..., Critical Care, BLADDER CATHETERI..., SUPRAPUBIC ASPIRA..., TRACHEOSTOMY REPL..., BURN TREATMENT, and a 'More' button with a dropdown arrow.

All available critical care procedure templates (click “more” for the IO insertion template)

Trauma Documentation - Procedures

- Procedure SmartPhrases
 - Laceration repair: .traumalac (look under Julianne Ontengco's SmartPhrases to share)

Trauma Documentation

- Consults
 - All requested consults MUST be accompanied by a consult order placed into EPIC.
 - Consult teams' official names in EPIC: orthopedic surgery, neurosurgery, plastic surgery, ophthalmology, ENT, oral surgery, (NOT maxillofacial and is found under "Facility List" tab if not in your Preference List tab), physiatry, psychiatry, geriatric medicine
 - Required for performance improvement tracking

Trauma Documentation - Tertiary

No different than steps for Trauma H&P, except the note type is "Trauma Tertiary Survey" and the dotphrase is the one highlighted below

Summary Edit Note

New Note

Type: Trauma Tertiary Service: Trauma Date: 6/2/2016 Time: 1920

☒ Cosign Required

Insert SmartText

.surgtrau

Abbrev	Expansion
SURGTRAUM...	Trauma Admin Note, Version 2.5, (12/18/2014)
SURGTRAUM...	Trauma Tertiary Survey Form, Ver 1.1 12/10/13

Refresh (Ctrl+F11) Close (Esc)

Trauma Documentation

- Family meetings **MUST** be accompanied by a note
 - Use the note type “Family Meeting Note”
 - it will pull up the template MMC already has created

New Note

Type: Family Meeting Note Service: Surgery Date: 11/1/2016 Time: 1058

☐ Sign Required

MAINE MEDICAL CENTER
Interdisciplinary
Family Meeting Note

PATIENT'S NAME: [SmartLink name]
ADMIT DATE: [SmartLink date]
DOB: [SmartLink DOB]
SEX: [SmartLink gender]
MRN: [SmartLink MRN]
ROOM/BED: [SmartLink Room]
UNIT: [SmartLink Unit]

HOSPITAL DAY: [SmartLink Hospital Day]

Purpose for Family Conference:

Participants in Attendance:

Family Conference Details:

Duration of Meeting:

Nora H Cheung, MD
11/1/2016 10:58 AM

Trauma Documentation – DC Summary

Step 1: Select note type "Discharge Summary"

Step 2: Select correct service "Trauma"

Step 4: Select trauma attending of the week as cosigner

Step 3: Check "Cosign Required"

Step 5: search SmartText by clicking the blue and red folder icon in this white box (NOT a dotphrase)

Step 6: Select appropriate template

The screenshot shows a medical software interface with a 'New Note' form and a 'SmartText Selection' dialog. Red arrows point from instructional steps to specific UI elements:

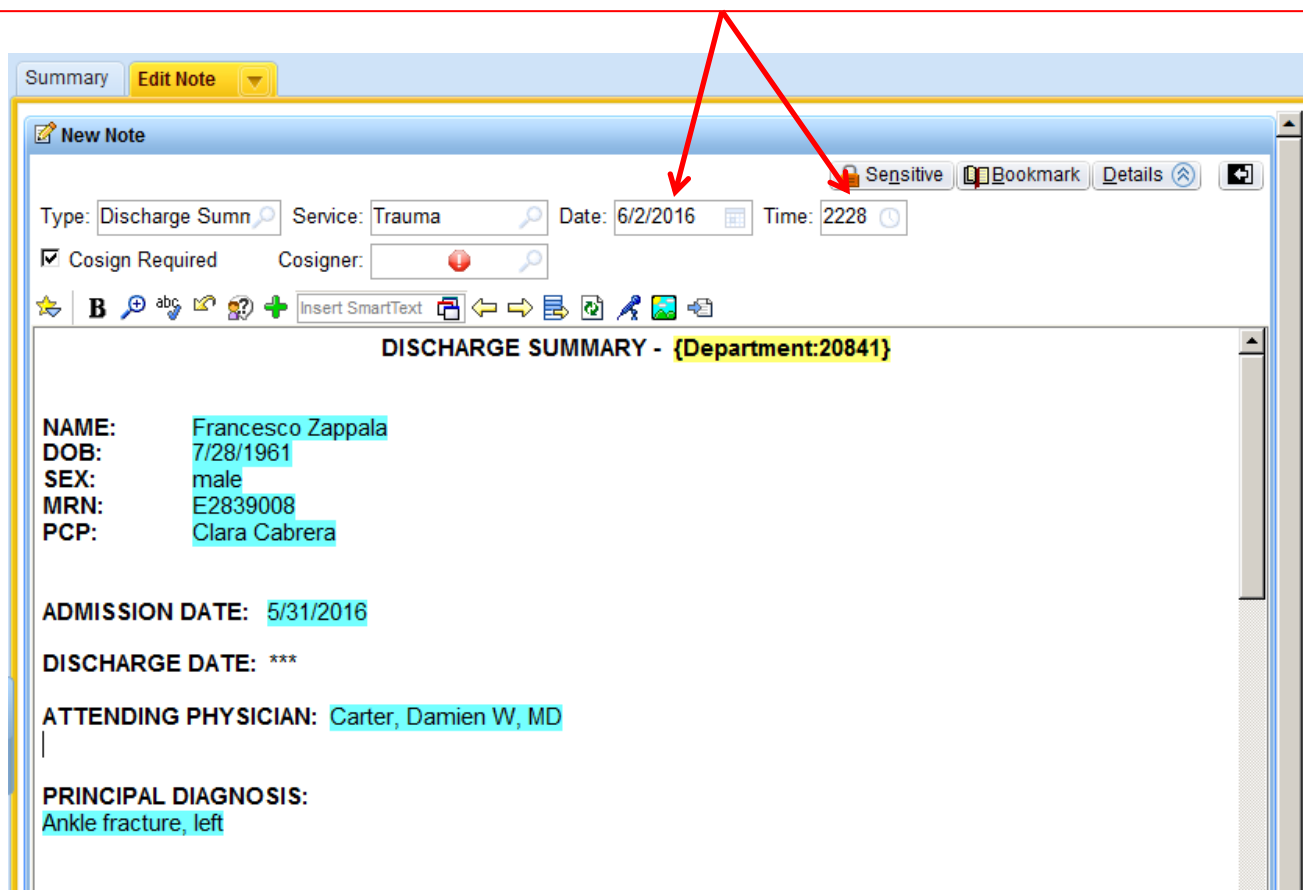
- Step 1:** Points to the 'Type' dropdown menu in the 'New Note' form, which is set to 'Discharge Sumn'.
- Step 2:** Points to the 'Service' dropdown menu in the 'New Note' form, which is set to 'Trauma'.
- Step 3:** Points to the 'Cosign Required' checkbox in the 'New Note' form, which is checked.
- Step 4:** Points to the 'Cosigner' dropdown menu in the 'New Note' form.
- Step 5:** Points to the blue and red folder icon in the 'SmartText Selection' dialog.
- Step 6:** Points to the list of templates in the 'SmartText Selection' dialog, with 'MH IP SURG DISCHARGE SUMMARY - TRAUMA' selected.
- Step 7 (Optional):** Points to the 'Add Favorite' button at the bottom of the 'SmartText Selection' dialog.

The 'New Note' form includes fields for 'Type', 'Service', 'Date', 'Time', and 'Cosigner'. The 'SmartText Selection' dialog shows a list of templates under the 'Encounter Matches' tab, with 'MH IP SURG DISCHARGE SUMMARY - TRAUMA' selected.

Step 7 (Optional): Make this one of your favorites for easy searching

Trauma Documentation – DC Summary

Discharge summaries are often started well before the day of discharge, shared amongst providers, and completed on the day of discharge. When finalizing the discharge summary, PLEASE change the note date and time to reflect the actual day and time of discharge, not the day and time the note was started! FYI this can actually be done for all EPIC notes.



The screenshot shows the 'New Note' form in the EPIC system. At the top, there are tabs for 'Summary' and 'Edit Note'. Below the tabs, the form is titled 'New Note'. The 'Type' field is set to 'Discharge Sumn', 'Service' is 'Trauma', 'Date' is '6/2/2016', and 'Time' is '2228'. There are also fields for 'Cosign Required' (checked) and 'Cosigner'. Below the form fields is a toolbar with various icons. The main content area displays the 'DISCHARGE SUMMARY - {Department:20841}' for patient Francesco Zappala. The patient's information includes NAME: Francesco Zappala, DOB: 7/28/1961, SEX: male, MRN: E2839008, and PCP: Clara Cabrera. The admission date is 5/31/2016, and the discharge date is marked with three asterisks (***). The attending physician is Carter, Damien W, MD. The principal diagnosis is Ankle fracture, left.

Summary Edit Note

New Note

Type: Discharge Sumn Service: Trauma Date: 6/2/2016 Time: 2228

☒ Cosign Required Cosigner:

Insert SmartText

DISCHARGE SUMMARY - {Department:20841}

NAME: Francesco Zappala
DOB: 7/28/1961
SEX: male
MRN: E2839008
PCP: Clara Cabrera

ADMISSION DATE: 5/31/2016
DISCHARGE DATE: ***

ATTENDING PHYSICIAN: Carter, Damien W, MD

PRINCIPAL DIAGNOSIS:
Ankle fracture, left

Trauma Documentation – DC Summary

- Various SmartPhrases for conditions (look under Julianne Ontengco SmartPhrase list):
 - Splenic laceration: .traumadcispleniclac

Useful EPIC stuff

- Post – splenectomy order set

The screenshot displays the EPIC Orders interface. At the top, there's a purple header bar with the 'Orders' tab selected. Below this, a 'Clear All Orders' button is visible. The main content area is titled 'Order Sets' and features a green banner announcing 'Multiple Versions of User Order Sets' with a 'Learn More' link and a 'Do Not Show This Again' button. A dropdown menu is open for 'Post-Splenectomy Vaccinations Manage My Version', showing the 'CDC - Adult Vaccine Schedule' selected. Under 'Immunizations', the 'Vaccines' section is expanded, showing three checked items: 'Pneumococcal 13-Val Conj Vacc (PREVNAR-13) intramuscular injection 0.5 mL', 'meningococcal conjugate vaccine - menactra injection 0.5 mL', and 'haemophilus B polysac-tetanus toxoid (ActHIB) injection 0.5 mL'. Each item has detailed scheduling information. Below this, the 'For administrative purpose only' section is expanded, showing a checked item 'Post-splenectomy vaccines - Initiate order set' with a note 'Routine, Once First occurrence Today at 0947'. The 'Ad-hoc Orders' section is also expanded, showing an 'Add Order' button. At the bottom, a status bar includes a 'Close' button, a 'Previous' button (F7), and a 'Next' button (F8).

Orders

Clear All Orders

Order Sets

✓ Multiple Versions of User Order Sets [Learn More](#) [Do Not Show This Again](#)

You can now save multiple versions of user order sets. Click the Manage My Version link below to begin.

▼ Post-Splenectomy Vaccinations Manage My Version ▼ [Add Order](#)

CDC - Adult Vaccine Schedule

▼ Immunizations

▼ Vaccines

☐ If patient has not received influenza vaccine this flu season:

☒ If patient has not received pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23) in the previous 12 months:

☒ Pneumococcal 13-Val Conj Vacc (PREVNAR-13) intramuscular injection 0.5 mL
0.5 mL, Intramuscular, Prior to discharge, starting Today at 0959, For 1 dose

☒ meningococcal conjugate vaccine - menactra injection 0.5 mL
0.5 mL, Intramuscular, Prior to discharge, starting Today at 0959, For 1 dose

☒ haemophilus B polysac-tetanus toxoid (ActHIB) injection 0.5 mL
0.5 mL, Intramuscular, Prior to discharge, starting Today at 0959, For 1 dose

▼ For administrative purpose only

▶ DO NOT de-select item(s) 1 of 1 selected

☒ Post-splenectomy vaccines - Initiate order set
Routine, Once First occurrence Today at 0947

▼ Ad-hoc Orders [Add Order](#)

Click the Add Order button to add an order in this section

✓ Close F9 [Previous F7](#) [Next F8](#)

Useful tips

- When booking elective cases (not same-day), please call the office (774-2381) and ask to speak to the administrative assistant for the surgeon to schedule rather than calling the booking office.
- Use #1 Ethibond to suture chest tubes in!

HIPAA-compliant texting

- Download the “Imprivata Cortext” app and install.
- Submit a HelpDesk ticket and request an account to be set up for you
- Follow emailed instructions to login for the first time
- Happy medicolegal texting!