Jesse Alfaro, ACNP
Ya-Chen Lee, ACNP
Jessica Behrand, NP

TRAUMA/ACS INTERN STUFF
Trauma/ACS Team (floor)

- Attending
- Senior resident (PGY4)
- Surgery Intern
- Trauma APP (NPs/PA)
- EM Intern
Call Page Administrator to get added or dropped from pager
- 650-725-7101, option #3 (Office Hour 7:30A to 4:30P – M – F, off during holidays)

Please add yourself to both pager for your rotation with GenSurg/Trauma. Please call Paging Admin BEFORE you start so you won’t miss any pages the first day you are on with the service.

Night intern “Cover” both pagers at night and “uncover” after AM sign out. (the operator can help you with that)
Getting Trauma Activation

- Please call or email Jennifer Alexander BEFORE your rotation, it takes one day to set it up.
  - Your name
  - Your pager #
  - How long do you need it.
- Jennifer Alexander
  - Email: jealexander@stanfordhealthcare.org
  - Cell: 650-223-3660
Getting Trauma Activation

- When you are not at the hospital you can ask the operator to make your pager “Off Premise” so you don’t get all the trauma activation or pages through out the night.
Trauma APPs

- Manage trauma inpatients and trauma consults- notes, orders, pages, talk to consultants, discharges
- SICU Trauma pt signout and orders
  - Mon to Sat: 0530 - 1730
- Trauma NP clinic Tuesdays (trauma follow up) 0900 – 1300
Intern Duties On The Floor

- Pre round- get numbers, print lists, get sign out from night intern
- Present patients on AM rounds
- Write orders
- Follow up labs/rads
- Answer pages
- SICU transfer orders for ACS patients- clear with chief first
- Discharges
- Interdisciplinary rounds M-F at 1030 on C2
On the floor: tips from a 2\textsuperscript{nd} year

- At beginning of rotation, figure out division of labor with your co-intern
- Prioritize work flow
  - Call consults first thing
  - Discharges
  - Orders
  - Notes
On the floor: tips from a 2\textsuperscript{nd} yr

- Look at OR cases every night and know who is covering what
- If you’re proactive you can get a decent number of cases on this rotation
- Carry (or ask your med student to carry)
  - Gauze, tape, scissors, q tips, flushes

Download “HospitalTree” app
It has all the numbers for reading room, ED, SICU bat phone, each units and etc…
Intern Duties In The Trauma Bay

- Primary and Secondary survey (ATLS)
- Order and follow up on scans, plain films and labs and consult recommendations
- Put the patient on the list with summary line
- Write admission orders
- Write Trauma H&P note
Trauma Activations

- Interns respond to ALL Trauma 97s and 99s
- Trauma 97- both interns should go
  - High speed MVC > 35
  - Ejection
  - Peds vs auto > 5mph
  - Adult fall > 15ft, pediatric fall > 10ft
  - Trauma w GCS 9-13
  - Significant blunt head trauma
  - Multiple facial injuries
  - 2 or more long bone fx
  - Amputation of foot or hand
  - Pregnant women >= 20 weeks
Trauma Activations

- **Trauma 99**
  - Adults with confirmed SBP < 90 at any time
  - Child < 6 w SBP < 60 at any time
  - Child > 6 with SBP < 80 at any time
  - Airway compromise or pre-hospital intubation
  - Respiratory distress w RR < 10 or > 29
  - Significant hypoxia on scene
  - Trauma w GCS < 9
  - GSW to head, neck, chest, back abdomen or groin
  - Paraplegia or quadriplegia post trauma
  - Arrives w blood running to maintain vitals
How many minutes before patient arrives.

How many people are going to be brought in.
Notes

- Trauma H and P (97 and 99)
  - .TRAUMAPRIMARY (dot phrase we or prior intern can share with you)
  - F2 to fill in the blanks
  - Plan for each injury and patient disposition
### Initial Vital Signs:

<table>
<thead>
<tr>
<th>Vital</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>128/70</td>
</tr>
<tr>
<td>Pulse</td>
<td>75</td>
</tr>
<tr>
<td>Temp</td>
<td>38.8 °C (101.2 °F) (Temporal)</td>
</tr>
<tr>
<td>Resp</td>
<td>15</td>
</tr>
<tr>
<td>SpO2</td>
<td>99%</td>
</tr>
</tbody>
</table>

### Primary Survey:

**Airway:** Patent

**Breathing:**

- **Right Chest:** Clear breath sounds
- **Left Chest:** Clear breath sounds

**Circulation:**

- **Pulses:** Strong, radial 2+, DP 2+
- **Active hemorrhage:** None
- **IV Access:** Peripheral

**Disability:**

- **Right Pupil:** 3 → 2 mm, reactive
- **Left Pupil:** 3 → 2 mm, reactive
GCS:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye</td>
<td>***</td>
</tr>
<tr>
<td>Verbal</td>
<td>***</td>
</tr>
<tr>
<td>Motor</td>
<td>***</td>
</tr>
<tr>
<td>Total</td>
<td>***</td>
</tr>
</tbody>
</table>

Secondary Survey:

Head & Neck:
- Scalp/Skull: Normocephalic, atraumatic
- Forehead: Normal
- Midface: Stable
- Nares/Nasopharynx: No gross blood, no septal hematoma
- Oropharynx: No debris, no chipped/loose teeth
- Ears: No gross blood
  - Right TM: No hemotympanum or CSF
  - Left TM: No hemotympanum or CSF
- Trachea: Midline
- Neck: No swelling, no abrasions
- C-spine: No midline tenderness. No obvious step-off

Chest:
- Excursion: Symmetrical
- Breath Sounds:
  - Right Chest: Clear breath sounds
  - Left Chest: Clear breath sounds

Chest wall: Stable with no deformities, abrasions, or ecchymosis. No tenderness to anterior or lateral compression. Clavicles nontender

Abdomen:
- Soft, non-tender, non-distended
- No abrasions, ecchymosis, or lacerations

Pelvis:
- Stable to anterior and lateral compression

Genital/Perineum:
- Genital: Normal, no blood at urethral meatus
- Perineum: No gross blood
- Rectal: [Trauma Rectal:27835::"Deferred"]

Back:
- Thoracic Spine: No midline tenderness. No obvious step-offs
- Lumbar Spine: No midline tenderness. No obvious step-offs
- Sacrum: No tenderness
- Flank: No bruising, no tenderness
**Extremities:**

<table>
<thead>
<tr>
<th>Limb</th>
<th>Inspection</th>
<th>Motor</th>
<th>Sensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUE</td>
<td>No abrasions, lacerations, ecchymosis, deformities</td>
<td>Full ROM, 5/5 strength</td>
<td>Intact</td>
</tr>
<tr>
<td>LUE</td>
<td>No abrasions, lacerations, ecchymosis, deformities</td>
<td>Full ROM, 5/5 strength</td>
<td>Intact</td>
</tr>
<tr>
<td>RLE</td>
<td>No abrasions, lacerations, ecchymosis, deformities</td>
<td>Full ROM, 5/5 strength</td>
<td>Intact</td>
</tr>
<tr>
<td>LLE</td>
<td>No abrasions, lacerations, ecchymosis, deformities</td>
<td>Full ROM, 5/5 strength</td>
<td>Intact</td>
</tr>
</tbody>
</table>

**Pulses:**

<table>
<thead>
<tr>
<th></th>
<th>Carotid</th>
<th>Radial</th>
<th>Femoral</th>
<th>Popliteal</th>
<th>DP</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>2+</td>
<td>2+</td>
<td>2+</td>
<td></td>
<td>2+</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td>2+</td>
<td>2+</td>
<td>2+</td>
<td></td>
<td>2+</td>
<td></td>
</tr>
</tbody>
</table>

**Skin:** Skin is warm and dry.  

**Neurological Examination:**

- **Mental status:** Normal
- **Limbs noted to be moving:**  

**Review of Systems:**

{Trauma ROS:27831}

**Pertinent History:**

- **Past Medical Hx:** ***
- **Past Surgical Hx:** ***
- **Medications:** ***
- **Allergies:** ***
- **Social History:** ***
Initial Laboratory Results:

CBC:
- Recent Labs
  - 06/01/16: 1415
  - 06/01/16: 1429
  - WBC: 12.2
  - HGB: 15.2
  - HCT: 46.5
  - PLT: 188

Electrolytes:
- Recent Labs
  - 06/01/16: 1415
  - 06/01/16: 1429
  - Na: 140
  - K: 4.2
  - CO2: 28
  - BUN: 13
  - Ca: 9.0

Coags:
- No results for input(s): PT, PTT, INR in the last 72 hours.

Venous Blood Gas:
- Venous pH: (Trauma VBG 27848: "None")
- Base deficit: (Trauma VBG 27848: "None")

Toxicology:
- (Trauma Toxicology:27836: "None")

LFTs:
- Recent Labs
  - 06/01/16: 1415
  - ALT: 66
  - ALKP: 110
  - ALB: 3.9

Glucose:
- Recent Labs
  - 06/01/16: 1415
  - 06/01/16: 1429
  - GLU: 115
  - 115

Diagnostic Imaging:

Extended FAST:
- Perihepatic: Negative for free fluid
- Pancreatic: Negative for free fluid
- Pelvic: Negative for free fluid
- Pencardial: Negative for pericardial fluid
- R Lung: Normal lung sliding
- L Lung: Normal lung sliding

Plain Films:
- Chest X-ray: (Trauma Imaging Plain Films:27849: "Yes, ***")
- Pelvis X-ray: (Trauma Imaging Plain Films:27849: "Yes, ***")
- Other: (Trauma Imaging Plain Films:27849: "Yes, ***")
**CT Studies:**

<table>
<thead>
<tr>
<th></th>
<th>Trauma Imaging CT:27861:=&quot;No&quot;</th>
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</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
</tr>
<tr>
<td>C-spine</td>
<td></td>
</tr>
<tr>
<td>CTA Chest</td>
<td>Trauma Imaging CT:27861:=&quot;No&quot;</td>
</tr>
<tr>
<td>Abdomen/Pelvis</td>
<td>Trauma Imaging CT:27861:=&quot;No&quot;</td>
</tr>
<tr>
<td>T/L Spine</td>
<td>Trauma Imaging CT:27861:=&quot;No&quot;</td>
</tr>
<tr>
<td>Facial Bones</td>
<td>Trauma Imaging CT:27861:=&quot;No&quot;</td>
</tr>
<tr>
<td>CTA Neck</td>
<td>Trauma Imaging CT:27861:=&quot;No&quot;</td>
</tr>
<tr>
<td>Other</td>
<td>Trauma Imaging CT:27861:=&quot;No&quot;</td>
</tr>
</tbody>
</table>

**Interventions Required:**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Trauma Yes/No Interventions:27840:=&quot;No&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intubation</td>
<td></td>
</tr>
<tr>
<td>Central venous catheter</td>
<td></td>
</tr>
<tr>
<td>Arterial line</td>
<td></td>
</tr>
<tr>
<td>Tube thoracostomy</td>
<td></td>
</tr>
<tr>
<td>Surgical Airway</td>
<td></td>
</tr>
<tr>
<td>Thoracotomy</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment/Summary of Injuries:**

***

Summary of Injuries/Findings:

1. ***
2. ***
3. ***

**Plan by Injury/Finding:**

1. ***
2. ***
3. ***

**Consultants:**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Trauma Consultants:27864:=&quot;No&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENT</td>
<td></td>
</tr>
<tr>
<td>Face</td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>Orthopedic</td>
<td></td>
</tr>
<tr>
<td>Spine</td>
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<tr>
<td>Spine</td>
<td>{Trauma Consultants:27864::&quot;No&quot;}</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Other</td>
<td>{Trauma Consultants:27864::&quot;No&quot;}</td>
</tr>
</tbody>
</table>

**Disposition:**

***

**Provider Signature/Title:** ***, MD

**Trauma Service Pager:** p12163
Notes

- Tertiary Survey
  - Trauma focused H&P
  - Has to be done hospital day 1
  - Incidental findings- plan for follow up if indicated
  - Note Type: Tertiary Survey
  - PLEASE assess for substance abuse, consult social work
Trauma Patient Discharge

- Follow up in APP Trauma Clinic in 2 weeks.
  - Clinic # 650-736-7102
- Reason for following up in Trauma Clinic
  - More than 1 rib fracture
  - Any abdominal surgery
  - Greater than grade III spleen/liver laceration
  - Pneumothorax s/p chest tube
  - Staples/suture removal and wounds that does not belong to other surgical service.

*When in doubt please ask your chief or the APPs*