EM Cases Course 2017
Trauma Module

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Podcasts to listen to prior to the course

Link to: Trauma Pearls and Pitfalls Part 1
Link to: Trauma Pearls and Pitfalls Part 2
Link to: Update in Trauma Literature
Link to: Critical Care Controversies

Case 1

You are working in a small community hospital and a 29 year-old woman who was the driver in an MCV arrives in shock with a BP of 80/40 and a GCS of 10. The primary survey reveals decreased air entry to the left lung base. The secondary survey reveals a huge temporal hematoma, a positive FAST exam, and when you examine the pelvis you note that the iliac crests seem mobile.

Q1: What specific things will you do immediately to manage this poly-trauma patient?

Q2: Will you proceed with the standard log roll and rectal exam in this patient?

Q3: Will you intubate this patient now or later? Will you use video or direct laryngoscopy?

Q4: What induction strategy and medications will you use in this head injured patient if you decide to intubate before transport to a trauma center?

Q5: What investigations would you order before transport?

Q: What considerations might sway you to request air transport rather than ground transport for this patient?

Case 1 Continued

Despite aggressive resuscitation the patient loses her pulse.

Q: What is the role of CPR or thoracotomy in this situation? What if this was a GSW to the chest?

Case 2

You get a call patched in to North York General that a 62 year-old man with no major comorbidities has fallen 10 feet from a ladder and is coming to your ED via EMS. He is complaining of abdominal pain. Vitals are HR 120bpm, BP100/40mmHg, RR26, O2 saturation 96% on room air, GCS13. Abdomen is distended, tender, and guarded.

Q: Prior to this patient's arrival how will you prepare your ED team?

Q: What are the most useful ways to predict prognosis in this patient from vital signs? Lab values? POCUS?

Q: How do the 5 components of Damage Control Resuscitation colour your ED management of this patient?

- Avoiding hypothermia
- Permissive hypotension
- 1:1:1 RBC:FFP:PLT transfusion
- Coagulopathy correction
- Damage control surgery

Q: What would the optimal fluid and transfusion strategy be in this patient? What kind of vascular access would you get?

Q: What role, if any, would hemostatic agents have here? Are there any contraindications to the use of hemostatic agents in trauma?

Q: How would you clear the c-spine of this patient?

References

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