

First There First Care: Gathering of Eagles 2023

Trauma Tips, Tricks, and Tribulations

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TRAUMA TRIALS AND TRIBULATIONS

- Should needle decompression remain a "life saving intervention" for EMS?
- Is it time to fundamentally rethink protocols for out of hospital trauma arrest?
- Do we need to shift the "load and go" paradigm to something else?







- Rapid, fast
- Fraught with complications
- Diagnostic uncertainty
- Will not resolve hemothorax
- latrogenic trauma
- Multiple tools/multiple sites
- Lifesaving..



<u>Needle</u> <u>Decompression</u>

Examples of complications from improper needle thoracostomy placements: hepatic penetration (A), subdiaphragmatic placement with potential splenic penetration (B), and advancement of both needle and catheter into the thoracic cavity (C).



Michael M Neeki et al. Trauma Surg Acute Care Open 2021;6:e000752

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Potential solution

- Unify protocols
- Endorse lateral approach
- Explore utility of finger thoracostomy
- Consider ultrasound



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CIRCULATORY ARREST

Load and go Protocol based Compressions Minimization of epinephrine De emphasize compressions Prioritize resuscitation based interventions Prevent further hemorrhage "reverse" causes







DE-EMPHASIZE COMPRESSIONS?!



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Traumatic Cardiac Arrest: Who Are the Survivors?

David Lockey, FRCA, FIMC, RCS × ⊠ • Kate Crewdson, MB, BS, BSc • Gareth Davies, FFAEM, FRCP

- Published in 2006
- 900+ patients out of hospital TCA
- 68 survivors, 7.5%
- No neurological outcomes

"Reversible" etiologies:
→ Pelvic injury
→ Massive pneumothorax / hemothorax
→ Pericardial tamponade

Asystole prior to EMS arrival → negligible survival Witnessed circulatory arrest → rapid tx /transport Role for ultrasound Influence of clinician judgement

Some More Trauma Dogma



Medical Director Cincinnati Fire Department Associate Professor University of Cincinnati





 Every tourniquet should be "high and tight"?

• Chest seals help prevent tension pneumothorax?

 Needle thoracostomy should only be done in the AAL?



Marc Gautreau, MD Cutting Edge Cricothyroidotomy



