



JON MICHAEL MOORE TRAUMA CENTER

Summer

West Virginia Trauma

Trauma Facts:

- * JMMTC averages about 3,000 trauma activations each year.
- * WVU Emergency Department saw 41,330 patients last year.
- * Trauma centers are divided into five levels based on their capabilities.
- * There are now six helicopters in the HealthNet system in WV.

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Inaugural Issue

This is the first in a series of quarterly issues on trauma and acute care surgery in the state of West Virginia.

Through this newsletter, we hope to improve the communications within the trauma network from all corners of the state.

We hope to offer interesting and informative stories to aid in the improvement of the care we all provide to the people of this great state.

We invite comment and ideas for stories or content that might be helpful to

the community of emergency care providers throughout the state.

Our goal is to speak not just to the emergency room and trauma physicians in the state, but also to those on the front lines who are committed to providing care and service to people during the worst times of their lives.

The JMMTC has five full-time trauma and acute care surgery staff, and the Emergency Department has 12 dedicated to the mission of caring for the people of this state and region.

We are excited by the potential to reach out to all providers across the state and initiate a forum for learning and exchange of ideas. Together we can continue to improve on the great care already provided.

Story Ideas? Comments? Upcoming events?

Contact us:

doerrc@wvuh.com

Phone: 304-598-4659

Message from the Director



Alison Wilson, MD

I am very excited to have the opportunity to introduce our newsletter. We hope to bring the many voices of trauma care together to highlight new advances in

trauma care and issues specific to our region. Our goal will be to provide updates and education applicable to all who help in the care of the trauma patient. We recognize that this profession is truly a "team sport" and that starts from the time of injury through rehabilitation. We value your concerns, opinions and success stories and encourage you to contact us with your

information. We are very proud of what we all accomplish here for the people of West Virginia. We hope this publication will further enhance the team dynamic that is so important for the work that we do. We look forward to hearing from all of you in the coming months. Keep up the good work!!



EMS Helpful Hints

- Adequate ETA promotes trauma team activation and specialty care.
- Be familiar with trauma team activation criteria
 - Laminated cards are available from WVUH Trauma Services
 - Contact doerrc@wvuh.com

Trauma Registry

A trauma registry is a system of data collection that aids in the evaluation of trauma care for injured patients who meet specific criteria. In addition to hospital-based trauma data, it also includes patient information from other healthcare providers including pre-hospital care and rehabilitation facilities.

The information collected in most trauma registries includes patient demographics, injury location, injury date and time, cause of injury, safety

equipment used, out-of-hospital assessment/treatment, ED/admission assessment/treatment, hospital assessment/treatment, disposition and diagnosis (including injury severity scores), and patient outcome.

Trauma registries assist healthcare providers, policy makers, and local organizations in creating a coordinated approach to trauma care and injury prevention. It also is a mechanism for overall patient care and system evaluation, and may lead to

actions that reduce morbidity and mortality from traumatic injuries.

The ability to gather, analyze, and utilize this type of data is important to the execution and development of the trauma system.

For more information about the registry, contact:

Samantha Welch
Email: welchsa@wvuh.com
Phone: 304-598-4659

Frontlines

A call came early in the afternoon: MVA, head-on, possible entrapment, multiple patients. The scene is chaotic, there are numerous bystanders, and one patient walking—obviously hurt, and very pregnant. Of the two cars involved, one is nearly unrecognizable.

The driver of a small compact car is trapped with steering wheel deformity and his legs crushed by the dash—obvious femur fractures. “I can’t breathe, please get me out.”

I had no equipment as I had arrived from home. I felt so helpless. My unit and crew are 10-15 minutes out. A bystander produced an oxygen tank from a neighbor on home therapy. I called HealthNet and the fire department.

The fire department arrived and we began the extrication. I immobilized the c-spine while we worked to get

him free. Once out of the car, we attended to an open fracture of his leg with spurting flow. My crew and HealthNet arrive and the patient is moved to the unit.

The patient becomes unresponsive. The crews came together to work as a team. The medics and EMT’s were able to push medications and run cardiac protocols. When they were about to declare the patient non-revivable, they felt a pulse, check another pulse... got him back! He was flown to JMMTC.

The patient was in the hospital for a few weeks and progressed well each day.

The patient requested a visit with all of the personnel involved in what he calls a “miracle” and is not slow to explain that “you did not give up on me”. The patient is walking and looking forward to the rest of his life. He explains that

there is a reason that he is here because he knows he died.

Everything was available for him that tragic day. EMS and fire responded very quickly. Weather was good, allowing us to launch. The JMMTC Emergency Department and trauma team were set up and ready for him. What I can say is, “I’m truly thankful the system worked exactly as planned for someone who needed every element on that particular day.”

-Nick Cavallo NREMT-P, CCT

If you have inspiring, interesting stories from the field, please send them in and we will publish them in the next newsletter.



“This is the call that you can’t understand why the patient survives. This is the call that solidifies why we volunteer”

-Nick Cavallo, NREMT-P, CCT

Name the Diagnosis



What is the grade of injury depicted in the picture?

What is the management of this injury?

This very common injury is seen in a significant number of patients we treat in the West Virginia Trauma Network. It is typically associated with blunt trauma to the abdomen, associated with motor vehicle accidents.

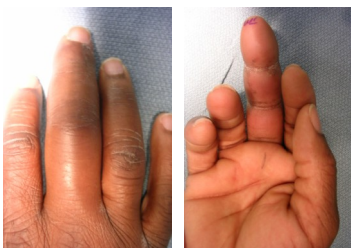
In addition to abdominal pain, patients will sometimes also report left shoulder pain.

A FAST exam is an important part of the secondary survey of this type of patient.

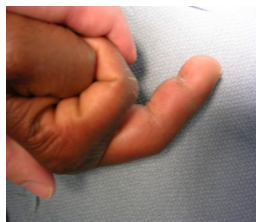
Answers will be provided in the next issue.

If you have an interesting diagnosis you would like to share, please send it to us.

Hand Stories



33-year-old female presents to a local urgent care with a one week history of increasing pain and swelling in right middle finger. She suffered a cat bite



the week prior. She is reporting fever and chills. Her puncture wounds have healed and she is reluctant to move the finger or the rest of the hand due to extreme pain.

This patient has flexor tenosynovitis. It is classically described as fusiform swelling of the digit, flexed posture, pain along the flexor sheath, and pain with passive extension of the digit. This needs immediate attention by a hand specialist. Delay in diagnosis and surgical debridement can lead to significant morbidity. At WVU, we have three specialists trained in the care of these acute hand issues.

Finger and hand infections are some of the most common presenting ailments to our urgent care and emergency rooms. Unfortunately, MRSA is increasingly common in our population.

Spotlight

Karen Petros, Pharm. D.

Karen is a clinical pharmacologist with more than 25 years of experience in clinical pharmacology and is author of more than 70 lectures, articles, and book chapters. She is an integral member of the multidisciplinary team caring for trauma patients at WVU. Unique to WVU, Karen is involved in the daily rounds, and offers the most current information regarding medications.

Karen became interested in pharmacy

as a profession after a suggestion from her father to shadow a pharmacist friend in a retail store. "I thought it was interesting and he gratefully pointed out the many aspects of the profession outside his practice setting. My mother claims I repeatedly asked how does the aspirin know where I hurt? when I was about 4 years old, so I guess I always had the curiosity about how drugs work."

Karen likes working with trauma and critically injured patients because of the constant challenges they present.

"I like dealing with the many aspects of their care such as cardiology, infectious diseases, and pain control, as it keeps me current in a lot of areas."

"It is rewarding to see patients overcome big injuries to return to health."

We are looking for future people to spotlight. If you have a person you would like to nominate, please contact us. doerrc@wvuh.com

"I think the current multidisciplinary approach the trauma team utilizes is the key to the best patient care."

-Karen Petros

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West Virginia University's Jon Michael Moore Trauma Center (JMMTC) in Morgantown, West Virginia, is one of the two American College of Surgeons Level I Adult and Level II Pediatric Trauma Centers in the state.

Our center was created in the 1980s with the assistance and support of former U.S. Senator Robert C. Byrd, and is named for his grandson, Jon Michael Moore, who died as the result of an automobile crash.

Our statewide trauma system now includes 33 trauma centers. It is organized with an increasing level of capability to provide swift referral of patients to centers where the patients can get the care they need.

Have a story of success in the field of trauma or acute care surgery, or a letter, or interesting case that you would like to share? We are asking for submissions. Please contact us at (304) 598-4659. And via email at doerrc@wvuh.com

WWW.health.wvu.edu/hospitals/jmm-trauma-center

Online Resources

Rural Trauma Web Site (www.ruraltrauma.com) active with growing list of downloadable resources: forms/guidelines/protocols/algorithms.

WV EMS Web site: [http:// www.wvoems.org/workforce](http://www.wvoems.org/workforce)

RESA Web site: <http://resa7.k12.wv.us/PublicServiceTraining.htm>

Education

The West Virginia University education department offers quality medical education and life support training to people all over the United States through the Shirley M. Kimble Training Center.

These courses cover a wide variety of topics for healthcare professionals and community members. Some of the courses of interest to trauma professionals are listed here.

Course calendar for ACLS, ITLS, PALS, ENPC, PEPP, AMLS courses

- AMLS July 24,25 Safety and Health Extension Office, Morgantown WV
- PALS Aug 2,3 Pocahontas Memorial Hospital
- ACLS Aug 6,7 Safety and Health Extension Office Morgantown, WV
- ACLS Aug 16 or 17 Stonewall Jackson Memorial Hospital
Renewal

Course Coordinator: Doug McDonald
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