Trauma Case Presentations
Case #1

EMS Report:
- 26 year-old man shot multiple times
- Vomited with probable aspiration en route
- Vitals upon arrival to trauma bay
  - 90/P, HR 120, RR 30
- Workup-Primary survey
  - Airway intact
  - Distant but audible bilateral breath sounds
  - Second vitals: 85/P, HR 120, RR 30
  - ABG: 7.25/30/120/ -14
Case #1: Secondary survey

- Lethargic but arousable
- Gun shot wounds as shown
- Moves all extremities
- Bleeding from GSW at inguinal ligament
- Pulseless RLE
Case #1 - Management

- Airway
- IV access
- Radiologic studies
- Blood work
- Next set of vitals: 70/P, HR 140, RR 30
- Resuscitation
Radiologic studies
Operative Management

First incision
- Operative proceedings and findings
- Resuscitation; blood product ratios
- Antibiotics?

Next move
- How to manage the popliteal
- Orthopedic’s role
ICU Management

- Sedation and ventilation in a patient with an open abdomen
- Timing of operative return
Second Operation

Management from Anesthesia

Management from Surgery
Follow up care

- CK-40,000
  - Workup and management

- RLE vascular imaging choices
Case #2

EMS report: 74 year-old driver in high-speed MVC
- Belted, no airbag, + LOC

Upon arrival to trauma bay:
- Vitals 130/P, afib 100, RR 30
- ABG-7.34/42/80  BD-5

Primary survey
- Airway; tongue dropping back
- Shallow breath sounds R>L
- Access
- GCS-5
Management

- Resuscitation
- Next steps....
- Chest tube placed, intubation
Head CT
Chest CT
Operative Management:
Subdural evacuation

- Anesthesia Principles
Management of Traumatic Aortic Laceration

- Endovascular Options?
- In setting of head injury?
  - Issues with anticoagulation

- ICU Care
  - Glucose control with head injury
  - Rate control for afib
  - Preop care to limit shear effect of injury