DIAGNOSIS

Nonoperative management of major trauma

CASE MANAGEMENT GOALS

• Anticipate needs/follow-up plan for discharge. Monitor daily progress. Assist with determination of treatment plan.

Anticipate needs at discharge. Aid in transition to home or care facility.

PREADMISSION

• ATLS protocol, work-up as mechanism and presentation dictate. C-spine/CXR. Head CT as indicated. Rule out pelvic fracture if indicated. Abdominal ultrasound/diagnostic peritoneal lavage /CAT SCAN. Labs: ABG, Hgb, clot and hold.

ACUTE

• Timely diagnosis and treatment plan of injuries. Rule out operative injuries. Admit ward (ICU/IMU/Floor) as appropriate.

RECOVERY FACILITY

• Home

HOME

• Regular Diet. Activity as tolerated based on injuries. Followup in appropriate clinics.

DAY 1

• Rule out major traumatic injury:
  
  CHI – head CT
  BAT – abdominal ultrasound/CATSCAN
  PAT – DPL
  Spine – C/T/L/S spine as appropriate
  Pelvis – x-ray
  Extremities – as indicated

Consultation as appropriate:
  Neurosurgery
  Orthopedics
  ENT/Plastics

Complete initial survey:
  Full physical exam documented
  H&P completed and signed by resident/attending
  Labs, EKG, other studies as indicated

Treatment:
  Wound care as indicated
  Pulmonary toilet as appropriate
  Spinal precautions/neurologic/neurovascular checks as indicated

Secondary Survey by Senior Resident:
  C-spine cleared: clinically vs. flexion – extension as appropriate
  Repeat CXR for penetrating chest trauma/rib fractures
  Serial abdominal exam documented
  Obtain x-ray readings/clearance for injury
  Additional labs as appropriate

Consultant plans for treatment, follow-up
D/C Foley

Regular diet after secondary survey as appropriate
Discuss discharge planning

Cleared for discharge:
  By attending
  By consultants
  +/- with C collar based on exam, x-rays
  Final x-ray readings on film
  Patient independently able to care for self
  Wound care explained, pain meds as appropriate
  Clinic instructions given/understood

GOAL LENGTH OF STAY

• 24 Hours. Exceptions: associated injuries requiring additional treatment.
  Clinic followup: as injuries dictate (Trauma, +/- Neurosurgery, Orthopedics, Plastics/ENT, etc).

KEY OUTCOMES

• All potential injuries ruled out or diagnosed within 24 hrs