Trauma Clinic Standard Operating Procedure

General Information

-Trauma Clinic occurs on Thursday every week (except on Thursday game days or certain holidays)

-Trauma Clinic starts at noon and runs until approximately 3:30pm (On the first Thursday of every month there is shared ED lecture time from 12-1, on those days half of the APPs and all residents are expected to attend lecture and come to clinic afterwards)

-Trauma clinic is team sport and is an important part of our patient care, it is expected that ALL RESIDENTS and ALL APPS attend and actively participate in Trauma Clinic (yes, there will be times that traumas or emergent surgeries make this not possible)

-Common trauma clinic follow up visits include solid organ injuries, wounds, Trach/PEG, rib fractures, pneumothorax, continued neck pain/unable to clear cervical collar

-Some appointments (wound vacuum changes) are expected to last longer than others and are scheduled throughout clinic to help with efficiency/room turnover accordingly

-All Trauma Clinic patients are given appointment slots but are roomed and evaluated in a first come first serve process

-Providers can find patient sheets in the main workroom in a collator and should take the front sheet available

-Clinic notes/charting should not be done in clinic if there are sheets to be drawn

General Provider Information

APP Specific Expectations

-May see patients independently and reach out to the attending for further guidance, as they deem necessary
-Examples that often require attending consultation include symptomatic patients with unresolved pleural effusions, wounds that appear infected or are not healing, further surgical planning (traumatic ostomy reversal), or cervical clearances with neurologic symptoms
-Attending consultation is required for wound debridement

Resident and Med Student Expectations

-Residents are expected to see all types of trauma follow up visits
-If the resident is off service and has not been approved to clear a cervical collar, they may request that someone else that is approved evaluate that patient instead
-They should discuss the patient with the Attending Physician
-Residents may be asked to assist with pain medication refills for patients they have not personally evaluated in Trauma Clinic and it is expected that they are amiable to assist with this
-Med students on rotation are expected to see Trauma Clinic patients as well, they should check out to the residents, as APPs cannot co-sign their notes
-Attending consultation is required for wound debridement

PLEASE ASK A TRAUMA APP OR BECKY WITH ANY QUESTIONS

Patient Required Special Exceptions to Clinic Follow Up

-Some patients live very far away and have a very hard time economically or physically coming back to Morgantown for follow up, depending upon the reason for their follow up we might be able to make an exception to the Thursday Clinic only follow up appointment

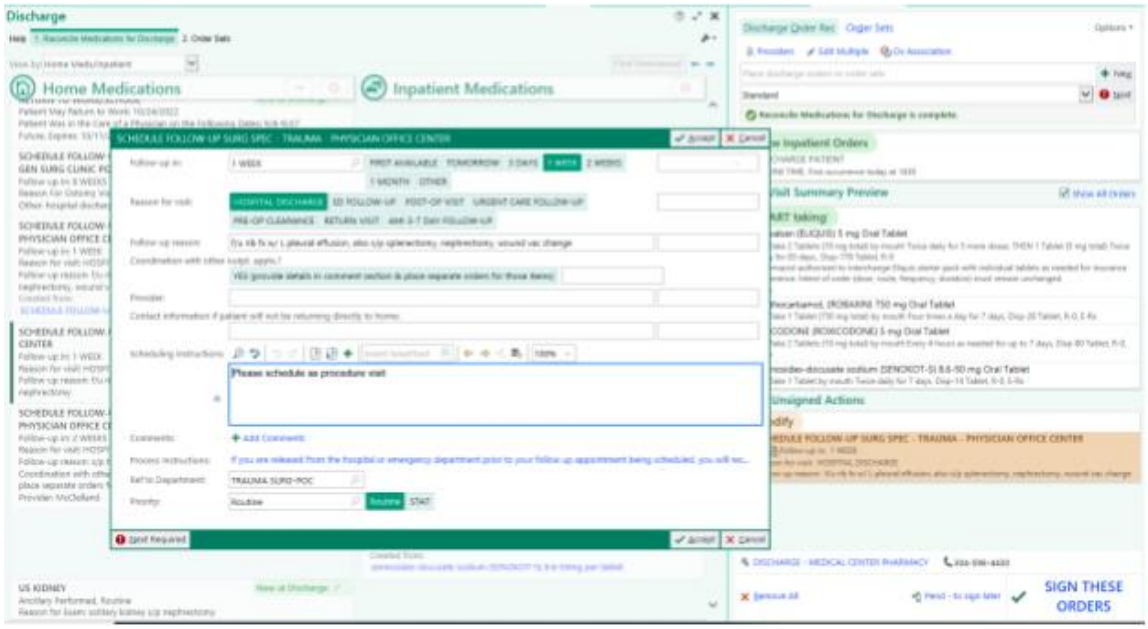
-If they were able to come in person and just not on a Thursday, the preferred alternative regular clinic visit day would be Tuesday afternoon. If you think this would be appropriate for your patient, please reach out to Becky for assistance scheduling.

-If they are unable to come in person at all, televisits are another option. Specifically, we have started doing this for some rib fracture follow up visits. For these patients, we have them obtain a CXR at an outside facility part that is part of WVUM or that will push the image to PACS/synapse. We then review their imaging and call them to discuss any symptoms as we would if they were being evaluated in person.

<u>Additional Visit Type Specific Considerations</u>

Trauma Clinic Procedural Visits

-We are only allowed a certain number of clinic rooms at any given time and have some patient visits that are expected to be longer than others due to the nature of their follow up problem. The primary type of problem we see in trauma clinic of this nature is wound checks that require wound vacuum changes. These patients now have the option of being scheduled for longer time slots at separated times to help keep clinic running efficiently. This needs to be denoted in the trauma follow up order for the schedulers to schedule them correctly. As pictured below, their follow up order should include "procedural visit" under scheduling instructions and should have "wound vacuum change" listed under the hospital follow up reason.



-Some patients bring their own wound vacuum change supplies, if not there is a main supply room over in clinic where additional wound vacuum change supplies can be found

-If you need physical assistance changing a wound vacuum or have never done one before/don't feel comfortable, please contact ask Becky or an APP for assistance

Trauma Clinic Cervical Clearance Protocol

-Referred typically from WVUH EDs with/without initial trauma evaluation vs. unable to clear c-collar at time of discharge from hospital due to persistent cervical midline posterior tenderness to palpation

-Generally re-evaluated in Trauma Clinic in 1 week

-Clinical Cervical Clearance

- Review CT c-spine for any abnormal findings, if COMPLETELY NORMAL may consider removal pending below evaluation.

1) Any posterior neck midline tenderness to palpation?

2) Any focal neurologic deficit? **(Additional pathway required, if yes- is focal deficit new or worsened, consider ordering MRI cervical spine, please discuss with attending trauma faculty.)**

3) Any decreased level of alertness or intoxication or distraction that would preclude complete examination?

-If the answer is **NO** to all of the above, and provider credentialed/approved to remove cervical collars, provider may remove collar.

-If YES to any of the above, refer to non-operative sports medicine or spine consult after discussion with attending trauma faculty.

If any questions please ask an APP or Becky

Trach follow up/decannulation

-Most patients with Trauma Service placed tracheostomies are discharged to an LTAC who continue to work with them towards decannulation

PEG follow up

-PEG patients follow up around 6 weeks after discharge for consideration of PEG removal

-In order for their PEG to be removed, they must have maintained their discharge weight or have gained some weight

-They must also have not been using the PEG for medications or any form of nutrition for at least 2 weeks

-Further discussion/questions in regards to removal can be addressed with Trauma Attending

TRAUMA CLINIC DIRECT ADMISSION PROCESS

-Depending upon bed wait/availability, patients can be directly admitted from trauma clinic vs. presenting through the ED for admission

-1) All clinic admissions should be discussed and approved with trauma attending faculty.

-2) Once admission purpose/plan and status (floor, floor with tele, step down) have been determined, contact 76000 (MARS line) and ask for assistance with a direct admission

- Provide the following:

1. Admitting diagnosis, attending, and status
2. Please tell the MARS line to call 70529 when the bed is assigned

-3) Alert clinic nursing staff of plan to admit along with any brief pertinent information for them to give report to the hospital nursing staff

4) Confirm admission with Becky

- For example, Mr. Smith in room 49 is being admitted to step-down for a retained pleural effusion with plan to obtain a CT scan, he should be NPO pending his CT scan results

-5) After the MARS line creates a Pend Preadmission chart, access it by clicking on hospital chart in the top left hand corner of your screen as and then double clicking the Pend Preadm row, see screen shot below for reference

-5) Go to order sets and select the routine trauma admit and complete as normal EXCEPT IT IS VERY IMPORTANT THAT YOU CLICK SIGN AND HOLD at the end instead of sign

Any questions, please contact an APP or Becky

Trauma Clinic Follow Up Cheat Sheet

SPLEEN INJURIES

Grade I –III: Clinic visit at 2 weeks with CBC. Re-evaluate in 6 weeks, if no symptoms/findings, return to sports or manual work at 6 weeks.

Grade IV-V: With or without splenectomy- Clinic visit at 2 and 6 weeks

-Week 1 – Check CBC. Re-evaluate in 6 weeks, CBC only if on aspirin for platelets greater than 1 million; Confirm patient received spleen vaccines while in patient.

-Week 6 – Re-eval in clinic, CBC only if on aspirin for platelets greater than 1 million, if no symptoms/findings, return to sports or manual work at 6 weeks. Confirm with patient their plan to get their 8-week vaccinations.

LIVER INJURIES

Grade I –V: Clinic visit at 2 weeks. Re-evaluate in 6 weeks, if no symptoms/findings, return to sports or manual work at 6 weeks.

RIB FRACTURES/PNEUMOTHORAX/HEMOTHORAX

-Most clinic follow up visits should be at 2 weeks with CXR- PA & Lateral, if known unresolved/persistent pnx or pleural effusion, plan for follow up in 1 week

NECK PAIN, UNABLE TO CLEAR C-COLLAR PRIOR TO DISCHARGE

-Follow up in trauma clinic in 1 week for repeat exam

WOUND CHECKS

-Most wounds should be re-evaluated in trauma clinic in 1 week

ISOLATED ORTHOPEDIC OR NEUROSUGRICAL INJUIES (SPINE, EXTREMITIES, BRAIN BLEEDS)

-No Trauma follow up indicated

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Reviewed 12/6/23