



JON MICHAEL MOORE TRAUMA CENTER

Spring

Trauma Facts:

- * As of 2008 data, there are 5,763 certified Emergency Medical Technicians (including EMT-B, EMT-I, EMT-P) in WV
- * Kayaking accounts for approximately 4.5 injuries for every 1,000 days paddled

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Story Ideas? Comments? Upcoming events?

Contact us:

clarktr@wvuh.com

Phone: 304-598-4659



Number 4

New Technology

In February of this year, surgeons at the Jon Michael Moore Trauma Center completed placement of a device to stimulate the diaphragm in a patient that was ventilator dependent. This is the first time a pacemaker for the diaphragm has been used in West Virginia or this region.

The diaphragm pacemaker is indicated for patients that have suffered traumatic cervi-

cal spinal cord injuries and are unable to breath on their own. Traditionally, these patients have been doomed to a life of dependence on an external ventilator either in a hospital or in a long-term care facility. This new ability to recapture the body's own breathing mechanism, may allow patients to return home or to intermediate care facilities near their families.

"This technology gives patients and their families hope of leaving the hospital." states Jennifer Knight MD, one of the surgeons involved in this procedure.

Doctor Knight continues, "This is one of those procedures we hope to never have to use, but it is nice knowing that it is available if needed."

Message from the Director



Alison Wilson M.D.

It is during this time of year that we start planning for warm days with friend and family. In this issue, we look at some procedures that are making a difference in rebuilding the lives of the patients we all take care of on a daily basis.

We focus on some of the work done here at JMMTC, but never forget that a major reason we are able to do some of these procedures, is because the entire team is diligently working to resuscitate and mobilize these patients as quickly as possible.

Even as we discuss the latest therapies we perform here at JMMTC, I thought it impor-

tant to emphasize the vital role of prevention as our friend and neighbors start engaging in the numerous outdoor activities of spring

As the busy Summer season approaches, lets take time to re-dedicate ourselves to doing our very best to care for the people of West Virginia and this region.



There are currently 13 members of the Coalition. Memberships are still being accepted. Please contact their offices at:

**1340 Hal Greer Blvd.
Huntington, WV 25701
304-526-2239**



“The one thing that kept going through my mind was, if I don’t get this thing immobilized well, his hand may fall off. “

-Mike Hart NREMT-P

New Coalition Seeks to Raise Safety Awareness and Practice

The Trauma and Injury Prevention Coalition is a relatively new entity with a primary focus on individual and community safety. As Coalition President Bruce Trent states, “The coalition is designed as a non profit corporation that helps trauma centers in WV with injury prevention. Trauma centers are required by the trauma designation authority to have membership in an injury prevention organization.”

There have been many challenges in the creation of the coalition. However, Mr. Trent believes that a solid foundation for future initiatives has been created through careful

planning. He states, “a small group of volunteers representing several trauma centers in WV worked collectively to build this program”.

During the first two years of existence, the Coalition has worked to establish two awards annually to “Legislator of the Year”. Legislators are nominated by members of the coalition to recognize their contribution to legislation that supports safe practices. These awards are distributed to the winners at the state capitol.

Mr. Trent looks forward to utilizing the statewide trauma system which includes a reg-

istry of injury statistics representing data that from each WV trauma center. He states, “as our program grows, we will use statewide registry data to determine the most common injury mechanisms and formulate our statewide injury prevention initiatives to target safety programs across the state. We plan to add a website as our coalition grows”.

The Trauma and Injury Prevention Coalition is still accepting membership applications. The Coalition is based out of Cabell Huntington Hospital, Wheeling Hospital, and Ohio Valley Medical Center.

Frontlines

It was Christmas Eve day when the 911 center toned EMS and Fire Department First Responders to a local lumber mill for a personal injury accident.

By report, there was a male whom has a cut hand and felt like he was going to pass out. When I arrived, the patient had already been placed in the EMS ambulance.

I opened the rear doors of the ambulance to see if the squad needed any assistance. I found the patient sitting in semi-fowlers position, he was supporting his left arm and wrist with his right hand. He was pale, and diaphoretic. He was conscious and alert, and in apparent pain. This seemed much more than a simple hand laceration.

I asked what had happened and he stated he got his hand caught between a chain and gear on a piece of milling equipment.

Fearing what I might find, I asked the aid on the ambulance to cut his coat and shirt cut off. I also asked the EMT to check on the availability of Health Net.

While they were on the radio with Medical Command, I assessed his PMS distal to the injury and found a very weak radial pulse, no movement, and the patient reported no sensation in the digits.

When the clothes had been completely removed, I immediately informed, the EMT-B on the unit to go ahead and request Health Net, and to advise local fire to secure a landing zone at the industrial park.

It appeared the only thing holding his hand on was some soft tissue in the lower part of the forearm. There was minimal bleeding and what appeared to be muscle and bone fragments exposed.

I used multiple trauma dressing, and splint to immobilize the arm and hand. We placed the patient on oxygen, started an IV and got orders for pain management, and monitor.

Health Net arrived approximately 15 minutes later, and took the patient to the Jon Michael Moore Trauma Center.

After this run, I am now a little more wary of the dispatch information provided. We understand that the 911 dispatchers can only report what they are told. Still it was a shock to see the injury after removing his coat and shirt.

-Mike Hart NREMT-P

Ideas for future stories? Drop us a line. clarktr@wvuh.com

Name the Diagnosis

19 year-old male after a motocross accident. There is a positive loss of consciousness at the scene and he is only arousable to pain at this time. His speech is garbled and he cannot open his eyes.

He is bleeding profusely from the facial injuries.



What are the priorities for this patient?

What is the proper means for removing his helmet?

Where should this patient be transported?

What injuries are you concerned about?

How do you address the bleeding from the face?

Answers in the next issue.

Have a good case or images for this section?

Send it in for consideration. clarktr@wvuh.com

Answers from last issue:

1– The most likely diagnosis based on the fractured long bone and CXR finding is a fat embolus. This is a relatively rare with only 3-4% of patients with long bone fractures developing the syndrome.

2– Therapy for this syndrome is mostly supportive. Patients often require intubation and ventilator support. In addition, patients are started on intravenous anticoagulation (if not contraindicated).

3– A common physical finding associated with fat embolus syndrome is the appearance of petechial rash on the skin.

Hand Stories



Amputations are dramatic and often associated with a perception of haste to “get the part back on”. While it is true that time is of the essence when dealing with a severed body part, proper handling of the part can significantly increase the amount of time available for reimplantation.

In the case of a severed digit, if the part is wrapped in a saline soaked gauze, placed into a

sealed bag or cup and then put into an ice bath, successful reimplantation can be achieved even up to 24 hours or more later.

For arms, legs, hands, or other tissue with intrinsic muscles, similar proper handling will allow for 6 or more hours of cold ischemia time before reimplantation.

To properly preserve a severed body part, remember to wrap it in a saline soaked gauze, place into a sealed bag or cup and then put it into an ice bath. NEVER PLACE THE PART DIRECTLY ON ICE.

Spotlight: Connie Grimm RN, BSN & Sharon Lewis MSW

The Jon Michael Moore Trauma Center cares for thousands of patients every year. Typically during the worst time of their lives. Connie and Sharon have dedicated themselves to trying to make the transition out of the hospital as easy as possible for these thousands of West Virginians.

Connie, our care manager, enjoys the fact that no two patients are alike in their post-hospital needs. “Trauma patients can be very challenging because of their multisystem involvement, which often provides for new learning opportunities when coordinating their post-hospitalization care.”

Connie was an ICU nurse in a former life and has come to see the importance of a multi-disciplinary approach to patient care.

Sharon, our medical social worker, describes developing an interest in social work at a young age while volunteering at a hospital.

She enjoys the challenge of working with the diversity of patients on the trauma service. Sharon views her role as fostering the communication among the various disciplines. She views the multi-disciplinary team that she is a part of, as the best part of working with the trauma team.

Both Connie and Sharon look to their mothers as their hero. Connie believes that it was the experience she went through with her mother during an illness, that allows her to relate so well to patients in need.

It is through the dedicated work of these two women, that the Jon Michael Moore Trauma Center is able to care so well for our friends and neighbors.

If you have a person you would like to nominate, please contact us.

clarktr@wvuh.com

“Trauma patients are like a puzzle. Each discipline is a piece of the puzzle and each piece plays an important role for a complete and successful outcome.”

-Connie Grimm RN, BSN

Jon Michael Moore Trauma Center
 PO Box 8229
 Morgantown, WV 26506

Phone: 304-598-4659



News and Notes:

- **Mark Your Calendar:**

American College of Surgeons- WV Chapter
The Greenbrier Resort
May 5-7, 2011
304-293-1258 for more information

Education

Course calendar for BLS, ACLS, ITLS, PALS, ENPC, PEPP, AMLS, and other courses

- | | | |
|--------------------------------|--|--|
| • BLS | April 12, 26
May 9, 23 | CAMC Phone: 304-388-1856
CAMC Phone: 304-388-1856 |
| • ACLS | April 14
May 6, 23
May 17
June 7, 15
June 14 | CAMC Phone: 304-388-1856
WVU Shirley M. Kimble Training Center Phone: 304-293-0262
CAMC Phone: 304-388-1856
WVU Shirley M. Kimble Training Center Phone: 304-293-0262
CAMC Phone: 304-388-1856 |
| • ACLS Refresher Course | April 4, 21
April 11
May 19, 24 | CAMC Phone: 304-388-1856
WVU Shirley M. Kimble Training Center Phone: 304-293-0262
CAMC Phone: 304-388-1856 |
| • PALS | April 2,3
May 18
June 2 | Stonewall Jackson Hospital 304-293-0262
WVU Shirley M. Kimble Training Center Phone: 304-293-0262
WVU Shirley M. Kimble Training Center Phone: 304-293-0262 |
| • PALS Refresher course | May 9 | CAMC Phone: 304-388-1856 |
| • PEPP | April 16,17 | Doddridge County EMS Phone: 304-293-0262 |
| • TNCC | April 5 | CAMC Phone: 304-388-1856 |

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 clarktr@wvuh.com

Online Resources

Rural Trauma Web Site: www.ruraltrauma.com

WV EMS Web site: www.wvoems.org/workforce

For additional education in the Charleston area: trainingcenter@camc.org

For More Information: www.wvutrauma.com