Trauma

**Adult Trauma Pearls and Pitfalls**  
*Faculty: Regan F. Lyon, MD, FACEP*

The speaker will incorporate ATLS updates, pearls, and pitfalls in discussing adult trauma cases. Key considerations for unique patient populations will also be discussed.

- Describe updated ATLS guidelines and various topics relating to trauma, including REBOA.
- Discuss pearls for the pregnant trauma patient.
- Discuss pearls/pitfalls for the elderly patient.

**Advanced Wound Closure in the ED: Putting the Pieces Back Together**  
*Faculty: Christopher Hogrefe, MD, FACEP*

The management of lacerations represents a major component in the practice of emergency medicine. This course will focus on new devices & techniques for wound repair in 2020.

- Review current literature surrounding wound management.
- Describe various advanced wound suturing & alternative closure techniques.
- Describe new devices & techniques for wound closure.

**Austere Critical Care: Lessons Straight From the Battlefield**  
*Faculty: Regan F. Lyon, MD, FACEP*

The military often provides civilian medicine with new innovations or lessons learned—Tourniquets, QuickClot, REBOA. Some military medical teams are providing damage control surgery & resuscitation in extreme austere conditions. The speaker will discuss a recent deployment from a far forward special operations surgical team in an austere environment, including medical decision-making in austere locations, unique tools and innovations to manage limited resources, and the necessity of teamwork & flexibility.

- Identify and translate battlefield trauma care innovations to be applied in civilian setting.
- Describe unique practices to manage hemorrhagic shock and traumatic injuries.
- Identify physician behaviors & skills for adapting to austere environment.

**Big Hurts, Small People: Pain Management of the Pediatric Trauma Patient**  
*Faculty: Marianne Gausche-Hill, MD, FACEP, FAAP*

Effective pain management for the pediatric trauma patient is often perceived as challenging & even dangerous. The speaker will explain why it is not only possible to effectively & safely control pain in the patients, but also why it is essential for both acute & long-term outcomes.

- Develop strategies to recognize pain in the pediatric trauma patient.
- Develop pediatric pain treatment plans, utilizing effective medications.
- Identify strategies to effect long-term outcomes through early recognition & treatment of pain in the trauma patient.
Brittle & Broken: Geriatric Trauma Practical Pearls
Faculty: Christina L. Shenvi, MD, PhD, FACEP

Older adults will make up an even greater percent of ED patients in the coming decades. Unfortunately they are both more prone to injuries, & can be more challenging to diagnose & manage. The physiologic changes that occur with aging that contribute to frailty & reduced physiologic reserve will be reviewed, & tied into practical pears for diagnosis & treatment of older adults particularly with head injuries, rib fractures, hip fractures, & trauma in the anticoagulated patient.

- Explain the physiology behind frailty in older adults.
- Discuss the morbidity & mortality associated with common injuries seen in the ED.
- Provide specific pearls & practical advice in the management of head injuries, rib fractures, hip fractures, & trauma in anticoagulated patients.

Chest Tubes—Pearls & Pitfalls
Faculty: Starr Knight, MD

Do you really need a 36 French chest tube? The speaker will discuss the indications for inserting & NOT inserting chest tubes. Selection of appropriate sized tube for the appropriate patient will be emphasized & pearls for successful performance will be shared.

- Describe the indications for placing chest tubes & those for observation of pneumothorax.
- Apply the evidence for & technique of inserting a pigtail catheter for pneumothorax.
- Describe pearls for successful chest tube insertion.

Clear as Mud: C-Spine Clearance 2020
Faculty: Zachary M. Shinar, MD

Spinal cord imaging & injury is a major aspect of the evaluation of most trauma patients in both adults & children. It is necessary to understand the biomechanics of head & neck trauma to help determine the extent of injury. Several cervical spine clearance rules exist & will be reviewed. In addition, the speaker will discuss the questions that are pertinent to ask the patient suspected of having cervical injury, & how to perform a proper neurologic examination to better guide imaging decisions.

- Discuss the biomechanics & neurology of head & neck trauma, the questions to ask, how to examine, & who to image.
- Discuss evidence-based clinical algorithms that exist in the literature.

Cruising the Literature: Trauma 2020
Faculty: Christopher B. Colwell, MD, FACEP

Trauma in 2020! Trauma management has been considered cook-book medicine, but there is still ongoing research to support changes in the management of patients. A review of this year’s top articles will be presented, with insight as to how to modify your standard of practice.

- Review the current top trauma related articles.
- Review a perspective as to how to change your practice.
Current Recommendations for STI Treatment: Are You Up-to-Date?
Faculty: Fredrick M Abrahamian, DO, FACEP, FIDSA

Can we once again treat suspected gonorrhea with oral medication? Come find out! Treatment recommendations continue to arise due to changing antimicrobial resistance patterns. The speaker will address the most up to date CDC and WHO recommendations for the treatment of common STIs.

- Discuss the CDC guidelines for treatment of GC and chlamydia.
- Discuss treatment recommendation for infection due to mycoplasma genitalium.
- Discuss treatment recommendation for bacterial vaginosis and trichomoniasis.
- Discuss diagnosis and management of syphilis.

Debunking Trauma Myths: It’s Not Just Politics: ACEP Connect
Faculty: Christopher Hogrefe, MD, FACEP; Torree M. McGowan, MD, FACEP; Maria E. Moreira, MD, FACEP

Over the few decades, the evaluation & management of many traumatic injuries has improved dramatically. However, in many practice environments outdated ideas often persist. During this interactive course, the speaker will challenge the audience to identify the “best practices” in trauma assessment & management that remain today, & those that have been replaced with better evidence-based techniques.

- Describe recent evidence-based advances in assessment of the trauma patient.
- Explain new techniques in the management of a wide variety of traumatic injuries.

Emergency Delivery: Are You Prepared?
Faculty: Kathleen Kerrigan, MD, FACEP

No matter how naturally a pregnant woman delivers her child, if it’s in your ED, it becomes an emergency delivery. During this course, the speaker will discuss the management of the complications associated with an emergency delivery, identifying necessary equipment, sharing videos of maneuvers for problem deliveries, & identifying patients who cannot be transferred to labor & delivery. Are you & your facility prepared for this event?

- Identify the equipment needed for a successful ED delivery.
- Identify obstetric patients who should not be transferred to a hospital labor area because of their impending delivery.
- Review the typical assistance that should be provided in an emergency delivery.
Life-Saving Procedures in Trauma
Faculty: Starr Knight, MD

Your trauma patient is dying. Are you ready to perform these life saving procedures? Attend this course to review the critical life-saving procedures in trauma care in the ED, including cricothyrotomy, thoracotomy, & peri-mortem c-section.

- Review the indications for critical life-saving procedures in the ED.
- Review the critical life-saving procedures, specifically cricothyrotomy, thoracotomy, & peri-mortem c-section.
- Discuss some of the barriers to performing these procedures & how to overcome them.

Management of Pelvic Trauma
Faculty: Christopher B. Colwell, MD, FACEP

Attend this session to learn what's new in the management of pelvic trauma in 2020 & the options in the approach to significant pelvic injury, particularly those in hemorrhagic shock.

- Review core pelvic injuries.
- Discuss current options in managing pelvic trauma in the ED.
- Discuss current guidelines & options for management of critical pelvic trauma.

Managing the Agitated Trauma Patient
Faculty: Christopher B. Colwell, MD, FACEP

This speaker will review the key management issues when dealing with the agitated trauma patient. It will include determination of capacity and sedation of the agitated and potentially head injured patient when indicated.

- Review the key principals involved when managing the agitated trauma patient.
- Discuss the assessment of capacity and review the key decision points of that assessment.
- Discuss management strategies including sedation of the agitated trauma patient.

Pediatric Trauma Pearls and Pitfalls
Faculty: Marianne Gausche-Hill, MD, FACEP, FAAP

The speaker will review the hottest topics in pediatric trauma. Clinical pearls & how to avoid pitfalls will be discussed during this course.

- Discuss various topics, including don’t miss this on x-ray; evaluate the need for trauma labs in the pediatric trauma patient; reconsider the need for CT in head, neck & abdominal injuries from an evidence-based position; & evaluating ultrasounds used.
- Apply principles in risk-stratifying the patient.
- Discuss FAST reliability in pediatric trauma patients.
- Discuss management of pediatric concussion.
Physical Exam vs Imaging in Blunt Neck Injuries
Faculty: Matthew S. Siket, MD, FACEP

Vascular imaging of blunt neck injuries is an area of active research. From hangings to seat belt signs, come brush up on the latest evidence & learn which patients to image & which to rely on physical exam findings.

- Review the anatomy & pathology involved in blunt neck trauma.
- Discuss current evidence on imaging recommendations in blunt neck trauma.

Resuscitation of the Trauma Patient
Faculty: Christopher B. Colwell, MD, FACEP

The best approach to the acute resuscitation of the critically ill trauma patient continues to evolve both exciting and sometimes confusing ways. The best approach to access, fluids, blood products, TXA, and more remains the subject of considerable research. The speaker will summarize the current literature and recommend approaches to the emergency department resuscitation of the critically ill trauma patient.

- Review and discuss the best approach the acute resuscitation of the critically ill trauma patient.
- Review the current literature on fluids and blood product resuscitation.
- Discuss resuscitation adjuncts, including TXA and viscoelastic assays and their role in acute resuscitation of the critically ill trauma patient.

Trauma - Old School Wisdom vs. New Age tools
Faculty: Regan F. Lyon, MD, FACEP (Moderator); Torree M. McGowan, MD, FACEP; Maria E. Moreira, MD, FACEP

ATLS was created to ensure there was a baseline standard of care for trauma patients, regardless of practice environment. The most innovative trauma care, however, may not be as universal. The speakers will present several trauma cases, and then each will discuss how their respective clinical practice environments dictate medical decision making and interventions. Does a state-of-the-art trauma bay equate to better trauma care?

- Explain the difference in resources in different practice environments.
- Apply the ATLS guidelines and most current evidence-driven trauma care to patients across the environment continuum.
- Identify how environment plays a role in clinical decision making.

Trauma in Pregnancy: A Different Kind of TWOfer
Faculty: Camiron L. Pfennig, MD, FACEP

This case-based presentation will focus on physiological changes & important management decisions in the obstetrical trauma patient.

- Discuss physiological changes in pregnancy.
- Explore options for stabilization, management, evaluation, and disposition of the pregnant trauma victim.
- Discuss recommendations, guidelines & protocols for maternal & fetal monitoring following obstetrical trauma.
**Trauma STAT! Don’t Miss This Visual Cue!**
*Faculty: Christopher Hogrefe, MD, FACEP*

Good trauma care requires prompt recognition of a constellation of injuries. Presentation of these injuries may be readily apparent or subtle. Functional outcome is often sensitive, requiring the emergency physician to have skills in prompt recognition & management of the injury. The speaker will highlight important clinical pearls & pitfalls in the management of trauma patients from a visual perspective. The speaker will also integrate physical examination findings, radiographs, CT scans, & other visual cues necessary for management of trauma patients.

- Describe important physical findings in the injured patient that require immediate attention.
- Identify subtle radiographic findings on x-ray & CT that are indicative of serious injury.
- Identify commonly missed injuries.

**Trauma STAT! Fluids, Factors & the TEG!**
*Faculty: Zachary M. Shinar, MD*

Resuscitation of unstable multiple trauma patients includes fluid replacement. How much intravenous fluid is appropriate in hemorrhagic shock? When should PRBCs, platelets, & other blood products be administered? What new synthetic blood replacement products are available to resuscitate patients? Can we use the TEG to guide resuscitative efforts? Attend this course to find out when to hook ’em up, what to give, & when to stop.

- Incorporate the principles of hypovolemic fluid resuscitation in trauma in regular practice.
- Discuss when it is appropriate to administer PRBCs in hypovolemic shock.
- Administer platelets, factor replacements, & other blood products.

**Traumacology: Drugs for the Trauma Bay**
*Faculty: Bryan D. Hayes, PharmD, DABAT, FAACT, FASHP*

The speaker will discuss the drugs you need to be using during your trauma resuscitations, from Ketamine to TXA (tranexamic acid). Old medications being utilized today for major & minor trauma treatment, sedation & pain management will also be discussed.

- Review the evidence behind the use of TXA in both major & minor trauma patients.
- Discuss the physiologic effects of ketamine.
- Discuss the current literature to support using ketamine in trauma patients for sedation & pain relief.