

**Solano County EMS
Pre-TAC Meeting
February 19, 2009
Lessons Learned**

I. CASE 3:

29 year old male stabbed in the left lateral buttock and left wrist and forearm. Patient stated, “the knife was 6-8 in long and I don’t know how deep it went” Vital signs heart rate 100, Blood pressure 130/60, respiratory rate 18; skin is pink warm and dry; capillary refill is normal. EBL 100 cc. Pt was transported by EMS to local ED, contrary to Prehospital Trauma Triage Algorithm. Transferred to trauma center 1 hr later where patient was taken directly to the OR for repair of a major blood vessel with internal bleeding.

Lesson Learned:

1. *There are large blood vessels in the pelvis which can be injured by any penetrating injury to the buttocks. See attached anatomy diagrams. Solano Prehospital Trauma Triage Algorithm directs “penetrating injury to the head, neck, torso or extremities proximal to the knee or elbow” should be taken to a trauma center.*

II. CASE 4:

18 year old male found by paramedic’s with an ALOC (GCS 5) from a fight or fall. Patient came home “@ midnight appeared intoxicated per parents” according to PCR. Pupils dilated non-responsive; respiratory pattern Cheyne-Stokes; initial vital signs: heart rate 68, BP 146/42; second set – 192/palp HR 42; scratches on thorax, left hip and extremities. Pt transported to local ED. Transferred to trauma center 88 minutes later where he had craniotomy for treatment of epidural hematoma.

Lessons Learned:

1. *Pt had GCS of 5 which should have gone to trauma center. Was taken to local ED for airway control. Consideration of rendezvous with air ambulance on helipad of hospital (if available) might have resulted in more rapid arrival at trauma center and more timely surgery.*

III. CASE 5:

Police, Fire and EMS at a 4.5 hour stand-off, eventually responded to a 27 year old male handcuffed in police custody. Patient has a 1 inch laceration and hematoma to left eyebrow area. No other visible trauma per PCR, patient is following commands but not responding to questions GCS 11 (e - 4, v -1, m-6). Pt transported to local ED. Pt’s skin and clothing saturated with tear gas requiring decontamination outside ED before entry. After evaluation and CT, pt transferred to trauma center where he was subsequently treated and released.

Lessons Learned:

1. *Pt had GCS of 11 which should have gone to trauma center per Trauma Triage Algorithm.*

2. *There was no mention of tear gas on clothes or patient in PCR but this was revealed at Pre-TAC case presentation. Field documentation should have mentioned need for decontamination.*
3. *Decontamination of patient before transport to ED would have been preferable. A contaminated patient would not have been permitted to go by air ambulance due to safety of flight issues.*

IV. CASE 7:

24 year old male complaining of head pain involved in a possible assault. According to witness patient was “jumped” by “several male subjects” struck in the head with fists and fell to the asphalt and hit head. Had a positive LOC. Patient exam show an egg sized hematoma “back of head” and right forehead, GCS 14 (e-4, v-4, m-6). No BH Contact made. Pt was transported by air ambulance to trauma center where he was treated and released from the ED.

Lessons Learned:

1. *The patient did not meet current Solano County Trauma Triage criteria for transport to a trauma center. There was no apparent medical need for use of an air ambulance to transport this patient. Use of the current Solano County Trauma Triage Algorithm would have appropriately directed this patient to a local ED where he could have been completely evaluated and treated.*