

# Trauma Talk

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## Who is a Trauma Patient?

Trauma patients include those injured as a result of an accident, such as a motor vehicle collision, a ground level fall, slipping, falling off of playground equipment, hiking, bicycle and ATV accidents.

By this definition, we already are treating trauma patients. More severe traumatic injuries will require trauma team activation and will include patients who present symptoms indicating hypotension, decreased/lower Glasgow Coma Scale (GCS) and respiratory failure.

Members of the trauma team are assigned very specific roles and responsibilities and are specially trained to care for the trauma patient, yielding better outcomes.

All trauma patients, whether or not the trauma team is activated, will be entered into the trauma database.

## Forrest “Dell” Moore MD, FACS is Chandler Regional Medical Center’s Trauma Medical Director

Dr. Moore has lived in Ahwatukee for six years with his wife and three teenagers. He enjoys traveling and spending time with his family. He and his wife recently celebrated their 20th wedding anniversary in Kauai.



Prior to joining the Chandler Regional team, Dr. Moore spent four years with St. Joseph’s Hospital and Medical Center in Phoenix as the Director of Surgical and Trauma Critical Care, and as a faculty member for the General Surgery Residency Program.

Dr. Moore attended medical school at the Medical College of Wisconsin and fulfilled his residency and trauma/surgical critical care fellowship with the Christiana Care Health System in Wilmington, Del. Dr. Moore is board certified in both critical care surgery and general surgery.

Dr. Moore is Vice-Chair of the American College of Surgeons Committee on Trauma for Arizona and is active in numerous organizations, including the Eastern Association for the Surgery of Trauma and the Society of Critical Care Medicine. He is the senior editor for the review text *Surgical Critical Care and Emergency Surgery* and currently leads a multicenter American Association for the Surgery of Trauma study on presumptive antibiotics in tube thoracostomy for traumatic hemothorax.

The trauma medical director position is required for the Level I trauma designation and allows the preparatory work regarding physician subspecialty coverage, staff training and education, and the finalizing of policies and procedures to continue. In addition, Dr. Moore will provide trauma surgery, emergency general surgery, and surgical critical care coverage once the trauma center starts receiving patients.

### Chandler Regional Medical Center Trauma Services

Contact any of us with questions  
or educational needs

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## Trauma Surgeons

**Nicholas Thiessen, MD** will join Chandler Regional in July 2014 following his trauma critical care fellowship at UCSF Fresno. Nick is married with two kids. He finished his general surgery residency at St. Joseph's Hospital and Medical Center in July 2013.

**Ian Thomas, DO, FACOS** will join the trauma team in March 2014. He currently lives in Phoenix and spent his first two years as a trauma surgeon at John C. Lincoln following his trauma critical care fellowship at UC Irvine.

**Asser Youssef, MD, FACS** is married with two children and he is currently at LSUHSC Shreveport. He will join us at Chandler Regional in March 2014 as a trauma surgeon and Director of Surgical/Trauma Critical Care. He received his surgical critical care fellowship at Westchester Medical Center and his trauma fellowship at Baltimore Shock Trauma.

**Alan Cook, MD, FACS** will also join Chandler's trauma team in March 2014 as Director of Trauma Research. He is currently at Baylor University Medical Center in Dallas. He received his trauma critical care fellowship at UT Southwestern/Parkland Health also in Dallas. He and his wife Sherrie have three children.

**Ashley Northcutt, MD** is currently in Jacksonville, Fla. at the University of Florida/Shands Hospital completing her trauma critical care fellowship. She trained under Dr. Youssef at LSUHSC Shreveport prior to her fellowship in Florida, and she will be joining us in August 2014.

## Glasgow Coma Scale (GCS)

The Glasgow Coma Scale (GCS) is a neurological scale that aims to give a reliable and objective way of recording the conscious state of a person for initial as well as subsequent assessment.

GCS was initially used to assess level of consciousness after head injury, and the scale is now utilized by first responders, EMS, nurses and doctors as being applicable to all acute medical and trauma patients.

The scale was developed in 1974 by professors of neurosurgery at the University of Glasgow. All injured patients regardless of meeting trauma activation criteria should have a GCS documented.

Scoring is determined by three factors:

- Eye opening
- Verbal response
- Motor response

<b>Eye Opening</b>	4 Spontaneous 3 To speech 2 To pain 1 No response	<b>Motor Response</b> 6 Obeys (age appropriate) 5 Localizes pain 4 Flexion - withdrawal 3 Flexion - abnormal 2 Extension - abnormal 1 No response
<b>Verbal</b>	5 Oriented (coos/babbles) 4 Confused (irritable cry) 3 Inappropriate words (cries pain) 2 Incomprehensible sounds (moans & pain) 1 No response	<b>TOTAL GCS</b> _____

## Upcoming Education

- Internal Trauma Skills/Education Days starting January 6, 2014 for designated areas
- Ongoing education with the educators for department specific needs related to trauma
- Monthly trauma update newsletter