



# Trauma News



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Please forward any topic suggestions for lectures, research questions or quality improvement initiatives.

## Trauma Education Opportunities

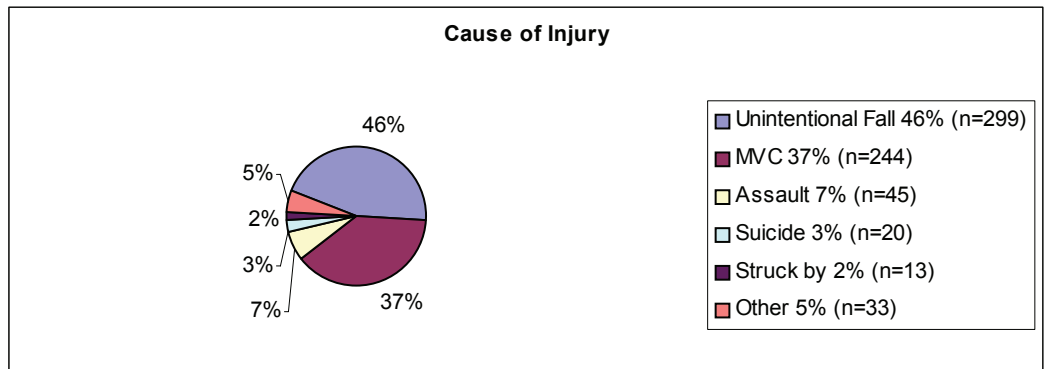
- TNCC (Trauma Nursing Core Course) Provider Course  
- February 13<sup>th</sup>; 14<sup>th</sup>, 2009, Civic
- ATLS (Advanced trauma Life Support  
- December 4<sup>th</sup> - 6<sup>th</sup>, 2008  
- February 26<sup>th</sup> - 28<sup>th</sup>, 2009 - April 23<sup>rd</sup> - 25<sup>th</sup>, 2009  
The Ottawa Hospital, Civic Site
- CATN II (Course in Advance Trauma Nursing)  
- Date TBA  
The Ottawa Hospital, Civic
- Eastern Ontario Regional Trauma Conference  
- October 7<sup>th</sup>, 2009  
The RA Centre

## Ottawa Hospital Trauma Program Update

The 2007-2008 fiscal year saw 3621 trauma patients requiring admission to The Ottawa Hospital (TOH) as a result of their injuries, an increase from 3442 patients the previous year. The number of major trauma patients (ISS >15) has increased for this same period from 534 to 560 patients. Of these 560 patients, 88% were discharged alive, 38 % of all trauma patients are referred to TOH from other institutions both within and outside our LHIN.

Males continue to be injured more frequently than females representing 70% of all trauma admissions. Falls (46%) and Motor Vehicle Collisions (37%) remain the most frequently seen mechanism of injury. The average age of all trauma patients is 55 years of age and the average hospital length of stay (LOS) is 15.9 days. The Emergency Department (ED) LOS has consistently increased over the last several years and for this period was 12.3 hours. Corporate initiatives including the ED Wait Time Strategies are being implemented to address this issue. Trauma patients require admission to a special care unit from the ED such as ICU, Trauma Unit and Neuro Observation Area 47% of the time.

This information was obtained from the 2007-2008 Trauma Services Annual Report. If you would like to obtain a copy of the report, please contact the Trauma Services Department at [traumaservices@ottawahospital.on.ca](mailto:traumaservices@ottawahospital.on.ca) or 613-798-5555 ext. 19600.



The Trauma Services Program would like to introduce Dr. Dennis Kim as our new critical care fellow. Dr. Kim is currently completing a joint Critical Care and Trauma fellowship and will start his Trauma rotation in the New Year.

\* ISS = Injury Severity Score  
† LHIN = Local Health Integration Networks



## CHEO Trauma Program Update

Dr. David Creery has stepped down as the Medical Director of CHEO's trauma program after 5 years. A big thank you goes out to him for all his hard work and dedication. We are happy to welcome Dr. Brian Sweeney into the role.

CHEO's Trauma Program has renewed an agreement to accept pediatric trauma patients from the Outaouais region. In keeping with this agreement, all trauma patients under 15 years of age who are injured in Quebec are transferred to the CHEO ED. Regular discussions between the Outaouais Trauma representatives and CHEO focus on solving any issues that may arise, and quality improvement.

CHEO Emergency Trauma/Resus training now incorporates the use of training mannequins that have the ability to simulate many of the skills required during major resus cases.

These include intubation, needle decompression, rapid blood/fluid infusion, assisted ventilation, etc. As nurses go through their training, they are able to experience the hands-on experience of defibrillation, adequate ventilation techniques and rapid fluid administration etc. Feedback to this point has been most favorable and efforts are being made to allow this sort of training to continue.

CHEO is committed to keeping admitted children safe while they're in hospital. The Injury Prevention Coordinator, in collaboration with some key stakeholders have developed a Safe Sleep policy which went "live" in September in order to ensure a safe environment for rest or sleep for all children admitted to an inpatient unit.

The following are some Safe Sleep tips to take home:

To lower the risk of Sudden Infant Death Syndrome (SIDS) for babies:

- Place your baby on his back for sleep
- Keep your baby's head uncovered for sleep, and use only a light blanket. Overheating is linked to SIDS.
- Place your baby in a crib in your room for the first 6 months - do not share a bed with your baby
- Keep soft mattresses, pillows, comforters, bumper pads and stuffed toys **OUT** of your baby's crib
- Never place a baby on a waterbed, air mattress, couch or armchair to sleep
- Keep your home smoke free. Ask smokers to smoke outside.

To prevent other injuries (like falls or strangulation)?

- **Use a crib that was made after 1986.** Cribs without a label or those made before 1986 are not safe.
- **Make sure the mattress is firm and fits snugly** on all sides of the crib. Replace the mattress if it does not fit or is worn out.
- **Check the crib often** to make sure the frame is solid. Tighten loose screws regularly.
- **Raise and lock side rails every time** you put your baby in the crib. **Lower the mattress into the lowest position** as soon as your baby is able to sit up
- **Do not leave strings or cords in the crib** (like necklaces, soothers on a cord around the neck). **Do not tie your baby into the crib.**
- **Find a safe place for the crib.** Keep the crib away from windows, curtains, blind cords, lamps, electrical plugs, extension cords or anything that your baby could pull into the crib. **Babies can fall out of a window or strangle themselves with a cord.**
- Never put your baby to bed with a bottle.

## Injury Prevention



Slow.. Elderly Crossing or Slow Elderly Crossing?

There were 327 pedestrians injured and 6 fatalities on Ottawa roads in 2007. At the Ottawa Hospital we have seen 32 pedestrian trauma patients in the past year with an average age of 49 years. Kinematics of the pedestrians and the distribution of the injuries in vehicle-pedestrian impacts are influenced by the impact speed, type of the vehicles, stiffness and shape of the vehicle front (such as the bumper height, hood height and length, windshield frame), age and size of the pedestrians, and standing position of the pedestrian relative to the vehicle front. Persons aged 65 years and older have the worst outcomes, with a mortality rate of greater than 25%. They are more than 4 times more likely to die than are younger patients. Elderly persons are susceptible to being struck by motor vehicles because of anatomic and physiologic changes associated with aging. In addition, they have limited physiologic reserve and difficulty responding to injury. The common pattern of injury that occurs when an adult is struck by a car consists of head, musculoskeletal, and torso injuries. There are 3 points of impact. First, the person is struck laterally, affecting the lower extremities. Then the person is thrown onto the hood of the car and possibly the windshield, with impact to the head and thorax. Finally, the person falls to the ground, again affecting the head, extremities, and possibly the pelvis. Pedestrian safety is for all ages. Winter is especially hazardous for pedestrians because the darker, wet days make it harder for drivers to see pedestrians. Injuries are preventable.

### As a pedestrian

- Cross at marked crosswalks or traffic lights, not in the middle of the block or between parked cars;
- Make sure drivers see you before you cross;
- Cross when traffic has come to a complete stop;
- Don't assume drivers can see you - make eye contact
- Alcohol and drugs can impair your ability to walk safely, just like they do a person's ability to drive.

### As a motorist:

- Be patient, especially with older pedestrians who need more time to cross the road;
- Always look for pedestrians, especially when turning;
- Be alert to vehicles stopped in the lane next to yours. They may be yielding for a pedestrian.
- Beware of pedestrians still attempting to cross the street on a flashing orange pedestrian signal.

Source: <http://www.mto.gov.on.ca>: City of Ottawa: TOH Trauma Services