

JOINT TRAUMA SYSTEM



EMERGENCY GENERAL SURGERY IN DEPLOYED LOCATIONS

CLINICAL PRACTICE GUIDELINE (CPG) TRAINING

Joint Trauma System Trauma Care Educational Program



DISCLOSURE/DISCLAIMER



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- ◆ The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of Brooke Army Medical Center, the U.S. Army or Air Force Medical Department, the U.S. Army or Air Force Office of the Surgeon General, or the Department of Defense or the U.S. Government.

AGENDA



- ◆ Purpose
- ◆ Background/Summary
- ◆ Evaluation
- ◆ Decision Matrix
- ◆ Treatment
- ◆ Performance Improvement (PI) Monitoring
- ◆ References
- ◆ Appendices
- ◆ Contributors

PURPOSE



- ◆ These slides are based on the JTS Emergency General Surgery in Deployed Locations CPG which guides providers in the evaluation and treatment of patients with acute general surgical needs in austere locations.
- ◆ Date of CPG publications: 01 Aug 2018
- ◆ JTS CPGs are evidence-based guidelines developed by subject matter experts in the military and civilian communities. CPGs are compiled from DoD Trauma Registry data, health data abstracted from patient records and after action reports.
- ◆ Information contained in this presentation is only a guideline and not a substitute for clinical judgment.

BACKGROUND/SUMMARY



- ◇ On battlefield, your mission is focused on short term surgical care of trauma patients
 - ◆ Short-term holding capability
 - ◆ Limited supplies
- ◇ Unexpected non-traumatic surgical problems, however, can and do happen frequently in a deployed setting
 - ◆ Limited capabilities
 - ◆ Limited specialty services
 - ◆ Same supply and holding limitations

EVALUATION

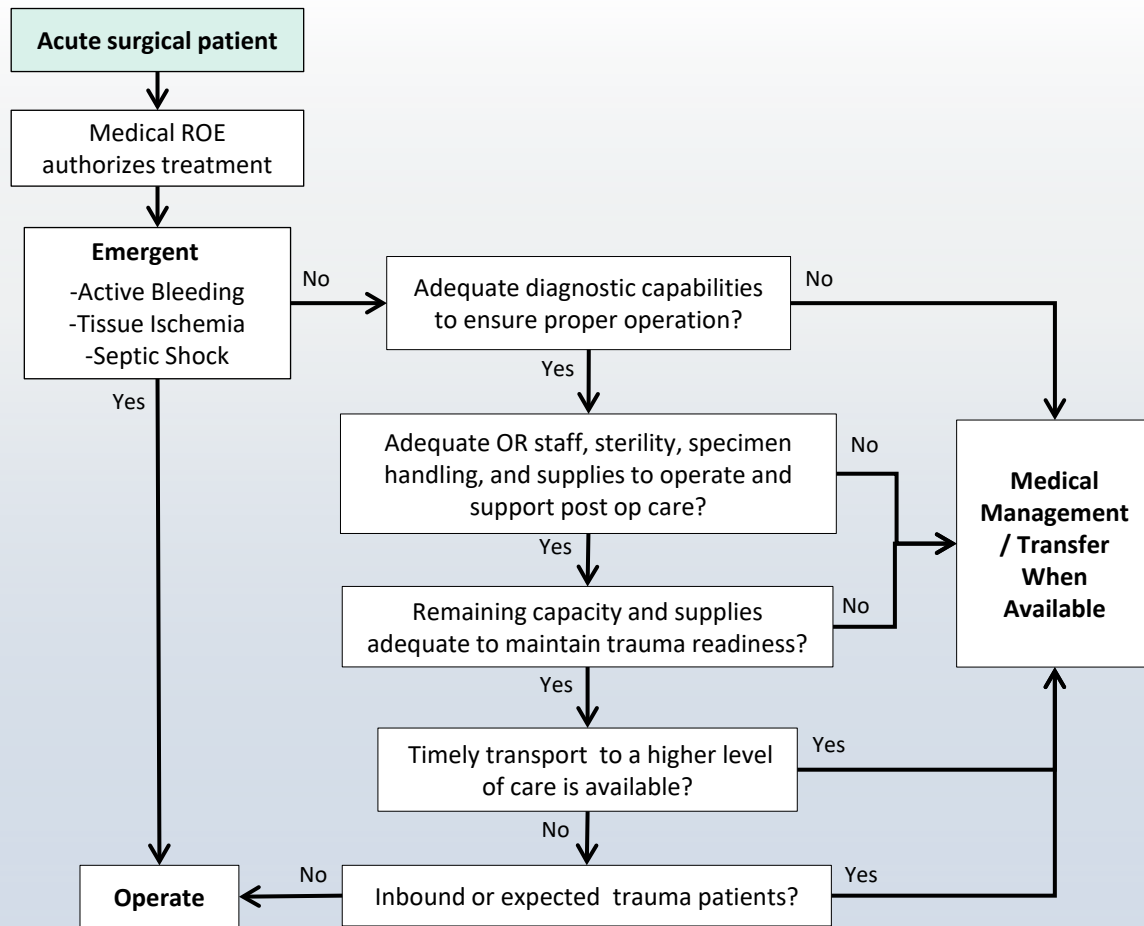


- ◆ History and physical examination is key
 - ◆ Minimal laboratory and radiologic capabilities
- ◆ A surgeon needs to determine if patients are either:
 - ◆ Emergent - Requiring immediate surgical care
Examples: bleeding, ischemic tissue, septic shock
 - ◆ Non-Emergent - requires care, but not immediately life threatening
Examples: localized inflammation, mild systemic symptoms
- ◆ Surgeons must decide on surgical care



DECISION MATRIX

- ◆ Multi-factorial decision tree
- ◆ Communication between surgeon and command is critical
- ◆ Risks and benefits need to be considered not just for the patient, but also must consider ongoing mission
- ◆ Possible complications and long-term management needs should be considered



TREATMENT



- ◆ Best interest of the patient always considered, but if delayed treatment will not cause significant risk to mortality or substantial morbidity, transport to a higher level of care is generally the better option
- ◆ If treatment rendered, damage control principles should be used
 - ◆ Control contamination/bleeding
 - ◆ Delay anastomoses/definitive procedures until a higher level of care

TREATMENT



- ◆ Broad spectrum antibiotics should be used.
 - ◆ Ertapenem is typically carried in forward deployed surgical assets and is generally suitable for most infectious processes.
 - ◆ Tailor antibiotics when able and available.
- ◆ Minor procedures capable of being done in a clinic room in sub sterile conditions are generally safe in a forward setting, but purely elective procedures should be delayed.
- ◆ If any doubt on stability of patients or transport capabilities, teleconsultation with higher level assets always appropriate.

PI MONITORING



◆ Population of Interest

All patients who undergo surgery for non-trauma diagnoses by deployed surgical teams.

◆ Intent (Expected Outcomes)

- ◆ Patients receive initial treatment with antibiotics if infectious diagnosis (appendicitis, cholecystitis, abscess, diverticulitis).
- ◆ Emergency general surgery cases are performed at Role 3 or Role 4; if performed at Role 2, the indication to proceed with surgery rather than evacuate to higher level of care should be clearly documented.

PI MONITORING



◆ Performance/Adherence Metrics

- ◆ Number and percentage of patients in the population of interest with an infectious diagnoses who receive antibiotics at the same role of care where diagnosed.
- ◆ Number and percentage of patients in the population of interest with emergency general surgery performed at Role 3 or Role 4; or if performed at Role 2, the indication to proceed with surgery rather than evacuate to higher level of care is clearly documented.

◆ Data Sources

- ◆ Patient Record
- ◆ DoD Trauma Registry
- ◆ Morbidity and Mortality Conference Reports

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CPG APPENDIX



Additional Information Regarding Off-label Uses in CPGs

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