

#### **Initial Events**

- Patient sustains GSW to hand, deltoid (defensive wound) and face (Rt cheek)
- Longview, Washington
- Topics for discussion
  - Seen security
  - When is it safe to care for the patient?
  - Indications for intubation in the field

## Disposition

Where should this patient go?

## **Transport to OSH**

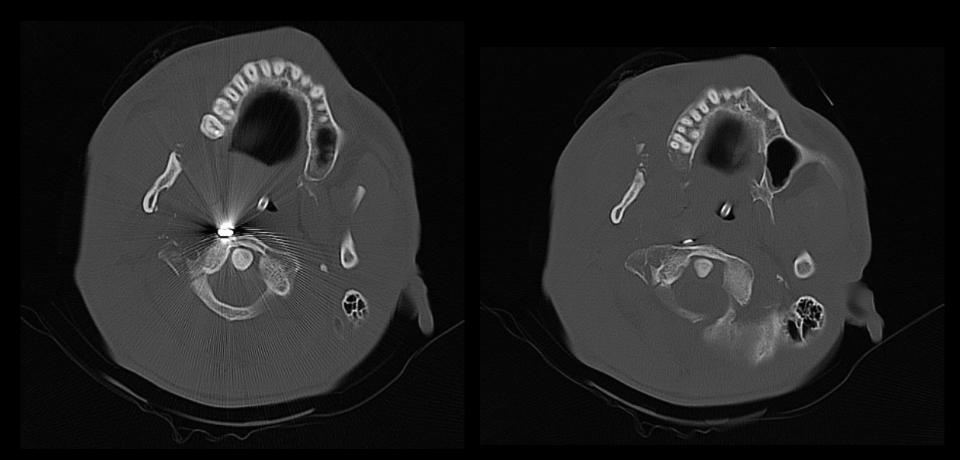
**Patient arrives POV** 

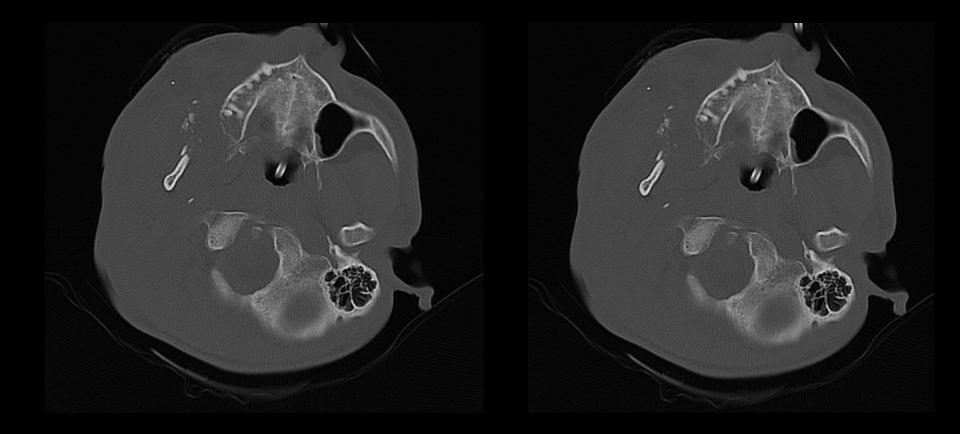
#### **ED Presentation**

- Initial BP in the 70s Pulsatile bleeding R nare, R pupil 4mm, L 2mm
- Confused on arrival Obvious severe facial wounds, moving all extremities
- Topics for discussion
  - Intubation?
  - Resuscitation?
  - How much workup?

# Longview ED

- Intubated
- 1 unit RBC given
- Mannitol given
- CT head, Max/Face, spine
- · CTA?





## **Outside Hospital**

- Workup completed
- Where to send?
- How to send?
- What questions should receiving have?

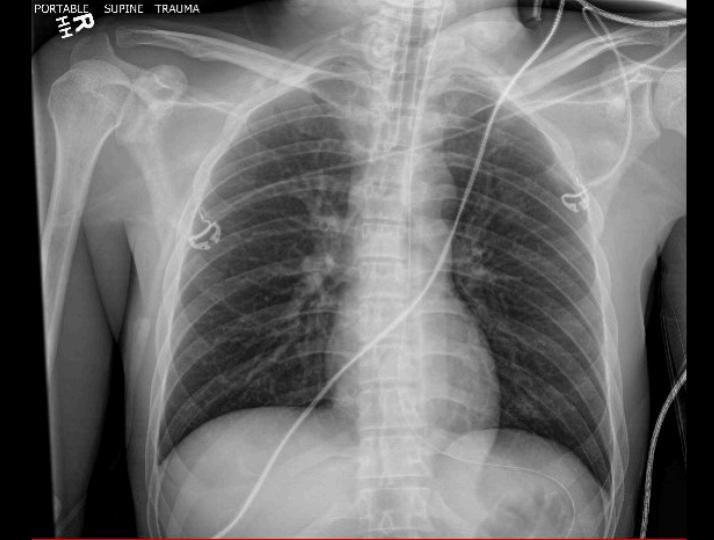
### Meanwhile at OHSU

- Films pushed and reviewed prior to arrival:
  - Comminuted fx C1 with fragments
  - R cervical ICA occlusion, R ICA occlusion
  - IJ vein thrombus
  - Extensively comminuted, displaced fx right mandible



#### **OHSU Arrival**

- Full trauma activated
- 137/109, 106, 100%, GCS 7T
- Plain films obtained
- 12 minutes in ED
- No active bleeding
- Tox screen Amphetamine positive
- Any further workup?





### OHSU

- Admitted to ICU
- Consults
  - Vascular
  - Spine
  - Facial trauma
  - Orthopedics hand

### **ICU Admission**

- Treatment priorities
  - Cerebrovascular injuries
  - IJ thrombus
  - Facial fractures
  - Hand fractures
  - B vocal cord hypokinesis R > L

## **Hospital Course**

- Cerebrovascular injuries ASA
- IJ thrombus Heparin then apixaban
- Facial fractures non op
- Hand fractures ORIF HD 2
- Vocal cord hypokinesis PEG placed,
  F/U ENT

#### **Additional RX**

- SBIRT
- IMPACT
- Eligible for HHP now
- C-collar
- D/C home with a lot of instructions