

Patient Story: Ben Wing

Scene Call Transport
Canby, OR to OHSU, Portland



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Regional Clinical Education Manager
Life Flight Network

On-scene



- ❑ Time of MVC: ~ 530pm on 7/16/22.
- ❑ Canby Fire Department:
 - Dispatched to a two-car head on MVC to find two critical patients. Dash deformity and airbag deployment were noted to Ben's vehicle.
 - Vehicle assessment revealed a 20-year-old male patient wearing a seat belt. Driver was trapped in the front seat, altered and not visually tracking FD crew. Noted to have a GCS of 8.
 - Patient was extricated and intubated immediately by FD due to level of consciousness and injuries.
- ❑ Life Flight Network requested during extrication to provide critical care interventions and decrease transport time to definitive level 1 trauma services and interventions.

Patient Assessment:

Airway: Intubated; decreased left lung sounds

Breathing: on vent, spontaneous RR

Circulation: I8ga x 1

Neuro: sluggish pupils, equal

Chest: Bruising to right anterior chest

Pelvis: swelling to L-upper leg and pelvis/hip

Abdomen: Bruising to L-lower abdomen

Skin: Pale

Positive Shock Index (1.09)



Life Flight Network - Arrival

RSI completed by FD upon Life Flight initial contact

GCS: 3 (1/1/1)

Vital Signs

Heart Rate: 134, Sinus Tach

Blood Pressure: 122/69 (87)

SpO₂: 99%

ETCO₂: 89



Care In Transport

- Placed on transport ventilator
- 1 unit of Packed Red Blood Cells administered
- Ketamine for sedation
- Ongoing updates to OHSU trauma team on patient condition



Prehospital Timeline

Time	Event	Notes
1732	911 call received	
1738	Canby Fire dispatched	
1749	Ambulance on scene	
1758	Extricated from vehicle	
1802	Life Flight landed at LZ	
1807	FD completes intubation	<ul style="list-style-type: none"> Heart Rate: 134 BP: 122/69 Shock Index: 1.09
	First LFN contact	
1820	Ambulance headed to LZ	
1825	Loaded into aircraft	
1829	Lifted from scene	
1835	LFN contacts OHSU	<ul style="list-style-type: none"> Unable to obtain blood pressure Preparing blood
1838	LFN administers 1 unit of PRBC's	<ul style="list-style-type: none"> Blood initiated
1842	OHSU updated patient is now hypotensive and receiving blood products	
1846	Landed at OHSU	<ul style="list-style-type: none"> Trauma team on helipad
1855	Care transferred to OHSU	<ul style="list-style-type: none"> Heart Rate: 109 BP: 56/32 Shock Index: 1.94

Initial 911 call until OHSU care transfer: 83 minutes
 Estimated drive time from scene to OHSU: 50+ minutes
 Life Flight time lifted from scene to landed at OHSU: 17 minutes

Ben's Story: The Patient Experience

Benjamin Wing, Lisa Wing and Brian Wing
Amelia Glazier M.D., Arvin Gee, M.D. Ph.D., Sam Gwinn FP-C CCP-C, C-NPT



OHSU Trauma Team: Enterprise, Enterprise



- 7/16 Head-on MVC within prolonged extrication with decline to GCS 3 and intubation in the field
- Hypotensive receiving blood en route and requesting trauma surgical assistance on the helipad due to concern for SBP in 30s
- Initial OHSU vitals in trauma bay: BP 112/58, HR 107, RR 16 vent, SPO2 100%, GCS 3T



Trauma Bay Survey

- Primary: Intubated, Bilateral breath sounds, absent L DP, weak L fem pulse
- Secondary: Left facial laceration blood in oropharynx, L Chest wall/abdominal bruising and abrasions, L hip externally rotated, left thigh swelling and palpable bony deformity
- eFAST Positive: RUQ free fluid and unable to confirm R lung sliding
- Initial actions: R Femoral cordis placement, 2 units pRBCs, R chest tube, massive transfusion protocol, to OR for exploratory laparotomy, LLE traction

Operating Room:

- Hemoperitoneum
- Trauma abdominal packing for RUQ and LUQ hemorrhage
- Hypotension and hemorrhagic shock—> L thoracotomy
- Intrathoracic aortic clamping, V fib arrest (defibrillation, cardiac massage), ROSC
- Hepatorrhaphy, Kocher maneuver, retrohepatic IVC exploration
- Splenectomy
- Thoracotomy closure, L chest tube placement
- Temporary abdominal closure with packing

Injury Summary

- Left femur fracture with possible perforator blush
- Nondisplaced L acetabulum fracture
- Nondisplaced L pubis
- Pelvic arterial extravasation near left pubic bone
- Grade 5 liver laceration
- Grade 5 spleen injury
- Jejunal serosal injury x2
- Sternal fracture with mediastinal hematoma
- Blunt cardiac injury
- Left 7th rib fracture, Right 4th and 5th rib
- S1 fracture of vertebral body and sacral ala
- Bilateral pulmonary contusions
- Trace IVH, SAH
- IPH at grey-white matter junction

Ben's Hospital Course (as told by providers)

- Consulting teams: TSICU, Spine Surgery, Ortho Surgery, Neurosurgery, ENT/Facial Trauma
- Procedures:
 - 7/16 Initial laparotomy,
 - 7/17 Left face washout/repair
 - 7/18 ICP bolt placement
 - 7/24 Left femur IM Nail
- ~~7/16-7/18~~ 7/18 exploratory laparotomy, abdominal closure, resuscitation, ICP monitoring and DAI management, DAI recovery
- 7/31-8/22 Ward course, PT, OT, SLP/Cog, DAI recovery
- 8/22 Discharged to an inpatient rehabilitation facility