TITLE: PENETRATING TRAUMA TO NECK GUIDELINE

PURPOSE: The purpose of this guideline is to provide a framework by patients presenting with which penetrating trauma to the neck should be handled.

GUIDELINES/PROCEDURES STATEMENT:

Penetrating trauma to the anterior neck region once almost uniformly mandated operative exploration, especially if there was platysmal violation. However, negative exploration rates of up to 50% were noted, supporting a trend towards a more selective approach. Patients with overt or "hard" signs of vascular or aerodigestive injury still require emergent operative exploration including establishing a secure airway and attention to repair of injured structures. Improvements in imaging and interventional techniques over the last few decades have resulted in a significant decrease in unnecessary operations. Furthermore, such advancements have allowed a more directed workup of patients with these injuries, particularly those patients who present with moderate or "soft" signs or those who are completely asymptomatic. This guideline has been developed to reflect these changes in management and provide a framework by which to handle these injuries. Definitive management based upon clinical and/or radiographic findings remains at the discretion of the on-call trauma attending.

ELABORATION:

I. ABBREVIATIONS:

ABBREVIATIONS:

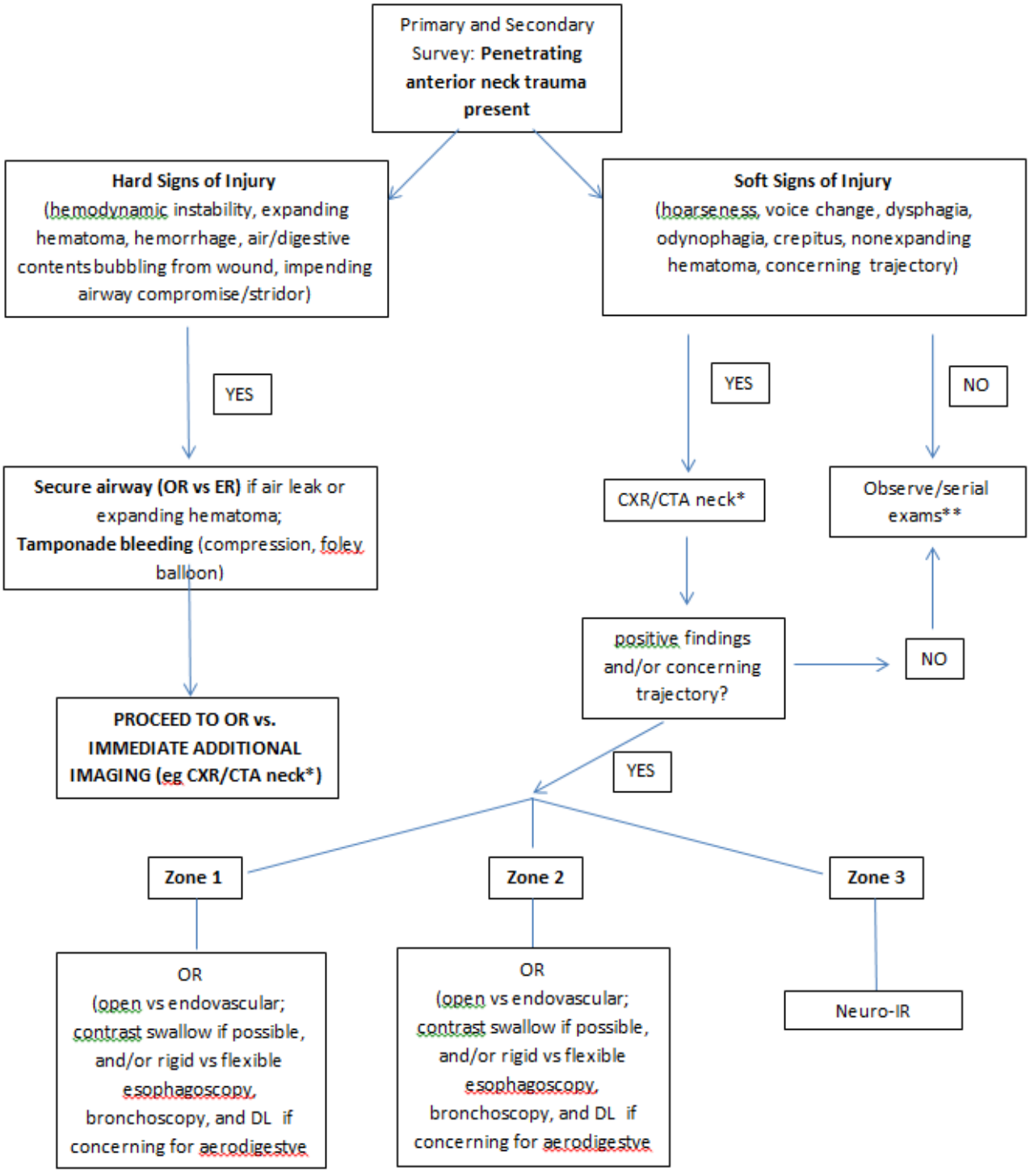
CXR – chest xray

CTA – computed tomography arteriogram

DL –direct laryngoscopy

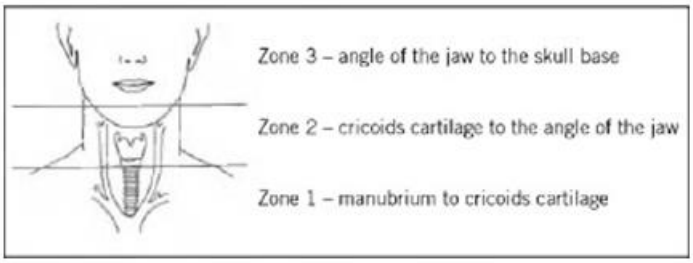
IR –interventional radiology

II. GUIDELINES/ RATIONALE:



*CTA chest may be added to imaging workup if Zone 1 is involved OR if physical exam/CXR reveals missile in or near thoracic cavity

over 24 hour time period, in 8 hour intervals, documented in the medical record by the chief resident. Serial CBC's should be obtained as well to evaluate for resolution of leukocytosis. If a worsening clinical exam or clinical deterioration is detected, operative neck exploration is warranted.**



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Atteberry LR, Dennis JW, Menawat SS, et al. Physical examination alone is safe and accurate for evaluation of vascular injuries in penetrating Zone II neck trauma. J Am Coll Surg. 1994;179:657.

Sekharan J, Dennis JW, Veldenz HC. Continued experience with physical examination alone for evaluation and management of penetrating zone 2 neck injuries: results of 145 cases. J Vasc Surg. 2000;32:483-489.

Mattox KL, Moore EE, Feliciano DV. Trauma. 7th Ed. P.414-429.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Trauma Services

REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (Directors, Committees, Managers, and Stakeholders etc.)
	1	9/22/16	Trauma Protocol Committee
		1/24/17	Trauma PI/Program Committee