TRAUMA MATTERS

The Official Newsletter of the Texas Trauma Coordinator's Forum
Edited by: Susan Hyles and Penny Sellers

Mission Statement

Our mission is to promote and address educational needs of the various facilities and institutions that provide trauma care in our State. Membership is open to anyone interested in improving care for trauma patients. Meetings of the TTCF are held quarterly and provide an outstanding opportunity to network with Trauma Coordinators and Trauma Program Managers throughout Texas. The Forum shares information regarding trauma system development, hospital designation, and legislation, injury prevention updates on legislative issues, Medical issues as well as programs, trauma registry requirements, and rule changes. TTCF Committees include: Level III, Level IV, Injury Prevention, Special Populations, Public Relations/ Legislative, Fund Raising, Education, Trauma Registry, and Mentorship. Become a member at ttcf.org. Membership to the Texas Trauma Forum is open to all interested persons. Voting privileges are extended to all dues paying members. Membership dues in the amount of $25.00 (U.S.) will be paid annually. Membership is current from the receipt of dues through February of the next calendar year. Dues are not pro-rated or transferable. Make checks payable to "Texas Trauma Coordinators Forum". Please return application and check to: Texas Trauma Forum PO Box 177, Wichita Falls, TX 76307

Texas Trauma Coordinators Forum

In this Issue…

Did you remember to RSVP for the TTCF meeting? This count helps Jacky Betts account for meal and room provisions at each meeting. Please remember to courteously RSVP to Jacky Betts at 940-764-3631 or email jbetts@unitedregional.org

Upcoming Events (2014)

Feb 17……1st Quarter TTCF Meeting (Austin)
Trauma Day at The Capital
Feb 26-27…TETAF Hospital Data Management Course (Austin)
May 12……2nd Quarter TTCF Meeting (Austin)
Aug 18……3rd Quarter TTCF Meeting (Austin)
Nov 20……4th Quarter TTCF Meeting (Ft. Worth)

TTCF Executive Board

Courtney Edwards
83 1. President
84 a. Shall preside over all general membership and Board of Directors
85 meetings.
86 b. Shall be empowered to call emergency meetings of the Board of
87 Directors in situations where action is needed prior to the next
88 scheduled meeting.
89 c. Shall be the official to sign and/or authorize operations issues related
90 to TTCF, but only after discussion and agreement of a majority of the
91 Board of Directors.
d. Shall provide an agenda 92 at each meeting
93 e. Shall mentor the president – elect
94 f. Shall prepare an Annual Report with assistance from the Historian, for
94 f. Shall prepare an Annual Report with assistance from the Historian, for
presentation at the 1st 95 quarterly meeting.
96 g. Shall lead annual assessment of projects and focus on upcoming year
97 activities at annual strategic planning meeting.
98 h. Shall be responsible for providing approval on articles submitted to the
99 TTCF webpage.
100 i. Shall be responsible for maintaining the TTCF display board.

Robin Garza
102 2. President Elect
103 a. May assume the duties of the President in his/her absence.
104 b. May serve as an ex-officio member of any/all committees.

Brett Dodwell
111 4. Secretary
112 a. Shall keep minutes of all general membership and Board of Directors
113 meetings.
114 b. Shall electronically post meeting notices to all members a minimum of
115 thirty (30) days prior to the next scheduled meeting.
116 c. Shall make copies of previous minutes available on TTCF webpage.
117 d. Shall maintain records and copies of pertinent documents as directed
118 by the President.
119 e. Shall provide copies of documents to webmaster for posting on the
120 TTCF website.

Kathy Rodgers
145 7. Historian
146 a. Shall record and preserve the record of TTCF activities and
147 achievements and assist the President in preparing the Annual Report.
148 b. Shall coordinate with the general membership in obtaining TTCF
149 historical material and other memorabilia reflecting the organizations
150 history
151 c. Shall submit revisions and changes to the webmaster for the History
152 page on the TTCF website
153 d. Shall include in the historical account of TTCF the following:
154 1. List of officers and committee chairs with titles and addresses
155 2. TTCF membership and meeting attendance numbers
156 3. Program and special activity topics
157 4. By-law changes
158 5. List of recipients of Lifetime Achievement Award and Trauma
159 Champion Award
160 6. President's annual report.

No Picture Available

Davita Hall
133 6. Parliamentarian
134 a. Shall serve as a non voting member of the Executive Board and will
135 not participate in the motion process, except to make sure the correct
136 procedures are followed via the most current Roberts Rules of Order.
b. Shall assist and support the President in maintaining 137 order and
138 adhering to time schedules as approved by the Board or membership.
139 c. Shall assist with the coordination of motions and resolutions.
140 d. Shall coordinate the election process of officers for the organization as
141 well as all other voting procedures.
142 e. Shall facilitate annual review and update of the organizational bylaws
with report to Executive Board at 1st 143 quarterly meeting.

Jacky Betts
123 5. Treasurer
124 a. Shall collect all funds and shall have custody of such.
125 b. Shall make distribution of said funds upon order of the Board of
126 Directors.
127 c. Shall deposit all funds in an insured account in an insured financial
128 institution.
129 d. Shall submit a current written financial statement to the Board of
130 Directors on a quarterly basis.

The Legislative/Public Relations committee would like to give special thanks to all contributors in this issue who provided timely and informative data for the benefit of all of us with a passion for trauma performance improvement.

Printed Courtesy of:
Clear Lake Regional MEDICAL CENTER
An HCA Affiliated Hospital

Secretary's Corner

Traveling and Talking or Texting in Texas? … Heads Up!

Brett Dodwell BSN, RN, CEN
(Memorial Herman—The Woodlands, TX)

According to federal website Distraction.gov there were 421,000 people injured in motor vehicle crashes involving a distracted driver in 2012. This denotes a 9% increase from the 387,000 injuries that occurred in 2011, an alarming trend.

Although there are numerous activities that comprise the umbrella of distracted driving: eating, drinking, grooming, using a navigation system, and even adjusting a radio/CD/MP3 player; the predominant growing trend is the use of hand-held devices and texting while driving. While there are current state laws in effect banning the use of cell phones (both handheld and hands-free) and banning the activity of "texting" in school zones and for bus drivers and novice drivers, Texas lacks a uniform state-wide law. Though the Texas Legislature passed a bill in 2011 to enact a hands-free ban statewide, the bill did not make it past the Governors' office. In 2013 the Texas House of Representatives passed a state-wide hands-free ordinance but it did not pass the Senate's transportation committee.

While Texas is 1 of only 6 states without a distracted driving law, 22 cities has passed ordinances that are effective January 1, 2015: Amarillo, Arlington, Austin, Brownsville, Canyon, Corpus Christi, Denton, El Paso, Edinburg, Farmers Branch, Galveston, Grand Prairie, Harlingen, Magnolia, McAllen, Mission, Missouri City, Nacogdoches, Pecos, San Antonio, Stephenville, and Tyler.

Austin's ordinance prohibits the use of all electronic hand-held devices while operating a vehicle or bicycle. Per ordinance No. 20140828-041 a portable electronic device means a hand-held: mobile telephone, personal digital assistant, MP3 or other hand-held music player, electronic reading device, laptop computer, pager, broadband personal communication device, GPS or navigation system, electronic gaming device, or portable computing device. The only exception to the ordinance is in an emergency situation. The "texting" ban states that a driver of a motor vehicle or operator of a bicycle may not use a phone, tablet, or other device to view, send, or compose an electronic message while moving.

Distracted driving injuries are preventable trauma. If you are motoring in Texas, stay aware of new city ordinances and keep the $500 fees in your pocket where your cell phone should be. There isn't a day I drive that I don't see someone next to me distracted by a hand-held device. Save a life, spare a family tragedy, keep your hard earned money… or drive far, far away from the rest of us.

TTCF Group on Google

We have officially made the move from Yahoo groups to Google groups. The Yahoo group is still up and running, but will not be supported by administrators in TTCF and will have less information as members are moving to the yahoo group. It is important that you request to become a member of the TTCF Google group as soon as possible so everyone stays in the loop of information sharing among TTCF members and trauma leaders.

HOW TO:

1. Go to https://groups.google.com/
2. Type "TTCF" in the search box
3. Click the groups button (make sure the posts button is not highlighted)
4. Click on "TTCF"
5. Request to become a member!

TRAUMA- a: an injury (as a wound) to living tissue caused by an extrinsic agent; b: a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury; c: an emotional upset (Retrieved July 28, 2014 from http://www.merriam-webster.com/dictionary/trauma)

Documentation Flaws Continued from page 9

Are you telling the whole story about the trauma patient?

We must all not forget that the medical record is a legal document. This document is to reflect the care rendered to the patient throughout the whole continuum of care. It must provide a complete and accurate account of care to the patient. There are multiple licensing statutes and case laws that regulate the content of the medical record. The Joint Commission on Accreditation of Healthcare Organizations, in particular, mandates that hospital documents are recorded accurately on a timely basis and that medical records be readily accessible to appropriate personnel. Keep in mind that legal actions may be initiated years after care is provided, so memory of the incident in question may be vague – until you review your documentation. What will the jury think of you, if you cannot recall the course of care given to the patient based upon your own documentation? the documentation that must substantiate that standard of care was met?

Our patient's medical record serves various purposes:

Most importantly, the medical record is a communication vehicle among various health care personnel denoting care rendered to the trauma patient. It encompasses the whole continuum of care, starting when that traumatic event occurred. A descriptive story of this traumatic event must be described by all providers in all the phases of care to include: pre-hospital, transport, intra-facility and inter-facility care and transport, definitive center care and rehabilitation.

It is the foundation for identifying, monitoring and trending events in order to plan and implement patient safety/performance-process improvement measures.

It is used for reimbursement purposes.

It has the ability to provide data for research studies.

It is the most credible and tangible evidence for various legal proceedings(i.e., professional negligence and malpractice lawsuits, disability determinations, workers' compensation actions, domestic abuse cases and competency determinations).

Note of Interest: Statute of Limitations (SOL) is typically two years. Medical malpractice cases may be filed up to the end of these two years. It could also take up to several more years before a potential case goes to trial. The SOL is extended when the patient is a minor to (typically) two years after the age of the majority – which depends on the particular state of practice. For example, if the incident occurred in a labor and delivery setting to a newborn child, the SOL is approximately 20 years.

Are you prepared to defend yourself in court if you had to?

Tracy Cotner-Pouncy RN
Rose Bolenbaucher MSN, RN
Luisa Cochran RN

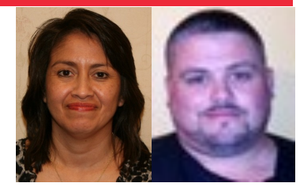
Morales. K. (2014). 17 Tips to Improve Your Nursing Documentation.
Stokowski, L.A. (2013). Electronic Nursing Documentation: Charting New Territory. Medscape Nurses: Legal and Professional Issues for Nurses
Buppert. C. (2012). Nurses: What is the Most Important Documentation Advice. Medscape Nurses: Legal and Professional Issues for Nurses.
Austin, S. (2011). Stay out of court with proper documentation. *Nursing 41, 24-29.*
Campos, N.K.(2010). The legalities of nursing documentation. Men in Nursing 40, 7-9.
Phillips, D.L. (2007). Malpractice Suits Against Nurses on the Rise

Committees/Groups

Registy

Chair: Irene Lopez *(University Medical Center Brackenridge—Austin, TX)*
Co-Chair: Garrett Hall *(Parkland Health & Hospital System—Dallas, TX)*

Trauma Registry Strategic Planning Minutes



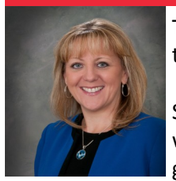
The Registry Committee will continue to offer the successful Lunch-N-Learn offerings throughout 2015. The Data Management Course is scheduled for February 26-27 in Austin.

Hurry up and wait! The scheduled October 2015 release date for ICD10 could possibly be further delayed in Texas.

SPECIAL THANKS Update: ***The Legislative/Public Relations Committee would like to continue to thank ClearLake Regional Medical Center for their continued support in the printing of this newsletter. Unfortunately, their printed 4th Quarter edition of the TTCF Newsletter was lost in transit just prior to the November meeting. With less than 24 hours notice, the Heart of Texas Regional Advisory Council, HOTRAC M, stepped in and used their resources to issue a re-printing so all attendees at the November meeting could have a printed color copy illustrating all of our hard work in this group. Thank you and we appreciate your support!***

Mentorship/Membership

Chair: Tracy Cotner-Pouncy *(University Health System—San Antonio)*
Co-Chair: -VACANT-



This committee is where you get your foothold in the TTCF. Each new member participates in this group to get acquainted with the TTCF mission, people, and assets. Don't be shy and ask lots of questions!

Strategic Planning Meeting Update: There is a vacancy for the Co-Chair position in our committee. If you would like to mentor other trauma leaders in their new role, please consider becoming a leader for our group. 2015 goals: Updating the membership manual and continuing to provide new member packets at upcoming TTCF meetings.

Please see Tracy's special contribution on page 8-10 of this quarter's newsletter.

"I attribute my SUCCESS to this—I never gave or took any excuse."
--Florence Nightingale

Committees/Groups

Legislative/Public Relations

Chair: Susan Hyles *(Falls Community Hospital—Marlin Texas)*
Co-Chair: Penny Sellers

We are continually pursuing new and revised pertinent information and legislation to the trauma world. We will post this data in the quarterly TTCF newsletter from highly qualified representatives from our president, TTCF members, TETAF, and DSHS, as available.

Our newsletter, *TRAUMA MATTERS*, is growing! The first quarter of 2014 required four pages for publication. We are now fully utilizing twelve full-color pages! We have been *blessed* with a robust increase in unique submissions by fervent TTCF members and Trauma associates.

The Legislative/Public Relations group is proud to produce *TRAUMA MATTERS* based on many years of combined experience from a great many of Texas' best and brightest Trauma warriors. Keep it up and we'll do our best to get the word out!

Please see Susan's special contribution on page 7 of this quarter's newsletter.

Special Populations

Chair: Jenny Oliver *(University Health System—San Antonio, Texas)*
Co-Chair: Sandie Williams

Come join our committee as we decide on our next topic regarding our "special populations". We look forward to hearing everyone's ideas and suggestions!!

Strategic Planning Meeting Update: The leadership announced that an obesity presentation is scheduled for the May TTCF meeting and that pediatrics has been chosen as the 2015 work focus.

Education

Chair: Christi Reeves *(Clear Lake Regional Medical Center-Webster, TX)*
Co-Chair: Rosie Bolenbacher *(University Health System– San Antonio,TX)*

The Education Committee request input from all TTCF members on proposed topics or speakers for the upcoming 2015 year. Providing education to the Trauma Coordinators around the state is a top priority of TTCF.

Please do not hesitate to contact either of us with questions or comments.

Strategic Planning Meeting Update: Quarterly education offerings continue to be well received and successful. A 2015 committee goal is to spearhead the compilation of data for a calendar and provide to the Secretary for uploading to the TTCF homepage.

Please see Rosie's special contribution on page 8-10 of this quarter's newsletter.

Documentation Flaws Continued from page 8

Failure to follow policies and procedures

Follow your facility's charting policies and procedures. Do not deviate from the norm when charting. If your facility has adopted a charting by exception, do not chart routine findings along with exceptions, for this may create confusion and problems.

Failure to notify health care provider changes in patient condition or concerns

Trauma nurses must possess strong critical thinking skills. It is the nurse's duty to monitor the patient's condition and notify the provider when appropriate. Expectations of a nurse are to have good judgment in determining when to notify the healthcare provider for changes and clearly communicating pertinent information. Document any communication or attempts to communicate (i.e., use of pager system, telephone messages left) with healthcare providers. Document the provider's name, date, time, type of communication (i.e., written, telephone, in person) what information was relayed, and the response. For the nurse, if failure to communicate appropriately and effectively results in *any* harm to the patient, you may be held liable.

Failure to follow orders

When nursing care orders are not followed in a timely manner, this can be viewed as a deviation from the standard of care, unless you have legitimate concerns about the appropriateness of an order based on your nursing assessment of the patient. The nurse is responsible for and expected to intervene when an inappropriate or conflicting order that may harm the patient is identified. Communication and documentation of loop closure for such event is of vital importance.

Contributing to medication errors

Negligence lawsuits stemming from medication administration errors are the most common allegations against nurses. The nurse is not only expected to follow medication orders in a timely manner, but can be held liable for following erroneous medication orders. The trauma nurse may receive verbal orders for emergent medications. Repeating the order out loud is of high importance in these stressful situations. If the medication is deemed appropriate for the patient, you must follow the five rights of medication administration: right drug, right patient, right time, right dose, and right route. Your documentation needs to reflect the five rights. Once medication is administered, the patient must be monitored for response and adverse reaction. In the event of an adverse reaction, it is vital to document who you notified and any actions taken.

Failure to convey discharge instruction

Per Joint Commission on Accreditation of Healthcare Organizations (JCAHO) the standard of care for discharge instructions should include an assessment of the patient's ongoing healthcare needs and a plan to meet those needs that the patient can reasonably carry out. Have the discharge instructions and documents signed and make it part of the medical record. If any language barrier exists, print out the discharge instructions in the patient's primary language, use an identified interpreter to ensure the patient understands both written and verbal instructions given, then have the patient sign the documents to indicate he/she understands them. Research has shown a quality discharge and understanding of discharge instructions has led to increased patient satisfaction which may decrease the risk of litigation.

IN SUMMARY: The biggest reasons for lawsuits against nurses include medication errors; communication errors; failure to monitor and assess; failure to properly advocate for the patient; working while impaired, whether by inadequate sleep or controlled substances; and negligent or inappropriate delegation and supervision.

Continued on page 10

Documentation Flaws

2-Part Series

1st Part: Legal Implications for the Professional Nurse

Nurses never worried about medical malpractice lawsuits 30 years ago. "It was almost unheard of for a nurse to be named," says Deborah L. Phillips, a nurse attorney in Pleasanton, California. Times have changed and there has been an increase in nurses finding themselves involved in litigation, either as part of a legal action against a facility or increasingly, as an individual defendant. No matter how skilled of a nurse you are, poor nursing documentation will undermine your credibility. Will your documentation shield you from legal actions?

The objective of any state's nursing practice act as it pertains to documentation is universal across the country: to provide a clear and accurate picture of the patient while under the care of the healthcare team. Broad objectives are mandated by state laws and leave the details to the healthcare institutions, specialty organizations, and practice groups. As healthcare professionals, we must keep this at the forefront of our minds, and when State law and institutional policy are in conflict, state law overrides *any* institutional policy.

TERMS AND CONCEPTS-

Professional negligence is failure to provide the standard of care to a patient, resulting in an injury or damage to the patient. If the plaintiff proves ALL the following elements, damages will likely be awarded to compensate for economic losses (medical costs, lost wages) and noneconomic losses (pain and suffering).

A duty to the patient existed – duty was established when you accepted care of a patient under your scope of practice, licensure, and employment. It required you to provide the standard of care that a reasonably prudent nurse would have provided for a similar patient in a similar circumstance.

A breach of duty occurred–the care that was rendered was not consistent with what a prudent nurse would have done in a similar circumstance.

The patient was injured – the nurse performed duties for a patient in a manner that fell below the standard of care required; could also include the patient having received medication an hour late but not suffering any ill effects.

Injury was directly caused by the breach of a standard of care–foresee ability of harm. The plaintiff must prove a direct connection to a nurse's failure to provide care within the recognized standard.

DOCUMENTATION- MOST COMMON ALLEGATIONS BROUGHT AGAINST NURSES-

Failure to assess and monitor the patient's condition

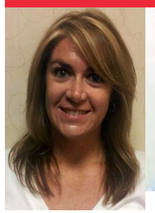
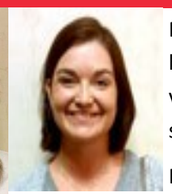
Failure to accurately assess, monitor, timely re-assess, and accurately chart your assessment as it happens exposes you to liability. Nurses are responsible for objectively and accurately assessing the patient's condition to ensure they are receiving the proper care and treatment. Best practice includes the use of quantifiable data with descriptions (i.e., quarter to describe the size or shape of a wound). Document all interventions performed and monitoring equipment used. This must include a complete date and time, and authentication of each entry. Always write legibly. The ability for the audience to read what is written is the single most essential factor for creating an accurate depiction of the patient's comprehensive treatment, and is thus critical for protection in a litigious situation. *Do not* become complacent with check-off assessments. It is vital that documentation be reflective of patient's assessment of injuries and constant change of status. Trauma patients are high profile cases in the court system due to the criminal nature of the injury (i.e., homicide, suicide, assaults).

(Continued on page 9)

Committees/Groups

Injury Prevention

Chair: Jessica LaPlant *(Christus Spohn Hospital—Alice, Beeville, & Kingsville, TX)*
Co-Chair: Amy Schopperth *(Baptist Health System, TX)*

Magnetic Bumper Stickers, thumb and wrist bands for the "Just Drive" campaign were handed out at the November meeting. Our action item for 2015 is to develop an injury prevention reference book for everyone. We encourage everyone to bring their brochures, resources, and ideas to our TTCF injury prevention committee.

Injury Prevention resources are posted on the TTCF website.

Fund Raising

Chair: Robin Gage *(Titus Regional—Mt. Pleasant, TX)*
Co-Chair: Delores Londerholm


This committee was very successful with the sell of the following at the November meeting.

1. Metro Enviro shopper bags
2. Mobile device with cleaner
3. Ergo stylus/ballpoint pen
4. Blank Flash drives
5. TTCF Logo Fleece Jackets

We welcome any suggestions from everyone for ideas for future fundraisers.

Level I/II

Chair: Terry Valentino *(Baylor Scott & White Health—Central Texas)*
Co-Chair: Jo-ell Lohrman *(The Medical Center of Plano)*


ADDENDUM PER TTCF President Courtney Edwards: The Orange Book is a good resource for Level IV– Level I Trauma centers. Levels III and IV should be aware that implications from the national experts could change Texas rule...more specifics to follow.

Resources for Optimal Care of the Injured Patient, (The Orange Book), by the American College of Surgeons, has finally arrived and is available for your download. For more information, visit the American College of Surgeons website, where you may also glimpse a preview. Please direct any questions you may have to Molly Lozada at MLozada@facs.org.

Strategic Planning Meeting Update: The primary focus for 2015 will be centered on the "orange" book implementation. Facilitating an increase in the PI transfer feedback between I/II and III/IV facilities is also our goal.

Level III

Chair: Heidi Lavka *(AHSS)*
Co-Chair: -VACANT-

No update available at time of publication.

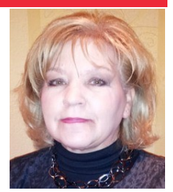
NO PHOTO

AVAILABLE

Level IV

Chair: Janice Markwardt *(Hill Regional—Hillsboro, TX)*
Co-Chair: -VACANT-

TTCF Level IV Committee



Welcome everyone to 2015, how did 2014 slip by so fast….

Your TTCF Level IV Committee is ready for your participation. The goal of this committee is to provide education and support to Level IV trauma program managers/coordinators through interaction with our peers.

Myself and Dee Dee look forward to 2015, the challenges and support we can

face together.

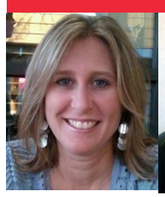
Hope to see you at the February 17, 2015 meeting in Austin.

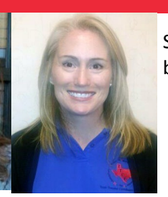
Together, we can make a difference……no one needs to stand alone….

Janice Markwardt,RN

Directors At Large

Chair: Lori Boyett *(Baylor Scott and White Health Hillcrest– Waco, TX)*
Co-Chair: Sherry Jennings *(St. Joseph's– Bryan, TX)*





Strategic Planning Meeting Update: The Directors at Large serve all committees when attendance by Committee Chairs and leadership is unavailable. Committee attendance continues to be robust.

Evidence Based Practice for Military Tourniquets in Level IV Trauma Centers

Combat application tourniquets can be of use to the rural trauma facility by allowing the significantly hemorrhaging patient to gain a "stable", transportable status to a higher level of trauma care. They should be used with expert discretion by the authority in the trauma setting for patients with no other viable option to preserve life by maintaining hemostasis.

In 2005, The U.S. Army Institute of Surgical Research (USAISR) released a report summarizing the efficacy (by elimination of Doppler pulse) of ten currently available battlefield tourniquets. Three of these tourniquets were found to be 100% effective on all extremities: The Emergency Military Tourniquet (Delfi Medical Innovations, Inc.), the Combat Application Tourniquet (Phil Durango LLC), and the Special Operations Force Tactical Tourniquet (Tactical Medical Solutions LLC). Of these, the Combat Application Tourniquet was identified as "the least painful, easiest to use, and most effective" (Flores, 2012).

In 2008, a follow-up study by the Journal of Trauma confirmed USAISR's 2005 findings, identifying the Combat Application Tourniquet (C-A-T) as the best pre-hospital tourniquet, further stating its real-life situational appropriateness as evidenced by 100% occlusion in both upper and lower extremities while exerting less pressure.

In 2011, a study printed by Military Medicine validated that the C-A-T was safer due to decreased force by 30%, thus diminishing "permanent nerve damage, fasciotomies, an amputation or blood clots" (Flores, 2012).

In light of the data, a quality emergency tourniquet is a valuable resource in the Level IV setting to decrease morbidity and mortality. They give limited staff in rural emergency rooms a quick, effective, hands-free way to stop extremity life-threatening hemorrhaging. Early appropriate implementation can stabilize a patient for expedited and stable transfer with the ultimate goal of preservation of life and decreased morbidity.

Susan Hyles, BSN, RN
Falls Community Hospital
Trauma Program Manager

1. Flores, R. (2012). *Tourniquet Safety & Efficacy*. Retrieved December 20, 2014, from http://combattourniquet.com/2012/06/15/tourniquet-safety-efficacy-3/.

2. North American Rescue (2010). *Combat Application Tourniquet (C-A-T) – Tactical Black*. Retrieved December 19, 2014, from http://www.narescue.com/Combat_Application_Tourniquet_(C-A-T)_-_Tactical_Black-CNECE992A3404F.html?BC=!PARENTID!.

3. Walters, T.J., Wenke, J. C., Greydanus, D.J., Kauvar, D.S., Baer, D.G. (2005). United States Army Institute of Surgical Research. *Laboratory Evaluation of Battlefield Touniquets in Human Volunteers.* Retrieved December 10, 2014, from http://blog.tacmedsolutions.com/wp-content/uploads/2007/09/cccict12004tk.pdf