

Trauma Liaisons

Trey Eubanks -
Trauma Medical Director

Barry Gilmore -
ED Medical Director

Joel Saltzman -
Anesthesia Liaison

Jeff Sawyer -
Ortho Liaison

Stephanie Einhaus -
Neurosurgery Liaison

Stephanie Storgion -
PICU Liaison

Educational Offerings

PALS/ACLS - Multiple offerings

Contact Alicia Stanback at stanbaca@lebonheur.org

Contact Us

To transfer a patient with emergent needs, call Le Bonheur's Transfer Center at (901) 287-4408 or (888) 899-9355.

For appointments or non-critical referrals, call our Resource and Referral Center at (901) 287-7337.

Injury Prevention efforts focus on helmets

Since its founding in 1992, Safe Kids Mid-South has focused its efforts on educating adults on ways to keep kids safe. Part of a worldwide campaign, this regional effort has contributed to a decrease in severe child injury rates by 33 percent. One of the groups' focus areas is head injury, which is the leading cause of wheeled sport-related death and the most important determinant disability after a crash.

Promoting healthy activities –

Bike education involves more than safety- it also promotes bicycling. Focusing solely on the dangers of the road tends to discourage cycling.

We have found that the best kinds of bike education highlight the benefits of cycling –such as sports, exercise, adventure, pleasure, healthy transportation — while arming new cyclists with the knowledge and tools they need to safely share the road.

Teaching rules of the road – We remind kids that bikes are legally considered vehicles and are subject to most of the same traffic rules and regulations as motor vehicles. This includes obeying traffic lights and right-of-way rules. It is the responsibility of every cyclist to adhere to these laws as well as other safety guidelines. The minute a bicycle enters a pathway, a sidewalk, a park, a

street or road, it is not a toy; it is a vehicle.

Influencing legislation – We have been instrumental with other safety advocates across Tennessee to help pass the Bicycle Safety Act (1994), which requires helmets while riding on any Tennessee roadway for those ages 16 and younger. While not easily enforced, it does provide “a teachable moment.”

Helmet and safety lessons –

The coalition had distributed 7,500 helmets to ‘at risk’ children. Future plans include partnering with the Memphis Greenline and Oasis Bicycle Shop to see that every child in

Memphis and Shelby County receives a bicycle helmet and the corresponding wheel safety lessons.

Age-appropriate education – Because children learn differently depending on their level of development, we have divided lessons into different age categories. Each category represents an important rite of passage in learning to cycle effectively- from being a passenger and first encountering the bicycle as a vehicle, to learning to ride on sidewalks and close to home, to riding on streets, to riding more independently. For each age group we've targeted the most salient issues and the most important skills they need to know.



Blunt Trauma Review Identifies Need for More Screening

New research from Le Bonheur on blunt trauma in children points to the need for more aggressive screening. The multi-center study will appear in the *Journal of Trauma* this year and will be presented at the Western Trauma Association (WTA) conference in March.

“Blunt Cerebrovascular Injury in Children: Under Reported or Under Recognized” was conducted by the Trauma Service team and led by Trauma Program Medical Director James Eubanks, MD.

The retrospective cohort study looked at all pediatric patients (<15yo) admitted with blunt trauma to one of six American College of Surgeons verified Level 1 Pediatric Trauma Centers (PTCs). Trauma registries were used to identify all pediatric blunt trauma patients admitted between October 2009 and June 2011.

The Abbreviated Injury Scale (AIS) was used to identify all patients with blunt injuries to the head, face or neck. From this subset, data was collected and analyzed including demographics, mechanism of injury, Injury Severity Score (ISS), presence of injuries considered high risk for BCVI based on the Memphis criteria (anisocoria, basilar skull fracture, cervical spine fracture, neck soft tissue injury, LeFort II or III fracture and neurological exam unexplained by brain imaging), angiography results, presence of stroke, presence and characteristics of BCVI, and treatment methods used.

The overall sample size was 3,140 cases. The findings support a need for a more aggressive screening process for the pediatric population.

Mississippi state trauma system verification

Trauma Services has done it again. The trauma team set out to become a part of the Trauma System for the state of Mississippi. In 2011, we cared for 420 trauma patients from Mississippi.

We are now recognized as the Pediatric Level 1 Trauma Center for Northern Mississippi. This is a major step forward to becoming the leader in pediatric trauma care for the tri-state area. This allows us to provide education and standards preferred for pediatric health care prior to transporting. It also gives Le Bonheur a voice on the quality improvement of pediatric health care for the state of Mississippi. Being a part of the Mississippi Trauma System brings in more funding that will support extensive trauma education for physicians, nurses and emergency response personnel.



Trauma team welcomes new staff



Anissa Revels RN, BSN



Tina Sheppard RN, BSN



Amie Yates RN, BSN



Lela Herring BSN, MSN, FN



Sandra Bland

The Trauma Program at Le Bonheur has several new team members.

Anissa Revels, RN, BSN; Tina Sheppard, RN, BSN; and Amie Yates, RN, BSN, are the trauma care coordinators. They round in conjunction with the trauma staff on all trauma patients admitted to the hospital. They guide the performance improvement program and collaborate with outside facilities and pre-hospital services to provide continuity of care from the time of injury to discharge.

Revels joined the team in May. She is the interim trauma manager, following Keri Deaton's departure from Le Bonheur. She has been with Le Bonheur Children's Hospital since 2000, serving in the Emergency Department and Operating Rooms.

Sheppard came to Le Bonheur from Phoenix Children's Hospital where she assisted with the opening of its pediatric trauma center. She previously worked in Le Bonheur's Emergency Department from 2001 to 2006.

Yates joined the team in December

2012. She previously worked in the Emergency Department.

Lela Herring BSN, MSN, FN, joined the trauma team in June. Herring rounds and provides direct care and education to the patient and families treated and/or admitted for traumatic injuries. She works with all areas and services of the hospital to assure that optimal care is given to our trauma patient population.

Herring has worked in the Emergency Departments at the Regional Medical Center, Methodist North and Baptist Tipton.

Sandra Bland is the new trauma registrar. Bland helps enter, organize and analyze the data abstracted from our trauma patient population to meet our multiple state Trauma System requirements. She has worked at Methodist University Hospital since 1986 and is certified in Clinical Documentation Integrity (C-CDI) and has a bachelor's degree in management. Bland has worked in Le Bonheur's Emergency Department since May 2002.

Upcoming educational opportunities

Update in Acute and Emergency Care Pediatrics Conference

April 19-20

The Chattanooga
1201 South Broad Street,
Chattanooga, Tenn.

For more information, visit
www.tnems.org/UpdateinAcute2012.

Collaborating on Care One-day conference

March 15

Double Tree Hotel, 1170 Highway 45
Bypass, Jackson, Tenn.

Hosted by Vanderbilt LifeFlight and
Hospital Wing

To register, please visit:

www.vulifeflight.com or
www.hospitalwing.com.

Trauma Nursing Core Courses Four provider courses are scheduled for 2013:

April 18 - 19

June 19 - 20

August 7 - 8

October 9 - 10

For more information, contact
Lana Helton at 901-287-5334 or

lane.helton@lebonheur.org or

Tina Sheppard at 901-287-5049 or

tina.sheppard@lebonheur.org.