

Trauma Liaisons

Trey Eubanks -
Trauma Medical Director

Barry Gilmore -
ED Medical Director

Joel Saltzman -
Anesthesia Liaison

Jeff Sawyer -
Ortho Liaison

Stephanie Einhaus -
Neurosurgery Liaison

Ignacio Fernandez-Nievas -
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.

Haiti Team Publishes Report on Post-Earthquake Medical Mission

Findings from a study conducted during Le Bonheur Children's 2010 medical mission to Haiti reiterate the importance of mobilizing resources and medical relief teams to meet pediatric needs, according to a study published in the December issue of *Clinical Pediatrics* (KJS Anand, et al. Pediatric patients seen in Port-au-Prince, Haiti. *Clinical Pediatrics* 49(12): 1147-1152, 2010).

The study is published by members of the Haiti mission team deployed following the January 2010 earthquakes and identifies specific needs for Haitian children living in the aftermath of the earthquakes. It also calls for professionalism, standards of care and accurate record-keeping in times of disaster.

In late January 2010, Le Bonheur sent a team of two pediatric orthopaedic surgeons, a trauma surgeon, critical care specialist, anesthesiologist, certified nurse anesthetist, paramedic and surgical technicians to Sacred Heart Hospital, a private hospital located in Port-au-Prince. During the two-week mission, the team saw about 900 patients and performed more than 75 surgeries. The team – which was joined by

physicians from Haiti Medical Missions of Memphis — brought medical supplies and equipment with them to treat the earthquake victims.

Though both adults and children were treated by the team, the average age of pediatric patients seen

was 7.4 years, according to the data published in the report. Each patient was seen in a triage area, where physicians documented the patient's complaints, vital signs and medical history. Most patients were in need of treatment for earthquake-related injuries or illness, and those who were not injured needed rehydration, immunization against communicable diseases,

or psychological evaluation and counseling, as many presented with symptoms of gastroenteritis and acute stress disorder.

The report found that for those children directly injured by the earthquake, the most important needs were to control wound infections, improve functional outcomes with the use of prosthetics, physical and occupational therapy, and to improve limb function and sustain limb viability through plastic or reconstructive surgery.



Members of Le Bonheur's Haiti medical mission team traveled to the earthquake-stricken country in January 2010. Research from their trip is published in a recent edition of *Clinical Pediatrics*.

New Research Nurse Joins Team

The Pediatric Clinical Research Unit at Le Bonheur is pleased to announce the addition of Sandy Grimes, RN, BSN, to the research team. Sandy will serve as the research coordinator for the Surgery and Trauma Services Department. Sandy has worked in pediatric research for 18 years with 14 years at the University of Tennessee in Neonatal and Pediatric Clinical areas. Sandy has spent the last four years in pediatric clinical research for Duke University, where she managed both industry sponsored and grant-funded research protocols for Duke University and satellite hospitals. Sandy is very enthusiastic to be at Le Bonheur, and brings an extensive research background to the department.

Jana Leoncavallo



Since joining the Trauma Service Line seven months ago as the first trauma nurse practitioner at Le Bonheur, I have faced many challenges in this evolving and exciting role. However, after several months of getting adjusted to my new position I thought I might take this opportunity to explain some of my responsibilities.

- I see and care for all trauma patients on the general surgery service.
- I consult with other nurse practitioners of other services — such as orthopaedics, neurosurgery and PICU — once weekly for patient updates and plans of care.
- For trauma patients who are admitted to other services, I review and make a notation in the chart.
- I attend monthly TOPP, Burn Task Force and Advanced Practice Nurse meetings and weekly Trauma Service Line meetings.
- I see trauma patients in the Ambulatory Care Clinic Tuesday and Friday afternoons.
- I initiate and perform procedures in the Starlight Room under conscious sedation such as burn wound debridement and dressing changes and wound vac changes.

I have had an exciting first seven months and look forward to further advancing my role in the trauma service line.

2010 Trauma Data

Trauma Alert Activations	291
Trauma Stat Activations	129
Total Trauma Team Activations	420
Total Trauma patients Admitted	1039
Total Admitted Patients with ISS >15	139
Trauma Deaths	12
DOA	5
Admitted to PEDS	7.40%
PICU Admissions	159
Timely Surgery Arrival	92%
Timely Anesthesia Arrival	94%
Timely Blood Bank Arrival	88%