

## Gunshot Wounds

7/30/17

When most people think about trauma, they think about gunshot wounds. However, not all gunshots come in as a multi system trauma alert. Not all patients have been shot in the chest or belly and need to be rushed to the OR. Much more commonly, we are dealing with gunshot wound to the extremities. In this episode, we will cover the basic approach to the extremity gunshot wound.

Case: 23 yoM, A&O x3, GSW to left upper arm, entrance and exit wound anterior and posterior, BP 140/70

5 Structures to consider in extremity gunshot wounds:

1. Blood vessels
  - a. Most important, by far
  - b. Patients with **Vascular Injury** can be divided into 3 categories
    - i. Hard sign-ers: obvious vascular arterial injury
      1. "HARD Bruit" (mnemonic from Neck Trauma episode)
      2. To do: **Page surgery / take the patient to the OR**
    - ii. Soft sign-ers:
      1. Soft signs: continuous oozing, hematoma
      2. To do: **Obtain ABI** (ankle brachial index)
      3. Abnormal ABI (< 0.9) + other signs of vascular injury =
        - a. **Order CT angiogram** to r/o vascular injury
    - iii. No sign-ers
      1. No signs of vascular injury. Treat appropriately.
2. Nerves
  - a. Rare
  - b. Perform neurologic exam – document and consult if present
3. Bones
  - a. Document and consult if present
    - i. Single injury – Orthopedics
    - ii. Multiple injuries – Trauma surgery
4. Soft tissues
  - a. Count holes aloud and report – "One hole, two holes. This pt has two holes."
  - b. Examine for **compartment syndrome** (can't miss diagnosis)
  - c. Typically, NO laceration repair needed for bullet holes
5. The Bullet
  - a. Almost **NEVER take out the bullet**. DO remove the bullet if it is:
    - i. In the joint space
    - ii. Superficially located