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# Trauma

## Three Things Clinicians and Patients Should Question

by

Trauma Association of Canada

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### **1 Don't order imaging tests that duplicate prior imaging without clear clinical indications for the repetition.**

Trauma patients often require multiple imaging tests throughout the course of their care. Where possible, routine repetition of tests done in other institutions should be avoided. Repeat imaging of known injuries should only be undertaken if it is expected to impact the course of care.

### **2 Avoid unnecessary tests and treatments by establishing your patient's preferences and goals of care.**

It is imperative that practitioners respect the pre-injury wishes of the patient. Clarifying these wishes as soon as appropriate, either with the patient or their substitute decision maker, can avoid subjecting patients and their decision makers to aggressive interventions that may not align with their goals.

### **3 Don't use opioids without considering opioid sparing strategies and multimodal analgesia in patients after injury.**

Opioid use is associated with significant risks to health, including both side effects and dependence-related concerns. While opioid analgesia may be required by some patients after injury, alternative therapies such as non-opioid pain medications should be considered first. If opioid analgesia is required, the lowest dose for the shortest period required is recommended.

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### How the list was created

The Trauma Association of Canada (TAC) established its Choosing Wisely Canada recommendations by forming an expert working group tasked with creating an initial list of recommendations for consideration. The list of potential items was then refined by the Board of Directors, and further refined after discussion with the Chair of Choosing Wisely Canada.

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### Sources

- 1 American College of Surgeons Committee on Trauma. [ACS TQIP Best Practice Guidelines in Imaging](#). Boukar KM, Moore L, Tardif PA, Soltana K, Yanchar N, Kortbeek J, Champion H, Clement J. Value of repeat CT for nonoperative management of patients with blunt liver and spleen injury: A systematic review. *Eur J Trauma Emerg Surg*. 2021. Published online Jan 23. [PMID: 33484276](#). Huber-Wagner S, Lefering R, Qvick LM, et al. Effect of whole-body CT during trauma resuscitation on survival: a retrospective, multicentre study. *Lancet*. 2009 Apr 25;373(9673):1455-61. [PMID: 19321199](#).
- 2 Downar J, et al. Nonbeneficial treatment Canada: definitions, causes, and potential solutions from the perspective of healthcare practitioners\*. *Crit Care Med*. 2015 Feb;43(2):270-81. [PMID: 25377017](#).
- 3 Harvin JA, Albarado R, Truong VTT, Green C, Tyson JE, Pedroza C, Wade CE, Kao LS for the MAST Study Group. Multimodal analgesic strategies for trauma: A pragmatic randomized clinical trial. *Journal of the American College of Surgeons*. 2021 Mar;232(3):241-251.e3. [PMID: 33486130](#). Walser E, Makish A, Murphy PB, Hartford L, Allen L, Clarke C, Gray DG, Hilsden R, Parry N, Leslie K, Vogt KN. Standardization of opioid prescription after Trauma (STOP-Trauma): A prospective intervention to reduce excessive opioid prescription. 2020. Presented at the 79th annual meeting of the American Association for the Surgery of Trauma

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### About About the Trauma Association of Canada

The Trauma Association of Canada (TAC) is a not for profit national organization committed to reducing the incidence and relieving the burden of injury by bringing together a community of multidisciplinary trauma professionals involved in the care of the injured patient. Specific areas of focus for TAC include: quality improvement; education; research; interdisciplinary partnerships; injury prevention; and advocacy.



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### About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

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