

Transgender Emergency Care Team

Transgender Emergency Medicine Mission- Provide emergency care for the transgender patient. When a transgender patient calls 911 and is in the vicinity of the Care team the team will respond to the 911 call. All care and transport will be done by the team. If they are not in the vicinity the ambulance will transport them to the team. If the patient is unstable the ambulance crew transports to the closest hospital for stabilization, and upon transport the team is activated and responds to that hospital. Every hospital has at least one person in the ER on shift who is trained to close the sutures. In Portland, the team be based out of Emanuel Hospital. When the patient is admitted into the hospital the team follows the patient care all the way through. For Clackamas County have a team at Kaiser Sunnyside.

Cert levels- DO, MD, NP, RN, CNA, Paramedic, EMT.

How to accomplish this-

AMR provides EVOC training. Team members complete the two days and then 5 days of driving the ambulance.

Anesthesiologist- Check for Anterior Commissure Detachment when the patient has had a Tracheal Shave. Knows to ask for NPA/OPA size prior to Chin and Jaw Recontouring.

Cardiology- Does sex assigned at birth for 12-leads. Unless Intersex then they do the 12-lead as Female and rule out with Troponin and draw a D-Dimer test. Trans women taking Spironolactone can be having a Hyperkalemic event.

Neurology- Check Prolactin levels for prolactinomas in the Pineal Gland. (Does being on Estrogen increase the risks of Malignancy, or do they stay Benign.) The Neurologist knows how to ask questions about Radial Forearm Phalloplasty deficits during a stroke assessment. Is weakness in the grip normal? How much weaker is it than normal?

Pediatrics- Young adults that are taking hormone therapy are taking the adult dose of Spironolactone. During a cardiac event rule out Hyperkalemia.

Trauma Team- When a Pre-operative transgender female comes in, they are trained in how to remove tucking material when a lower spinal injury is suspected, and Priapism is present. (Tiffany can demonstrate the removal but needs a person to have that material on.)

Vaginoplasty Surgeon- Trains the team on closure of the vaginoplasty. Have at least 20 successful closures. Shows common sites of rupture suture. (In Portland Dr. Metzger)