

# The Expert Is In: Samuel Hawkins, MD, Medical Director, Trauma



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**Dr. Samuel Hawkins, medical director of Trauma at NYU Langone Hospital—Brooklyn, explains how staff unite in minutes when patients arrive with life-threatening injuries and discusses the increase in accidents among older patients and scooter-related brain injuries.**

*The Trauma Center at NYU Langone Hospital—Brooklyn is on call 24/7/365 for patients who suffer serious injuries caused by car crashes, falls, stab wounds, and a host of other accidents. Critical care surgeon Samuel Hawkins, MD, became director*

*of the Trauma Center, a Level 1 center as accredited by the American College of Surgeons, in March 2023.*

**When would a patient be sent to the Trauma Center instead of the Emergency Department?**

Trauma care begins in the field with our emergency response team. When a person is injured in a car crash, they will be first seen by emergency medical technicians (EMTs) who arrive in an ambulance. The EMTs stabilize the patient and provide initial treatment for injuries. They also determine what level of trauma care the patient requires and communicate that to the dispatcher. Together they decide where the patient should go. As a Level 1 Trauma Center, we're one of the few hospitals in Brooklyn certified to handle the most severe injuries.

**Describe how the medical team unites to care for an incoming injured patient.**

When the hospital is notified that an injured person is en route to us, the trauma team mobilizes within minutes. Specialists on duty in other areas of the hospital—neurosurgeons, orthopedic surgeons, anesthesiologists, respiratory therapists, nurses, X-ray technicians—converge in the trauma bay, a large room in the Emergency Department, where they work together to provide emergency care to the patient. Once they are stabilized and any immediate life-threatening injuries are addressed, the team will do a complete diagnostic workup that often involves a CT scan or other imaging. Then, depending on the diagnosis, the patient may be treated in an operating room.

**Is part of your role organizing the teams so they're ready on a moment's notice?**

Yes, it is my job to organize and identify the processes necessary so that we can work together to provide that seamless, excellent level of care. Trauma patient care involves basically every clinical department within the hospital. The Trauma Center functions well because we have skilled and engaged representatives from many specialties.

**What trends have you seen in trauma care over the last decade?**

It used to be that only about 30 percent of patients coming to trauma centers were 65 and over. That percentage has doubled in the last 10 years or so. We are seeing a greater number of patients of advanced age falling and seriously injuring themselves. While there are many factors, the biggest reason is that people are living longer. One of the core roles of a trauma program is to provide injury prevention education to the community. As we move forward, we want to teach people, as they get older, to maintain strength, balance, and mobility, so that we decrease the number of falls and the rate of resulting injuries.

**What significant changes have you seen in trauma care in Brooklyn?**

While most traumatic injuries we see are people involved in car crashes, whether as passengers, drivers, or pedestrians, we are seeing a huge rise in patients admitted due to scooter-related crashes—both patients on scooters and people hit by them. People underestimate how dangerous they are. They tend to think of scooters as recreational, but they go as fast as bicycles, and the impact of falling at that speed and from that height is just as hazardous and poses the danger of a brain injury. Another one of our big injury prevention education goals is to focus on helmets for cyclists and scooter riders of all ages. These are critically important for the health and safety of the Brooklyn population.

**TOOLS**

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