




TRAUMA IN PERSPECTIVE.



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TRAUMA

- Trauma transcends all national boundaries.
- Most less affluent countries have significant proportion of road and industrial trauma in a generally young population.
- Morbidity and mortality associated with such trauma can be reduced by early and effective medical intervention.





OBJECTIVE OF CARE

- Understand the priorities of trauma management
- Rapid and accurately assess trauma patients needs
- Be able to resuscitate and stabilise trauma patients
- Know how to recognise basic trauma care in your hospital.

WHO IS AFFECTED?

- Most countries of the world are experiencing an epidemic of trauma
- Developing countries have a high increase in injuries and deaths
- Casualties from bus crashes or other disasters.
- Severe burns are also common in both urban and rural areas.
- Bad roads





HIGH AND LOW IN-COME COUNTRIES

- Distance over which casualties may have to be transported to reach a medical facility
- The time taken for patients to reach medical care
- The absence of high-tech equipment and supplies
- The absence of skilled people to operate and service it.

PREVENTION AND MODE OF TRAUMA CARE

- Prevention of trauma is by far the cheapest and safest mode to manage trauma.



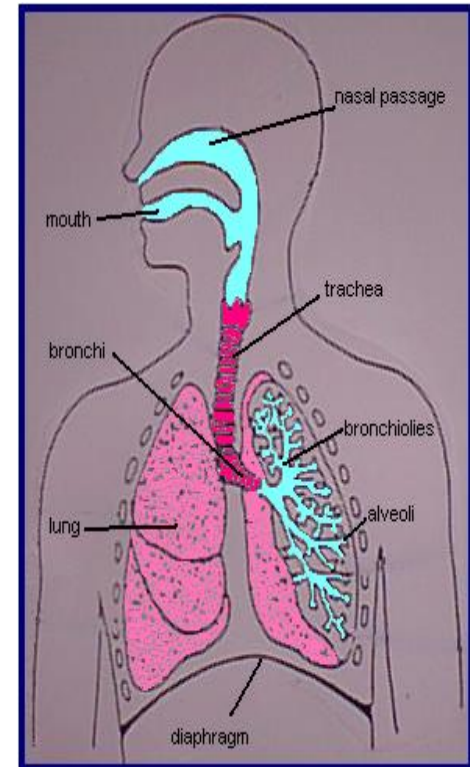
FACTORS/RESOURCES

- Culture
- Manpower
- Politics
- Health budget
- Training



ABDCE OF TRAUMA

- Airway obstruction
- Chest injuries with breathing difficulties
- Severe external or internal haemorrhage
- Abdominal injuries



ABCDE SURVEY

- This primary survey must be performed in no more than 2-5 minutes
- Simultaneous treatment of injuries can occur when more than one life-threatening state exists.



AIRWAY

- Assess the airway. Can pt talk and breath freely? If obstructed;
- Chin lift/jaw thrust (tongue is attached to jaw)
- Suction (if possible)
- Guedel airway/nasopharyngeal airway
- Intubation. NB keep the neck immobilised in neutral position.



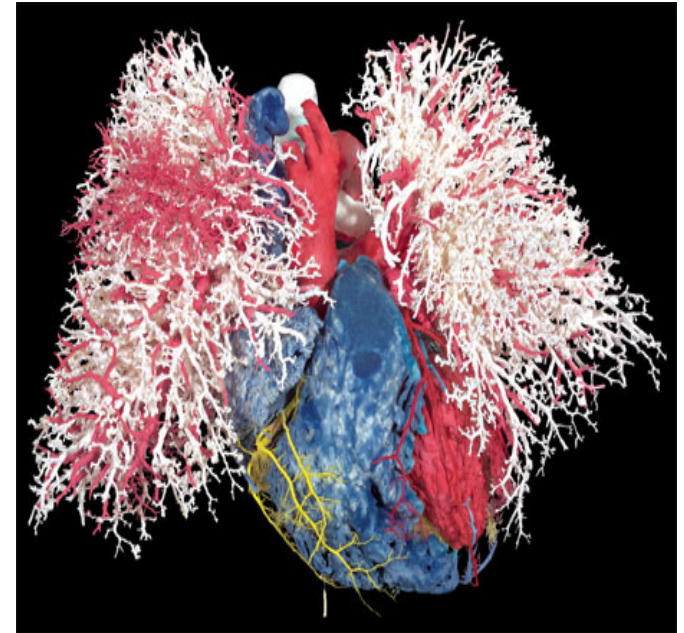
BREATHING

- Breathing is assessed as airway patency and breathing adequacy are re-checked. If inadequate;
- Decompression and drainage of tension pneumothorax/h aemorrhage



CIRCULATION

- Assess circulation, if inadequate;
- Stop external haemorrhage
- Establish 2 large-bore IV lines (14 or 16G) if possible
- Administer fluid if available



DISABILITY

- Rapid neurological assessment (is pt awake, vocally responsive to pain or unconscious)
- Is patient awake A
- Verbal response V
- Painful response P
- Unresponsive U



Exposure

- Remove pt,s clothes and look for injury
- If patient is suspected of having a neck or spinal injury, in-line immobilisation is important.



AIRWAY MANAGEMENT

- Establish or maintenance of airway patency is a priority
- Talk to the patient, a pt who can speak clearly must have a clear airway.
- Give oxygen (if available)





Indication for advanced airway management techniques

- Persisting airway obstruction
- Penetrating neck trauma with haematoma (expanding)
- Apnoea
- Hypoxia
- Severe head injury
- Chest trauma
- Maxillofacial injury

SIGNS OF AIRWAY OBSTRUCTION

- Snoring or gurgling
- Stridor or abnormal breath sounds
- Agitation (Hypoxia)
- Use of accessory muscles of ventilation/paradoxical chest movements
- Cyanosis
- Be alert for foreign bodies.
- Consider need for advanced airway management



TRANSPORT OF CRITICALLY ILL PATIENT

- Transporting pts has risk.
- It requires good communication, planning and appropriate staffing. Any pt who requires transportation must be effectively stabilised before departure.



PLANNING AND PREPARATION INCLUDES:

- The type of transport (car, landrover, boat etc)
- The person to accompany the patient
- The equipment and supplies required en route for routine and emergency treatment
- Potential complications
- The monitoring and final packaging of the patient



EFFECTIVE COMMUNICATION IS ESSENTIAL

- The receiving centre
- The transport service
- Escorting personnel
- The pt and relatives



Effective stabilisation

- Prompt initial resuscitation
- Control of haemorrhage and maintenance of the circulation
- Immobilisation of fractures
- Analgesia.
- Remember if the pt deteriorates, re-evaluate the pt by using the primary survey, checking and treating life-threatening conditions, then make a careful assessment focussing on affected system.



THEY NEED YOUR CARE



PLAY YOUR PART

