Role of the Anesthetist in Management of Traumatized Patient

Essay Submitted for Partial Fulfillment
of the Master Degree in
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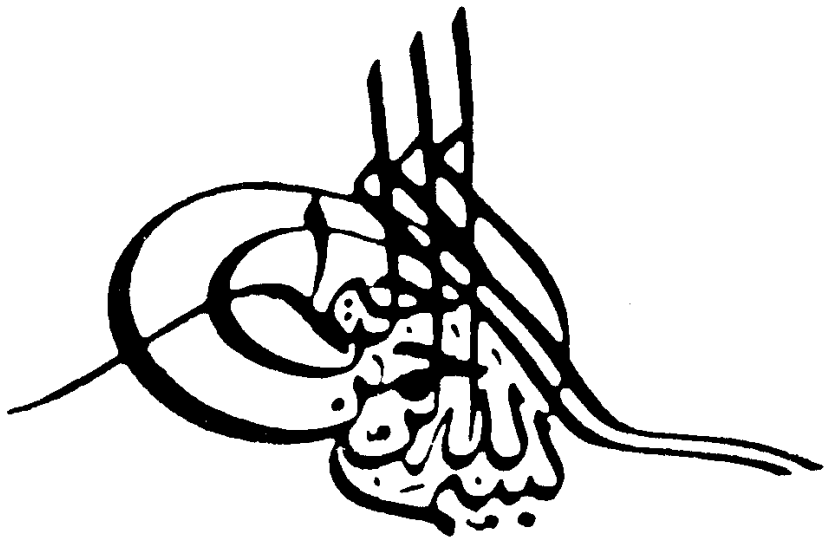

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Introduction

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Trauma is a major health hazard, and the anesthesiologists play a prominent role in the care of acutely injured patients **(Priano; 1989)**. In the developed countries 7.3% of the total deaths each year are the result of trauma ranking it as the 5th most common cause of death **(Abrams; 1995)**.

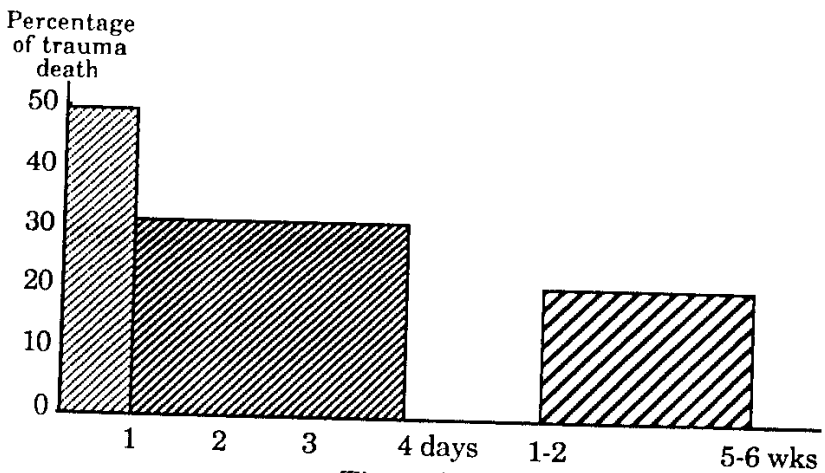
Principles of Advanced Trauma Life Support [ATLS]:

Trauma fatalities occur in a trimodal distribution:

1- **Immediate deaths:** 50% of trauma related deaths, they are due to CNS, heart, or great vessels injuries.

2- **Within 1-2 hours of injury [Golden hour]:** 30% of trauma related deaths, they are due to significant head injury and major blood loss. Patients of this group benefit most from recognized trauma care.

3- **Delayed death (within days or a week):** 20% of trauma related deaths, and occurs secondary to sepsis or multiple system failure [Figure 1] **(Abrams, 1995)**.



(Figure 1) (Abrams; 1995).

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Trauma centers:

Trauma centers have a decided impact on the practice of anesthesia. The regionalization of trauma care into trauma centers not only efficiently utilizes hospital resources, but provides adequate care experience to develop and sustain the skills of the surgery and anesthesia staff **(Grande et al.; 1988)**.

The surgeon concentrates on surgical diagnosis and treatment, the anesthesiologist provides a secure airway, adequate ventilations, appropriate intravenous fluid management, and required sedation or anesthesia to facilitate the surgical therapy.

The trauma anesthesiologist performs this mission in the emergency room and critical care unit, as well as the operating room **(stene; 1990)**.

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Assessment of traumatized patient

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