

THE URGE FOR A TRAUMA SYSTEM!

Lufinha A, Catorze N

VMER Hospital São Francisco Xavier, Lisbon, Portugal (Director: Rita Perez, MD)

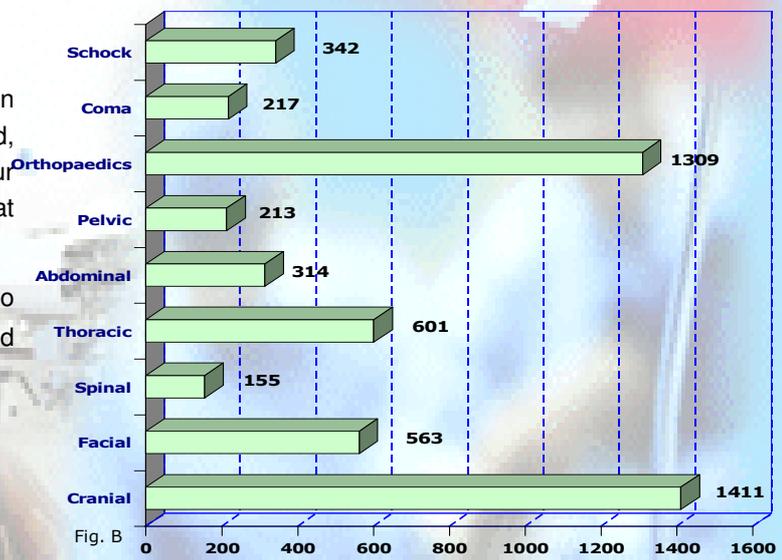
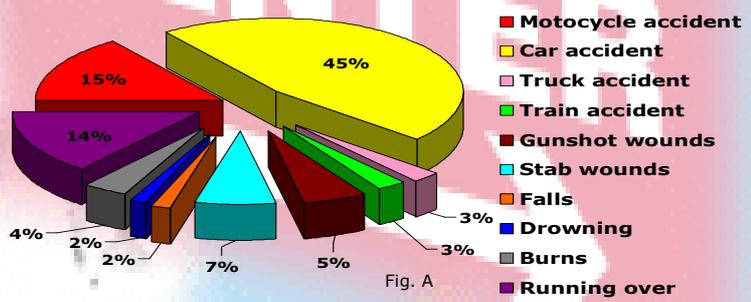
INTRODUCTION

In Portugal, trauma is the second major cause of death and disability, specially for young people. Prehospital trauma care systems cannot function in isolation. They must be fully integrated into a nation's existing public health and health-care infrastructure. Essential to the development of a trauma care system is the designation of definitive trauma care facilities.

METHODS

In this retrospective study, comprehending the period between 2001 and 2005, a sample of 3208 patients has been studied, corresponding to 24% of the total emergency calls received by our Prehospital Emergency Medical Team (VMER) through that period.

Mean patients age, types of trauma mechanisms (Fig. A), time to arrival and spent at the scene, main trauma pathologies (Fig. B) and medical procedures (Table 1) were all object of analysis.



Pharmacotherapy	1598
Peripheral Venous Access	1712
Central Venous Access	16
Skeletal immobilizations	3174
Endotracheal intubations	248
Mechanical Ventilation	243
Gastric intubations	176
Tracheotomy	9
Brachial Plexus Block	13
Pericardiocentesis	5
Thoracostomy	23

Table 1

RESULTS

Patients mean age was 34 years old and the most frequent type of event was the motor vehicle accident (Fig. A), with head injury as the most recurrent trauma injury (Fig. B). On average, the time to arrival to the scene was 8,1 minutes, whilst the time spent for advanced prehospital trauma care was 35,1 minutes. Multiple medical procedures have been used accordingly to the patient therapeutic needs, including pharmacotherapy, patent airway, fluid challenge and skeletal immobilizations (Table 1).

The majority of these patients (85%) were transported to trauma centres level II or III and only 15% to a level I centre, which seems to be inadequate.

CONCLUSIONS

The coordination of the prehospital system with the receiving hospital capable of providing the proper management, from the moment of trauma until the ultimate treatment (*golden hour*) maximizes the probability of surviving and decreases the risks of morbidity within the survivals. Our trauma patients were evaluated and treated at the scene and during transport to the appropriate or available trauma centre, accordingly with today's advanced prehospital trauma standards and protocols.

Our statistics and the Portuguese reality reinforces the urgent need for a real Trauma System of care instead of simply developing trauma centres.

References: 1) "Prehospital Trauma Care Systems", World Health Organization, 2005
2) "Guidelines for essential trauma care", World Health Organization, 2004