



Traumatic Shock - Basic Management for Junior Doctors

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Abstract:

Patients with shock following major trauma have sustained significant blood loss until proven

otherwise. Although there are other possible causes of circulatory collapse in trauma victims, such as tension pneumothorax, central nervous system injury and pericardial tamponade, in the vast majority of these patients shock is due to blood loss. While this fact may appear to be obvious, it is surprising how often the physician rendering initial treatment to the polytrauma patient ignores this basic concept. During the past two decades several studies have revealed that approximately 30% of trauma patients who die after arrival at a hospital should have survived. In most of these preventable deaths the common denominator has been the failure of the examining physician to appreciate the magnitude of ongoing blood loss. This basic error in trauma management is so widespread that there is now a strong movement to create regional trauma centers to which patients are brought directly from the scene of the accident, bypassing closer hospitals that are either ill-equipped to manage such patients or not seriously interested in rendering state-of-the-art trauma care. Indeed, experience has shown that trauma centers Significantly improve survival following serious injury. The primary reason for the enhanced survival in such centers is the constant presence of surgical and other personnel trained in the total management of the trauma victim, as well as the ready availability of facilities and equipment to immediately address the needs of these patients. In other words, trauma centers save time and thereby save lives.

Biography:

Dr Lanson Brijesh Colaco is Assistant Professor of Medicine, Division of Trauma Medicine, School of Medicine.



Special focus on Heart Assist DevicesHeart FailureHeart Failure and TransplantHeart Transplant.

Publication of speakers:

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