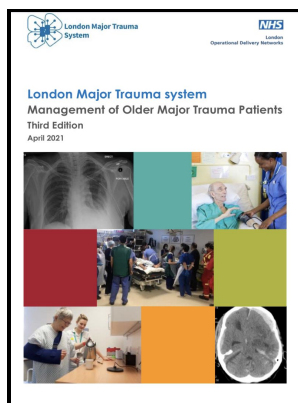


Management of major trauma

Oxford University Press - Review protocols



Description: -

-

History: World

History

Latin America - South America

Emergencies

Critical Care -- methods

Wounds and Injuries -- therapy

Surgical intensive care

Surgical emergencies

Wounds and injuries -- TreatmentManagement of major trauma

-

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Oxford handbooks in emergency medicine ;Management of major trauma

Notes: Includes bibliographical references and index.

This edition was published in 1994



Filesize: 70.33 MB

Tags: #Overview

Early management of the severely injured major trauma patient

Early Management Haemostatic resuscitation Early administration of blood products in haemorrhagic shock is advised in order to reduce the lethal triad of coagulation, acidosis and hypothermia. Remember: blood pressure is a poor measure of perfusion. Accuracy of the advanced trauma life support guidelines for predicting systolic blood pressure using carotid, femoral, and radial pulses: observational study.

Trauma Assessment; Initial Trauma Assessment. Information

Objective: To determine whether interventional radiology for definitive haemorrhage control in major trauma patients improves outcomes. Classically a target SBP of 80 to 100 mmHg is advised. Blunt trauma Patients who do not present with any predictive factors indicating intra-abdominal injury requiring urgent laparotomy or CT evaluation and have no other presenting problems may be observed with serial abdominal examinations and discharged if no reason for admission is found.

Abdominal Trauma

Careful clinical examination and serial arterial blood gas analysis will provide evidence of early or evolving respiratory compromise.

Management of major trauma: changes required for improvement

Treatment for hypovolemic shock + monitoring HR, BP and other haemodynamic levels. Air bag deployment reduces injury to pregnant women and does not increase the risk of adverse pregnancy outcomes.

Management of major trauma haemorrhage: treatment priorities and controversies

These have been described for anaesthetists by the Anaesthetic Non-Technical Skills ANTS system. Values for various parameters should be obtained soon after the primary survey and reviewed regularly. Monitor continuously via electronic monitoring if facilities are available.

Early management of the severely injured major trauma patient

Serial measurement of lactate has been described as a tool to inform the decision as to whether to implement ETC or DCS in the first 12—24 h by the Shock Trauma Centre Baltimore, MD, USA.

Related Books

- [Īdāh al-dalīl fī qatʿ hujaj ahl al-taʿālī](#)
- [Eagle Boy](#)
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