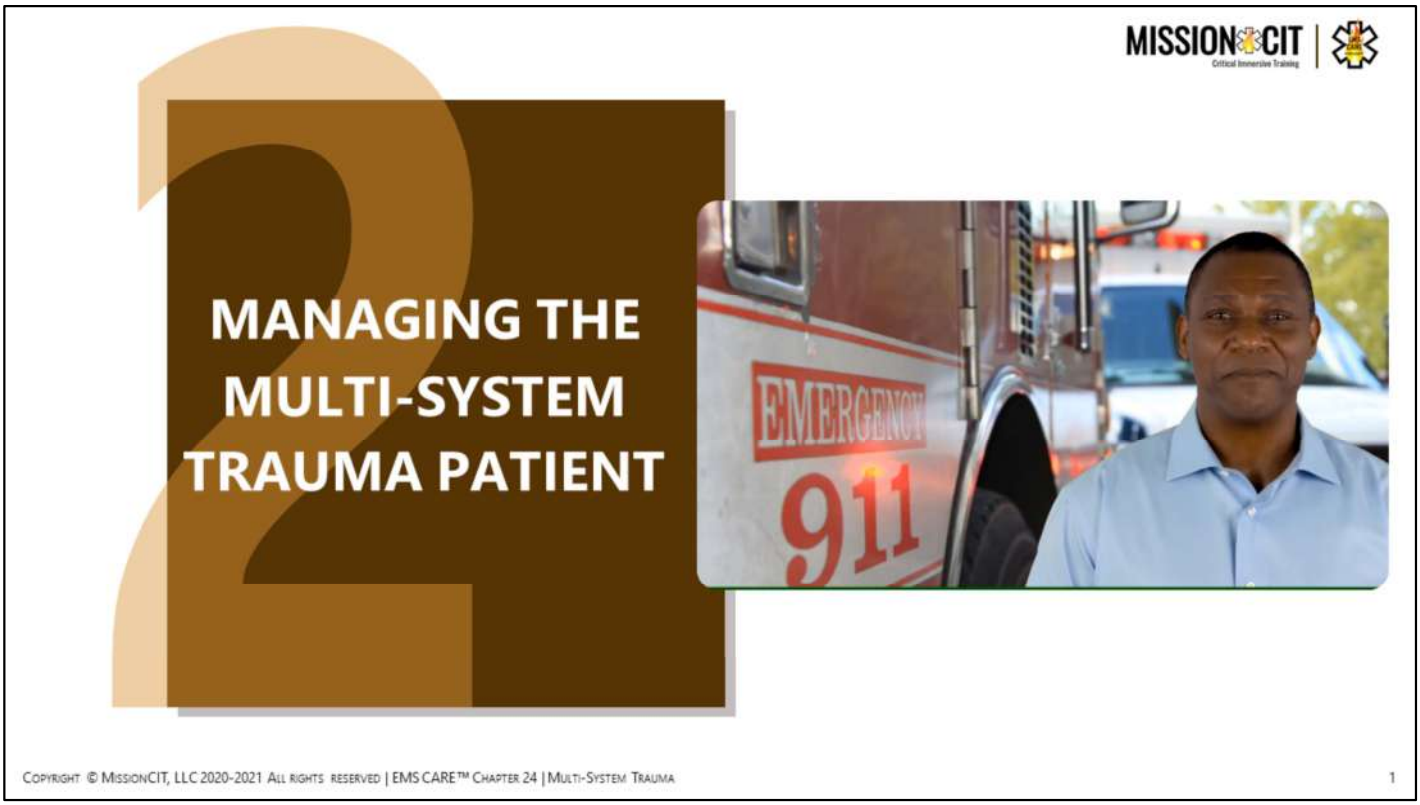
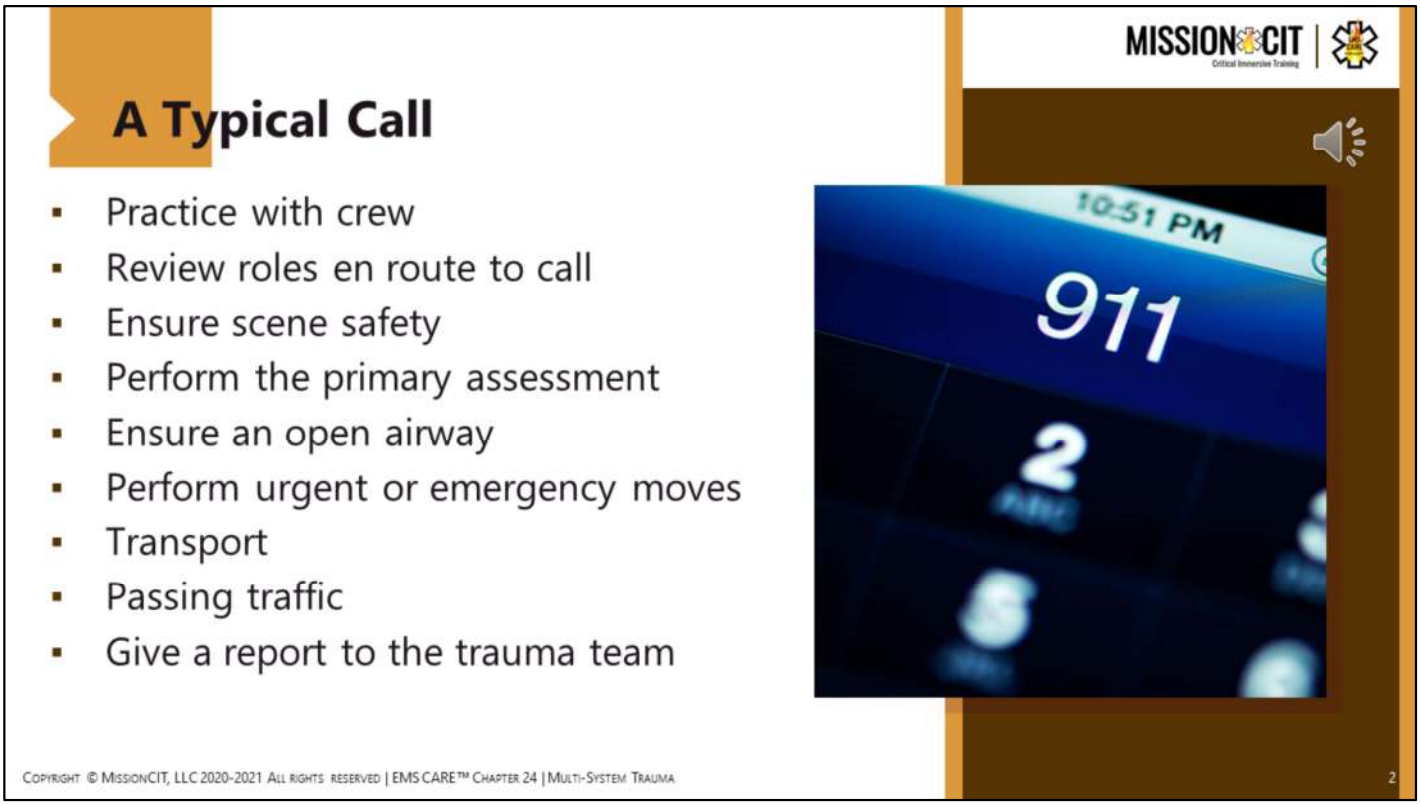


In this lesson, we will look at how to manage a multi-system trauma patient. Care of the multisystem trauma patient usually begins in the prehospital setting. The initial management goals are to prevent further injury, initiate resuscitation, and transport to the nearest appropriate facility, ideally a trauma center. Treatment provided includes the essential components of resuscitation including maintenance of the airway, hemorrhage control, immobilization of the cervical spine, and stabilization of fractures.

In addition, you should obtain background information including mechanism of injury, associated events, and past medical history to facilitate quicker diagnosis and treatment. The quality of prehospital care has been shown to impact patient outcome.



In a typical call, the priority information is the location, the number of patients, the mechanism, and details about the mechanism that give an indication of the level of trauma.

Once we have the information we need, we have to decide the types of resources required for the call. The first decision to make is whether it requires advanced life support (ALS), which would require a paramedic, or basic life support (BLS), which could be managed by EMTs. Based on the information provided by the caller, dispatch follows pre-determined guidelines as to who will be dispatched. This is also important, as it will determine our travel mode by which we respond to the call — lights and sirens, or normal travel. To be sure, determine your roles and practice with your crew in advance. En route to call, review roles each member of the crew will have.

Other resource decisions are based on the number of patients, which may require more than one ambulance and crew, and the physical location of the patient in the home or facility. If the patient cannot walk and the location has no elevator, then we know that we'll most likely have to use a stair-chair.

Scene safety considerations are an essential component of multi-system trauma management. The EMT must adapt to unusual circumstances in multi-system trauma management. Expect the unexpected.

- Perform the primary assessment.

- Ensure an open airway.
- Perform urgent or emergency moves.
- Transport.
- Auto crash will have passing traffic.
- Give a report to the trauma team at the emergency department during handover.

Analysis of the Call

- In a scenario with critical injuries:
  - ✓ Follow priorities
  - ✓ Do not delay transport
  - ✓ Show good judgment
    - Postpone taking vital signs
    - Give the hospital staff time to prepare



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Next, analyze the call. In a scenario with critical injuries, follow priorities determined by the assessments made. Do not delay transport by performing treatments that would waste time. Show good judgment skills. Postpone taking vital signs until en route when appropriate. And give the hospital staff time to prepare.

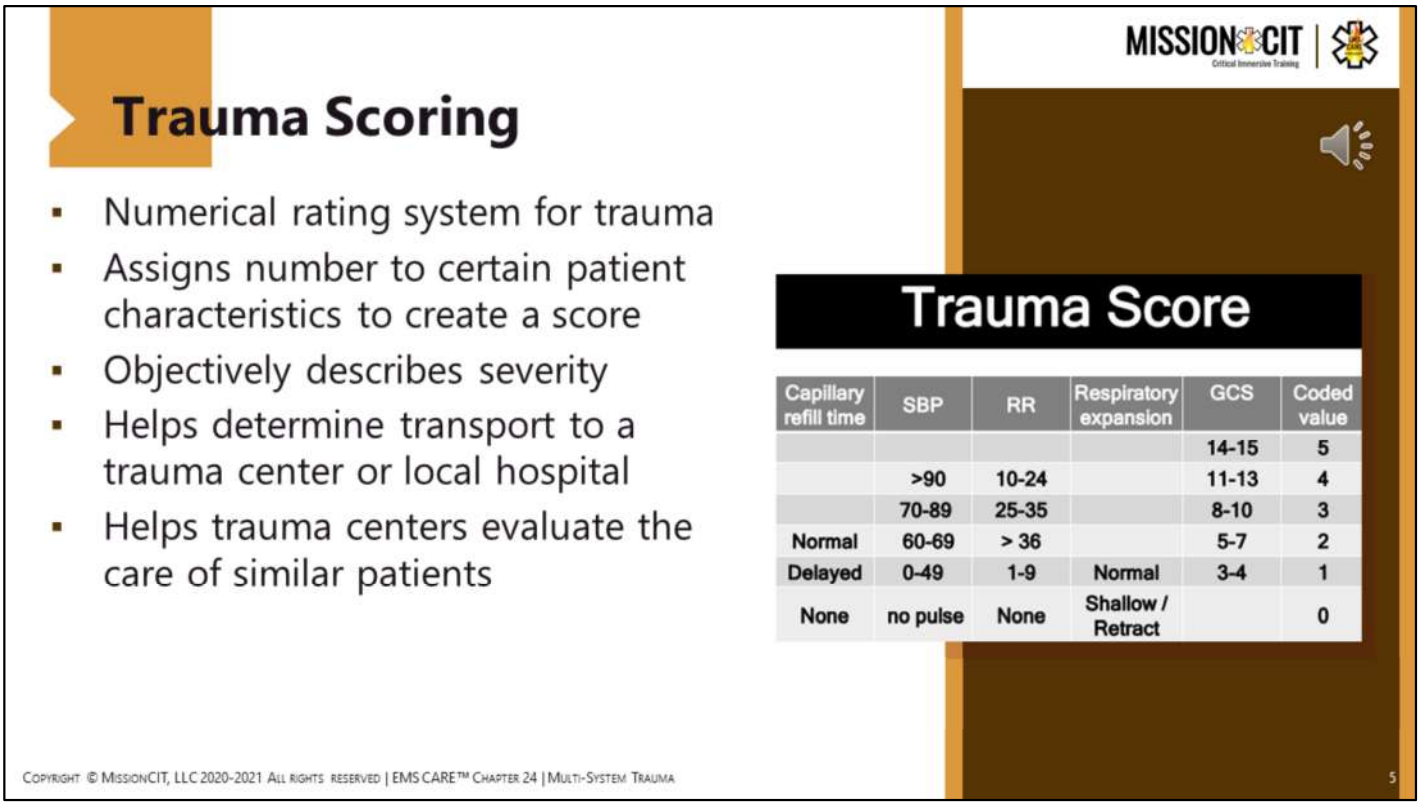


The best way to prepare for multisystem trauma is to practice and develop teamwork before the call.

- Follow priorities determined by primary assessment
- Attend to immediate threats to life
- Reassess what to treat on scene and what needs definitive care
- Call the hospital so they can prepare

Depending on your primary assessment, you may postpone taking vital signs until you are en route to the hospital. Alert the hospital that you are on your way, and give them the information you have so that they can prepare the trauma team. This may include specialists such as neurosurgeons, thoracic surgeons, and orthopedic surgeons. As you reassess your patient in the vehicle, call the hospital as necessary to update the vital signs.

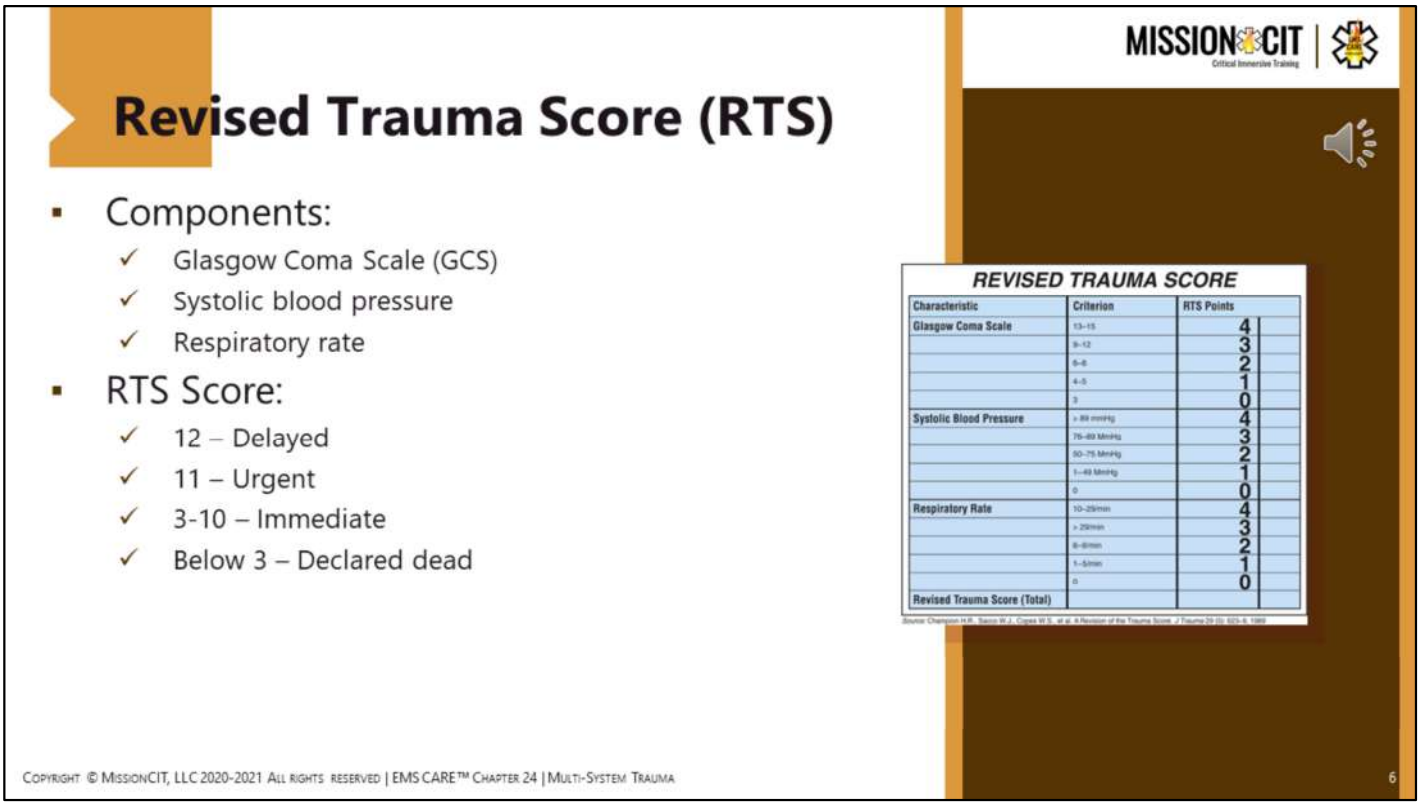
Limit scene treatment to airway management, breathing control, administering high-concentration oxygen, controlling bleeding, and spinal immobilization.



Trauma scoring is a cornerstone of trauma care improvement interventions. Standardized trauma scoring systems allow for appropriate triage and classification of trauma patients as well as prediction of patient outcomes and risk adjustment when evaluating patient outcomes and hospital performance. Several trauma scoring systems have been developed and validated in the past, including the Injury Severity Score (ISS), Abbreviated Injury Scale (AIS), Revised Trauma Score (RTS), and Trauma and Injury Severity Score (TRISS), among others. Each type of score was developed with distinct purposes across the continuum of care. Physiological-based systems, such as the Kampala Trauma Score (KTS), have been developed and shown to be valid triage tools to predict patient outcomes and inform decision-making.

To summarize,

- Trauma scoring is a numerical rating system for trauma
- It helps assign number to certain patient characteristics to create a score
- It objectively describes severity
- It helps determine transport to a trauma center or local hospital
- It also helps trauma centers evaluate the care of similar patients



Since its introduction, the Revised Trauma Score (RTS) has been widely used to determine the prognosis of trauma patients. It is based on three parameters: Glasgow coma scale (GCS), systolic blood pressure, and respiratory rate. The score range is 0–12. In START triage, a patient with an RTS score of 12 is labeled delayed, 11 is urgent, and 3–10 is immediate. Those who have an RTS below 3 are declared dead and should not receive certain care because they are highly unlikely to survive without a significant amount of resources.

With these words, we conclude this lesson, and in the next one, Missah will talk about blunt trauma and its types.