

Challenges in Trauma Care

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EDITORIAL

Trauma is a major public health concern that affects people in both industrialized and developing countries, resulting in 10,000 deaths per day. Injury strikes suddenly and unexpectedly, and traumatic injuries are the leading causes of death and disability worldwide, afflicting young, healthy, and productive people. Injury-related deaths accounted for 180,811 deaths in the United States in 2010. According to the Global Burden of Disease report, injuries claimed the lives of 5.1 million people in 2010, accounting for 9.6% of all deaths. Trauma was also projected to account for 11% of disabilityadjusted-life-years in 2013. Road accidents are expected to be the third greatest cause of death, according to the World Health Organization.

Trauma is recognized as a major public health issue that affects people all over the world. Neurological injury and blood loss are the two leading causes of death from trauma. For example, it is estimated that hemorrhage is responsible for 30–40% of all trauma deaths and accounts for 80% of early in-hospital deaths. Both are leading causes of death are potentially avoidable, with resuscitation strategies changing the outcome in both cases. In trauma situations, early resuscitation decisions have an impact on the outcome. Resuscitation is an attempt to save or restore life by creating and maintaining an airway, breathing, and circulation through cardiopulmonary resuscitation, defibrillation, and other strategies.

Reviving trauma patients is a complex, time-sensitive, and difficult task. Over the last 20 years, there has been significant advancement in trauma resuscitation, as well as a significant improvement in patient outcomes. To promote trauma resuscitation, other effective factors in major trauma patient survival, such as preclinical therapy and transportation, operative and intensive care unit treatment, and early in-hospital trauma management, must be considered. Timely and well-organized trauma resuscitation is critical for positive patient outcomes, with the first hour of trauma resuscitation often referred to as the "Golden Hour." A good prehospital communication is required to develop an efficient management of critically injured patients during trauma resuscitation in order to promote successful patient outcomes. Trauma resuscitation is a multi-professional activity that must provide rapid and focused intervention in a planned manner in order to identify and manage potentially life-threatening injuries.

Trauma resuscitation challenges

Prehospital obstacles: Several difficulties were anticipated prior to the patient's arrival at the emergency department. Most of the research found that the first care of serious trauma was insufficient. Another prehospital difficulty was insufficient notification and communication between prehospital employees and trauma teams prior to transporting patients to hospitals.

Error-related difficulties: Medical errors such as failing to document and possibly observe were among them. Errors in standardizing decision-making and achieving consensus from professional trauma clinicians in terms of interpretation errors, trauma teams faced major hurdles.

Technical difficulties and equipment: In, there was a lack of shortened or "damage-control" surgical methods for airway obstruction, hemopneumothorax, cerebral hemorrhage, and intracavitary bleeding. There was also a delay in early transfusion, improper imaging technologies, and a lack of use of Video Review.

General difficulties: Inadequate contacts of medical professionals with family, nursing challenges such as change management, and inappropriately engaging patients during trauma resuscitation in the emergency room were seen.

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