

A Description on Pre Hospital Emergency Care

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DESCRIPTION

Emergency Medical Services (EMS) responders, who are the first health care providers on the site of a crisis, provide Pre hospital treatment. EMS workers are frequently the first to realize the nature of a crisis and are able to assess the situation and establish the need for resources, particularly medical resources, almost instantly. These licensed personnel (emergency medical dispatchers, emergency medical responders, emergency medical technicians, and paramedics) may be the first to use Crisis Standards of Care (CSC), and they are key participants in local and state efforts to develop and implement coordinated and integrated CSC plans. At the local level, EMS agencies and staff may already be involved in such planning through regional EMS/trauma advisory councils or health care coalitions.

The roles and responsibilities of state EMS in CSC planning and execution in the overall framework of a CSC response system are outlined in this chapter, as well as the operational considerations involved in carrying out those tasks and obligations. Two templates cover fundamental functions for EMS systems in CSC planning as well as EMS systems and EMS personnel in CSC plan implementation. Other chapters of this report provide detailed guidance on specific CSC topics (e.g., legal issues, ethical considerations, palliative care, mental health, hospital care, and out-of-hospital and alternate care systems), which may be referenced only briefly as planning or implementation considerations in this chapter or the two accompanying templates.

Pre hospital care is an important aspect of the emergency health care continuum that is often triggered by a 911 call to a dispatch center. Typically, trained personnel who receive an emergency call determine the need for emergency care and dispatch appropriate air and ground ambulances and other EMS responders to triage, treat, and transport the patient(s) to the

appropriate health care facility, where definitive care is eventually provided. Using standardized protocols and guidelines approved by medical directors, this continuum of conventional care is provided through a coordinated and integrated emergency health care system with well-trained and well-equipped personnel at dispatch centers, ambulance agencies, hospitals, and specialty care centers (trauma, burn, pediatrics). Pre-hospital trauma evaluation is a set of abilities used by emergency medical technicians to assess all potential hazards to a patient's life that may arise as a result of a trauma incidence. Basic trauma assessment and advanced trauma assessment are the two main categories of pre-hospital trauma assessment. First responders and EMTs provide the basic assessment. A paramedic does the advanced assessment.

A pre-hospital care professional obtains a sense of the situation. By analyzing the mechanism of injury, an overall impression is formed. In a car accident, for example, the mechanism of injury is determined by calculating the speed at which the impact happened, examining the amount of damage, and looking for other elements that could influence the mechanism of injury, such as airbag deployment. Despite the fact that equipment choices can have a substantial impact on our ability to deliver care, pre hospital readers have observed that there is little guidance on equipment selection for pre hospital and emergency department use.

It considers the seemingly straightforward intra osseous access procedure. What devices are accessible in the pre hospital or emergency department context, and what evidence exists of any benefit or disadvantage? Despite the fact that most Best Evidence Subject Reports (BETs) and clinical topic reviews focus on the evidence supporting diagnostic or therapeutic interventions, there is a need to distribute answers to equipment questions like these.

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