2nd Team Called
OP in Ad or OR

(1) 1 to 3 teams

(2) Int. Fixation
- No S. Lung
- " Pul Emb
- " Fat Emb

Nurse - God send

(2) Extubate
After 48 hrs

(3) Resp. Care

(4) Specialty Rds

(5) CCR U.

6. Shock Therapy (2)
A- Blood - uncross mx
B- Plasma - Albumin
C- Crystalloid - NaCl
d. Component Rx.
Plasma - Albumin
Hct - 35↓
Packed Cells
Platelets -
Fresh F. Plasma -
7- Operation - Above Fails
(3) While Above - Uncons.
or Blunt Inj → Mini Lap.
(4) X- Ray -
Cervical Spine
Head + Chest - upright
Bone Survey
(5) No further movement
until stabilized
- Aorta gram.

The Admission

Protocol Therapy

1. Respiratory
2. Renal
3. Brain
4. Liver

Why - 10 yrs Exp. R
Teaching
Med Rec
Safety

Cardinal Rules

(1) All pts presumed to be dying
(2) Treat Before Dx
∴ clear Airway
Stop Bleeding
Rx shock

Resuscitation

1. History
2. Rapid Assessment
3. Anesthesia - LOCAL Endo
4. I.V. + EKG + C.V.P.
Above - Below Diaph.
5. Arterial Lines
6. Bladder Cath

Specialty Ref. Centers
Hand - Neonat - Burn - Children
Sp. Card.

Admitting Area

Alert < Heliport - All by Appt.
AA.
Team - Leader - staff (4 teams A B - -)
Admitting Area Desc.
6 Beds
Monitor Total
Fluid + Blood Bank
Portable X-Ray
Anesthesia -
Surgical Cart - Taking Equip
- Check list - up keep.

OR -

Total Equip dur OP.
Availability - Dedicated

CCRU -

Total monitors
1. Physiological
2. Biochem
3. Infectious
4. Brain.

HISTORY

1960 First CSTU
2 Bed

1968 chopper
Syst.

1969. CST

1973 MIEM
Dems
Own Beds
" ORs
" ICU
Rehab
Rx Hosp[illegible].

A system of
Health care
Delivery

Helicopter (1)

Crew – Training
CPR + CRT

Resusc Scene
Care En Route

Trade off –
Splinting
IV fluids
Esoph Airway.

1200 pts
Triage 4%

60% Direct

40% In Hosp't
Transfers

Cyclic.
Alert –

Types of Pts Admitted

1. Severe Multiple Syst Inj
2. Head + Spinal cord
3. Chronic D + Inj – Heart / Resp / Diabetic
   Alc + Drug + "
4. Shock – All types – Septic / Hemorr.
5. Poisons
6. Suicide Att.
7. Eye + Face
8. Burns

Accomplishments.

1. Improved Resuscitation
2. Can care for many.
3. Lower Mortality Rate
   " " "
   Decrease disability
4. Team work.
   Different Disciplines can work together.
   Mathematician
   Engineer.
   State Agencies & Facilities
5. New Reseach
   New concepts.

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will demonstrate.

Need for:

1. Pavillion for Emergency Care
2. Regional Care Areas

5. RESEARCH Lack of Funding 4 yrs ago - available unit.

INADEQUATE INFORMATION AVAILABLE

Dissemination Info & Special units

UNIVERSITY OF MARYLAND PROGRAM

1. MULTIDISCIPLINARY STUDY OF SHOCK AND TRAUMA Resuscitation Imp Research thru Bacty Biochem Path

2. TEAMS OF PHYSICIANS AND NURSES

3. COOPERATION WITH OTHER AGENCIES

STATE POLICE — Helicopter D.O.T.

FIRE DEPART — Heliport 50% Understakers

MONTEBELLO DISABILITY State Rehab Hospt.

FOR: Not an intensive care unit.

A COMPLETE LINK FROM INJURY TO REHABILITATION CARE

Accomplishments 2-12 pts.

Ambulance services

Helicopters

Mortality < Morbidity

Anew Trauma protein

Cardiac Arrest

2. MEDICAL SCHOOLS

HAVE DONE LITTLE TO TEACH TRAUMA (STRUCTURED STUDENT EDUCATION AT HOUSE STAFF LEVEL). Formal courses

3. HOSPITAL ATTITUDE

APATHY BY FAILING TO PROVIDE THE NECESSARY ANCILLARY SUPPORT.

a. SKELETAL STAFFING - NURSES & PHYSICIANS

b. SKELETAL LAB. SUPPORT wrong types of Equipment

c. SKELETAL X-RAY SUPPORT

ENOUGH TO HANDICAP THE most EXPERIENCED PHYSICIAN

4. PUBLIC ATTITUDE

ONE OF INDIFFERENCE. ACCIDENTS ARE GRUESOME, MUTILATING AND DISTASTEFUL

PERFUNCTORY RX ACCEPTABLE

1- Government.
2- Industry - Autos.
3- Insurance Agencies

NOT HERE TO DISCUSS

1. MAGNITUDE OF PROBLEM
2. ACCIDENT PREVENTION
3. EMERGENCY FIRST AID

BUT

HOW DO I CARE FOR THE EMERGENCY CRITICALLY ILL PATIENT SUDDENLY THRUST UPON ME AS A PHYSICIAN.

THE PROBLEM:

SHOCK AND TRAUMA THERAPY IS SELF DEFEATING FOR A NUMBER OF REASONS.

Routine illnesses
Emergency Ill

1. EMERGENCY ROOM NOW AN O.P.D.
   a. ILL PREPARED PHYSICIANS
   b. DECISION MAKING - only minutes
      Ripe clinical judgement
   c. ON CALL ALONE
   d. INADEQUATE FACILITIES
   e. INADEQUATE EQUIPMENT

Pete Cunningham