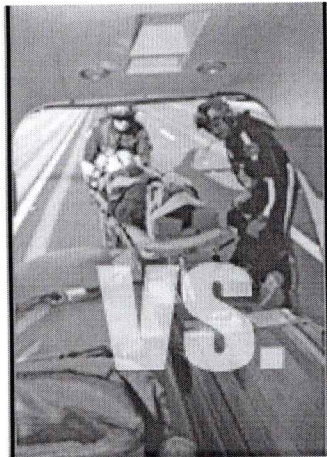


# Column

- [PRINT PAGE](#)
- [EMAIL PAGE](#)

**GOLDEN  
PERIOD**



**GOLDEN  
HOUR**

Critical patients have a finite amount of time. We need to continue to study response times. (Photo Craig Jackson)

Will Chapleau

20080721

2008 Aug 21

Will Chapleau

## Prehospital Time

- Will Chapleau
- 2008 Aug 21

As you know, I've been involved with Prehospital Trauma Life Support (PHTLS) since it began, and from time to time I talk about what PHTLS is up to in this space. The [PHTLS Web site](#) has information about courses as well as downloadable podcasts and lectures.

One of my favorite PHTLS activities is the scientific symposia, or Trauma Panels, that we do at conferences. At these panels, our authors present controversies and review the science. The discussion describes how information is evaluated and ends up in our books and protocols.

In one of my favorite presentations, "Prehospital Times: Do they really matter?", Dr. Peter Pons discussed whether evidence supports the "Golden Hour" -- our traditional target for definitive care to be delivered to the patient. He presented his review of a Swiss study of 254 patients that found no statistical difference in outcomes for patients with prehospital times of less than or more than an hour.

The PHTLS has moved to a discussion of a "Golden Period," Pons said, adding that some patients have more than an hour and some have less. The total prehospital piece includes a pre-alarm interval, the on-scene interval and the transport interval.

Then the discussion looks at response time. The standard target has been eight minutes or less. Many of you may not know that this criterion came out of a non-traumatic cardiac arrest study in Seattle in which they had better survival rates when BLS arrived within four minutes and ALS arrived within eight minutes. This rapidly became the eight-minute standard much of the country seeks to adhere to.

Several studies that reviewed large patient populations and smaller patient populations described no difference in outcomes based on response times. One study comparing rural and urban response times showed that patients were seven times more likely to die if the response time was greater than 30 minutes.

Dr. Pons then discussed a couple of his own studies. In one of Dr. Pons' own studies, published in the *Journal of Emergency Medicine* in 2002, he and the authors looked at 3,490 patients divided into two groups based on response times. They found no difference in survival.

They felt some patients had injuries that were more time-sensitive than others. In a follow-up study published in *Academy of Emergency Medicine* in 2005, researchers divided nearly 10,000 patients into three groups based on risk of death. They found the patients in the moderate- and high-risk groups benefited from faster response times, but those in the low-risk group did not.

To conclude, it's clear there's conflicting data on details but critical patients have a finite amount of time. We need to continue to study response times. And, as we teach in PHTLS, our treatment for each patient should be specific to their needs. Whether it's a treatment or the manner of transport, we must weigh the risks, protect ourselves and our patients, and do the best we can given what we know about our practice.

If this topic interests you or if you'd like to see what else we have posted, you can find more studies like this on the [PHTLS Web site](#).

- [More articles by Will Chapleau](#)



- Will Chapleau

During his career as a paramedic for 30 years and a trauma nurse specialist for 17 years, Will Chapleau has worked on ambulances and in trauma centers and has been an EMS educator for more than 20 years. Currently, he is the manager of the

ATLS program at the American College of Surgeons, serves on the boards of directors for the National Association of EMTs and the National Association of EMS Educators, and is the Illinois state chair of the Society of Trauma Nurses. He has published numerous texts and journal articles and has lectured all over North and South America, Europe and Asia. He can be reached at [WChapleau@facs.org](mailto:WChapleau@facs.org).

## User Comments

- Total comments: 1
- [Most Recent](#)
- [Post Comment](#)

1

Added Aug 28 2008 10:47AM

I have been saying this for years. I even developed a CEU