

# **EMERGENCY**



LA GESTIONE  
DEL FERITO IN  
PRONTO  
SOCCORSO



ER

TRIAGE SYSTEM BY COLOR CODE?

RE-EVALUATION OF PATIENTS FOR HOURS BEFORE  
DOCTOR VISIT?

PATIENTS STAYING IN OPD FOR 12-24 HOURS?

SUPER EQUIPPED TRAUMA ROOM?

FORGET ABOUT IT!

THE EMERGENCY ROOM TREATMENT OF WAR  
SURGICAL HOSPITAL ARE FAST AND SIMPLE



# TRIAGE

PATIENTS ARE TRIAGED NOT BY COLOR CODE THAT INDICATED GRAVITY BUT BY URGENCY TO SURGERY.

## 3 CATEGORIES:

1. IMMEDIATE SURGERY
2. WAITING FOR SURGERY
3. NO SURGERY

A PATIENT THAT FOR US IS ITALY IS A RED CODE IN WAR SURGERY WAITS IF MORE PATIENTS REQUIRING IMMEDIATE SURGERY, WITH HIGHER CHANCE OF SURVIVAL, ARE IN ER WITH HIM



# TIME IN ER

## IMMEDIATE SURGERY

PATIENT READY  
IN OT IN 20  
MINUTES

## WAITING FOR SURGERY

PATIENT OUT OF  
OPD IN 20  
MINUTES  
WAITING  
SURGERY IN  
WARD

## NO SURGERY

PATIENT OUT OF  
OPD IN 20  
MINUTES,  
OBSERVATION  
IN WARD

OPD MUST BE ALWAYS EMPTIED AS FAST AS  
POSSIBLE



# 20 MINUTE TO OT

## POLITRAUMA IN ITALY

- FAST
- CT SCAN
- X-RAY
- BLOOD EXAM
- ECG
- CONSULTATIONS OF DIFFERENT SURGICAL SPECIALIST

## POLITRAUMA IN WAR SURGERY

- CT SCAN (in rare case when the result will change the surgical approach)
- X-RAY (never in immediate surgery patients)
- Hb and cross match
- One surgeon

PURE CLINICAL EVALUATION AS A DIAGNOSTIC TOOL



# TRAUMA ROOM

## DIAGNOSTIC TOOL IN OPD



**MOST IMPORTANT DIAGNOSTIC TOOLS ARE  
YOUR EYES AND HANDS AND YOUR ABILITY TO  
OBSERVE**





# TRAUMA ROOM

## KISS



## KEEP IT SIMPLE!!



# TRAUMA ROOM

## KEEP IT IN ORDER



## ORGANIZATION IN ER IS A MUST!





# PATIENT ASSESSMENT

**ATLS** EVALUATION FOR ANY PATIENTS  
ENTERING ER

REMEMBER: Do not concentrate on visible wounds; those are the one that you may control more easily !

ALWAYS take in consideration that war patients are **always** politrauma. Blunt and penetrating mechanism are equally present!

**DO NOT CONCENRATE ON WOUNDS, TAKE  
CARE OF WOUNDED!**



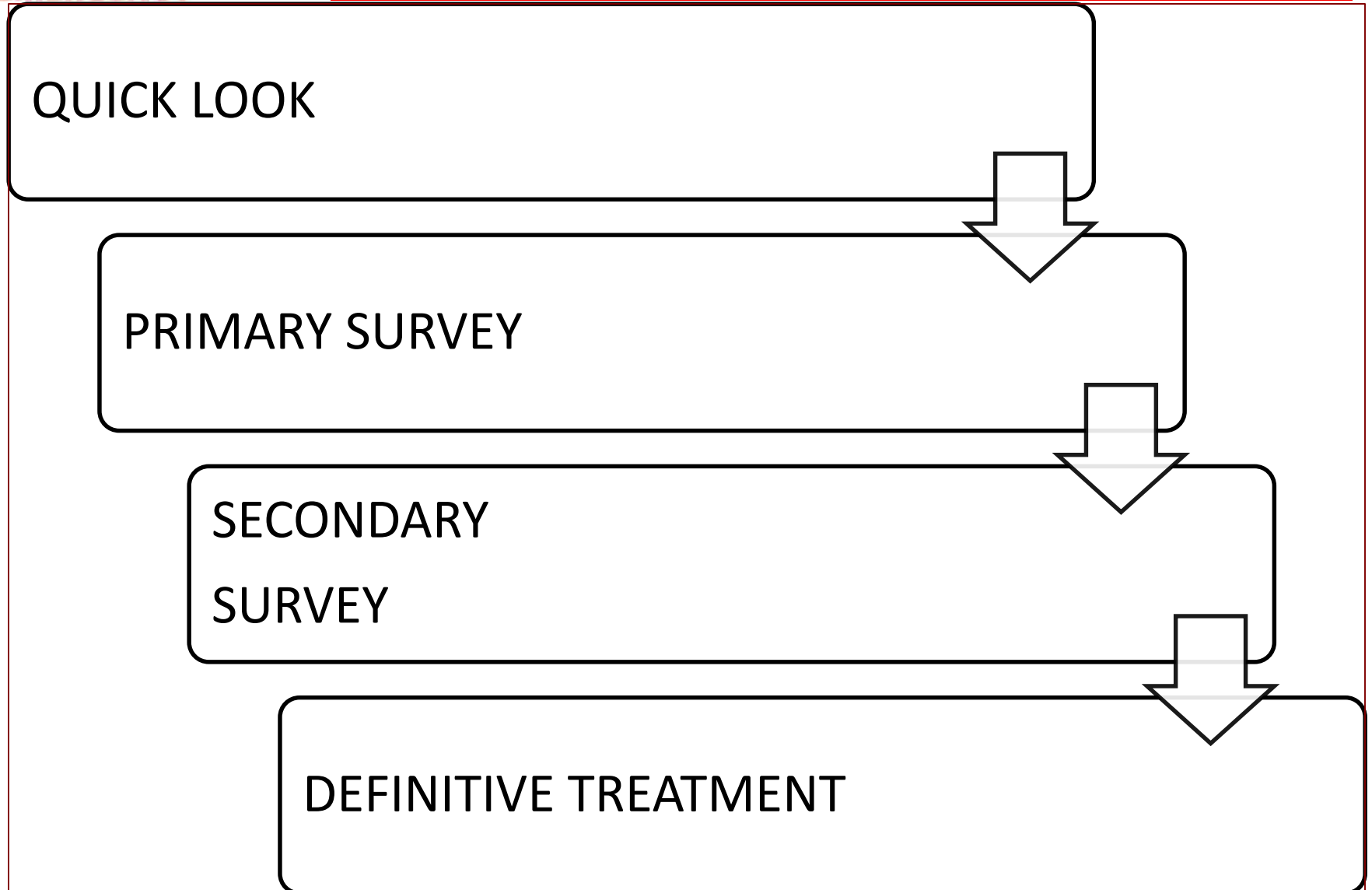
# PATIENT ASSESSMENT

QUICK LOOK

PRIMARY SURVEY

SECONDARY  
SURVEY

DEFINITIVE TREATMENT



# PATIENT ASSESSMENT

Quick look



To identify the severity of the situation

Primary survey  
(A B C D E)



Identify life threatening conditions → BEGIN TREATMENTS

Secondary survey



Minor injuries – Injuries not founded in the primary survey



# PRIMARY SURVEY

The first and key part of the assessment of patients presenting with trauma is called primary survey. During this time, life-threatening injuries are identified and simultaneously resuscitation is begun.



# PRIMARY SURVEY

CORRECT APPROACH AT PRIMARY SURVEY

**TREAT WHEN YOU FIND**

You can't treat anything if you don't find it  
You can't find anything if you don't assess:

**FIRST ASSESS  
THEN DECIDE CORRECT TREATMENT**



## **NURSING IN EMERGENCY DEPARTMENT**

- Airway
- Breathing
- Circulation
- Disability
- Exposure



**PREPARE PATIENT FOR SURGERY WITHIN 20min**

## EMERGENCY DEPARTMENT

- **Airway (with cervical spine protection)**

Assure airway is patent



PREPARE PATIENT FOR SURGERY WITHIN 20min

## EMERGENCY DEPARTMENT

- Airway

- Breathing**

Expose neck and chest to inspect

**jugular vein distension**

**chest wall excursions**

**flail chest**



PREPARE PATIENT FOR SURGERY WITHIN 20min

## EMERGENCY DEPARTMENT

- Airway
- Breathing

- Circulation**

**external bleeding should be initially managed by manual compression**

**Patients in shock are treated with O<sub>2</sub>, 2 large gorge cannulas- R/L, Trendelenburg positioning, Hb, CxM, BG, Pregnancy test, F/C, NGT, Standard Antibiotic**



**PREPARE PATIENT FOR SURGERY WITHIN 20min**

# C-CIRCULATION

External  
**BLEEDING**

**DIRECT PRESSURE**  
**TOURNIQUET**

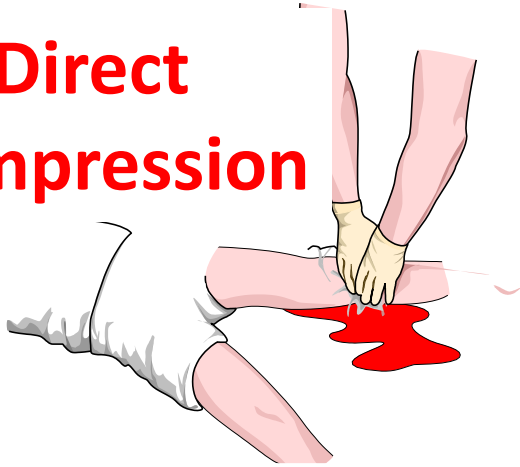






# C-CIRCULATION

**Direct  
compression**



**Reduce  
pelvic volume**

**Support the  
Circulation  
With fluids**

**STOP  
the  
bleeding**



# PRIMARY SURVEY

## EMERGENCY DEPARTMENT

- Airway
- Breathing
- Circulation
- Disability**

GCS and RER

**remember hypovolemia  
and low oxygen  
saturation**



PREPARE PATIENT FOR SURGERY WITHIN 20min



# PRIMARY SURVEY

## EMERGENCY DEPARTMENT

- Airway
- Breathing
- Circulation
- Disability
- Exposure**

rapidly undress patient, rapidly align and immobilise limbs, rapidly wash pt wth warm water, rapidly warm him with dry blankets.

**HYPOTHERMIA -  
ACIDOSIS -  
COAGULOPATHY**



PREPARE PATIENT FOR SURGERY WITHIN 20min

**RE-EVALUATION!!**

