

Ebook free The multiply injured patient with complex fractures [PDF]

identifying and treating orthopaedic urgencies and emergencies in the initial evaluation is critical in minimizing morbidity and mortality knowledge of certain scoring systems is necessary in managing polytrauma patients identifying patients with occult hypoperfusion is necessary to minimize morbidity and mortality maintain a high index of suspicion with pediatric geriatric and obstetric patients their physiologic responses to major trauma differ from those of other patients and their injuries are often missed or delayed in diagnosis early transfer to definitive care improves outcomes in these patient groups the primary goal in providing care to the trauma patient is effective resuscitation while minimizing the time from injury to definitive care figure 12 1 assessment of the patient with multiple injuries summary multiply injured patients with severe extremity trauma are at risk of acute systemic complications and are at high risk of developing longer term orthopaedic complications including soft tissue infection osteomyelitis posttraumatic osteoarthritis and nonunion the management of multiply injured or severely injured patients is a complex and dynamic process timely and safe fracture fixation is a critical component of the multidisciplinary care that these patients require 1 the first step involves the early temporary stabilization of unstable fractures and stopping the hemorrhage 2 the second step is to optimize the patient s condition in the icu 3 the ensuing parameters consists of five pathologic conditions and ancillary parameters to describe a multiply injured patient these were the result of an assumption that the threshold levels should be relevant to separate different mortality rates multiply injured patients have to be treated according to an individual therapy regime this regime has to include the urgent treatment of life threatening injuries as well as extremity fracture care and reconstruction of soft tissue injuries doi 10 12968 hmed 2019 80 12 703 abstract management of trauma has been tackled at a national level to improve patient care and mortality decision making through a multidisciplinary team approach has resulted in improved patient outcomes through a complex combination of changes this article written for emergency room physicians provides simple practical guidelines for the assessment and immediate treatment of musculoskeletal injuries of the multiply injured patient the importance of the team approach and multidisciplinary management is stressed the multiply injured patient hector a flores md and ronald m stewart md the multiply injured patient with significant thoracic and extra thoracic injuries poses a number of challenges pericardial tamponade tension pneumothorax and massive hemo thorax can and should be diagnosed clinically the first principle of managing the multiply injured patient relates to expeditiously identifying all life threatening injuries and prioritizing the care if there is more than one life threatening injury thoracic injuries are leading causes of death in the severely injured patient multiply injured patients with fractures are co managed by acute care surgeons and orthopaedic surgeons in most centers orthopaedic surgeons definitively manage fractures but preliminary management including washouts splinting reductions and external fixations may be performed by selected acute care surgeons in multiply injured patients a thorough assessment of soft tissue damage is even more crucial in this group the prognosis for the soft tissue damage depends on a multitude of parameters including tissue hypoxia acidosis and hypoperfusion of the extremities caused by secondary to hemorrhagic shock all these factors 665 673 published july 2016 annotate cite permissions share abstract rapid and effective evaluation and treatment of the traumatized patient proceeds with an abcde approach injuries are identified and treated in the order in which they would kill a patient the management of the multiply injured patient improved significantly in the 1960s and 1970s in a number of countries specialist trauma centres were established and the importance of early resuscitation and surgical treatment was appreciated management of the multiply injured patient requires a co ordinated multi disciplinary approach in order to optimise patient outcomes bone and coauthors published a prospective randomized study including 178 multiply injured iss 18 patients and compared the clinical outcome after early 24 h and delayed 48 h femoral fracture fixation 1 in this marked publication early total care etc strategy has been associated with less pulmonary complications and reduced length o the multiply injured patient with significant thoracic and extra thoracic injuries poses a number of challenges pericardial tamponade tension pneumothorax and massive hemothorax can and should be diagnosed clinically in more stable patients chest computed tomography ct scan is an excellent scr fortunately serious chest injury occurs in only about 10 per cent of seriously injured patients when present impairment of pulmonary ventilation requires immediate definitive treatment which must be initiated by the physician who first sees the patient

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identifying and treating orthopaedic urgencies and emergencies in the initial evaluation is critical in minimizing morbidity and mortality knowledge of certain scoring systems is necessary in managing polytrauma patients identifying patients with occult hypoperfusion is necessary to minimize morbidity and mortality

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summary multiply injured patients with severe extremity trauma are at risk of acute systemic complications and are at high risk of developing longer term orthopaedic complications including soft tissue infection osteomyelitis posttraumatic osteoarthritis and nonunion

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the management of multiply injured or severely injured patients is a complex and dynamic process timely and safe fracture fixation is a critical component of the multidisciplinary care that these patients require

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this article written for emergency room physicians provides simple practical guidelines for the assessment and immediate treatment of musculoskeletal injuries of the multiply injured patient the importance of the team approach and multidisciplinary management is stressed

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multiply injured patients with fractures are co managed by acute care surgeons and orthopaedic surgeons in most centers orthopaedic surgeons definitively manage fractures but preliminary management including washouts splinting reductions and external fixations may be performed by selected acute care surgeons

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in multiply injured patients a thorough assessment of soft tissue damage is even more crucial in this group the prognosis for the soft tissue damage depends on a multitude of parameters including tissue hypoxia acidosis and hypoperfusion of the extremities caused by secondary to hemorrhagic shock all these factors

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fortunately serious chest injury occurs in only about 10 per cent of seriously injured patients when present impairment of pulmonary ventilation requires immediate definitive treatment which must be initiated by the physician who first sees the patient

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