

ment, which can connect with any part of the communication network in Shanghai city. Altogether, 110,889 persons requiring firstaid were transported by SFACS in 1998. The number of the injured in traffic accidents and other disasters (such as burn accidents, intoxication, and drowning, etc.) was 26,681, of which 318 died before hospitalization. All severe trauma patients should be transported to the identified hospital in Shanghai.

Every central hospital in Shanghai is carrying out actions to set up a resuscitative department so as to relieve the load associated with massive numbers of critically wounded casualties in times of a disaster. The functions of the resuscitative department include: triage of all the critically wounded persons, resuscitation, and provision of all required supportive treatments. Their functions include: (1) cardiopulmonary resuscitation; (2) immediate treatment of life-threatening respiratory failure, organ injuries, and the loss of blood; and (3) initial management of fractures and other injuries from these disasters prior to transportation to the orthopedic department.

Keywords: ambulance; China; communications; deaths; hospitals; injuries; management; resuscitation; Shanghai; traffic accidents

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Trauma in East Crete

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Purpose: The purpose of this study is to record the characteristics of trauma patients treated and transferred by EKAB in the district of East Crete during the year 2002.

Materials and Methods: The study included 4,565 trauma patients. The following information was recorded for each patient: (1) Primary injuries, (2) Vital signs (SAP, DAP, HR, RR, SpO₂, GCS); (3) Age; (4) Gender; (5) Evaluation of trauma severity by the EKAB Coordination Center (telephone triage); (6) Accident site; (7) Dispatching times; (9) Medical procedures, and (10) Trauma score (RTS and HES) at the site and at the hospital emergency department. In addition, the total trauma frequency was compared to that of the year 2001.

Results: There was an increase in trauma cases in cardinal numbers from the year 2001 to the year 2002 (from 3,800 to 4,564) and in regard to the total number of emergencies (from 19.1% to 26.0%). The majority of injuries were traffic accidents (47%). Orthopedic trauma accounted for 23% and surgical accidents for 19%. The severity evaluation made by the Coordination Center indicated high severity in 18% and intermediate severity in 63% of the incidents. The average response time was 7 minutes. The medical procedures performed were as follows: oxygen administration to 98% of the patients, cervical collar to 73%, intravenous fluid support to 80%, endotracheal intubation to 8% after general anesthesia, long spine board to 90%. Kendrick's Extrication Device (KED) was used in 38 trapped patients. There was an improvement of RTS score at the beginning and the end of episodes from 8 to 10.5

and of HES score from 3.1 to 16.1. In high severity patients, craniocerebral injuries were encountered in 23%, fractures in 15%, and chest trauma in 8%.

Conclusions: There was an increase in trauma frequency and severity in the year 2002 compared to the previous year. The emergency intervention resulted in distinct improvement of the patients' condition.

Keywords: Crete; demographics; epidemiology; frequency; injuries; severity; trauma; treatment

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Major Trauma in Swedish Paediatric Population — A Survey of Children Admitted to a Paediatric Intensive Care Unit

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Background: Sweden has the lowest injury death rate for children age 1 to 14 years across the member countries of the OECD (UNICEF Report 2001). Great morbidity and mortality are seen among children surviving prehospital treatment and subsequently cared for in an intensive care unit (ICU). This is the first study of this paediatric trauma patient population in Sweden.

Objective: To describe the demographics, mechanism, pattern and severity of injury(ies), the prehospital and hospital care provided (first 24 hours), and outcomes in severely injured trauma victims cared for at a paediatric ICU (PICU) in Sweden.

Methods: The medical records of 131 traumatized children (0–16 years of age) admitted to the paediatric centre PICU in Gothenburg, Sweden 1990–2000, were examined retrospectively. The severity of injury was estimated by calculating Injury Severity Score (ISS), Paediatric Glasgow Coma Scale Score (GCS), Revised Trauma Score (T-RTS/RTS), Paediatric Trauma Score (PTS), Trauma Score Injury Severity Score (TRISS), and Paediatric Risk of Mortality Score (PRISM).

Results: The incidence of paediatric trauma patients cared for at the PICU, was 7/100,000 children per year in the greater Gothenburg area during 1990–2000. Epidemiology showed a similar pattern as is present in other OECD countries. The severity of injury (ISS) median score was 14. Mortality rate in this series was 3%.

Conclusion: Major trauma with admission to a PICU is rare in a Swedish paediatric population. Cared for at a centre with the necessary facilities and trained personnel, these children have a good chance of survival.

Keywords: intensive care unit (ICU); pediatrics; severity scores; Sweden; trauma

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