

A Model of Major Trauma Audit to Improve Clinical Effectiveness in Both Civilian and Military Field Hospital Environments

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The management of severely injured patients is a core business of military medical services on operations. The Major Trauma Clinical Effectiveness project was started in 1997, to improve the outcome of severely injured victims treated in a combined civilian-military hospital in the UK (Ministry of Defence Hospital Unit, Frimley Park). A full-time, military Trauma Nurse Coordinator (TNC) was responsible for collating data from point of injury to discharge, and for monitoring 40 clinical performance indicators in four areas (prehospital care, resuscitation, definitive care, and documentation). In 1999, the same model was implemented in 22 field hospitals in Kosovo, allowing direct comparison of standards of care in the civilian and military environments. In 2001, the project was transferred to the new Royal Centre for Defence Medicine in Birmingham, UK, and a course was developed to train military TNCs for all future deployments. This has allowed the collection and analysis of data from the war in Iraq in 2003, with TNCs placed in all British Army field hospitals and onboard the hospital ship. An analysis of the trauma data is presented.

Keywords: analysis; data; field hospitals, British; hospital ship; hospitals; indicators; injuries; Iraq; Kosovo; monitoring; trauma; trauma nurse coordinators

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Maritime Radio-Medical Services: The Singapore General Hospital Experience

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Medical care for the sick and injured on a variety of seafaring vessels throughout the world represents a challenge to the medical-care community. The scope is broad, and it is unique in terms of the problems encountered at sea and logistical difficulties in assessment and treatment of patients, as well as the provision of definitive care. The problems of sparse resources availability, great distances, isolation, communications, accessibility, and weather also are very real.

In Singapore, radio-medical advice was coordinated first by the Port Health Authority. In 1980, the

Department of Emergency Medicine at Singapore General Hospital assumed the responsibility for this service. This paper analyzes 2,409 calls that were received during a period of 22 years (January 1980 through December 2001). It highlights the common consultations, modes of communications, treatment and management prescribed, and training requirements, as well as the challenges for the future.

Keywords: communications; consultation; management; maritime; medical care; problems; radio-medical advice; Singapore; training; treatment

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Devices for Airway Maintenance in Prehospital and Disaster Medicine

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The authors discuss the efficacy and safety of various new devices to secure the airway both in prehospital and in disaster emergencies. Although many instruments now are sold to meet this objective, their role outside of emergency and operating rooms has not always been accepted. Many protocols indicate that the surgical airway remains the "gold standard," but this choice is difficult on the scene, particularly if performed by unskilled personnel. For this reason, personnel operating on the scene must be provided with an alternative to the surgical airway, as indicated by the clinical picture. Some simple devices, as the Laryngeal Tube, Laryngeal Mask, Combitube, and the Cuffed Oropharyngeal Airway can be such an alternative for ventilating the patient.

Keywords: airway, alternative; Combitube; disaster; efficacy; emergency, laryngeal mask; laryngeal tube; oro-pharyngeal tube; pre-hospital

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Trauma: Personal and Public Needs

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Exploring the realities of working closely with victims of trauma places unusual stresses on caregivers' internal landscapes. This session examines personal challenges for the healthcare professional when called upon to act publicly during times of emergency or societal crises.

Keywords: caregivers; challenges; crises; psychosocial; trauma; victims

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