

Trauma 2007: The Debate

Proposing the motion:

“The Role of the Intensivist in
Trauma Resuscitation is to take the
Patient away at the End”

Dr Tim Parke

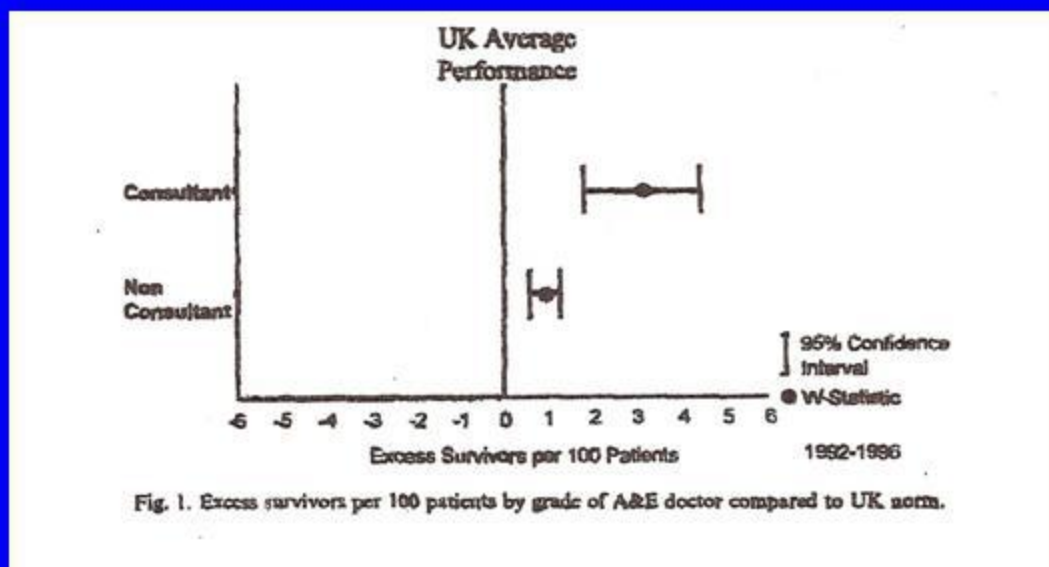
Emergency Department ACH

Airway Skills

- Rapid sequence intubation is now training requirement for ED specialists at “expert” level
 - ref: ACEM training guidelines
- Complication rates comparing ED physician intubations to anaesthetists are similar, and the ED group tend to be more urgent
 - ref: EMJ 2003

Leadership skills

- Wyatt study Injury 1999
 - Improved trauma survival with ED consultant



ED Working as a Team



Intensivists Working as a Team



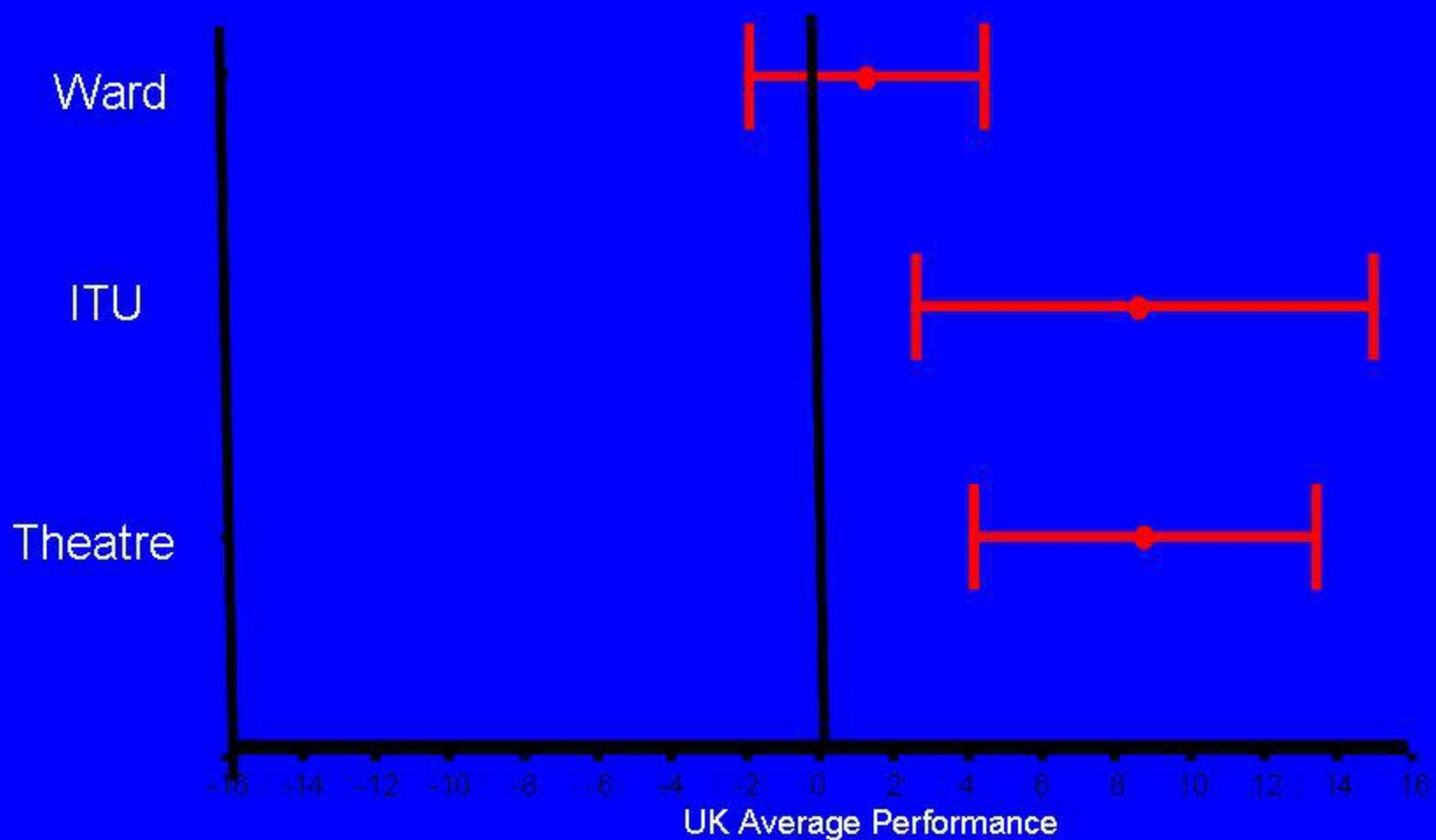
Mixing up teams - does it work?



Role of Intensivist IS to Take the Patient Away at the End

- Complex therapies later
 - ventilator
 - feeding
 - timing of surgery
 - fluid balance
 - ICP therapies

Destination after A&E Resuscitation



Excess Survivors per 100 Patients

Campaign for a Geek-free Resus



The Case for No Intensivist

- Trauma resuscitation should be:
 - fast & simple: 30 minutes
 - delivered by a team who:
 - are used to working together
 - are familiar with the environment
 - have leader with clear lines of command and control
 - have the requisite skills and competencies

No Intensivists.....



Mad techno boffins



Too clever by half

....More ED Docs



Trauma Resus should be Fast and Simple

- Evidence based time critical treatments:
 - avoidance of secondary insult in head trauma
 - rapid triage to theatre in shock trauma
 - rapid identification of expanding intracranial haematomas

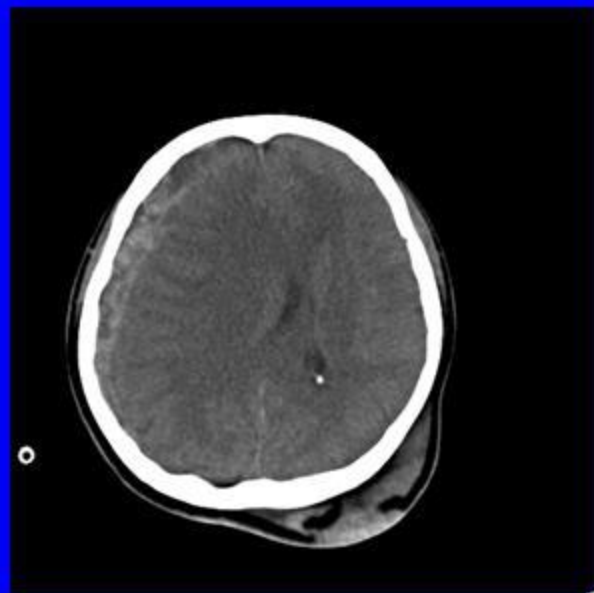
ED Resus Algorithm 1

- Put tubes in mouth and chest to help patient breathe if they can't do it themselves...enough



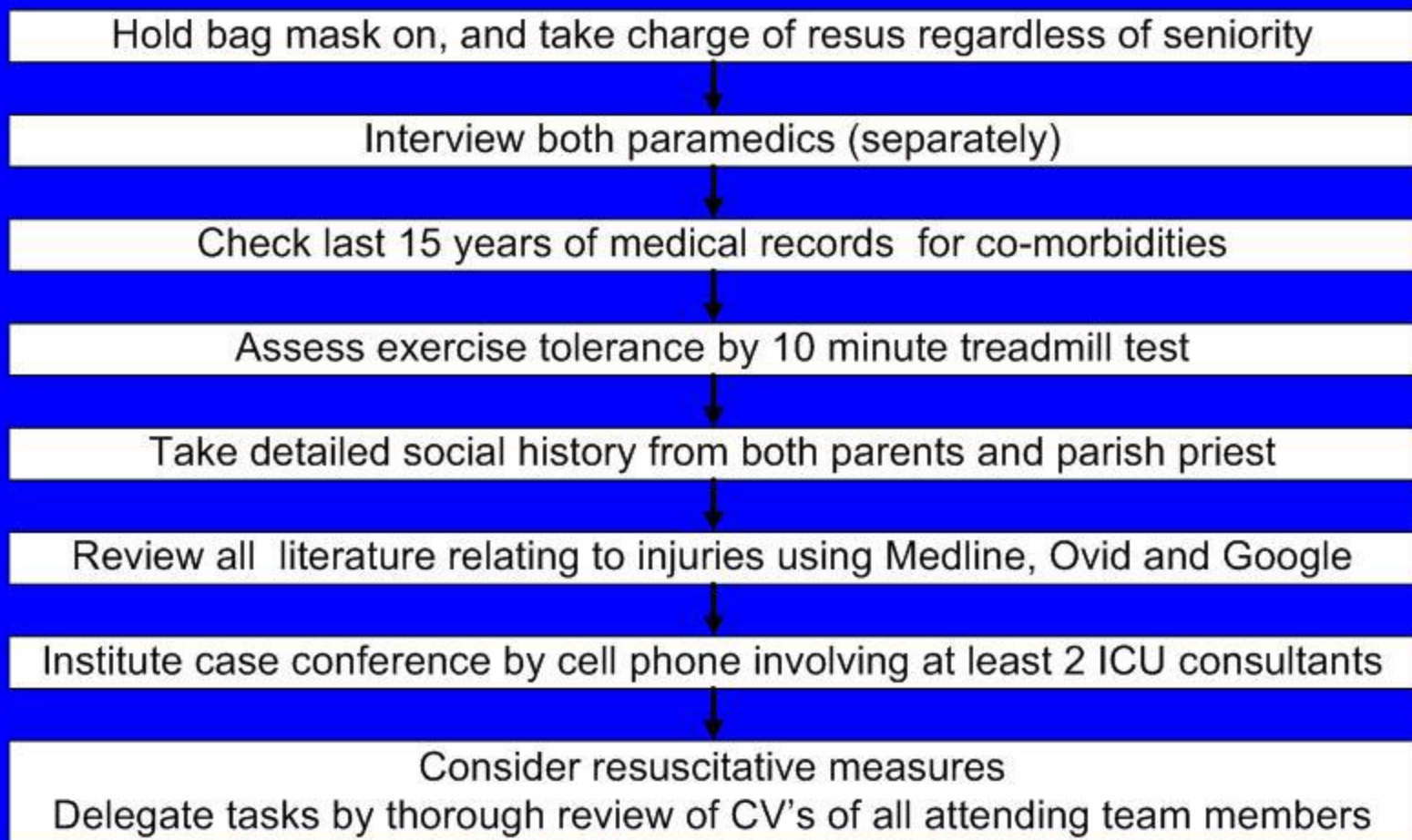
ED Resus Algorithm 2

- Put in lines. Find bleeding. Press & splint. Find the right surgeon and move out.



HIV +ve Resus

(high intensivist visibility)



What Might ED Team Gain from an Intensivist?

- Skills?
- Leadership?