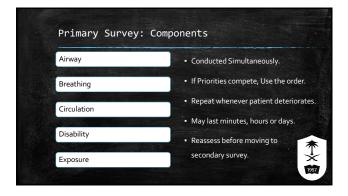
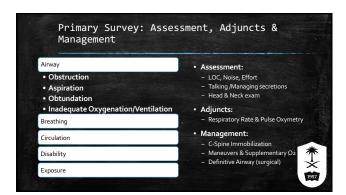
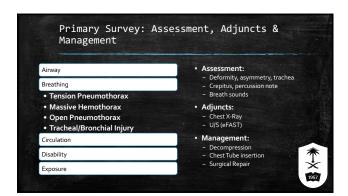


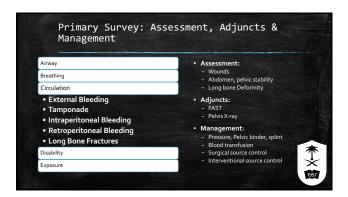
<ul> <li>Trauma care is as old as War.</li> </ul>		
It has come a long way in the l	ast half a cent	tury.
• Major Paradigm Shifts:		
- Un-organized	>>>	Organized
- Disease/Organ-Oriented	>>>	Patient-Oriented
- Single Operator	>>>	Team Work

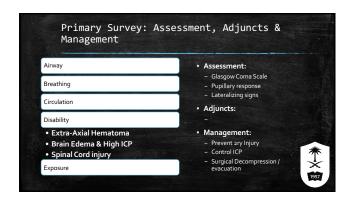
Emergency Trauma Surveys			
Primary	Secondary		
Addresses Life-Threatening     Injuries in order of priority	<ul> <li>Addresses Potentially Life- Threatening Injuries</li> </ul>		
Mostly Hands-On Exam	Focused History & Full Exam		
Limited Diagnostics	Sophisticated Diagnostics		
Aimed at Survival	Aimed at Definitive Therapie		

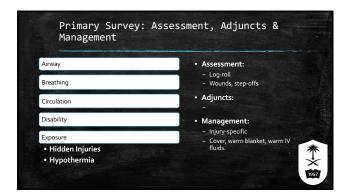


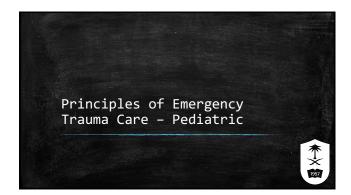




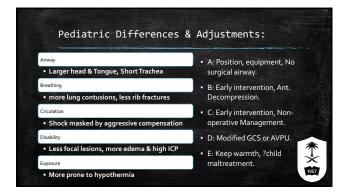


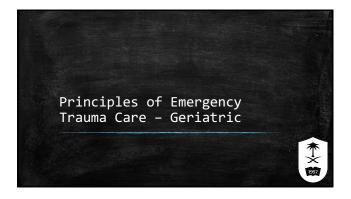




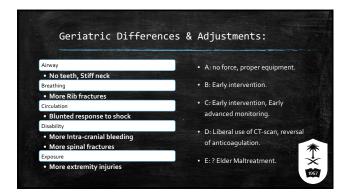


## Highlights - Priorities are still the same. - Trauma is No.1 cause of death & disability in children. - Multi-system injury pattern is the rule. - Mechanisms vary by age & are mostly preventable. - Vital signs, medication doses & equipments vary by age / weight. - Initial aggressive compensation then sudden decline.



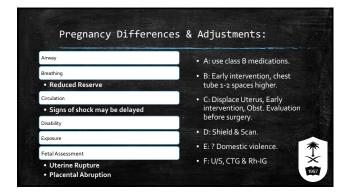


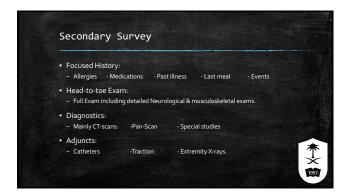
## Highlights Priorities are still the same. More prone to Traumatic injuries due to senility. Mostly low energy mechanisms compounded by reduced physiological reserve. Mortality is proportional to the number of comorbidities. Comorbidities & Medication effects may confound the assessment. Early & liberal use of advanced diagnostics is recommended.





## Priorities are still the same. The best care of the fetus is optimal resuscitation of the mother. The fetus is very sensitive to maternal hypoxia & hypovolemia. Gravid uterus occupying the abdomen is pivotal consideration. Physiological changes may mask maternal shock. If necessary, radiological studies shouldn't be withheld.





Q & A session	
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