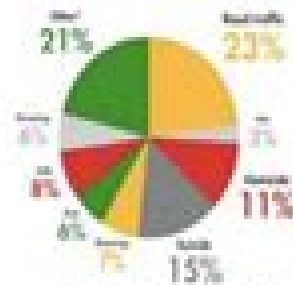


ATLS (Advanced Trauma Life Support)



Modelo de muerte trimodal

La muerte por lesiones ocurre en uno de los 3 periodos, que son:

Primer pico

Segundos o minutos posterior a la lesión.
Causado por lesiones severas en encefalo o médula espinal, ruptura cardíaca, aórtica o de grandes vasos.

Segundo pico

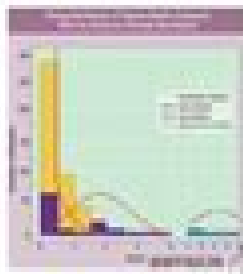
Sucede los primeros minutos u horas posterior a la lesión.

Durante este periodo las muertes se deben principalmente a hematomas subdurales o epidurales, laceraciones hepáticas, hemopneumotórax, ruptura esplénica, fracturas pélvicas.

Aquí es en donde se debe realizar el ATLS (primera derivación)

Tercer pico

- Ocurre varios días o semanas después de la lesión
- **Causas son:** sepsis, insuficiencia orgánica múltiple



Objetivos del ATLS

- Tratar primero la mayor amenaza para la vida (A, B, C, D, E)
- Falta de diagnóstico definitivo no debe de impedir la aplicación del tratamiento indicado.
- No es indispensable tener una historia clínica detallada para iniciar la evaluación del paciente.



Evaluación y manejo inicial

PREPARACIÓN

Fase prehospitalaria

1. Manejo paramédico con énfasis en ABC
2. Transferir a hospital receptor

EMERGENTE

Triage

Selección y clasificación de pacientes basado en sus necesidades terapéuticas y en los recursos disponibles para su atención

- A: Vía aérea y control de columna cervical
- B: Respiración
- C: Circulación con control de la hemorragia

Fase hospitalaria

1. Área de resuscitación disponible
2. Revisar que todo el equipo funcione y esté disponible de inmediato
3. Soluciones calientes
4. Asignar roles de acción
5. Protocolo de traslado con centros de trauma
- Equipo de protección personal

Evaluar A, B, C y D en un paciente (Evaluación de 10 segundos) preguntando por nombre y qué sucedió.

Una respuesta adecuada sugiere que no hay compromiso de vía aérea, la respiración no está comprometida y el nivel de conciencia no es bajo.

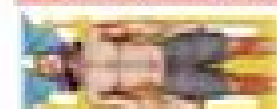
Valorar y tratar conforme se encuentren anomalías.

A Airway (vía aérea)

Evaluación

1. Inspección visual externa
2. Identificar fracturas faciales, mandibulares y/o de trófago-laringe
3. Buscar quemaduras en vía aérea
4. Glasgow 8 o menor

Siempre mantener control cervical durante la maniobra de maniobra mandibular



Manejo

1. Inconsciente o incapaz de mantener vía aérea control cervical
2. Consciente y orientado = G0 a 10 L por minuto con mascarilla con bolsa
3. Glasgow 8 o menor
4. Trauma facial severo = intentar intubar, si no, cricotiroidotomía
5. Quemadura en vía aérea = intubar
6. Glasgow menor 8 = intubar

B Breathing (respiración)

Evaluación

- Cuello y tórax:** inspección, palpación, percusión, auscultación
1. **En la laringe:** inspeccionar en cuello = insuficiencia respiratoria
 2. **Hemotórax a tensión:** insuficiencia respiratoria + ingurgitación yugular, hiperresonancia + ausencia de ruidos vesiculares
 3. **Tórax inestable:** dolor + insuficiencia respiratoria múltiples fracturas costales

Manejo

1. **En la laringe:** intentar intubar, si no, cricotiroidotomía
2. **Hemotórax a tensión:** primero toracostomía en axila, posterior toracostomía (colocar tubo endotorácico)
3. **Hemotórax simple:** tubo pleural si es mayor a 1,500 ml, o 200 ml en 2-4 hrs se realiza toracostomía
4. **Hemotórax abierto:** cerrar con parche o gas por 3 puntos para evitar el efecto de succión

INCIDENTES CON MÚLTIPLES VÍCTIMAS

Número de pacientes y gravedad de lesiones. **NO exceder la capacidad máxima del centro de atención.**

Capacidad máxima

EVENTOS MASIVOS DE VÍCTIMAS

Número de pacientes y lesiones. **EXCEDER la capacidad de los instaladores o el personal.**

Trasladar a los que presenten mayor gravedad de lesiones

Riesgo: Lesión comprometer la vida y/o extremidad, fractura ósea

Atención: Lesiones que podrían comprometer la vida o una extremidad. **Revisión planificada en minutos a horas.**

Revisión: Pacientes que podrían lesionar y lesionar extremidad

Lesión Extremidad

Atención: "Expediente", gravemente lesionado, que en el contexto de múltiples lesionados sólo se ofrecen medidas paliativas, mientras se atienden a otros o se reanuda

Atls Guidelines 2012

Sabine Zange



Atls Guidelines 2012:

Maternal-Fetal Evidence Based Guidelines Vincenzo Berghella, 2022-03-29 This new edition of an acclaimed text reviews the evidence for best practice in Maternal Fetal Medicine to present the reader with the right information with appropriate use of proven interventions and avoidance of ineffectual or harmful ones The information is presented in the right format by summarizing evidence succinctly and clearly in tables and algorithms The aim is to inform the clinician to reduce errors and to make it easy to do it right The volume can be purchased separately or together with the companion volume on Obstetric Evidence Based Guidelines set ISBN 9780367567033 The Series in Maternal Fetal Medicine is published in conjunction with the Journal of Maternal Fetal and Neonatal Medicine From reviews of previous editions An excellent resource with quick and easy protocols this book has a permanent spot on my shelf Doody's Review Service

Pre-Hospital Emergency Medicine E-Book: Prepare for the FRCA E-Book Nicholas Pace, 2015-11-20 This eBook is one of 10 carefully selected collections of key articles from the Anaesthesia and Intensive Care Medicine journal a continually updated evidence based learning resource based on the RCOA Curriculum It is ideal for trainees approaching a new sub specialty and or when preparing for the FRCA or similar exams It will also prove an invaluable authoritative refresher for life long learning and CPD Related MCQs are included to test your understanding

General and Advanced Duties in Anaesthesia: Prepare for the FRCA Nicholas Pace, 2015-11-22 This eBook is one of 9 carefully selected collections of key articles from the Anaesthesia and Intensive Care Medicine journal a continually updated evidence based learning resource based on the RCOA Curriculum It will be an invaluable guide throughout the specialty training years and for when preparing for the FRCA or similar exams It will also prove to be a helpful authoritative refresher for life long learning and CPD Related MCQs are included to test your understanding

2018 Joint Trauma System (JTS) Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners, 2018-10-09 Almost 1 000 total pages see index at beginning of publications for a complete list of included CPGs Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS The Joint Trauma System JTS is the Department of

Defense DoD authority for the military's trauma care system. The vision of the Joint Trauma System is that every Soldier, Sailor, Marine, and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery. To achieve this vision, in 2006 the JTS implemented programs for data-driven trauma system development and improvement, in addition to the collection of trauma data. As part of its data collection efforts, the JTS maintains a registry of trauma patients who received care at medical treatment facilities (MTFs). Since 2007, this registry, known as the DoD Trauma Registry (DoDTR), has documented demographic, injury, treatment, and outcomes data for all trauma patients admitted to any DoD MTF, regardless of whether the injury occurred during ongoing military operations, and is the largest military trauma data source in the world. Development of the DoDTR began during the early years of the Global War on Terror (GWOt) when the need to systematically improve trauma care for combat-wounded resulted in the impromptu creation of a demonstration registry, known then as the Combat Trauma Registry (CTR). The CTR was constructed by the Center for AMEDD Strategic Studies (CASS); trauma-related information was initially abstracted into it from paper medical records received from trauma nurse coordinators (TNCs) at Landstuhl Regional Medical Center (LRMC) in Germany. Shortly after the demonstration program started, the Army Surgeon General approved its transition to an operational mode, leading to the formation of the Joint Theater Trauma System (JTTS), and eventually the Joint Trauma System (JTS).

[Joint Trauma System \(JTS\) Clinical Practice Guidelines](#), Over 700 total pages. The JTS Clinical Practice Guidelines (CPGs) are to the greatest extent possible evidence-based. The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data. If you are interested in learning more about the process of developing CPGs, please click this link: [CPG Development Process](#). This guide for CPG development will help lead you through the methods used to develop and monitor CPGs. The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process.

COMPLETE LIST OF CURRENT JTS CPGs

JTS CPG Documentation Process

01 December 2017 Acute Extremity Compartment Syndrome Fasciotomy

25 July 2016 Acute Respiratory Failure

23 January 2017 Airway Management of Traumatic Injuries

17 July 2017 Amputation

1 July 2016 Anesthesia

23 Jun 2016 pdf Aural Blast Injury Acoustic Trauma and Hearing Loss

12 Aug 2016 Battle Non-Battle Injury Documentation Resuscitation Record

5 Dec 13 Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination

12 August 2016 Burn Care

11 May 2016 Catastrophic Non-Survivable Brain Injury

27 Jan 2017 Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting

05 August 2016 Clinical Mgmt of Military Working Dogs Combined

19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip

19 Mar 2012 zip Damage Control Resuscitation

03 Feb 2017 DCoE Concussion Management Algorithm Cards pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management

27 October 2017 Emergent Resuscitative Thoracotomy

11 June 2012 Fresh Whole Blood Transfusion

24 Oct 12 Frostbite and Immersion Foot Care

26 Jan 2017 Frozen Blood

11 July 2016 High Bilateral Amputations and Dismounted Complex Blast

Injury 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017 Hypothermia Prevention 20 Sept 2012 Infection Prevention in Combat Related Injuries 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016 Initial Care of Ocular and Adnexal Injuries 24 Nov 2014 Intratheater Transfer and Transport 19 Nov 2008 Invasive Fungal Infection in War Wounds 04 August 2016 Management of Pain Anxiety and Delirium 13 March 2017 Management of War Wounds 25 April 2012 Neurosurgery and Severe Head Injury 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods 04 August 2016 Orthopaedic Trauma Extremity Fractures 15 July 2016 Pelvic Fracture Care 15 March 2017 Prehospital Care 24 Nov 2014 Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter 02 August 2016 Radiology 13 March 2017 REBOA for Hemorrhagic Shock 06 July 2017 Unexploded Ordnance Management 14 Mar 2017 Urologic Trauma Management 1 Nov 2017 Use of Electronic Documentation 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting 11 June 2012 Vascular Injury 12 August 2016 Ventilator Associated Pneumonia 17 Jul 2012

Retrieval Medicine Dr. Charlotte Evans, Associate Professor Anne Creaton, Dr. Marcus Kennedy, Dr. Terry Martin, 2016-11-17 Retrieval Medicine is a core concise and practical text covering the complex clinical and logistical problems experienced in the retrieval environment Focusing on evidence based management and clear clinical guidance this easily portable handbook provides a comprehensive and accessible guide to this growing field for all health professionals involved in the retrieval and transfer of critically ill patients Covering the practice of acute emergency and critical care medicine in the transport environment this handbook provides the practical guidance and clinical knowledge to enable medical practitioners to function independently in highly variable and resource limited environments with acutely unwell unstable and often clinically undifferentiated patients over long durations Closely mapped to the Royal College of Surgeons syllabus on retrieval and transfer medicine this title comprehensively covers all aspects of retrieval medicine from basic flight physiology to more complex retrievals and common pitfalls Authored by an authoritative international team of expert editors and specialist authors this clinically focused text is complemented by a range of checklists and reference tools for practical and accessible use in the field These deliver core information for use in the primary retrieval setting allowing the retriever to structure their approach to a crisis and correct the problem with suggested interventions Topics include retrieval systems and coordination crisis resource management shock and a range of chapters focusing on responding to specific areas of medicine when encountered in the retrieval environment such as cardiology and obstetrics and gynaecology

Pelvic Ring Fractures Axel Gänsslen, Jan Lindahl, Stephan Grechenig, Bernd Füchtmeier, 2020-11-25 This book provides in depth coverage of all aspects of pelvic ring fractures and their management The opening chapters supply essential information on surgical anatomy biomechanics classification clinical evaluation radiological diagnostics and emergency and acute management The various operative techniques including navigation techniques that have been established and standardized over the past two decades are then presented in a step by step approach Readers will find guidance on surgical

indications choice of approaches reduction and fixation strategies complication management and optimization of long term results Specific treatment concepts are described for age specific fractures including pediatric and geriatric injuries and secondary reconstructions Pelvic ring fractures represent challenging injuries especially when they present with concomitant hemodynamic instability This book will help trauma and orthopaedic surgeons at all levels of experience to achieve the primary treatment aim of anatomic restoration of the bony pelvis to preserve biomechanical stability and avoid malunion with resulting clinical impairments

Accident & Emergency Brian Dolan, Lynda Holt, 2013-05-23 Accident it is about why it should be done leading to sustainable and safer practice The third edition of this ever popular text expands its horizons to include contributions from emergency care professionals in New Zealand Australia and the Republic of Ireland as well as the United Kingdom Applied anatomy and physiology and how it changes in injury and ill health Treatment and management of a wide range of emergency conditions Includes emergency care across the life continuum trauma management psychological dimensions and practice and professional issues Transportation of the critically ill patient chapter outlines the nursing and operational considerations related to transportation of the acutely ill person Creating patient flow chapter overviews the concepts behind patient flow across the wider health system and introduces the key concept of staff and patient time It explores some of the techniques used in manufacturing and service industries and its application to health system illustrating how to reduce the waste of patient and staff time Managing issues of culture and power in ED chapter demonstrates that cultural awareness is about much more than recognising the different religious needs of patients and their families it s also about recognising culture diversity stereotyping and expressions of power Updated to reflect the latest practice and guidelines in this fast changing field of practice

Priorities in Critical Care Nursing - E-Book Linda D. Urden, Kathleen M. Stacy, Mary E. Lough, 2015-02-23 NEW QSEN Evidence Based Practice boxes use the PICOT framework to cover a timely topic and the research that underlies current patient care NEW TEACH for Nurses manual includes unique case studies outlines instructor resources student resources answer keys and more NEW PowerPoint slides with unfolding case studies have been updated to include interactive questions and sample handoff information in the ISBARR format for appropriate chapters NEW Cultural Competency boxes provide information on basic cultural topics including what cues to watch for and how to better provide culturally competent care NEW QSEN Teamwork and Collaboration boxes offer concise guidelines for effective handoffs assessments and communications between nurses and other hospital staff NEW QSEN Patient Safety Alert boxes highlight important guidelines and tips to ensure patient safety NEW QSEN Internet Resources boxes identify key organizations and websites for both general critical care practice and for each specific body system NEW Key points at the end of each chapter offer a quick study tool for students NEW More detailed objectives now include every disorder covered in the chapter NEW Digital glossary on the Evolve companion site help to increase students critical care nursing vocabulary

Shoulder and Elbow Trauma and its Complications Michael Greiwe, 2015-07-16 Traumatic injuries to the shoulder remain

a problem encountered by young and old alike Trauma surgeons and shoulder and elbow specialists are called upon daily to improve the quality of life of injured individuals by restoring function decreasing pain and returning individuals to their previous occupations and places in society Such treatment provides both humanitarian and economic impact Only recently have techniques and technology allowed surgeons to restore lives to such a degree following these injuries Still shoulder and elbow trauma remains a vexing problem for patients and surgeons alike Many injuries result in lost work and serious debility including lack of function post traumatic arthritis and pain This important textbook provides a systematic and comprehensive guide to the different types of shoulder trauma and the management of its associated complications In Part One the focus is on the most common types of shoulder trauma with chapters covering anterior instability traumatic rotator cuff tears fractures joint injuries and the floating shoulder and includes sections on the most common complications befalling each injury Part II then reviews the management of the most common complications Chapters include detailed analyses of persistent anterior shoulder instability several forms of nonunion and malunion failed acromioclavicular joint reconstruction post traumatic arthropathy and traumatic osteonecrosis and failed arthroplasty for fracture Reviews common types of shoulder trauma Addresses the common complications associated with each injury Provides a detailed guide to the management of common complications

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bought. "Color Revival" -- "Understanding advanced color analysis". Understanding the 12 Season Color Analysis System ... Dec 10, 2009 — Easy to understand charts and photos help explain it in its simplest terms. Included are full palettes for each of the 12 seasons, as well as ... Colour Third Edition Colour Third Edition. A workshop for artists, designers ... colour theory and practice to inspire confidence and understanding in anyone working with colour. Mark Scheme (Results) Summer 2015 Mark Scheme (Results). Summer 2015. Pearson Edexcel GCSE. In Mathematics A (1MA0). Higher (Non-Calculator) Paper 1H. Page 2. Edexcel and BTEC Qualifications. GCSE Maths Edexcel June 2015 2H Calculator ... - YouTube Edexcel GCSE Maths Past Papers Pearson Edexcel GCSE Maths past exam papers and marking schemes for GCSE (... June 2015 (Mathematics B) (2MB01). Paper 1: Statistics and Probability ... Edexcel GCSE Exam Papers Maths GCSE past papers (Foundation and Higher) for the Edexcel exam board with mark schemes, grade boundaries, model answers and video solutions. worked Paper 1 (Non-Calculator). 8 MARKSCHEME ... Pearson Edexcel Level 1/Level 2 GCSE (9-1) in Mathematics - Sample Assessment Materials (SAMs) - Issue 2 - June 2015 13. Edexcel GCSE Maths Past Papers Find all Edexcel GCSE Maths past papers and mark schemes for the new specification graded 9-1. Revise better with Maths Made Easy. Edexcel Legacy GCSE Past Papers and Solutions On this page you will find all available past Edexcel Linear Mathematics A GCSE Papers, Mark Schemes, Written Solutions and Video Solutions for the ... GCSE: Maths Edexcel 2015 Dec 2, 2015 — Paper 1: Non-Calculator will take place on Thursday 4th June 2015. ... Please Help Me! show 10 more. Trending. Unofficial mark scheme for Edexcel Maths Paper 1- ... AQA | GCSE | Mathematics | Assessment resources Mark scheme (Higher): Paper 3 Calculator - June 2022. Published 14 Jul 2023 | PDF | 556 KB. Mark scheme (Higher): Paper 1 Non-calculator - June 2022. AQA GCSE Maths Past Papers | Mark Schemes Find AQA GCSE Maths past papers and their mark schemes as well as specimen papers for the new GCSE Maths course levels 9-1. The Seven Synonyms for God: An analysis of the concept of ... The Seven Synonyms for God: An analysis of the concept of ... SEVEN SYNONYMS FOR GOD / The ... Eddy on page 465 of Science and Health, which reads, "God is incorporeal, divine, supreme, infinite Mind, Spirit, Soul, Principle, Life, Truth, Love." The ... 32 Synonyms & Antonyms for GOD 7 days ago — On this page you'll find 42 synonyms, antonyms, and words related to god, such as: allah, the almighty, creator, daemon, deity, and divinity. Discover Yourself through the Seven Synonyms for God Or do you see yourself as the image of God – Mind, Principle, Life, Soul, Spirit, Truth and Love? Doing so will open a brand new world to you. Realizing our ... The Seven Synonyms for God: An analysis of the concept ... The Seven Synonyms for God: An analysis of the concept of God in the Christian Science textbook [Kappeler, Max] on Amazon.com. *FREE* shipping on qualifying ... Seven Synonyms for God God is Mind, God is Soul,. God is Spirit and Principle. God is Life, God is Truth and God is Love. With every step He leads each day. God + 7 synonyms for God God + 7 synonyms for God · 1 of 7 ~ God is Mind MP3 PDF · 2 of 7 ~ God is Spirit MP3 PDF · 3 of 7 ~ God is Soul MP3 PDF · 4 of 7 ~ God is Principle MP3 PDF · 5 ... Seven synonyms and attributes for God poster Seven synonyms and attributes for God poster. Download. Share

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