Treatment Algorithm for the polytrauma patients

15 MIN.

AO trauma course – Basic principles of fracture management

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Formål med forelæsning

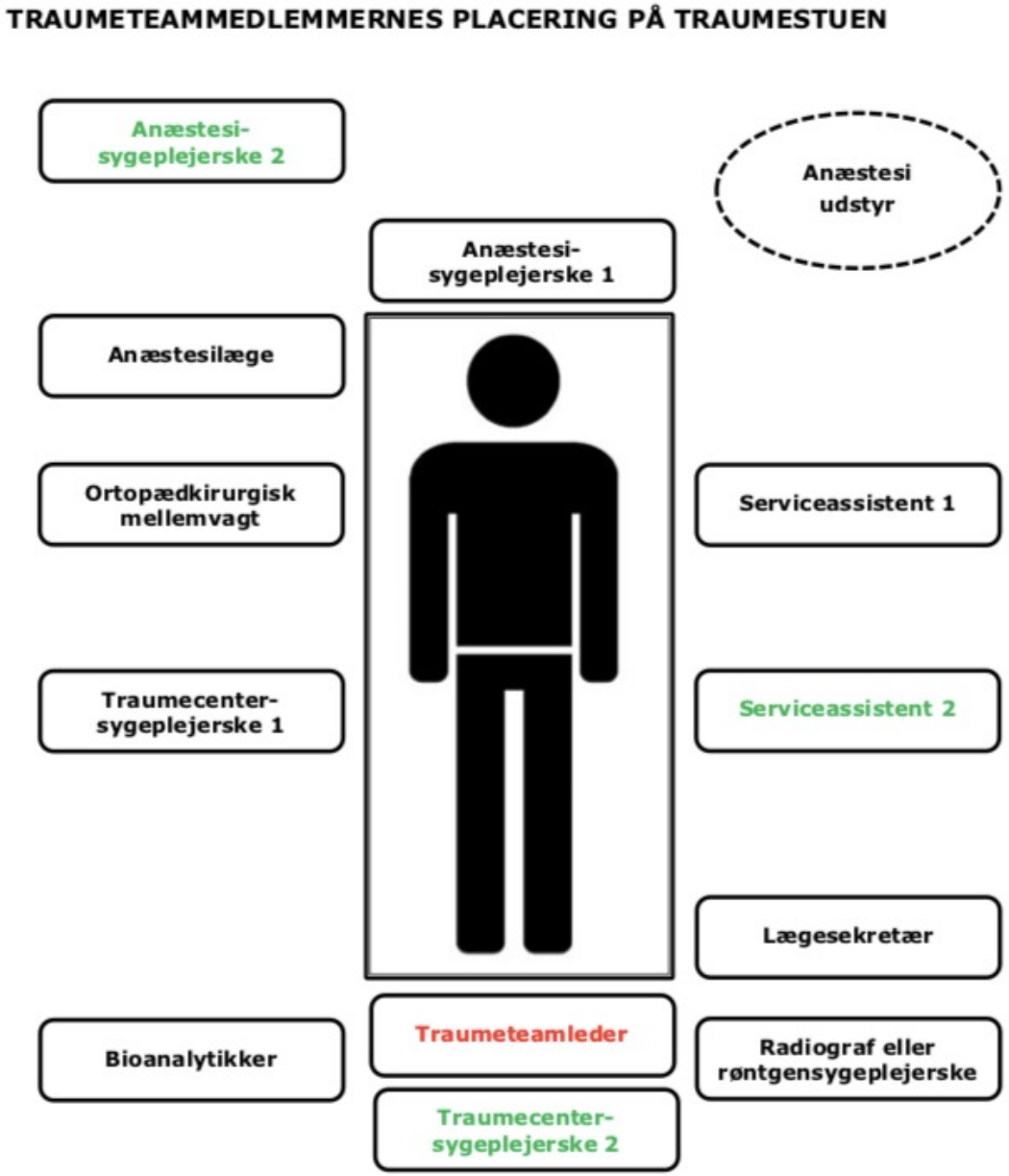
- Algoritme for modtagelse af polytraumer
- Prioritering af kirurgisk fractur behandling
- Lokale og regionale forholds betydning for behandling

MODTAGELSE AF MULTITRAUME PATIENT

A B C D E

TRAUME TEAM

- Traumeleder
  - Orto/anæstesi
- Undersøgende læge
- Sygeplejerske
- Portør
- Radiograf/radiolog
- Thorax/abdominal/neuro



Prioritering af kirurgisk behandling

- Save life
- Save limb
- Preserve and restore function

A B C D E

	Klasse 1 15%	Klasse 2 15-30%	Klasse 3 30-40%	Klasse 4 >40%
Blodtab (ml)	0-750	750-1500	1500-2000	> 2000
BT	Normal	Normal	Nedsat	Nedsat
Puls	< 100	100-120	120-140	> 140
Pulstryk	Normal	Nedsat	Nedsat	Nedsat

"Blood on the Floor and four more…"

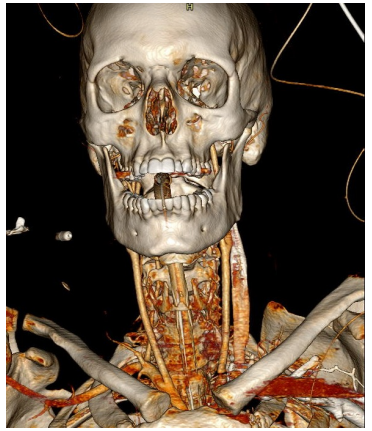
Brud (isoleret)	Blødning (ml)	Klasse 3 30-40%	Klasse 4 >40%
Et ribben		1500-2000	> 2000
Distal radius			
Humerus		Nedsat	Nedsat
Tibia		120-140	> 140
Femur		Nedsat	Nedsat
Bækken			

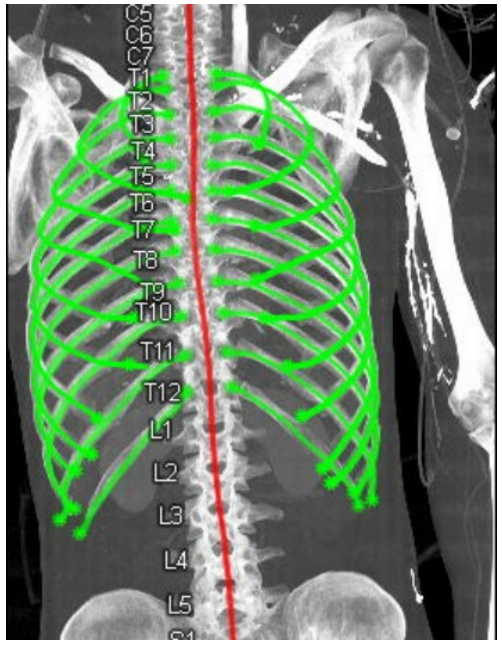
"Blood on the Floor and four more…"

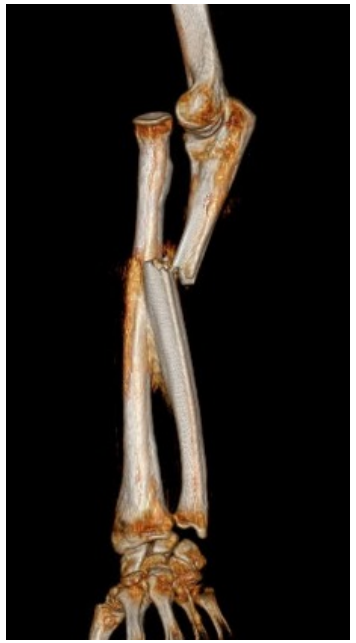
Brud (isoleret)	Blødning (ml)	Klasse 3 30-40%	Klasse 4 >40%
Et ribben	125	1500-2000	> 2000
Distal radius	250-500		
Humerus	750	Nedsat	Nedsat
Tibia	500-1000	120-140	> 140
Femur	1000-2000	Nedsat	Nedsat
Bækken	Massiv		

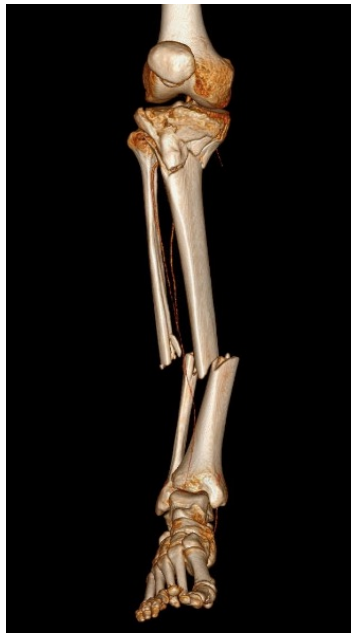
28-årig mand, multitraume

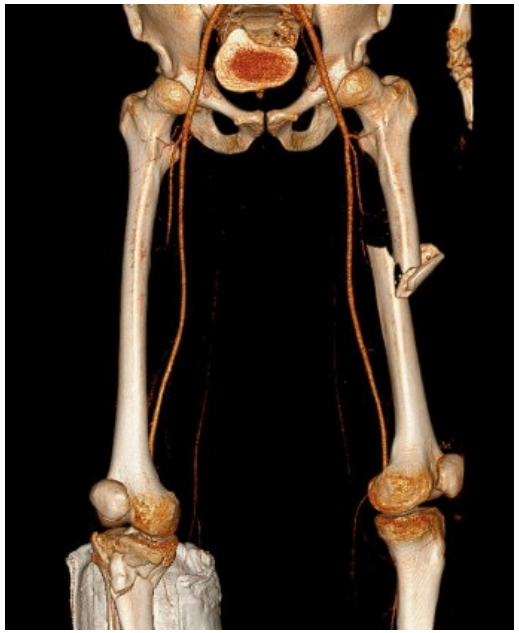
- B: lille pneumothorax
- Mindre subdural blødning
- C-ustabil: pga intraabdominal blødning

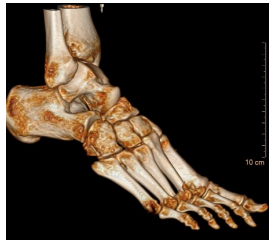




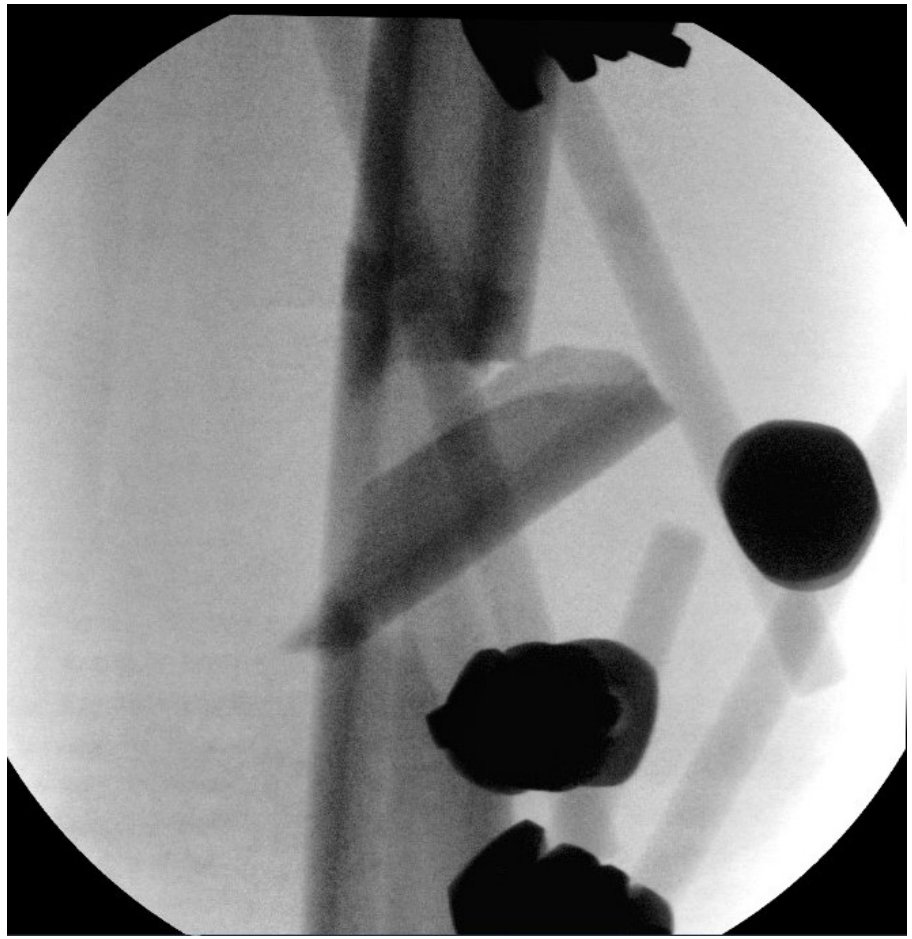


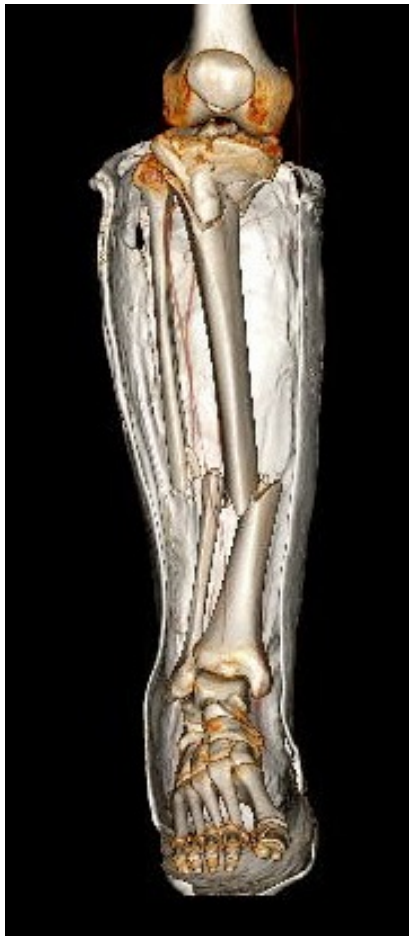


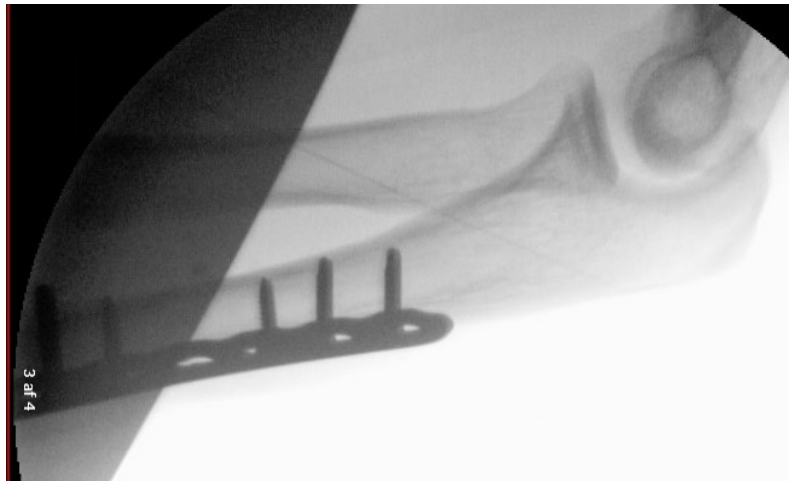


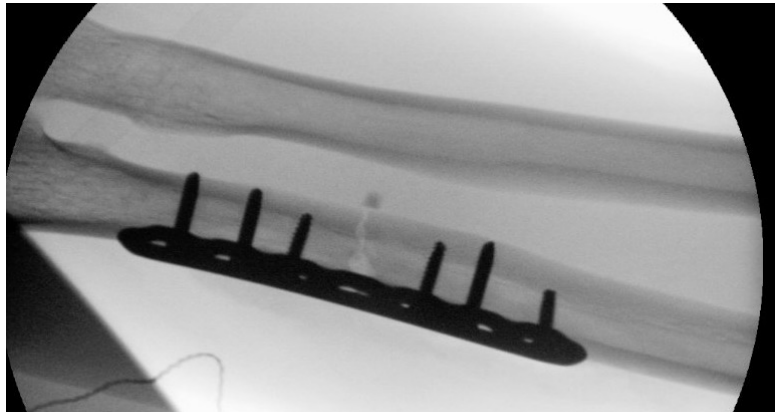


28-årig mand, multitraume

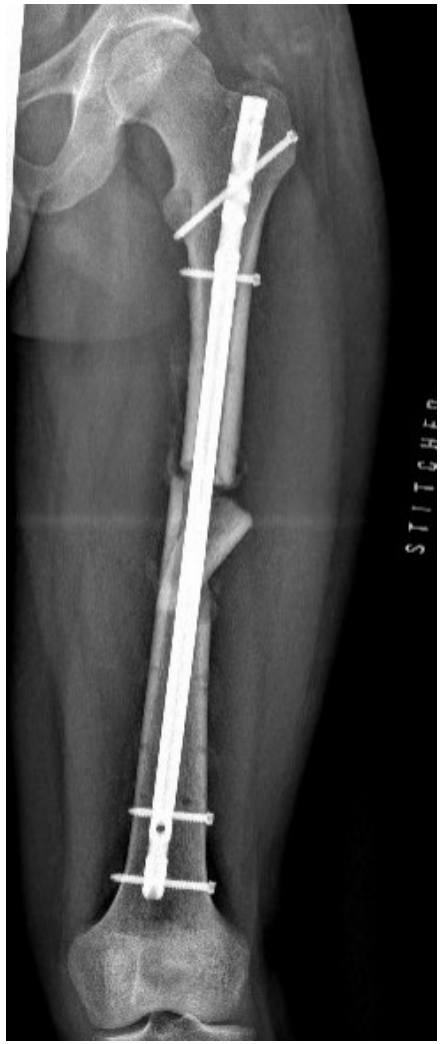


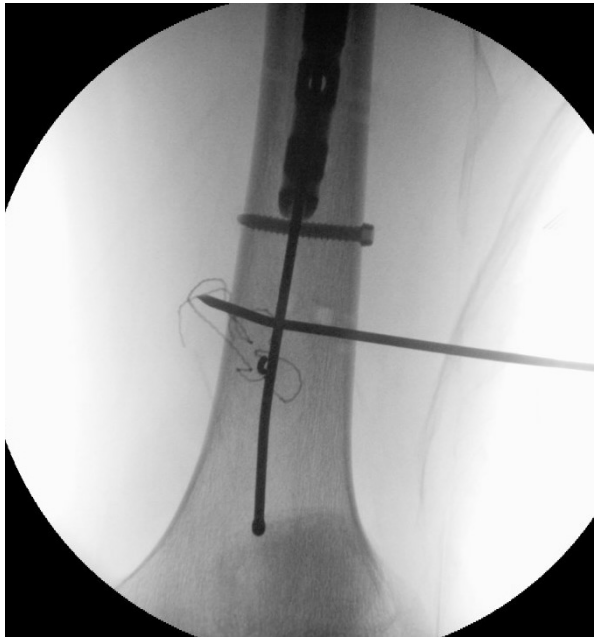


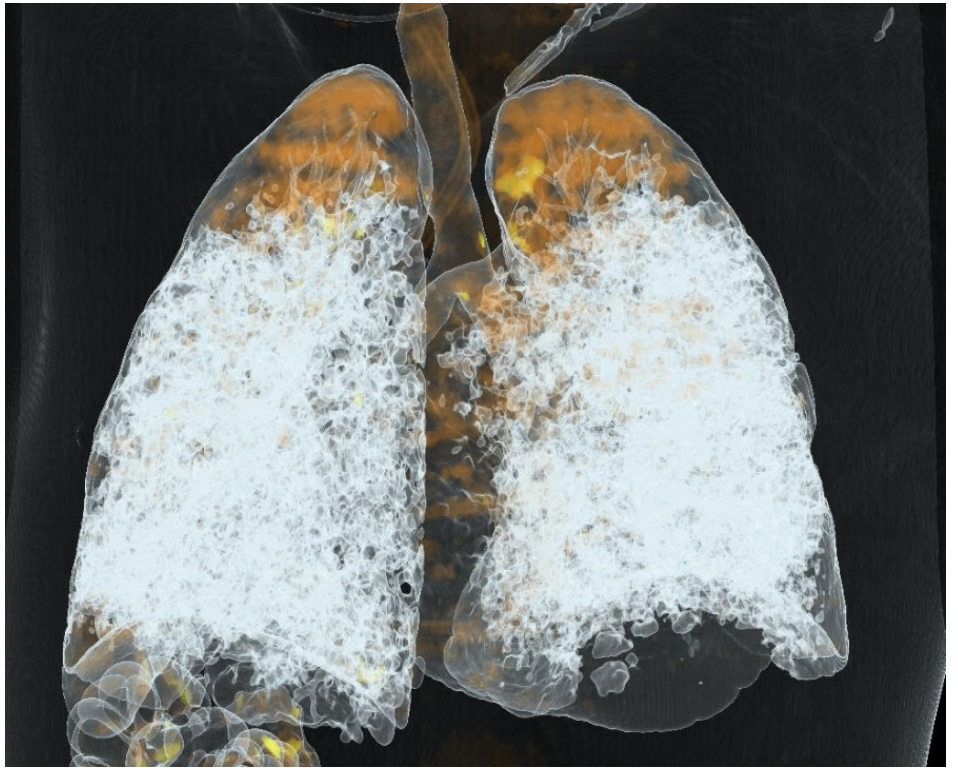


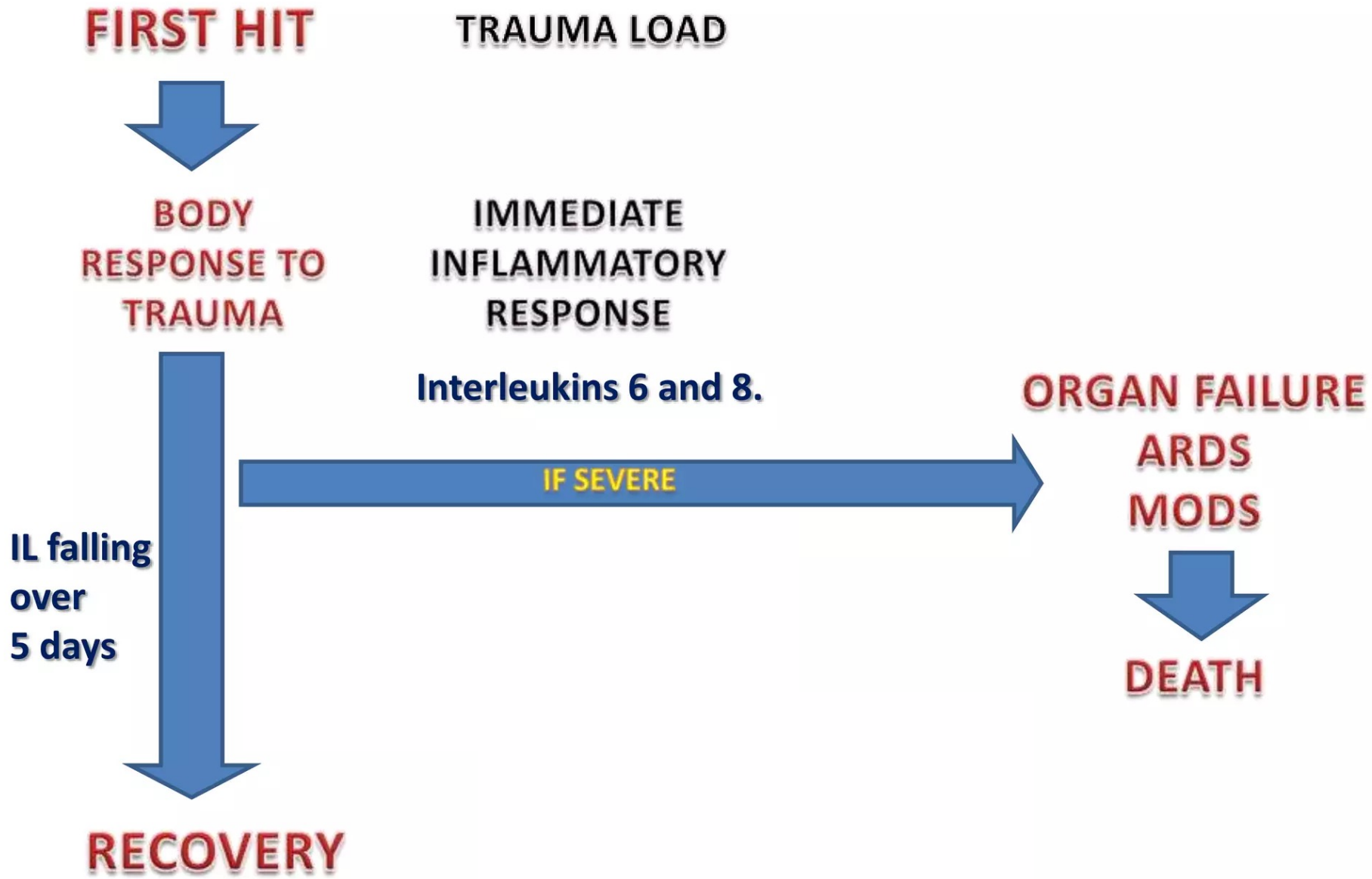


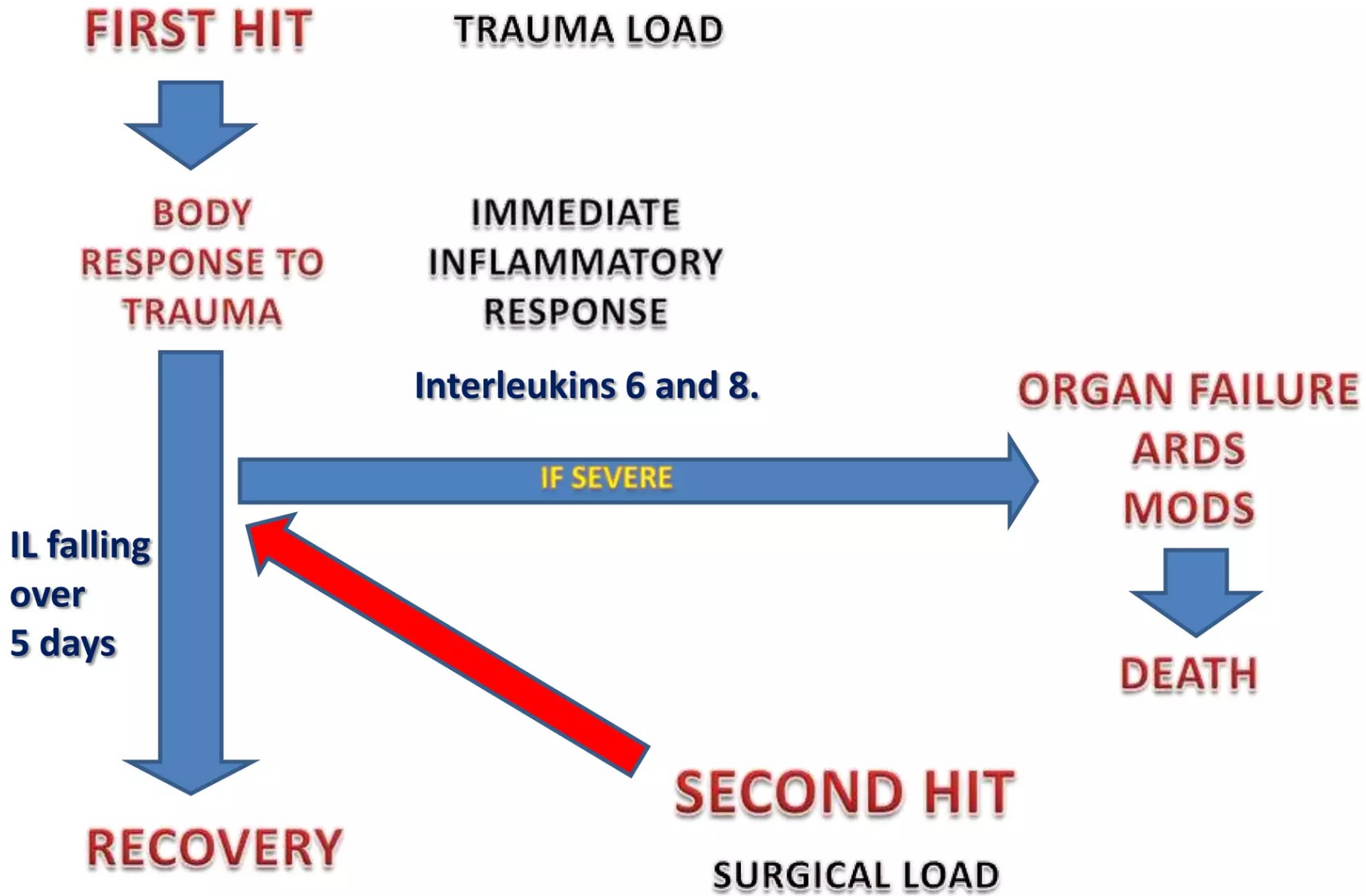
2 postoperative dag. Egne konditioner








FIRST HIT
TRAUMA LOAD
BODY RESPONSE TO TRAUMA
IMMEDIATE INFLAMMATORY RESPONSE
Interleukins 6 and 8.
IF SEVERE
ORGAN FAILURE
ARDS
MODS
DEATH
IL falling over 5 days
RECOVERY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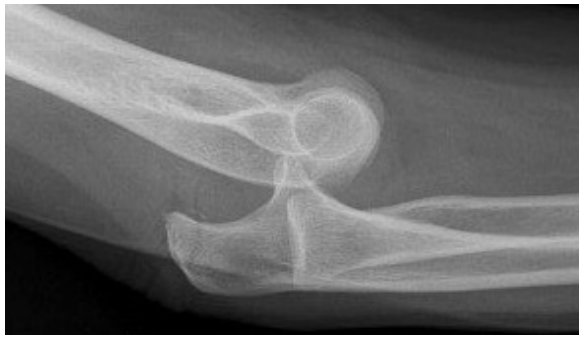
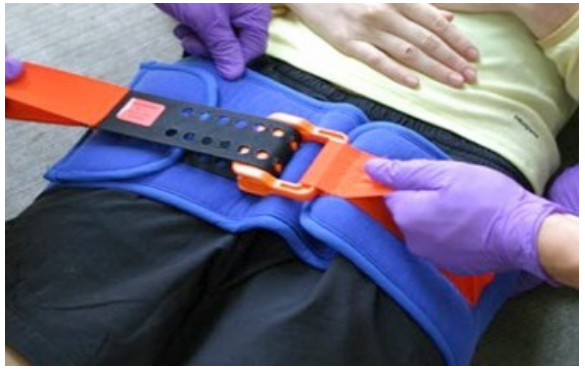
SECOND HIT
SURGICAL LOAD

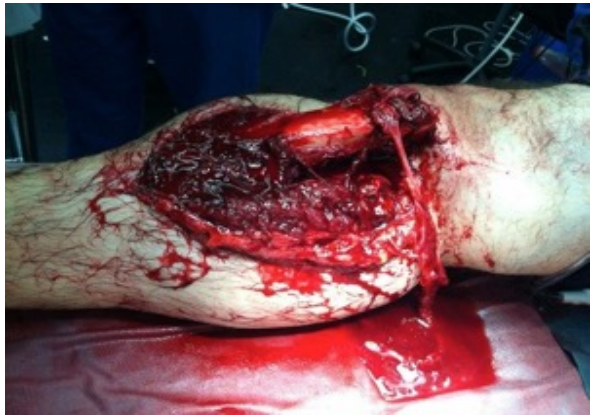
Damage Control Orthopaedic/Surgery

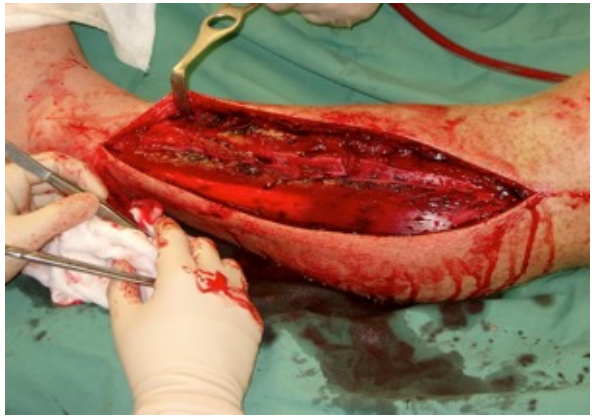
Stop skaden (Golden Hour)

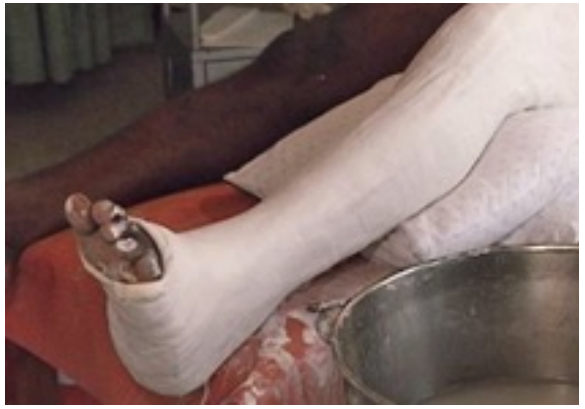
1. Reponere dislocerede led
2. Debridement af sår
3. Compartmet syndrom
4. ***Stabilisere*** lange knogler/bækken
   - Gips/ex. fix lange rørknogler/bækken
5. Definitiv kirurgi: Når pt. og kirurg er klar



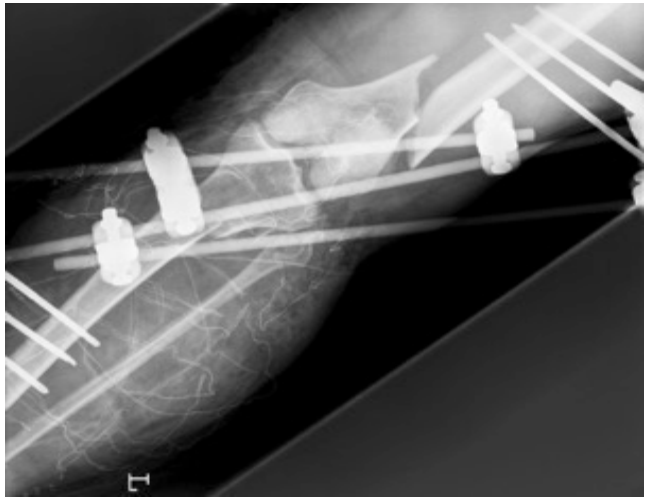


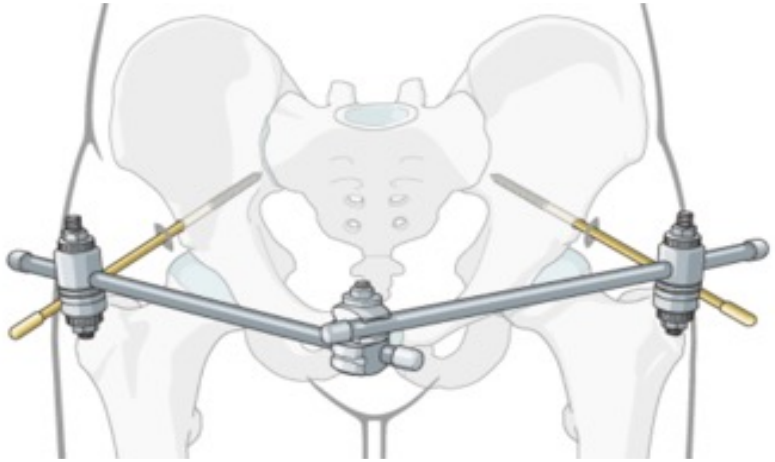


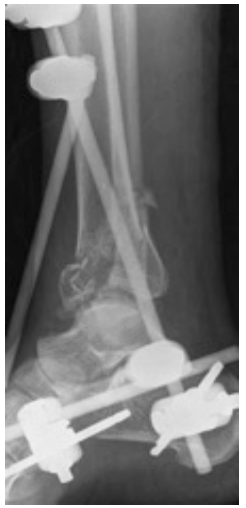




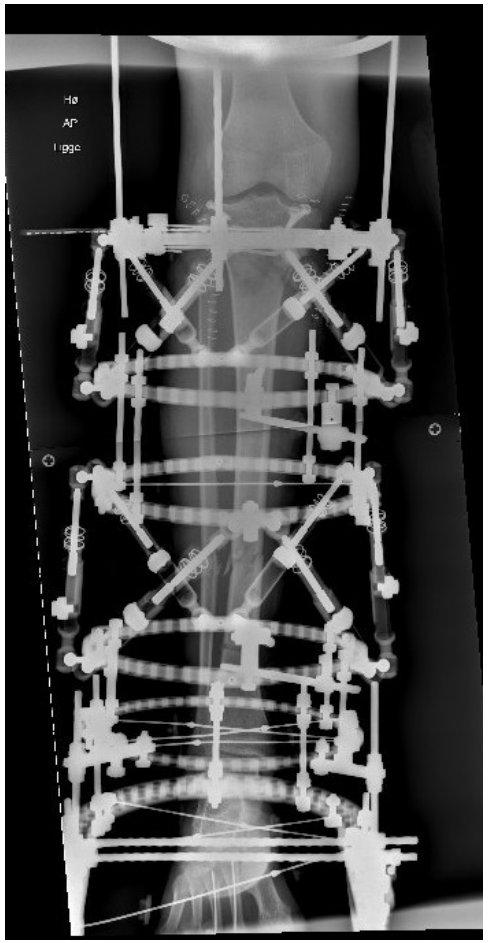
Damage Control Orthopaedic – Stabiliser fracturen

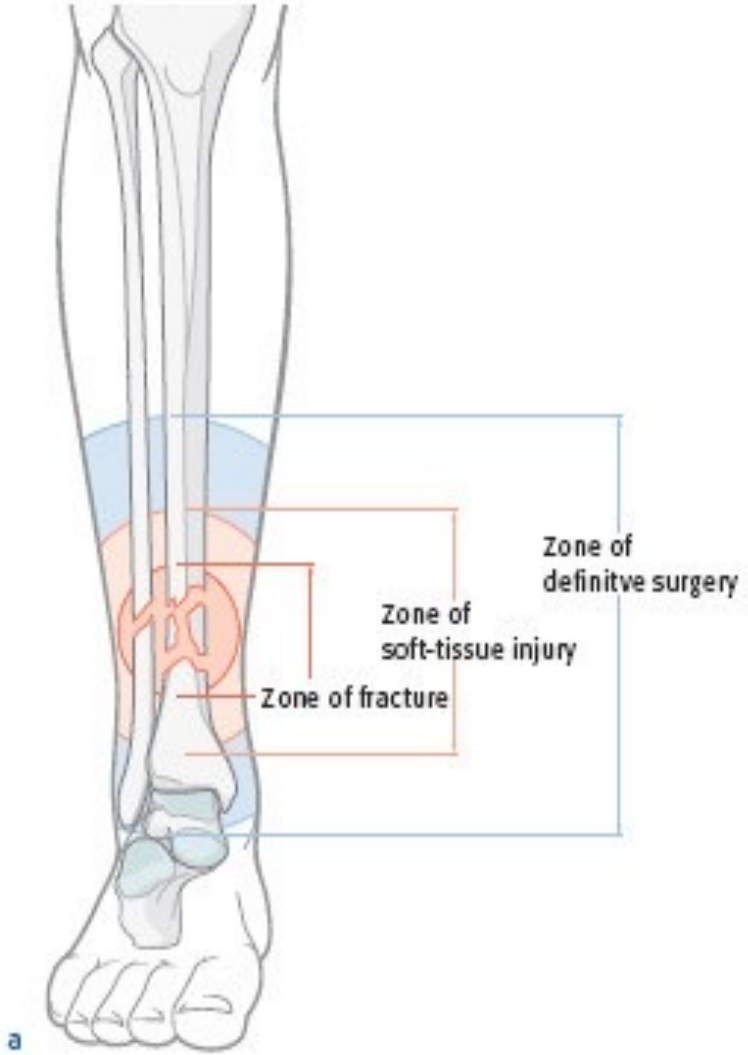


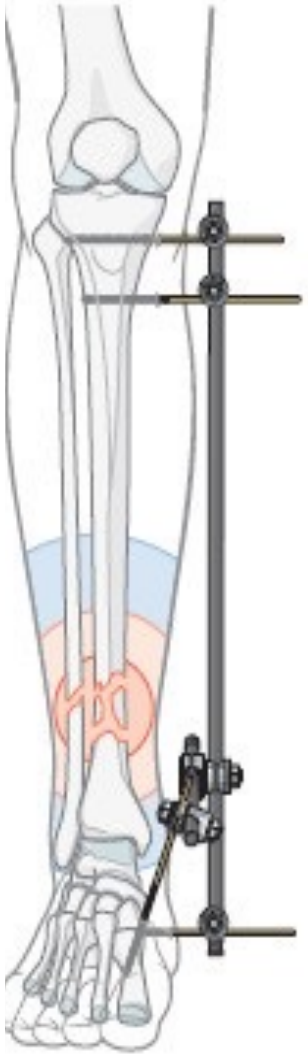


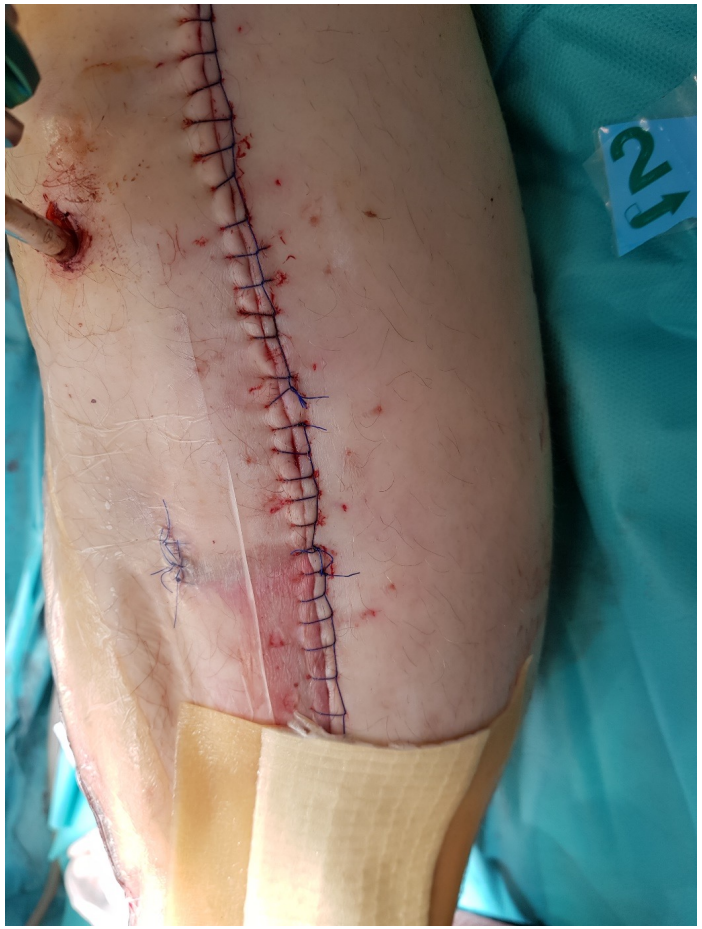


GRUNDREGLER FOR DCO - EKSTERN FIKSATION

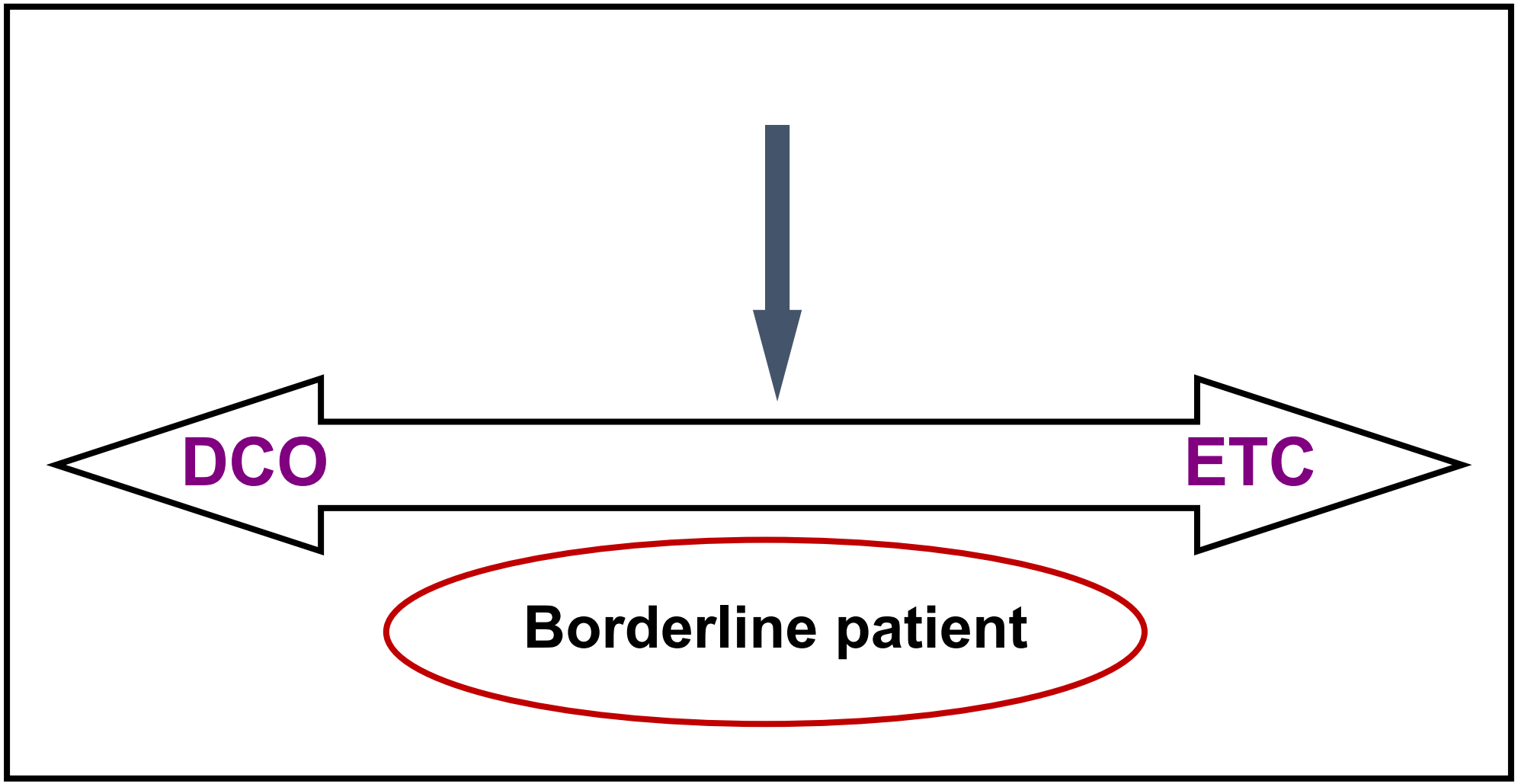








Hvem skal behandles med DCO?



Hvem skal behandles med DCO?

- Lactat ≤4
- pH> 7.25
- Base Excess<-5.5

- RF
- BT
- HF
- Temp
- Urin production

MULTITRAUME PATIENTER TAKE TO WORK

- Kend dit lokale traume setup
- ABC principper (ATLS)
- Strategi for ETC vs DCS
  - ETC
    - Stabil patient
    - Rigtige kirurg
  - DCO
    - Ustabil patient
    - Mange osteosynteser
    - Manglende ekspertise