

# Joint Trauma Service

Jeremy W. Cannon

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**A National Trauma Care System** National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on the Health of Select Populations, Board on Health Sciences Policy, Committee on Military Trauma Care's Learning Health System and Its Translation to the Civilian Sector, 2016-09-12 Advances in trauma care have accelerated over the past decade, spurred by the significant burden of injury from the wars in Afghanistan and Iraq. Between 2005 and 2013, the case

fatality rate for United States service members injured in Afghanistan decreased by nearly 50 percent, despite an increase in the severity of injury among U.S. troops during the same period of time. But as the war in Afghanistan ends, knowledge and advances in trauma care developed by the Department of Defense (DoD) over the past decade from experiences in Afghanistan and Iraq may be lost. This would have implications for the quality of trauma care both within the DoD and in the civilian setting, where adoption of military advances in trauma care has become increasingly common and necessary to improve the response to multiple civilian casualty events. Intentional steps to codify and harvest the lessons learned within the military's trauma system are needed to ensure a ready military medical force for future combat and to prevent death from survivable injuries in both military and civilian systems. This will require partnership across military and civilian sectors and a sustained commitment from trauma system leaders at all levels to assure that the necessary knowledge and tools are not lost. A National Trauma Care System defines the components of a learning health system necessary to enable continued improvement in trauma care in both the civilian and the military sectors. This report provides recommendations to ensure that lessons learned over the past decade from the military's experiences in Afghanistan and Iraq are sustained and built upon for future combat operations and translated into the U.S. civilian system.

**Tactical Combat Casualty Care Handbook** United States Army, 2017-05-17 Tactical Combat Casualty Care (TCCC) has saved hundreds of lives during our nation's conflicts in Iraq and Afghanistan. Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility. Therefore, the prehospital phase of care is needed to focus on reducing the number of combat deaths. However, few military

physicians have had training in this area and, at the onset of hostilities, most combat medics, corpsmen, and pararescue personnel in the U.S. military have been trained to perform battlefield trauma care through civilian-based trauma courses. These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care. TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities

**Resources for Optimal Care of the Injured Patient** American College of Surgeons. Committee on Trauma, 1990

Combat Casualty Care Martha K. Lenhart, Eric Savitsky, Brian Eastridge, 2012 This book is designed to deliver combat casualty care information that will facilitate transition from a continental US or civilian practice to the combat care environment. Establishment of the Joint Theater Trauma System and the Joint Theater Trauma Registry, coupled with the efforts of the authors, has resulted in the creation of the most comprehensive, evidence-based depiction of the latest advances in combat casualty care. Lessons learned in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have been fortified with evidence-based recommendations to improve casualty care. The educational curriculum was designed overall to address the leading causes of preventable death and disability in OEF and OIF. Specifically, the generalist combat casualty care provider is presented requisite information for optimal care of US combat casualties in the first 72 to 96 hours after injury. The specialist provider is afforded similar information, supplemented by lessons learned for definitive care of host nation patients.--

*Out of the Crucible* Arthur Kellermann, Eric Elster, Borden Institute, Charles Babington, Racine Harris, 2017 *Out of the Crucible: How the U.S. Military Transformed Combat Casualty Care in Iraq and Afghanistan* edited by Arthur L. Kellermann, MD and MPH, and Eric Elster, MD is now available by the US Army, Borden Institute. This comprehensive resource, part of the renowned Textbooks of Military Medicine series, documents one of the most extraordinary achievements in the history of American medicine - the dramatic advances in combat casualty care developed during Operations Enduring Freedom and Operation Iraqi Freedom. Each chapter is written by one or more military health professionals who played an important role in bringing the advancement to America's military health system. Written in plain English and amply illustrated with informative figures and photographs, *Out of the Crucible* engages and informs the American public and policy makers about how America's military health system, devised, tested and widely adopted numerous inventions, innovations, technologies that collectively produced the highest survival rate from battlefield trauma in the history of warfare.

*PHTLS: Prehospital Trauma Life Support, Military Edition* National Association of Emergency Medical Technicians, 2019-10 *PHTLS: Prehospital Trauma Life Support, Military Edition* consists of the PHTLS core content and features thirteen chapters written by military prehospital trauma care experts for practitioners in the military environment. *PHTLS: Prehospital Trauma Life Support, Military Edition* is created in partnership between the National Association of Emergency

Joint Theater Trauma System: Saving Lives on the Battlefield, 2008 The Joint Theater Trauma System (JTTS) in Iraq and Afghanistan was developed and implemented as a joint effort amongst the Army,

Navy, and Air Force to improve, advance, and coordinate how medical care is provided on the battlefield. This system has revolutionized battlefield medical care reducing fatalities and raising the quality of care to all-time high levels. It has achieved this by not only establishing a coordinated, organized approach to patient care but also by developing the Joint Theater Trauma Registry (JTTR). The JTTR is a tool used to collect data that is used to assess how well each part of the system is doing. The system analyzes combat data to determine new strategies for treatment, equipment, and training and focuses research to meet the goals and needs of today's battlefield. The JTTS is saving lives. This paper will show the JTTS has been successful in advancing combat casualty care, theater trauma management, and medical logistics and operational planning. Finally, this paper draws conclusions based on what is known about the JTTS and JTTR and recommends areas for further research, development, and analysis. The JTTS is helping to ensure that when decision makers or policymakers go forward, they are making decisions based on the best data available.

*Joint Theater Trauma System Clinical Practice Guidelines - Practical Emergency Information for Critical Trauma Care Including Burns, Compartment Syndrome, and Wounds* Medical Research and Materiel Command, U. S. Military, Department of Defense, U. S. Army, United States Army Institute of Surgical Research, 2018-01-14 An essential compilation of official Army military medical guidelines on over three dozen vital trauma care topics, this book serves as a valuable companion to the famed Emergency War Surgery textbook. Contents include: Acoustic Trauma and Hearing Loss \* Amputation \* Blunt Abdominal Trauma \* Burn Care \* Canine Resuscitation \* Management of Patients with Catastrophic, Non-

Survivable Head Injury \* Cervical and Thoracolumbar Spine Injury \* Cervical Spine Evaluation \* Clinical Management of Military Working Dogs \* Compartment Syndrome and Fasciotomy \* Damage Control Resuscitation \* Emergent Resuscitative Thoracotomy \* Fresh Whole Blood Transfusion \* Frozen Blood \* High Bilateral Amputation \* Hypothermia Prevention \* Infection Control \* Inhalation Injury and Toxic Industrial Chemicals \* Initial Care of Ocular and Adnexal Injuries \* Intratheater Transfer and Transport \* Management of Pain Anxiety and Delirium \* Management of War Wounds \* Management of Patients with Severe Head Injury \* Neurosurgical Management \* Nutrition \* Pelvic Fracture Care \* Post Splenectomy Vaccination \* Prevention of Deep Venous Thrombosis \* Trauma Airway Management \* Unexploded Ordnance Management \* Urologic Trauma Management \* Use of Electronic Documentation \* Use of MRI in Management of mTBI in the Deployed Setting \* Use of Trauma Flow Sheets \* Vascular Injury \* Ventilator Associated Pneumonia

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**Recent Advances and Future Directions in Trauma Care, An Issue of Surgical Clinics - E-Book** Jeremy W. Cannon, 2012-08-19 An important review on trauma for the general surgeon! Topics include spectrum of TBI from mild to severe, management of complex extremity injuries, long-range ICU transport, advanced technologies in trauma/CC management, non-compressible torso hemorrhage, trauma system configurations in other countries, graduate medical education in trauma/CC and acute care surgery, improving care in the trauma ICU, damage control surgery, massive transfusion and damage control resuscitation, burn/electrical/environmental injury resuscitation, pre-hospital management and tactical combat casualty care, research and analytics in trauma care, verification and regionalization of trauma systems, and more!

*Guidelines for Essential Trauma Care* World Health Organization, International Society of Surgery, 2004 Injury is an increasingly significant health problem throughout the world, accounting for 16 per cent of the global burden of disease. The public health burden of death and disability from injury is particularly notable in low and middle income countries. These guidelines seek to establish practical and affordable standards applicable to injury or trauma care worldwide, whether in rural health posts, small hospitals, hospitals staffed by specialists or tertiary care centres. It sets out a list of key trauma treatment services designed to be achievable in all settings, and defines the various human and physical resources required. It also includes a number of recommendations for methods to promote such standards including training, performance

improvement, trauma team organisation and hospital inspection.

**The Parkland Trauma Handbook E-Book** Alexander L. Eastman,David A. Rosenbaum,Erwin Thal,2008-12-29 Whether you are a physician or surgeon with only occasional trauma duties, a resident rotating in trauma, or part of a full-time trauma team, this handbook will help keep your procedures and practices in line with the latest evidence-based guidelines. Included is current information for alternative airway management, ultrasound in the trauma setting, laparoscopic surgery in trauma, terrorism preparedness, damage control, the trauma systems quality improvement process, bedside procedures in the surgical intensive care unit, massive transfusion protocol, diagnosis of blunt cervical vascular injury, and much more. Presents an evidence- and experience-based guide to the evaluation and initial management of the trauma patient. Provides a comprehensive but concise trauma reference you can carry in your pocket. Consists of information direct from the residents on the frontlines at Parkland Memorial Hospital. Provides “Fast Facts and “Pearls and Pitfalls in each chapter that emphasize key points to help you find information quickly and easily. Incorporates “Evidence boxes highlighting evidence-based guidelines, when available, to help you make more rational judgments about the issues at hand. Contains up-to-date coverage of timely issues in trauma and critical care including damage control, ultrasound, bedside procedures in the ICU, and terrorism preparedness. Reflects the numerous advances made in trauma care since the last edition.

**The Trauma Golden Hour** Adonis Nasr,Flavio Saavedra Tomasich,Iwan Collaço,Phillipe Abreu,Nicholas Namias,Antonio Marttos,2019-11-27 The Golden Hour is a well-established concept in emergency medicine, related to the critical period of one hour after an injury, accident or trauma. This term implies that the

mortality rates increase substantially if efficient care is not provided within 60 minutes after the trauma. This book is intended as a practical manual in Trauma Care within the context of the golden hour, addressing all trauma types and all body parts. Readers will find essential decision-making algorithms and protocols with commentary for traumas, along with easily accessible information on how to treat patients in a very practical and handy fashion. Furthermore, the content is presented in a didactic way suitable for a wide audience, from medical students who want to learn about the basics of trauma care to experienced surgeons seeking a comprehensive guide to trauma-related interventions. The book combines contributions from experts at two renowned Trauma Centers, the Hospital do Trabalhador at Curitiba, Brazil, and the Ryder Trauma Center in Miami, USA. Therefore, considering the different local environments and resources, the book provides distinct perspectives for several injuries, presenting the state of the art in Trauma Care. The diversity of perspectives in this book contributes to a global health care approach suitable for trauma-related events from developed countries to remote areas. The Trauma Golden Hour – A Practical Guide celebrates the Centennial Anniversary of the Federal University of Parana (Brazil), the 25th Anniversary of the Ryder Trauma Center (USA) and the 20th Anniversary of the Hospital do Trabalhador (Brazil).

**American Association for the Surgery of Trauma 75th Anniversary 1938-2013** Martin A. Croce, David H. Livingston, Frederick A. Luchette, Robert C. Mackersie, 2013-09-13 The American Association for the Surgery of Trauma is dedicated to the discovery, dissemination, implementation, and evaluation of knowledge related to acute care surgery (trauma, surgical critical care, and emergency general surgery) by

fostering research, education, and professional development in an environment of fellowship and collegiality.

*The Emergency Medical Services and Trauma Care Improvement Act of 1989* United States. Congress. Senate. Committee on Labor and Human Resources, 1990

**Feasibility Study and Demonstration Project for Joint Military/civilian Trauma Institute with a Burn Center**, 2006 The purpose of this grant was to demonstrate the feasibility of a Trauma Institute and Burn Center with missions in patient care, research, and education. The following goals were met during this time period: a burn surgeon/director was recruited to improve the sustainability of the Brooke Army Medical Center (BAMC) Burn Center; Trauma Institute of San Antonio, Texas (TRISAT) members have studied how combining resources will generate greater financial sustainability; a national trauma consultant reviewed the financial/economic status of each program and presented recommendations; an independent legal firm reviewed issues related to military and civilian doctors providing services across hospital lines and submitted recommendations; the Surgical/Anesthesia Critical care fellowship program curriculum and rotation schedules have been integrated; patient databases and a regional trauma registry have been developed to allow the use of regional data for research, both military and civilian; trauma and burn surgeons have submitted protocols for joint research and have conducted multi-site clinical research; and the TRISAT Foundation has been incorporated in Texas. The goals of the program include improved survival rates of military and civilian casualties, increased innovation in combat casualty care, improved educational experience for surgical/critical care trainees, improved pre-hospital evaluation and resuscitation,

and improved mass casualty/disaster response capabilities.

*US Army Physician Assistant Handbook*, 2018-02

**Extremity Trauma** James P. Kennedy, 1992

*Current Therapy In Oral and Maxillofacial Surgery* Shahrokh C. Bagheri, Bryan Bell, Husain Ali Khan, 2011-09-19 Written by expert surgeons and educators, *Current Therapy in Oral and Maxillofacial Surgery* covers the latest treatment strategies, surgical techniques, and potential complications in OMS. Emphasizing an evidence-based approach, it covers all 12 subspecialties of OMS, addressing topics from surgical principles to oral surgery, anesthesia, cranio-maxillofacial trauma surgery, head and neck surgery, maxillofacial reconstructive surgery, orthognathic surgery, pediatric craniofacial surgery including cleft lip and palate, temporomandibular joint disorders, facial plastic surgery including rhinoplasty and facelifts, obstructive sleep apnea, and oral and maxillofacial infections. At the end of each chapter, Pearls and Pitfalls summarize the authors' insight, recommendations, and experience on that topic. Editor Dr. Shahrokh Bagheri is a noted professor, researcher, and speaker on OMS, and he leads an expert author team including Dr. R. Bryan Bell and Dr. Husain Ali Khan to help you master and apply the latest advances in OMS. More than 1,200 full-color photos and 200 color line drawings illustrate concepts and provide visual guidance in clinical areas. Comprehensive sections and chapters represent essential topics, the newest advances, and controversial topics. Clinical coverage brings together the latest knowledge in OMS in a concise, easy-to-apply way. Resident-specific coverage describes the wide array of subspecialties and treatments available in the armamentarium of the modern OMS. A focus on complications ensures that you are knowledgeable in

this important part of any therapy or surgical discipline. Expert contributors include the best of the best, featuring leading, well-established, and respected surgeons and educators writing on their areas of specialty and providing current treatment strategies.

**Trauma Centers** Jeffrey S. Young, 2020-01-27 This book is a quick guide to the key components of trauma center administration, management, and patient care. This book provides essential information for hospitals working toward trauma center designation, and for established trauma centers who want to improve their performance. This book provides trauma center personnel with a comprehensive overview of trauma center administrative structure, basic clinical operations, performance improvement and site visit preparation and examines the most common critical injuries seen by trauma centers to demonstrate how a properly functioning center addresses multiple priorities in critically ill patients. This book provides critical information for hospitals looking toward becoming a trauma center and established trauma centers that wants to improve their performance.

### Unveiling the Magic of Words: A Report on **"Joint Trauma Service"**

In some sort of defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their ability to kindle emotions, provoke contemplation, and ignite transformative change is truly awe-inspiring. Enter the realm of **"Joint Trauma Service,"** a mesmerizing

literary masterpiece penned by way of a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve to the book is central themes, examine its distinctive writing style, and assess its profound impact on the souls of its readers.

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