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First aid Care for patients with minor injuries involves cleaning and dressing wounds, suturing lacerations and splinting simple - fractures. Most of these ‘walking wounded’ can be sent away with antibiotics and simple pain relief. Damage control surgery Damage control surgery (DCS) is the concept that only life- and limb-saving surgery should be performed in field hospitals to allow safe transfer of a patient to a definitive treating facility . This will include ensuring that the airway is secure, haemor - rhage is under control and compartments are decompressed in the chest, skull, abdomen and the limbs. Devitalised tissue should be removed and any contamination prevented from developing into infection. DCS is explained in more detail, in the context of early management and other settings, through - out the chapters in Part 4. Emergency care for immediate life-threatening injuries There are many patients who may be saved by relatively simple measures, provided that these are taken urgently . Endotracheal intubation and tracheostomy may be needed to provide a secure airway . A needle thoracocentesis will relieve a tension pneumothorax and a chest drain will be needed before a patient with a significant chest injury is transferred by air. An open pneumothorax should be closed. Damaged major vessels

(b) courtesy of Disaster

to limbs should be repaired if possible. Fasciotomies will be needed for muscle compartments that are swelling from injury or from reperfusion. Amputation for clearly devitalised limbs and gas gangrene should be undertaken at field hospitals as delay will be fatal. Specific aspects of care are discussed in the relevant chapters elsewhere in this book. Initial care for non-life-threatening injuries Many patients sustain serious injuries that require prolonged care. These include compound limb fractures, degloving injuries, dislocations of major joints, major facial injuries and complex hand injuries. These patients will need specialised care requiring transfer to the appropriate facility . Replantations of amputated limbs and other extensive procedures should not Summary box 33.5 Principles of DCS /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

(c) TABLE 33.2 Type of treatment given in /f_i eld hospitals. Examples First aid Suturing cuts and lacerations, splinting simple fractures Review at local hospital Emergency care for life-threatening injuries Endotracheal intubation, tracheostomy, relieving tension pneumothorax, stopping external haemorrhage, relieving an extradural haematoma, emergency thoracotomy/ laparotomy for internal haemorrhage Initial care for non-life- Debridement of contaminated wounds, reduction of threatening injuries fractures and dislocations, application of external /f_i xators, vascular repairs (d) Figure 33.8 Field hospitals: (a, b) modular type; (c) tented structure; (d) interior of a tented /f_i eld hospital. Further After damage control surgery, transfer patients to base hospitals once stable Transfer patients to base hospitals for de /f_i nitive management Do the minimum needed to allow safe transfer to a de /f_i nitive facility Take actions that prevent deterioration of that patient during transfer Secure the airway – may require tracheostomy Control

bleeding – may require craniotomy, laparotomy, thoracotomy, repair of major limb vessels Prevent pressure build-up – may require burr holes, chest drain, laparotomy, fasciotomy Prevent infection by extensile exposure and removing dead and contaminated tissue

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