

LOCAL PROTOCOLS AND GUIDELINES

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While the ATLS protocol has become the standard of care for the initial management of patients with multiple injuries, other protocols and guidelines have also been developed to facilitate the treatment of patients in a more standardised way. - Nowadays it is common practice for trauma centres to develop their own local protocols and guidelines, although national guidelines may also exist. However, regional developed guide - lines may refer to smaller areas of clinical practice, such as antibiotic prophylaxis for open fractures, mass transfusion, pharmacotherapy for coagulation disturbances, steroids for spinal cord injuries, clearance of the cervical spine and angiographic embolisation of pelvic fractures or abdominal injuries. These protocols can facilitate swifter decision making, eliminating delays and benefiting the patient. They also protect - the clinician and care provider with regard to medicolegal issues. An example relating to angiographic embolisation of pelvic fractures is shown in Figure 26.7. Local policies focusing on the creation of single charts facilitating daily input of a patient's vital signs and biochemical results are also useful in allowing sequential observation of the results, which can demonstrate important trends. These trends can be useful in identifying, at an early stage, a clinical condition that can be treated within the timeline concept and prior to irreversible damage to the affected organ, at which point any form of intervention will be meaningless. For instance, the clinical evolution of respiratory insufficiency in an individual without pre-existing lung disease secondary to pulmonary embolism is easier to identify by evaluating the trend in the oxygen saturation of inspired oxygen.

initial resuscitation) CT scan Theatre No arterial Arterial blush blush Embolisation Stabilisation of pelvis and pelvic packing Figure 26.7 Pelvic fracture: angiography protocol. CT, computed tomography.

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