

Winter Injuries Leave Families to Navigate the Unknown of Treatment

What patients should know before, during and after a traumatic injury

BURLINGTON, NC, USA, January 18, 2022 /EINPresswire.com/ -- According to the National Safety Council, 60,714 weather events resulted in 585 deaths and 1,708 injuries in 2020. With the recent unpredictability in winter weather, many people will be impacted by a traumatic injury.



RegistryPartners

DATA ABSTRACTION / REGISTRY MANAGEMENT / CONSULTING

Registry Partners' Trauma Services team works directly with hospitals to identify their unique registry needs based on trauma level, deadlines, volumes and future program goals.

Traumatic injuries require immediate medical attention and result from sudden physical injuries ranging from minor isolated wounds to complex involving multiple systems. The journey as a patient begins moments following an injury and can last hours, days or longer. Although every injury experience is unique to each patient, advances in trauma research and clinical care have allowed standardization of treatment and best practices.

During treatment, you or your loved one should ask your doctor any questions you may have, including:

- How severe is my/my loved one's injury?
- How will your treatment help me/my loved one?
- How long will I/my loved one be in pain?
- What secondary symptoms do I need to be aware of in people with this injury?
- What kind of complications can arise from the injury?
- What are the next steps? When will I know my loved one is ready for the next step?
- What is the goal of rehabilitation therapy?
- What level of independence can I/they look forward to having in life?
- How can I learn to take care of my loved one at home?
- What should I be looking for in a rehabilitation center?

Stages of Trauma Care

So, what typically happens when someone experiences an injury that requires trauma services?

Here are the typical phases:

911 Call to Medical Center

When a 9-1-1 call is made after a traumatic injury, dispatchers send fire departments and emergency medical technicians (EMT) to the scene. EMTs assess, provide initial treatment and recognize if injuries require further medical attention. Early notification from EMS enables emergency departments to call a trauma activation if appropriate. Trauma activations notify trauma team personnel, assure proper resources are available and prepare for anticipated procedures.

If the injury occurs in an outlying region, patients may be transported to the closest hospital for stabilization before being transferred to a larger trauma facility. A hospital can receive trauma center verification by meeting specific criteria established by the American College of Surgeons (ACS) and passing a site review by the Verification Review Committee. A Level I trauma center provides the highest level of surgical care to trauma patients and has a full range of specialists and equipment available 24 hours a day.

Trauma Bay

Patients are taken into trauma rooms and met by many trauma team members with specific duties, including but not limited to:

- Trauma surgeons
- Trauma nurses
- X-ray and lab technicians
- Respiratory therapy
- Emergency department physicians

Timely assessments and treatments are critical in treating traumatic injuries. The “golden hour” is a well-known trauma term suggesting that a critically injured person has about 60 minutes in which care can improve their survival rate. X-rays, ultrasound, and CT scans may be used so that the trauma team can determine the extent of the injuries

Phases of emergency trauma care:

- Triage: The assignment of degrees of urgency to wounds or illnesses to decide the order of treatment.
- Primary Survey: Initial assessment to identify life-threatening injuries and initiate appropriate resuscitation. Advanced Trauma Life Support (ATLS), developed by the American College of Surgeons, promotes the primary survey sequence as airway, breathing, circulation, disability, exposure (ABCDE).
- Secondary Survey: Further history from the patient, a thorough head-to-toe exam, and diagnostic testing.
- Stabilization and transfer to a higher level of care if necessary.

Hospital

After treatment in the ER, patients may need to go to the operating room; this may happen quickly to save the patient's life. Depending on the severity of injuries and other factors such as comorbidities, patients may be admitted to the hospital for further care. Physicians trained in managing trauma patients monitor for internal bleeding, neurological deterioration, threatened limb and other injuries.

Follow-Up Care

Follow-up care is often provided to patients with burns, broken bones and other serious injuries. Services can include:

- Blastic, orthopedic and other follow-up surgeries
- Physical and occupational therapy
- Burn and wound care

Trauma Survivor Network

The advances in trauma care have resulted in dramatic reductions in trauma-related mortality and morbidity. Despite these improvements, traumatic injuries may have not only long-term physical effects but also emotional.

The Trauma Survivor Network helps in improving trauma patient outcomes by providing peer support programs to patients and their families:

- Bring together trauma survivors and families to connect and share support and information about the recovery process.
- Enhance survivor skills and self-efficacy to manage day-to-day challenges.
- Establish a network of state-of-the-art, hospital-based peer support programs and other resources for trauma survivors and their families.
- Train health care providers to deliver the best care and support to patients and their families and friends.
- Build a community of advocates dedicated to improving prevention efforts, trauma outcomes and trauma systems.

These tips were provided by the experienced [Registry Partners'](#) Trauma Services team which works directly with hospitals to identify their unique registry needs based on trauma level, deadlines, volumes and future program goals.

For hospitals and healthcare facilities needing assistance with augmenting your current Trauma data collection team or outsourcing your Trauma Registry data collection efforts, please visit www.registrypartners.com/registry/trauma/ or email info@registrypartners.com.

Jared Meade

Holdsworth Communications

+1 734-224-2148

[email us here](#)

Visit us on social media:

[Facebook](#)

[Twitter](#)

[LinkedIn](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/560903043>

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.

© 1995-2022 Newsmatics Inc. All Right Reserved.