

TRAUMA AND BURN MANAGEMENT FUNDAMENTAL CRITICAL CARE SUPPORT

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Early management of the seriously injured patients requires simultaneous evaluation and treatment. In modern life the risks of being exposed to combined trauma and burn injuries is increasing. According to the scheme proposed by *Society Of Critical Care Medicine*, both assessment and treatment should go hand in hand. The first goal is to establish an adequate oxygen delivery to vital organs by following an established sequence of priorities (i.e. the 'ABCs' of resuscitation), which allows identification and treatment of immediate life threatening injuries (primary assessment). Resuscitation is continued as the patient is systematically evaluated from top to toe to identify potentially life threatening and non-life threatening injuries (secondary assessment). Finally a surgeon skilled in trauma management should be consulted early in the course of all serious trauma. While the patient is awaiting transfer, ongoing evaluation (tertiary assessment) and intervention must continue.

In case of isolated or associated burn, factors that have been shown to relate to burn mortality include the size of cutaneous injury, age of the patient, and presence and absence of inhalation injury. The upper respiratory and pulmonary insult in case of blast or inhalation burn, require special consideration. The special aspect of chemical, and electrical burns require further light shedding. Finally children burns, require special consideration as regard assessment, child abuse, liability to hypothermia, and response to hypovolaemic shock.

The author's experience as a faculty in the *Fundamental Critical Care Support* course (FCCS) will be shared with the participants.