



MOST TRAUMA PATIENTS DO NOT HAVE TIME CRITICAL LIFE-THREATENING INJURIES

MOST TRAUMA PATIENTS DO NOT HAVE TIME CRITICAL LIFE-THREATENING INJURIES

BUT THEIR EXPERIENCE STARTS AT THE ROADSIDE

Bleeding to death in a big city: An analysis of all trauma deaths from hemorrhage in a metropolitan area during 1 year

Kyle J. Kalkwarf, MD, Stacy A. Drake, PhD, MPH, RN, Yijiong Yang, BM, MHA, Caitlin Thetford, BA, BSN, RN, Lauren Myers, BS, BA, BSN, RN, Morgan Brock, BSN, RN, Dwayne A. Wolf, MD, PhD, David Persse, MD, Charles E. Wade, PhD, and John B. Holcomb, MD, Little Rock, Arkansas

Early and prehospital trauma deaths: Who might benefit from advanced resuscitative care?

Shannon L. Carroll, MD, Daniel W. Dye, MD, W. Andrew Smedley, BS, Shannon W. Stephens, EMTP, Donald A. Reiff, MD, Jeffrey D. Kerby, MD, PhD, John B. Holcomb, MD, and Jan O. Jansen, MBBS, PhD, Birmingham, Alabama

Kyle J

HARRIS COUNTY (HOUSTON):

RN, D,

14% Prehospital & early in-hospital deaths survivable with advanced prehospital care

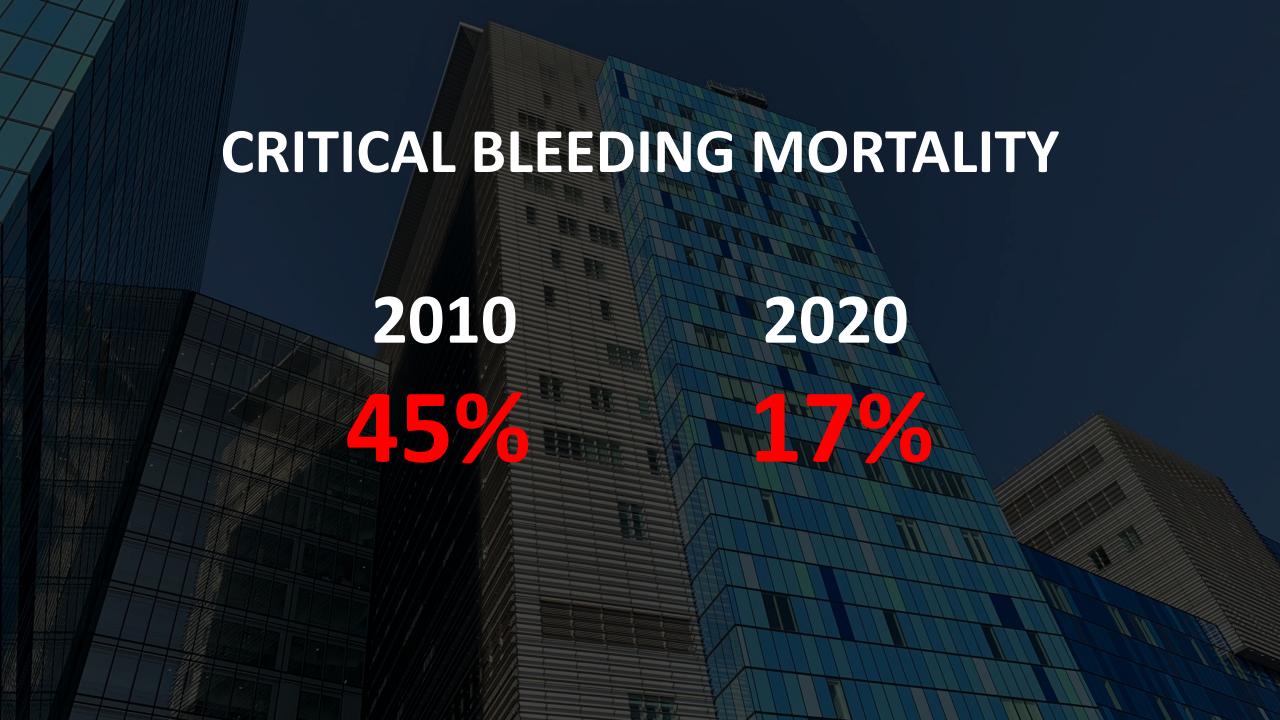
Bleeding to death in a big city: An analysis of all trauma deaths from

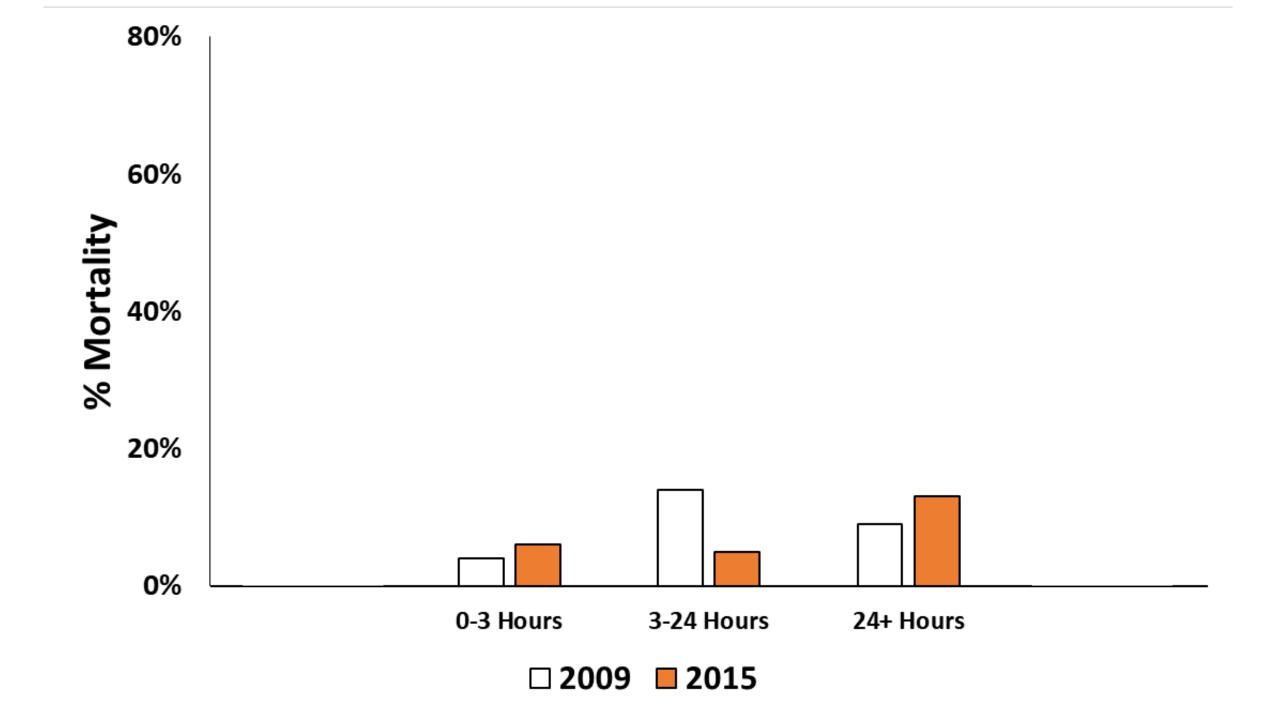


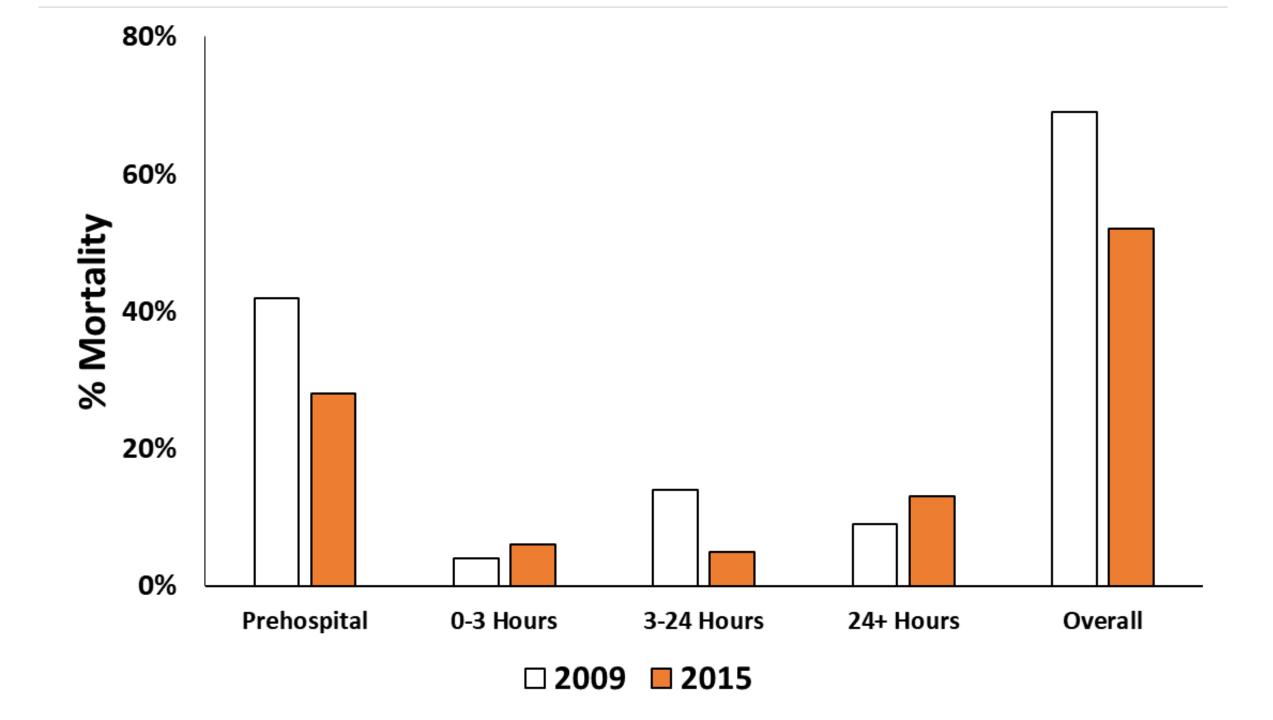
Kyle J Lau

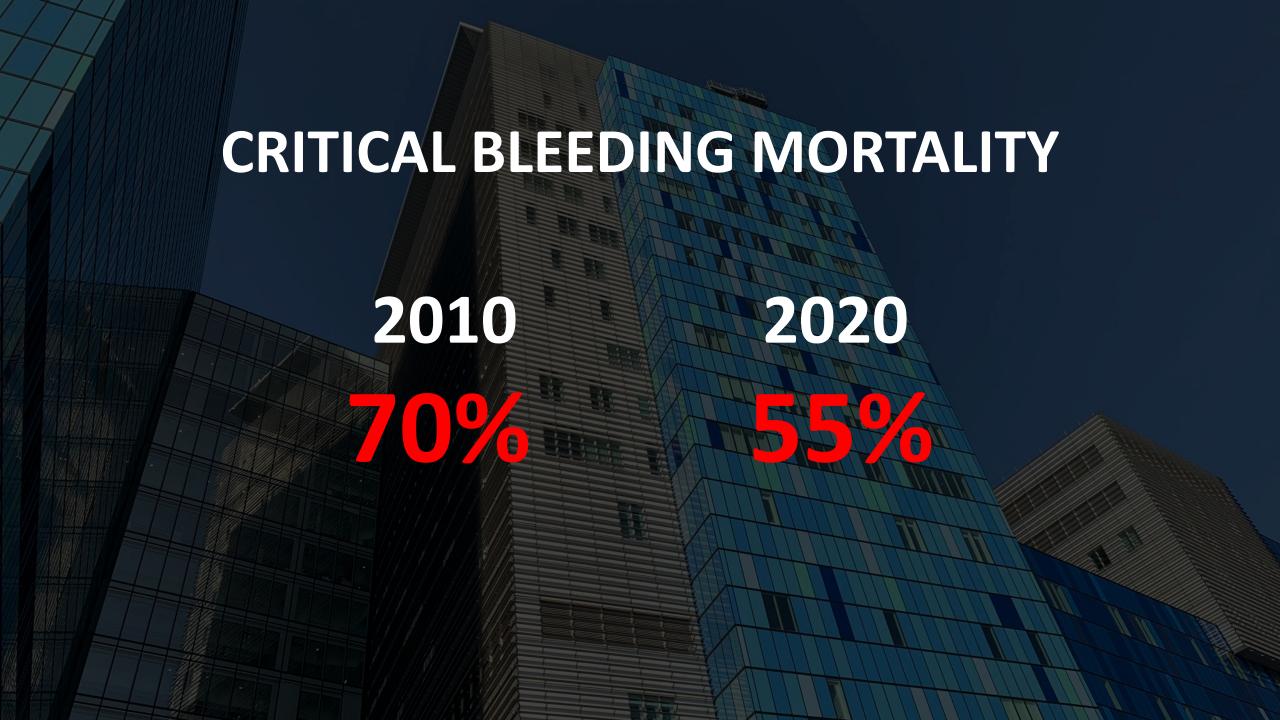


ana Jan O. Jansen, Midde, i ind, bu mingnam, Atabama









TIME



SCOOP & RUN

TIME









TIME





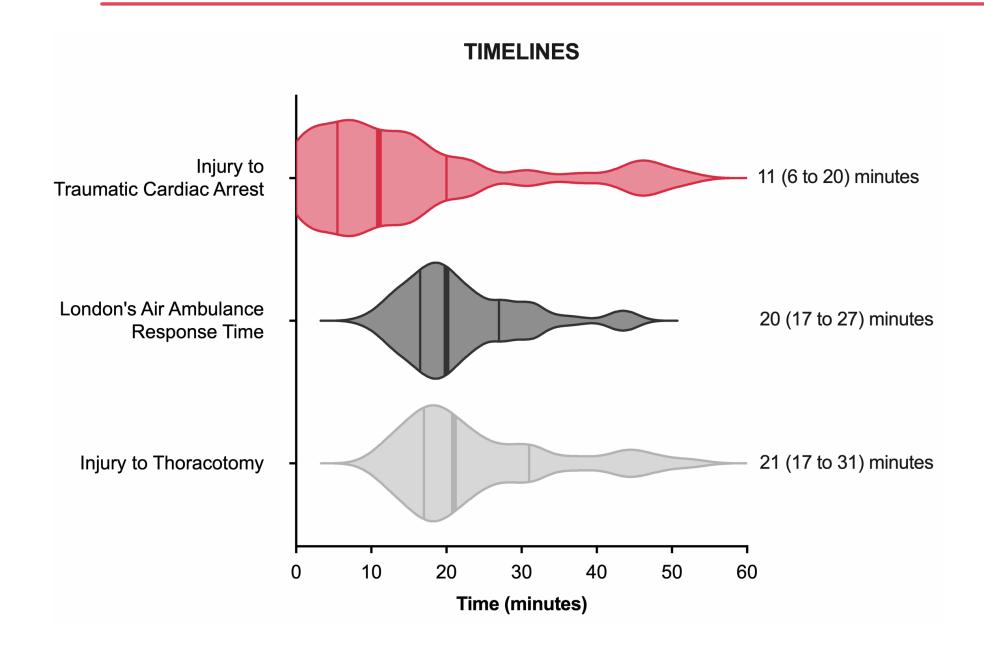


STAY & PLAY

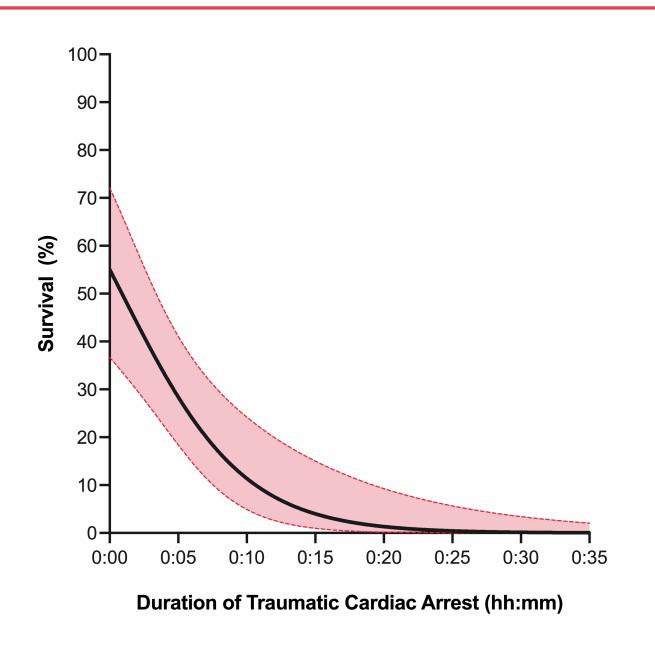




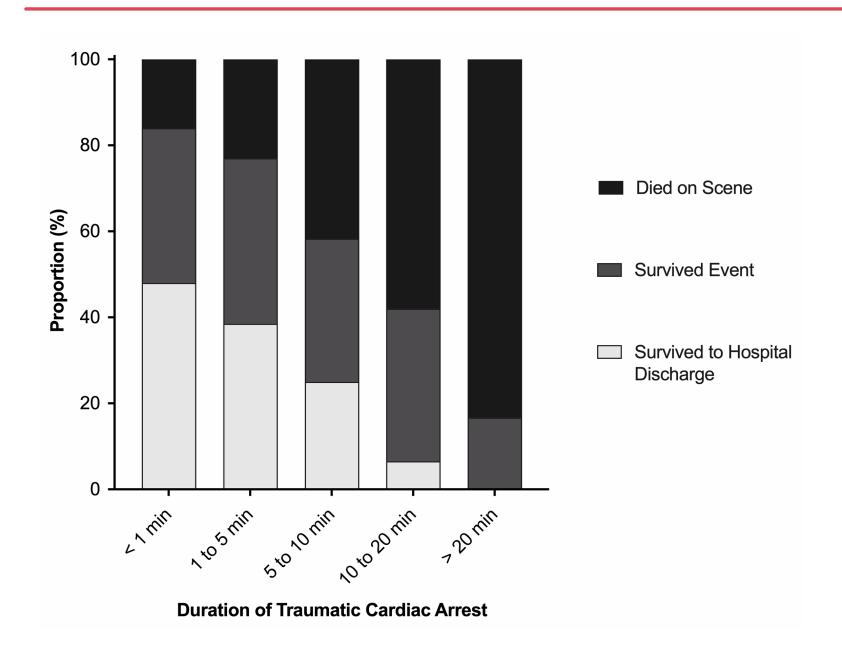
TIMELINES: CARDIAC TAMPONADE



CARDIAC TAMPONADE



CARDIAC TAMPONADE



NOT ALL INTERVENTIONS ARE APPROPRIATE FOR ALL TRAUMA SYSTEMS

NOT ALL INTERVENTIONS ARE APPROPRIATE FOR ALL TRAUMA SYSTEMS

BUT HUMAN PHYSIOLOGY IS THE SAME EVERYWHERE

THERE ARE OPPORTUNITIES TO DO BETTER

THERE ARE OPPORTUNITIES TO DO BETTER

FOR EACH PATIENT & FOR YOUR TRAUMA POPULATION

THERE ARE OPPORTUNITIES TO DO BETTER

FOR EACH PATIENT & FOR YOUR TRAUMA POPULATION

IF YOU CARE

