

Role of Nurses in War Trauma Surgery and Management

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Prehospital role

Trimodal trauma death curve

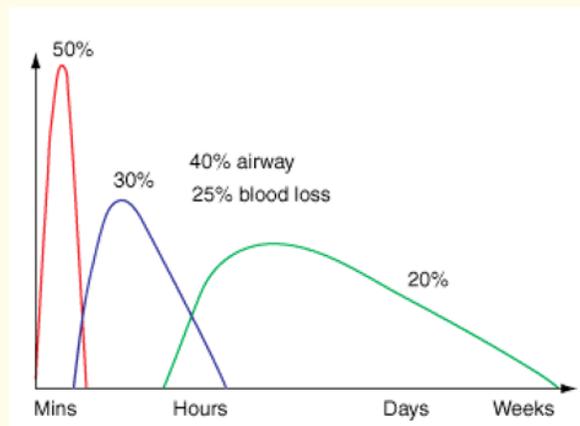


Figure 1

War injury mortality was classically described with a trimodal distribution, with immediate deaths at the scene, early deaths due to hemorrhage, and late deaths from organ failure.

As shown in the curve, 50% of deaths occurs during the first minutes, so we call it the platinum minutes.

30% of deaths occurs during the first hours, so we call it the golden hours.

The platinum minutes and golden hours fall in the prehospital phase.

The development of prehospital trauma systems can improve the prehospital care, early resuscitation, and critical care which can altered this death pattern.

Most of the medical team serving at the prehospital care are nurses and paramedics.

Capacity building of nurses and good equipmentation of both front-line team and ambulance team is very important in reducing the death rate by may be very simple maneuvers as stop bleeding or opening the air way.

War situation is considered as a man-made disaster.

A disaster is a catastrophic incident that commonly leads to immense damage and devastation and will lead to relative lack of resources.

Whether the cause of the event is natural or man-made, the outcomes can be shocking.

Preparedness is one of the major components of war disaster response.

Nurses comprise the largest healthcare workforce and are working at the frontline of the healthcare response to war injuries, thus their capacity building can be achieved by training and skill development to deal with mass casualties with relatively limited resources.

Trauma training is very essential as well as response to chemical attacks and biological attacks.

Personal protective equipment should be available SKED litter (foldable and light to be carried by a hand) and CLS bag (equipped with essential life-saving tools) and its contents should be available with front-line team.

SKED litter



Figure 2

CLS bag



Figure 3

Qualities of a nurse working in war trauma management

- Confident and well trained with high level of Cooperation
- Commitment
- Coordination
- Control
- Value of human life
- Gentleness and devotion
- Strength
- Trust
- Interdependence and team spirit
- Accept self criticism
- Toughness and sensitivity
- Leadership
- Responsibility and accountability
- Care under fire.

Protect yourself - use level C PPE in case of chemical attacks.



Figure 3

Steps

- Assurance of casualties reduce neurogenic shock (shock due to fear or terror).
- Hold SKED litter and CLS bag with its contents.
- Move to casualty.
- Stop bleeding.
- Apply c collar.
- No CPR No airway management under fire.
- Disarm the soldier with altered mental status.
- Drag the injured to a safe place.
- Care in safe place.
- ABC.
- Use nasopharyngeal tube or combi tube.
- Cricothyroidotomy in unconscious injured.
- Close chest wound: use an "Asherman" Chest Seal.

- Relief tension pneumothorax with decompression needle.
- Control bleeding.
- IV line or IO needle.
- IV fluids 1000 ringers or 500 Hetastarch 6%.
- Give Oral fluid if simple wounds.
- Control pain.
- Immobilize fractures.
- Fix penetrating objects.
- Give antibiotics.
- Triage of casualties.
- Prepare for evacuation according to triage priorities.

Care to continue in the ambulance as part of prehospital care till hospital arrival.

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