INTERNATIONAL CONFERENCE

Clinical Practice in

Disaster and Humanitarian Missions
Medical Support

ABSTRACT

BOOK

NAPOLI
2014

WELCOME

Dear Colleague,

It is my immence pleasure and honour to welcome you in Naples for the 5-th edition of our annual International Conference dedicated to crises and disasters medical management and support.

International Disaster Medical Association is providing open forum for all civilian and military medical specialists that are sparing no time, knowledge and efforts to ameliorate the great healthcare challenge - saving and protection of disaster's casualties life and health.

I am confident that th eoutcome of our scientific discussions will become a firm basis for amelioration of the disaster medicine training , planning and execution.
Please accept my wishes for fruitfull work and pleasant time in Bella Napoli.

Dr Giuseppe Noshese, MD
President of IDMA

INTERNATIONAL CONFERENCE

Clinical Practice in

Disaster and Humanitarian Missions Medical Support

November 20 - 21, 2014

Salerno Palace, Naples, Italy

Clinical Practice

in Disaster and Humanitarian Missions Medical Support

Salerno Palace, 20 and 21 November 2014, 38 Plebiscite Square, Naples, Italy

AGENDA

Day 1 - 20 November

1	Conference Opening, Objectives and Tasks Admin remarks	Dr Noschese Dr Battaglia	16:30-16:40
2	Welcome Addresses Disaster Medicine Education Future and Challenges	Autorità Militare Prof Paolisso	16:40-17:00
3	Session 1 - Moderators Introducing	Dr Noschese	17:00
4	Contemporary World Crises, Disasters and Humanitarian Missions - Challenges Moderators:C. Risi, BG N. Sebastiani		
5	Lectio Magistralis Disasters' Impact on International Security	Amb. Prof Cosimo Risi	17:00-17:20
6	The Diplomacy of health care. Medical care of Italian volunteers to civilian populations in international crisis areas	M. Pizzigallo	17:20-17:40
7	Human Rights in Neoliberal Times	D. Giannone	17:40 - 18:00
8	European Union in the International Crises Management: between the Ambitious Programs and Reality	G. L. Luise	18:00 - 18:20
9	Migration flow towards Europe	V Pisani	18:20 - 18:40
10	Contemporary World Trends Impact on Disasters	Col R. Kostadinov	18:40 - 19:00
11	Contemporary Terrorism as Disaster	BG R. Mattei	19:00 - 19:20
12	Open Discussion	All	
13	Summary of the Session 1		

Day 2 - 21 November

14	Session Opening Moderators Inviting	Dr Noschese	09:00
	Session 2 Impact of crisis, disaster and humanitarian missions particularities on Medical Support Moderators: Prof Barbarisi, Prof Chiara		
15	Disaster Medical Support - Contemporary Society Expectations	Col R. Kostadinov	09:00 - 09:15
16	Real Time Intelligent Video Analysis Platform for Security and Surveillance	Prof Ing Mario Vento	09:15 - 09:30
17	Health activities in multinational environments: cross-border medical care - standardization of procedures.	BG N. Sebastiani	09:30 - 10:00
18	Risk Ebola, Tuberculosis, Meningitis, Parasitic disease linked to illegal landings	G. Amato	10:00 - 10:20
19	Management of Cardiovascular Risk in Disasters	V. Russo	10:20 - 10:40
	Coffee Break	All	10:40 - 11:00
	Session 3 Disaster Medical Support Lessons Identified Moderators: BG R. Mattei, Col R. Kostadinov		
21	Civil Cooperation in Emergency field: our experience with African countries	S. Cozzolino, A. Belli	11:00 - 11:20
22	Dress Code System & Operation Device for Information, Networking and Observation	Raffaele Medico	11:20 - 11:35
23	Disasters - Medical Intelligence Challenges	Dr G. Noschese	11:35 - 11:55
24	New Security Release of Knox Devices	Prof Ing Biagio Garofalo	11:55 - 12:10
25	Disaster Medical Support Education and Training Requirements	BG R. Mattei	12:10 - 12:25
26	Military Medical Detachment for	Dr A. Dimitrov	12:25 -

	Emergency Response Humanitarian Missions Lessons Learned Implementation in the Training Process		12:40
27	Don't become the Disaster in Disaster Relief. "Occupational Hazards in HADR Efforts"	Dr Anne McDonough MD MPH	12:40 - 13:00
28	T3 - Tele-diagnostic, Tele-management, Tele-education	Ing. Mocerino	13:00 - 13:20
	Open Discussions	All	
	Lunch		13:20 - 14:30
29	Inviting Moderators Session 4		
	Session 4 Disaster Medical Support - Clinical Practice Highlights Moderators: Dr Tugnoli, Dr Noschese		
30	Medical experience in Mare Nostrum Operation	R. M. Russo	14:30 - 14:50
31	Infectious Disease control in Disaster and Outbreak	A. Perrella	14:50 - 15:10
32	Blunt Trauma in polytrauma patients: different management by surgeon's e xperience and resources of' hospital	E. Villamaina	15:10 - 15:25
33	Training in trauma: from ATLS to HiFi simulation	E. De Blasio	15:25 - 15:40
34	How IT could Benefit Disaster Medical Support	Col R. Kostadinov	15:40 - 15:55
35	Management of blunt trauma: six months experience at I level Trauma Center	U. Robustelli	15:55 - 16:10
	Open Discussions	All	16:10 - 16:20
	Coffee Break	All	16:20 - 16:40
	Session 5 Clinical Experience Moderators: M. Grillo, U. Robustelli		
36	Hepatic Trauma	L. Scarpati	16:40 -

			16:55
37	Management of thoracic trauma	R. Mastromarino	16:55 - 17:10
38	Changing Patterns in the Management of Splenic Trauma	S. Ruggiero	17:10 - 17:25
39	The major lower limb trauma	M. Santoro	17:25 - 17:40
40	The traumas of the pelvis	E. Villamaina	17:40 - 17:55
41	The role of the nurse in the management of multiple trauma	V. Iovino	17:55 - 18:10
42	The reconstruction of lower limb	A. Savanelli	18.10 18.20
43	Systematic approach to the amputated trauma patient	Dr V. Fammiano	18:20 - 18:30
44	Open Discussions	All	18:30 - 18:45
45	Summary of the Conference and Way Ahead	Col R. Kostadinov	18:45 - 18:50
46	ECM Questionnaire	All	18:50 - 19:10
47	Closing Remarks	Dr G. Noschese	19:10

Author Matteo Pizzigallo

Title The Diplomacy of health care. Medical care of Italian volunteers to civilian populations in international crisis areas.

Afilliation

Abstract

Over the years Italy created with Arab Countries a peculiar format of bilateral relations: a Diplomacy of Friendship base on cooperation and mutual respect. An essential feature of this Diplomacy is the medical assistance by Italian volunteers. In the report this essential feature of Italian Friendship Diplomacy is outlined. A few case-studies follow.

Author Diego Giannone

Title Human Rights in Neoliberal Times

Afilliation

Abstract

Since the adoption of the Universal Declaration of Human Rights, the United Nations have used human rights as an "international code" for classifying and assessing States' behavior and compliance to universal principles, such as peace and democracy. How are human rights conceived, promoted and monitored at the international level? And are the different types of rights treated in the same way?

The aim of this paper is to focus on a fundamental paradigm shift occurred over the 1970s from welfare state to neoliberal state. It is a key change because of the consequences it produced on the definition, measurement and monitoring of human rights. In brief, some types of rights, such as economic and social rights, have been more and more delegitimized, while civil and political rights have become even more market-driven.

The paper highlights the political and historical path of human rights in neoliberal times, stressing the importance of measurement in legitimating a specific understanding of human rights. Moreover, it puts into question the alleged recent crisis of neoliberalism and suggests some possible cause of neoliberalism's persistence.

Author Gianluca Luise

Title European Union in the International Crises Management: between the Ambitious Programs and Reality

Afilliation

Abstract

International demand for military crisis-management missions continues to grow and demand for troops continues to outstrip supply. Like other Western democracies, European Union member states, because of their wealth, relative military competence and commitment to human rights, bear a particular responsibility to expand the international community's capacity for action. But while the EU has succeeded in defining a complex military-technical and political-strategic framework to boost its role and that of its member states in crisis management, its performance so far has fallen well short of its ambitions.

Author Dr Rostislav Kostadinov, MD, PhD

Title Contemporary World Impact on Disasters

Afilliation Military Medical Academy, Sofia, Bulgaria

Abstract

Contemporary world development is guided by two simultaneously acting processes - the industrialization and globalization. Both of the processes have significant impact on the disasters trends that are recorded.

The aim of this study is to analyze how the modern world development trends impact the disasters.

Materials and methods By the means of the descriptive method the consequences of the globalization and industrialization on human society and environment are presented. Comparative method is utilized for analyzing the impact of these consequences on the disasters frequency and severity.

Results and discussion Last thirty years have recorded steady trend of increase in both disasters occurrence and the severity of the damages they are causing to human, animal health and society property.

Performed research and analyses undoubtedly prove the direct link between the globalization and industrialization impact on modern society and environment and disasters' changing in last decades.

Key Words: Disasters, Globalization, Industrialization, Disasters Damaging Factors

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Author Dr Renzo Mattei, MD
Dr Rostislav Kostadinov, MD, PhD
Title Contemporary Terrorism as a Disaster
Afilliation International Disaster Medicine Association

Abstract

Terrorists' activities are becoming more and more frequent in contemporary world. Almost every day news agencies are reporting about different by scope, country and type successful terrorists' activity. Analyzing the terrorism from medical point of view is providing us with evidence that the contemporary terrorism is a man-made disaster.

The aim of this study is to analyze the terrorism as a disaster.

Materials and methods By the means of the descriptive and comparative methods are thoroughly analyzed from one hand the features of the disasters and on the other hand the characteristics of the modern terrorists' activities.

Results and discussion The comparison performed resulted in great coincidence between the classical characteristics of the natural and man-made disasters and their impact on the individual and the society as a whole, and the terrorist' act impact on humans life, health and property.

The obtained results are providing sufficient data for the authors to conclude that the contemporary terrorism is one of the most frequent man-made, social-economic disaster.

Key Words: Disasters, Terrorism, Disaster Medicine, Disaster Medical Support

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Author Dr. Gerardino Amato M.D.

Title Risk of Tubercolosis, Meningitis and Parasitic Diseases Related to the Illegal Landings.

Afilliation A.O.R.N. Cardarelli - Naples, Chief Consultant Laboratory of Clinical Pathology and Microbiology

Abstract

The risk of contacting infections for the people involved in assisting the illegal landings and humanitarian operations appears to be high for a series of reasons:

the immigrants come from poor areas, and are often badly nourished, and easily disposed to contract infections such as Tubercolosis e/o Parasitic Diseases of different types . These people can come from countries with an high level of endemic disease such as Meningitis (Neisseria meningitidis Group A), with healthy carriers (not affected from disease), but who diffuse by air the bacteria . It's necessary that the first contact with the immigrants by the aid staff -involved must be done with the use of all the Individual Protection Devices (IPD), health controls and eventually with a rapid diagnostic approach in order to recognize, isolate and heal the patients found positive with one of these microbes cause of specific diseases.

One of the main characteristics of both Molecular Biology and the new Micro-Chips Systems available in Clinical Microbiology, is swiftness, applied in Bacteriology, Virology, Mycology and Parasitology with laboratory methods which involve crosswise several professional figures and which gives us a diagnostic instrument applied to the infections of germs which are difficult to diagnose for different reasons: slowness of growth (Mycobacterium), diagnostic difficulties (Neisseria meningitidis) , lack of other tecniques of investigation (Unusual Virus), research of antigens in serious illnesses (Parasitic and Mycotic Diseases).

At the moment, for various contagious pathologies, there are in commerce several diagnostic devices which reply to the above mentioned characteristics, and which can be used during the humanitarian operations to reveal the presence of patients affected by these illnesses and to minimize with the use of the right

procedures, the risk of infections to the people involved in assisting them, and finally to reduce the inter-human circulation of the responsible germs.

All this does not exclude that the microbiologist can use, where possible, the traditional techniques which in many cases represent the “Gold Standard” for the pathology, allowing the follow-up of the illness and the evolution of the specific therapy, in spite of the major time requested by the diagnostic procedure.

The above mentioned items can also be referred to the incoming pathologies such as the epidemic Ebola virus , with the difference that at the moment, the diagnostic devices cannot easily be found in commerce but are available in specific Centers individualized in various Western Nations by local Authorities.

Author Vincenzo Russo MD PhD MMSc (1, 2)
Andrea Antonio Papa MD (1)

Title Management of Cardiovascula Risk in Disasters

Afilliation 1. Arrhythmology Unit, Chair of Cardiology, Second University of Naples – Monaldi Hospital
2. Medical Officer – Military Corp of Sovereign Order of Malta (EI-ACISMOM)

Abstract

Several animal and human studies have demonstrated that psychological stress can influence chronic disease processes such as hypertension and atherosclerosis and trigger cardiovascular (CVD) events.[1-3] In humans, there are substantial individual variations in the perception of stress and in the subsequent physiologic responses, which mean that the consequences are not uniform across all individuals. Many studies have shown that the incidence of fatal and non fatal CVD, such as stroke and coronary heart disease (CHD) including unexplained sudden death, increased at the time of the unanticipated catastrophic natural disasters.[4]

The Jichi Medical School Cohort Study is a longitudinal study of cardiovascular risk factors that started in 1991 involving people living in the Awaji-Hokudan district, near the epicenter of the Hanshin-Awaji eartquake: the number of cardiovascular events (stroke, coronary artery disease, cardiac sudden death, and pulmonary embolism) significatly increased, the increase persisted for 2-3 months, the cardiovascular events were more common in high risk subjects, the cardiovascular events occurred in proportion to degree of disaster demage and they were more frequent during the night and in the early morning. [5] Recent advances in the field of neuroscience have greatly demonstrated how the brain perceives and responds to the stress with an abnormal neuroendocrine system activation, and how the stress can affect the brain itself, the cardiovascular system and the immune system with consequent disaster-induced potentiation of cardiovascular risk factors. [1-2] Blood pressure and heart rate are increased at the time of a disaster (approximately

18 mmHg in systolic BP e 8 mmHg in diastolic BP) and decreased 2-4 weeks after; this transient disaster-induced BP increase may persist for longer periods in patients with chronic kidney disease.[6] After a disaster is documented an hypercoagulable and hyperfibrinolytic state, an increased blood viscosity and endothelial cell dysfunctionas a consequence of a greater inflammatory reaction and transient increase in plasma levels of inflammatory cytokines such as interleukin-6.[7] The potentiation of these risk factors could be attributed to sympathetic activation resulting from disaster-induced stressors. In support of this, is the observation that a disaster-induced BP increase was less pronounced in patients taking alpha and beta adrenergic blockers than those taking other kinds of antihypertensive drugs.[8] Several studies demonstrated that practical management of disaster induced risk factor could achieve effective primary and secondary prevention of CVD. The importance of improving the sleep ambient in order to improve sleep quality is stressed. The measures can include turning lights off in disaster shelters during the night and ensuring the privacy of those who survived. In disasters situations BP management guided by self-measured BP is recommended (every two weeks). To reduce thrombotic tendency, water intake should be increased. Ensuring physical activity, such as regular walking, is particularly important for the prevention of deep vein thrombosis and subsequent pulmonary embolism. Anticoagulant activity should be carefully monitored in patients treated with warfarin. After the acute stress of a disaster an high-calorie and lipid rich diet should be avoided, and restrictions imposed on sugar intake. Additionally reducing salt intake and encouraging a high potassium diet (green vegetables, fruits, and seaweeds) is also recommended. Therefore, in the periods immediately following a disaster, an accurate stress reduction by improving the conditions of the post-disaster ambient and a correct management of stress-induced risk factors may reduce cardiovascular events for the surviving population.

Author Dr Rostislav Kostadinov, MD, PhD

Title Disaster Medical Support - Contemporary Society Expectations

Afilliation International Disaster Medicine Association

Abstract

Contemporary world is becoming more and more complex and informed. Nowadays the information technology development is assuring almost instant communications from all over the world. Living in the global village is becoming an advantage for the disaster medical planners and mangers, but on the other hand is challenging their activities.

The aim of this study is to present the challenges medical specialists involved in disaster medical support activities are facing due to the society expectations in case of disaster.

Materials and methods Contemporary information technologies capabilities to transfer in unbelievable speed data regarding disastrous events and their impact on the affected population are analyzed by the means of descriptive and comparative methods. Deductive and cluster analyses are implemented in disaster medical support challenges in the so-called information era, description.

Results and discussion Obtained results are revealing the ambiguous role of the hyper information in case of disaster, when all activities have to be rapid, strictly coordinated, because of the time utmost importance for human life saving. The importance of effective medical information management during disaster medical support is noted.

Key Words: Disasters, Disaster Medicine, Information Flow, Medical Information Management

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Author Dr Anne McDonough MD MPH

Title Don't become the Disaster in Disaster Relief. "Occupational Hazards in HADR Efforts"

Afilliation US Naval Hospital, Naples

Abstract

Often those that respond to disasters or Humanitarian relief efforts do not consider their own health status as a possible risk to those their mission. Understanding what the possible risks are, how to assess the health and mental status of aid and relief workers is an important part of disaster management planning both at home and abroad. We should look at both risks and strategies to decrease risk to relief workers before, during and after a humanitarian or disaster relief work.

Author A. Perrella

Title Infectious Disease control in Disaster and Outbreak

Afilliation

Abstract

Infectious Disease still represents one of the leading problem during disaster. Indeed they are often consequence of Human activity too.

In this talk we will consider all current guidelines and protocols of the major societies involved in Infectious Disease control and prevention during disaster and in infective outbreaks.

Author Rosa Maria Russo

Title Medical experience in Mare Nostrum Operation

Afilliation Direttore Unità Territoriale Napoli Capodichino

Abstract

Medical intervention in collaboration with the Italian Navy tended to elevate the levels of health protection of migrants, to check and early isolate potentially infectious cases on shipboard, and to implement all preventive measures to protect the health of citizens residing in our country.

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Author Dr Rostislav Kostadinov, MD, PhD
Dr Renzo Mattei, MD
Title Disaster Medical Support Training Requirements
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Abstract

Disasters are posing great challenges to all rescue team that are involved in the disaster' s relief operation. Medical teams are not excluded from the endangered team. The medical specialists have to assure the life, health and to prevent later complications and disability to as much as possible injured.

In order to provide best possible medical care to greater number of casualties all medical team members have to undergo a special theoretical and practical education and training.

The aim is to analyze what are the basic medical skills and knowledge required by the disaster features.

Materials and methods Descriptive and comparative methods are applied in order to analyze what disaster is demanding from medical team.

Results and discussion Disasters, notwithstanding natural or man-made are resulting in austere and hostile environment for medics to perform their noble duties. When to this threatening environment we add the sharp disparity between required and available medical mean and capabilities and the comprehensible society sensitiveness about every life lost, one could just half reveal the burden medical teams have to endure. Therefore, a specific training on the principles of triage, stabilization and sequenced treatment during medical evacuation, along with knowledge about medical intelligence, crisis medical planning and field medicine management are just part of the disaster medical curriculum.

Key Words: Disasters, Disaster Medicine, Disaster Medical Support Training

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Author Dr Rostislav Kostadinov, MD, PhD

Title Disaster Medical Support - Contemporary Society Expectations

Afilliation International Disaster Medicine Association

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Contemporary world is becoming more and more complex and informed. Nowadays the information technology development is assuring almost instant communications from all over the world. Living in the global village is becoming an advantage for the disaster medical planners and mangers, but on the other hand is challenging their activities.

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Key Words: Disasters, Disaster Medicine, Information Flow, Medical Information Management

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Author Dr A. Dimitrov, MD, PhD; Dr A. Parashkevov,MD, PhD

Title Military Medical Detachment for Emergency Response Humanitarian Missions Lessons Learned Implementation in the Training Process

Afilliation Military Medical Academy, Sofia, Bulgaria

Abstract

Military Medical Detachment for Emergency Response has been established more than 20 years ago. During this not so long history the established detachment for supporting civilian healthcare system in case of disasters, has evolved to medical installation with scientific and tutorial activities focused on civilian and military medical specialists training and education.

Special emphasis, along with clinical aspects of disaster medical support, is given to the organizational graduation programs as medical management, medical planning, disaster medicine, field surgery, preventive medicine etc.

The aim of this study is to present the experience of Military Medical Detachemnt for Emergency Response in the Disaster Medicine and Trauma and Combat Trauma System education.

By the means of descriptive method the tutorial activities, both theoretical education and practical training, aimed at formation of specialist able to plan, organized and manage medical support in extreme circumstances are presented. Comparative method and cluster analysis were applied in order to analyze how the implemented tutorial programs are responding to the educational requirements.

As a conclusion the Authors discussed possible means for improving the ongoing tutorial process.

Key words: Disaster Medicine Education and Training, Combat Trauma System Training, Military Medical Detachment for Emergency Response

POC Dr A. Dimitrov, MD, PhD

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Author Dr Rostislav Kostadinov, MD, PhD

Title How IT could Benefit Disaster Medical Support

Afilliation International Disaster Medicine Association

Abstract

When a disaster strikes the time for observations, analyses and planning is limited, because any delay could cause irreversible losses. On the other hand any decision not related to the specific conditions of the particular disaster could endanger not only the population at risk in the disaster area of damage, but could be harmful for the rescue teams, as well. What is needed for proper, effective, efficient and prompt decision is information regarding what, when and where has happend and what are its consequences.

The aim of the study is to present the contemporary information technologies capabilities to support Disaster Medical Support Decision Making Process.

Materials and methods The satellite, cellular and internet connection are analyzed in order to compare their possibilities with the disaster medical management requirements for information in case of disasters. The social network capacities are also discussed.

Results from the performed analyses note the great value of the contemporary information technologies for rapid provision of vital for life saving decisions information.

Key Words: Disasters, Information Technologies, Disaster Medicine, Information Flow, Medical Information Management

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Author Dr Savanelli, MD

Title The reconstruction of lower limb

Afilliation

Abstract

Background: Soft tissue defects in the lower extremity present a formidable challenge due to the lack of reliable local flap options, becouse pattern flaps are limited in reliability, size, reach and arc of rotation. Propeller flaps perforator based are a new option for the reconstruction. They equipped of axial perfusion, that are identificated whit color-doppler. The axial perfusion to flap are composed of artey and vein. Very important is the skeletonization of axial perfusion that gives the opportunity to the flap of free moviment and rotation of 180 degrees. Case: We are used a porpeller flap versus skin grafts and normal flaps. Propeller flap are based on perforant artery of three system of vascolarization of limb: A. tibial anterior , posterior and A. peronier. Propeller flaps are composed from skin underskin and fascia. 21 cases are tratted whit flaps perforated based for the lack of soft tissue of limbs. We had only one necrosis of flap.

Conclusions: Propeller flap is the best solution for reconstruction of limb, expecially of lower limb. The reconstruction was successful, excellent contour and aesthetic appearance.

Author Dr Villamaina Elisabetta, MD

Title The traumas of pelvis

Afilliation A.O.R.N. Cardarelli - Naples

Abstract

The traumas of the pelvis representing 3% of all fractures and polytrauma patients are found in 20% of cases. The major causes are traffic accidents. In 90% of cases, these fractures are associated with damage in other organs such as the abdomen, chest and limbs. Fractures are divided into fractures of type A "stable fragmented," Type B "partially stable" divided into "open book" and "closed book" and c-type unstable. When it relates to the diagnosis is practiced Rx pelvis, abdomen ultrasound, CT abdomen and pelvis.

As to the treatment if the patient is hemodynamically instable: controlling the bleeding with a 3 and 5 units of blood plasma, and hypertonic crystalloid solution bleeding control is effected by Pelvic Binder, C-Clamp and external fixators, pelvic packing and arteriography with embolization if there is active bleeding. If the patient is hemodynamically stable, apply use orthopedic aids.

Author Iovino Vincenzo

Title The role of the nurse in the management of multiple trauma

Afilliation A.O.R.N. Cardarelli - Naples

Abstract

Negli U.S.A. si verificano circa 100.000 morti/anno per cause traumatiche, in Italia invece il numero si aggira intorno ai 15.000.

Il 25% delle lesioni traumatiche fatali, sono, direttamente, imputabili a traumi del torace. Inoltre nel 50% dei politraumi, la lesione toracica associata ne aggrava la prognosi.

Considerato che nel torace sono contenuti gli organi deputati alla funzione respiratoria e cardiocircolatoria, la terapia di primo intervento per questo tipo di traumi, richiede provvedimenti di supporto di queste funzioni vitali.

Le principali lesioni toraciche sono rappresentate da: lesioni di parete (contusioni, fratture costali, fratture costali multiple“a lembo aperto”, fratture sternali, rotture diaframmatiche); lesioni delle vie aeree e del polmone (rotture tracheo-bronchiali, contusione polmonare, pneumotorace (chiuso-aperto-iperteso), emotorace, chilotorace), lesioni del cuore e dei grossi vasi.

La sintomatologia può essere rappresentata da:dolore toracico, dispnea, cianosi, alterazioni delle funzioni vitali, volet costale, emoftoe, emottisi e segni di shock.

I principali compiti dell’infermiere nell’accoglimento del paziente in pronto soccorso, sono legati alla rilevazione dei parametri vitali (frequenza cardiaca, pressione arteriosa, frequenza respiratoria, SpO2), successivamente si procederà alla liberazione del paziente dagli indumenti e contestualmente ad un accurato esame obbiettivo, presenza di ecchimosi, abrasioni, turgore delle vene del collo, ferite, decubito preferito oppure obbligato per l’eventuale dolore contemporaneo agli atti respiratori, raccogliere le informazioni riguardanti il trauma: incidente della strada, incidente domestico, caduta dall’alto, incidente agricolo, ferita da arma da fuoco da

punta e taglio, accoglienza dei parenti, e comunicare immediatamente al medico competente tutto quello che fino ad allora si è acquisito.

Si procede quindi all'incannulamento di una o meglio, di due vene periferiche con agocanula di grosso calibro, ove non sia stata già posta in atto dagli operatori della rete del soccorso territoriale extraospedaliero, per infondere notevoli quantità di liquidi e soluzioni atte a ripristinare la volemia del paziente in caso di shock.

È pur sempre compito dell'infermiere professionale prelevare in tempi rapidi, seguendo una prassi standardizzata, un campione di sangue per esami ematochimici. Tra gli ulteriori compiti si segnalano l'emogasanalisi; la preparazione del paziente per lo svolgimento delle indagini diagnostiche ritenute necessarie per una corretta diagnostica, (radiografie, esame TAC, ecocardiogramma, quando necessario, arteriografia in caso di sanguinamento attivo).

Nel caso poi, il paziente debba essere sottoposto ad intervento chirurgico di urgenza (posizionamento di un drenaggio toracico, toracotomia d'urgenza), deve essere realizzata tempestivamente la preparazione del paziente per la sala operatoria, praticare elettrocardiogramma, posizionare il catetere vescicale, posizionare il sondino nasogastrico, effettuare la tricotomia). !

CONCLUSIONI

Possiamo affermare che attualmente nei presidi ospedalieri, ed in particolar modo presso i Trauma Center, il ruolo dell'infermiere professionale in sede di accettazione del paziente traumatizzato, risulta essere decisivo quando più è tempestivo e di qualità è il suo intervento, in tal modo può essere ridotta l'incidenza delle morti e delle invalidità permanenti. Oggi più che mai questa figura professionale si sta evolvendo dal un punto di vista etico-professionale e sta assumendo sempre maggiori responsabilità anche dal punto di vista medico-legali.

Author L. Scarpati

Title Hepatic Trauma

Afilliation A.O.R.N. Cardarelli - Naples

Abstract

Current guidlines in treatment of hepatic trauma in polytraumatized patients The liver is the second most involved organ in an abdominal trauma (15% closed trauma ; 25% open trauma) after the spleen (26%). The 60% of liver injury is a result of road accidents.

In an abdominal trauma is more common a poly trauma situation with lesions involving kidneys, bowel, pancreas, mesentery and omentum.

The medical case may vary in a range of seriousness , because the trauma may interest the parenchyma with or not the vessels and the bile ducts, the capsule; we also can see a case of subcapsular hematoma or just hemobilia few days after the accident.

Today the trend in the approach of hepatic trauma is more conservative (non-operative) as spleen trauma. In the TNO first we evaluate the global situation of the patient, the blood tests, the ecofast and tc.

Some cases need a DPL(diagnostic peritoneal lavage)

hemoperitoneum suspect and rarely an embolization , but in the 80% the bleeding stops by itself .

The criteria for choosing a TNO are :

1. hemodynamic stability
2. Absence of peritonism signs
3. Neurological integrity
4. Quantifying the damage with CT-scanning (grades I to III)
5. Absence of associated intra-abdominal lesions
6. Transfusion requirement of not more than 2 U of packed red blood cells.

The most important is the hemodynamic stability. In our experience the 93 % of hepatic trauma in poly traumatized patients was successfully treated with TNO.

Author M. Santoro

Title The major lower limb trauma

Afilliation A.O.R.N. Cardarelli - Naples

Abstract

The decision to salvage or amputate a severely injured limb is one of the most difficult an surgeon may face. The inclination to undertake measures to save the limb should be based on the realization that doing so may lead to repeated hospitalizations, extensive complications and a poor functional outcome.The major lower limb trauma is associated with extensive soft tissue stripping and contamination, high levels of exudate and are particularly prone to infection both by bacteria and fungi.

The primary goal of limb salvage is to restore and maintain stability and ambulation. Reconstructive strategies differ in each condition such as meticulous debridement and early coverage in trauma, replacing lost functional units and improving vascularity in ischaemic leg.

The mangled extremity is a long-lasting, unsolved problem, with much debate and a large number of protocols and scoring systems, but with no unanimously-accepted solution.

Many mangled extremities are borderline cases and the decision to amputate or to salvage a limb must be carefully assessed. The goal of the study is to examine and compare the patients who underwent amputation versus those who underwent limb salvage surgery.

Author R. Mastromarino

Title Management of thoracic trauma

Afilliation

Abstract

A thoracic trauma consists of a more or less severe injury of the chest, which can be caused by strokes or according to the mechanism of contusion or by penetrating wounds (often gunshot wounds). The chest trauma is a common cause of disability and is associated with significant mortality, since it is the third leading cause of death after physical trauma to the head and after spinal cord injury.

The mortality rate is about 6% is affected only when the chest wall and rises to 10-50% when one or more organs are affected. Trauma to the chest wall may involve the bony thorax (ribs and spine, in which case it also speaks of spinal trauma), the pleura and the lungs, the diaphragm or the contents of the mediastinum. Because of the potential anatomical and functional lesion of the coasts and soft tissues, including the heart, lung, or the large blood vessels, the thoracic injuries are medical emergencies if not treated quickly and properly can lead to death

The most important cause of thoracic injury are road traffic accidents, which account for 70-80% of these lesions. Even explosions can lead to chest trauma, both for the perforation of the thoracic cage that for the inhalation of hot gases (with burn of the bronchi) that for the overhang of pressure (barotrauma).

When you find yourself having to attend an injured patient with thoracic trauma, the first objective was the maintenance of adequate oxygenation of vital organs. You should check any external bleeding and rapidly restoring blood volume may be lost. The next priority concerns the overall picture of the patient and the identification of other potentially life-threatening injuries. The injury must be excluded from gunshot injuries of the spine and spinal trauma then. In the presence of pneumothorax was created and it is necessary to immediately place a chest tube to re-expand the lung and to monitor precisely the possible loss of blood. Then it is

necessary to investigate the possible involvement of other organs or systems. Only 8% of patients with thoracic injuries bruised demanded an intervention. The majority (some types of pneumothorax) may be treated with medical therapy and surgical interventions with simple, as the thoracotomy tube and / or the thoracic drainage

Author Dr. Simona Ruggiero, MD*

Title Changing Patterns in the Management of Splenic Trauma
The Impact of Non-operative Management

Afilliation Università degli Studi di Napoli Federico II

Abstract

The recognition that splenectomy renders patients susceptible to lifelong risks of septic complications has led to routine attempts at splenic conservation after trauma.

Non-operative management of blunt splenic injuries has replaced splenorrhaphy as the most common method of splenic conservation. Non-operative management criteria included hemodynamic stability and computed tomographic examination without shattered spleen or other injuries requiring celiotomy.

The criteria have been extended to include patients previously excluded from this form of therapy.

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Author Umberto Robustelli

Title Management of blunt trauma: six months of experience at I level AORN – A. Cardarelli -Trauma Center

Afilliation A.O.R.N. Cardarelli - Naples

Abstract

In this presentation we highlight how the complex blunt trauma are treated in different ways depending on the principals at the disposal of the structure and the 'experience of the physician who is managing the patient.

The folds of patients hospitalized at the Naples AORN Antonio Cardarelli between January and July 2014 were looked up. All the patients without traumas of parenchymatous organs were excluded, while all the patients with blunt thoracic or abdominal trauma were included. Variations of Hb, the needs for blood administration or angioradiology, the period of hospitalization, the rise of complications were all considered for patients submitted to non-operative management.

The sorting of the trauma grade was made according to the AAST Injury Scoring Scale available at the following website:

http://www.aast.org/library/traumatools/injuryscoringscales.aspx

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