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## Trauma patient care in the ed: pitfalls toavoid

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## Abstract

Usually when we hear the word (pitfalls) our minds thinking about common mistakes, tips and tricks, new guidelines But actually, pitfalls in emergency medicine mainly depends on the existing trauma system and resources. During development of trauma systems, state designation, and the American College of Surgeons verification process almost of pitfalls can be avoided. Major trauma is one of America's most pervasive and expensive health care concerns. In this environment of rising costs and diminishing resources, care must be delivered in the most cost-effective manner while also ensuring that significant injuries are not missed. Clinicians should recognize the limitations of, indications for, and contraindications to diagnostic testing. (See Table 1.) In addition, interpreting certain studies completed in the trauma setting should be done cautiously, with an awareness of limitations. This article will discuss the caveats in the evaluation and management of blunt trauma patients in both the community hospital and trauma center. Trauma patients frequently present to the emergency department for evaluation. Early identification of injuries, a thorough diagnostic evaluation, and timely management improve outcomes. Understandably, high-risk patients with the potential for decompensation on missed injuries mandate a thorough and comprehensive evaluation. This article identifies and reviews areas where diagnostic errors may occur.

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## **Biography**

Rania Samy has completed her master at the age of 26 years from Suez canal university hospital and doctoral studies from

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