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Adolescent Trauma and New Consideration in Pre-Hospital Care

Stefania Barbieri^{1,2*}, Feltracco P¹, Bertoncetto F¹, Pasquale A⁴, Bertacco A⁴, Zambolin G⁴, Paoli A², Pietrantonio V², Bilato P², Rubini S³, Pavin A¹, Barbieri C⁵, Salvagno M¹ and Spagna A²

¹Department of Emergency Medicine, University Padova Hospital, Italy

²Unit for Pre-hospital Emergency Care, Padova Hospital University Padova, Italy

³Experimental Zooprophyllactic Institute of Lombardia and Emilia Romagna, Italy

⁴Department of Surgery, Oncology and Gastroenterology, Hepatobiliary Surgery and Liver Transplantation, Padua University, Italy

⁵Department's Court and Tribunal Services Padova, Italy

Background: Comprehensive, multi-level interventions are needed to reduce accidents caused by the negative effects of video games; health care providers (healthcare professionals in emergency department [ED] and ambulance clinicians) should be aware of their chief role in these prevention strategies, based on their direct interactions with road accident victims[1-3]. Multiple studies have shown that early identification of traumatized adolescents at high risk for mortality is important to guide clinical care [4-6].

Materials Methods: Analysis of the current primary dispatch models regarding times of clinical scene workflow, transport times and risk stratification screening instruments exist to distinguish vulnerable patients, particularly new mechanisms of trauma in critical adolescent rescue. Collection data of pre hospital procedures, medical decision-making, a dedicated primary dispatch protocols conformed with advanced clinical intervention in the scene of incidents are collected.

Results: Based on our experience, we offer a new classification of unintentional trauma in young people involving incisive action in secondary school. Pre-hospital team personnel with police training evaluated the relationship among injury severity, prehospital procedures at the scene for victims of trauma, and the adolescent risk-taking (e.g. substance abuse, alcohol games challenges, and unintentional injury during games with phones). The analysis of local data provides new mechanisms in addition to an analysis of common injury mechanisms. It is necessary to create institutional and technological protocols to guarantee dynamic data collection and constant training of the new categorised models of trauma in the primary triage process. Electronic databases of medical literature identify only ~50% of all relevant prehospital evidence.

Conclusion: Our study suggests that the specificity of an emergency triage system decreases when medical conditions related to adolescent trauma are unrecognised or misclassified. We argue that the best way to reduce injury related to adolescent risk-taking is to equip ED teams with the skills to capture events not coded in the Common Mechanisms of Injury classification. A multicentric dataset is also warranted to determine the extent of these events.

Biography:

Stefania Barbieri, Department of Medicine - DIMED, Section of Anesthesiology and Intensive Care, University of Padua Italy and Department of Emergency Medicine, University Padova Hospital, Italy. She has a Unit for Pre-hospital Emergency Care, Padova Hospital University, Italy. She worked at Medical Degree University of Padova-17 July 1989, Worked as a specialist in Anaesthesia, Resuscitation and Intensive Care (1994), Worked as a specialist in Toxicology in 2004, Worked as a specialist in Legal Medicine in Ferrara University in 2012 at School of Management EMMAS Bocconi Milano in 2013 and Worked as a specialist in Hygiene and Preventive Medicine in Ferrara University in 2017 HUET OPITO Helicopter Underwater Escape Training in 2019.