SUMMARY & CONCLUSIONS
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Environment as stimulus influences our behavior and determines our needs. Health problems scenario in present day environment, in a developing country like India, in which communicable disease and malnutrition have come largely under control to a significant level. Where as the problems of poly-trauma, accidents and mass-casualties are becoming one of the leading causes of morbidity and mortality. So each event makes us to realize to what extent we’re unprepared in handling such situations not only at periphery, even including so many teaching institutes except one or two. Every such encounter forces us to think of growing needs to strengthen our whole Indian Health Care Delivery System particularly our Trauma Care System.

The world Health Assembly in 1977 decide that ‘The main target of governments and WHO in the coming decades should be the attainment by all the citizens of the world, by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

Trauma is a disease like any other disease but requires urgent and different type of approach as it is becoming of more and more importance as it is being nowadays a major killer of present day, that too involving younger age-group particularly in developing country like India. In spite of that if you go through existing literature, if you review present scenario, trauma is being neglected by everybody and
hardly any steps are being taken to treat them effectively proving trauma is most neglected disease of modern society.

There exists a definite pattern of injuries in MVA which is related to victim and the vehicle involved. Two – wheeler riders get more severe injuries. Vehicle occupants in front part of the vehicle are more severely injured that rear ones. Upper parts of the body of riders, sustain more impacts, compared to pedestrian, who usually get knee injuries.

The US army is already lobbing for acquisition of 15 more UH60 “Q” medical evacuation i.e. MEDVAC helicopters, in addition to existing UH60.

Management of any trauma victim start from the time patient is injured, evacuated, resuscitated, operated in hospital, discharged and rehabilitated.

It can be said that there is a lot to be done about the maintenance of roads & lack of driver friendly road signs. There is dire need of education of those who are supposed to implement traffic regulation. National and state govt. should realize that, it is not money, which brings the roads, but it has been proved in several parts of the world that roads bring the money.
Trauma is increasing all over the world as the medical centers are manned by increasing the no. of sub/super specialties, the unique skills of anaesthesiologists are being found to be the critical factors, that can be useful to prevent particularly the immediate and early deaths following polytrauma.

The study was undertaken to collect the baseline data, categorize type of the traumas sustained, to evaluate in brief the existing health care system, to formulate and suggest an ideal infrastructure for trauma patients that too, to suit the Indian conditions, by all the hospitals of Jalna district, data analysis, representing rural part of the Maharashtra, which has unfolded the story in the following way:

1. Age
Not only existing literature till today, but also our representative data of the rural area confirms 'age is not the bar for getting exposed to poly-trauma (as even extremes of age had poly-trauma)' However adults dominated the study significantly (as high as 52%), signifying that adults and mid-aged are the pillars of family but also of society as well as nation, who are compelled to move around for earning in some or other form.

2. Sex
Existing, exhaustive literature as well as present study has shown that polytrauma is being dominated by the males (as high as 80%) again they being the head of the families and play the major role in earning
bread and butter and for the same reason are compelled to move one place to another on some sort of vehicles. Females were exposed very less as in this male dominated society they are compelled to take care of family in the house.

3. Areas involved

There is a concept that polytrauma is a feature of developed and rich areas, but study reveals that it’s not true. Even though urbanization has increased the incidence of polytrauma, most of the people from the rural area are the victims of polytrauma as more and more industries are being launched in the outskirts of the big cities as well as more and more in various small villages due to so many benefits.

4. Pre-disposing factor

Due to urbanization, industrialization and use of advanced technology for agriculture, there is significant move of adult population for one place to another place for earning their bread n butter, in turn some or other form of vehicles are increasing very fast and till today it has shown various significant increase in the no. of vehicles on the road. And our study also confirms vehicular accidents were major chunk of the study (As high as 49%)

5. Nature of injury

Though extremity injuries are very common i.e. as high as 68%, still head injury was a major association in significant cases i.e. 20% which was the major killer in polytrauma patients. Rest of the patients
had so many other injuries like, chest, abdomen, pelvic associated with extremities' injury.

6. Pre-Hospital care

Emergency medical services neither on the spot nor during the transportation are available at all. This is the area, where lot of things can be done; particularly trained paramedics can help to reduce mortality and morbidity by taking full advantage of 'Golden Hour'

Most of the time transportation is not available and wherever available are not at frequent intervals on rare occasion few can get white taxies called ambulances (as they are not equipped properly and adequately)

In the initial phase of study we found communication system was also in a pre-mature stage, but in present situation communication system has become very effective and cheap in turn helping a lot for reaching a proper center.

7. Intra-hospital care

Eventhough each and every medical care center, casualty, and/or emergency services were available, but hardly it could cater a vital service to the polytrauma patients. Only few had all the specialists required to treat the polytrauma patients. Even, not a single medical center had specifically designated trauma care center. Even though some had, but they were having inadequate emergency beds,
inadequate or no reductive measures, inadequate man power, quantity as well as quality wise.

8. Indian Scenario of Road, Traffic and discipline.

The composition of traffic and accident patterns in India is not only different from those prevailing today in high-income countries, but they are also substantially different from those prevailing HICs in the past. Pattern of road use has a significant influence on the type of road traffic crash experienced in India. It indicates that road safety policies in India would have to focus on the VRUS (Virulent Road Users) like pedestrians, bicyclist, motorized two-wheeler, three-wheelers and designs of vehicle exteriors. Major efforts have to go into road design for traffic calming suited for these conditions.

To sum up presently carried out study has indicated and concluded there is an unlimited scope for giving the services to the injured victims i.e. following polytrauma if acted properly in a coordinated manner morbidity and/or mortality can be brought down significantly by proper use of safety helmets, increasing peripheral communication, accessibility conveyance, paramedic rescue team creation of emergency wards, trauma team, mini trauma centers, which can help take the full advantage of Golden Hour.

Any change to be implemented is always me with resistance. To overcome and to achieve the same first get motivated yourself, build up the dedicated team, adequate organization, exchange of
know-how? (state of art), try to get sufficient budget through political support by treating the VIPs. As well as help of society and beurocrates.

For that let’s get motivated and build up a coordinated team work from the available resources itself.

For the achievement of the above said goal, please remember

‘GET THE RIGHT PATIENT
TO THE RIGHT HOSPITAL
AND IN RIGHT TIME’

“Though
All injuries can’t be prevented
Remember,
‘Accidents’ and Injuries are not “Acts of GOD”
And
There is no difference between injury and disease.

SO

“LIFE saved is a FAMILY Saved”