

# Emergency Management of a Patient with Multiple Traumas in a Pre-Hospital Emergency Medicine Care

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## DESCRIPTION

Pre Hospital Emergency Medicine Care (EMS) is currently widely accepted that the best approach to trauma care cases is one that is organized and systematic. Resuscitation, in-field care for trauma patients, and ground or air transportation are still contentious pre hospital issues. The most contentious is field stabilization versus speedy evacuation to final care ("scoop and run") in trauma, which is still up for debate and has led to wide variations in pre hospital policy. Critically ill patients can be transported quickly thanks to emergency medical services, including ground and air transportation, which considerably increases the reach of tertiary care centers.

The trauma care chain is Emergency Medical Services (EMS) providers, and the trauma triage decisions made by EMS staff are critically crucial to the success of trauma patients. Emergency management of a patient with multiple traumas is complicated and involves several stages and successive levels. It calls for a lot of specialized forces, experience, and competence, as well as carrying out a number of risks that crews must be aware of, willing to assume, and capable of controlling and avoiding. Trauma is a result of an unexpected occurrence that can occur even when a person is otherwise healthy; therefore one of the key objectives of treatment is to help the patient function as similar to before the damage as is reasonably possible.

Identification and treatment of life-threatening injuries as soon as they occur, as well as prevention of further injury or aggravation of current injuries, are the other objectives of trauma patient management.

Emergency Medical Services (EMS) responders, who are the first medical personnel on the site of a crisis, offer pre hospital care. A disaster's nature is frequently first recognized by EMS workers, who may then assess the situation and identify the need for resources including medical resources. These licensed or certified individuals (emergency medical dispatchers, emergency medical responders, emergency medical technicians, and

paramedics) may be the first to implement Crisis Standards of Care (CSC), and they are crucial participants in local and state emergency management efforts.

The system that coordinates all facets of patient care given in the pre-hospital or out-of-hospital setting is known as Emergency Medical Services (EMS). Consequently, EMS is a vital part of the healthcare system and is required to enhance the outcomes of accidents and other time-sensitive illnesses. However, there is a significant need for data to help us better understand the capabilities of these systems, as well as their advantages and disadvantages in low-resource settings. The World Health Organization (WHO) health system framework was used to create a tool for evaluating the pre-hospital EMS system. The system that coordinates all facets of medical care given to patients in a pre-hospital or out-of-hospital setting is known as EMS.

In general, patients who require "pre-hospital care" are meant or planned to be brought to a hospital for additional treatment, whereas such intent or planning may not be present in "out-of-hospital" emergency care. EMS serves as a common resource for a multitude of medical issues and serves as the cornerstone of successful disaster response and mass casualty incident management. The theory that the emergency medical system should deliver seamless and appropriate care from the moment the patient is injured, taken ill, or requests assistance is becoming more and more recognized and accepted.

Additionally, there is a growing realization that new and creative working patterns and methods within emergency departments, ambulance services, and primary healthcare teams are the only way to meet the diverse needs for emergency or "unscheduled" health care. These are just two instances of the work being done to fulfill the demand for pre hospital care and increase access, together with the work on the roles and curriculums for ambulance services and the evolving idea of emergency care practitioners described in this edition. This effort is crucial and required.

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