

Short Communication

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Traumatic Deaths

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Nowadays, trauma is a serious health problem and can be identified as an injurious event completion from the effect of mechanical, thermal, electrical, chemical or radiation energy.¹

Trauma is still the leading cause of death among people between the ages of 10-40 years and it is also the third most common cause of death for all ages in the industrialized countries.^{2,3} Almost all the patients of traumatic injuries refer to emergency departments and between 15-24 years men are more exposed to trauma than women.⁴

Trauma is accepted to be the fore cause of losing years of life worldwide by the World Health Organization in 2020.² Epidemiological studies about traumatic deaths estimate a progressive increase in traumatic injuries by the year 2030.³ Trauma is also a substantial socio-economic problem and traumatic injuries cause a significant loss in terms of years of productive life and increased health care costs and disabilities.³

When death term meets the following three criteria it is conceived avoidable: the individual survives trauma injuries and its outcomes; maintenance provided did not follow curation guidelines; mistakes in patient administration contributed directly or indirectly to an individual's death.¹

Preventable deaths can be used to evaluate quality of care protocols and health care systems and these deaths can be essential demonstration of performance and proficiency of administration through trauma patients.²

Traumatic deaths can be categorized as non-preventable, potentially preventable and preventable. Absolutely preventable death means that mildly anatomical injuries (pathological categorized organ injury due to the American Association for the Surgery of Trauma categorization with Abbreviated Injury Severity Score (AIS) ≤ 3) with alterable live threat (tension pneumo thorax, serious external bleeding, etc.).² Potentially preventable death means that serious anatomical injuries within possibility survivable under excellent conditions and resuscitation or conscious patients with the facility to act at the scene or patients with signs of life at the scene and lack of anatomical non-survivable injuries.² Non-preventable death means that anatomical organ or tissue distortion non-survivable although excellent conditions and resuscitation.²

A systematic evaluation for the administration of trauma patients international guidelines such as Advanced Trauma Life Support (ATLS), Pre-hospital Trauma Life Support (PHTLS) and Advanced Trauma Care for Nurses (ATCN) have been developed.¹

In the future, main focus should be prevention programs about traumatic deaths.

REFERENCES

1. Settervall CHC, Domingues CA, Sousa RMC, Nogueira LS. Preventable trauma deaths. *Rev Saude Publica.* 2012; 46(2). Web site. http://www.scielosp.org/scielo.php?pid=S0034-89102012000200020&script=sci_arttext&tlng=pt. Accessed March 16, 2016.

2. Kleber C, Giesecke MT, Tsokos M, Haas NP, Buschmann CT. Trauma-related preventable deaths in Berlin 2010: Need to change prehospital management strategies and trauma management education. *World J Surg.* 2013; 37(5): 1154-1161. doi: [10.1007/s00268-013-1964-2](https://doi.org/10.1007/s00268-013-1964-2)
3. Navarro S, Montmany S, Rebasa P, Colilles C, Pallisera A. Impact of ATLS training on preventable and potentially preventable deaths. *World J Surg.* 2014; 38(9): 2273-2278. doi: [10.1007/s00268-014-2587-y](https://doi.org/10.1007/s00268-014-2587-y)
4. Ceylan S, Açikel CH, Dündaröz R, Yaşar M, Güleç M, Özışık T. Bir Eğitim Hastanesi Acil Servisine Travma Nedeniyle Başvuran Hastaların Sıklığının ve Travma Özelliklerinin Saptanması [In Turkish]. *T Klin Tıp Bilimleri.* 2002; 22(2): 156-161. Web site. <http://www.turkiyeklinikleri.com/article/en-bir-egitim-hastanesi-acil-servisinetravma-nedeniyle-basvuran-hastalarin-sikliginin-ve-travma-ozelliklerinin-saptanmasi-286.html>. Accessed March 16, 2016.