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A 34 year old man is injured in a motor vehicle collision. Physical examination is normal except for diffuse abdominal tenderness. He is conscious and vital signs obtained enroute to the hospital are respirations 20 per ,minute, pulse rate is 120 per minute blood pressure 100/60; How should this patient be managed in the field?

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The 10 th edition of ATLS has several changes in store for you based on recent literature updates. This post will provide you with several quick hits of the updates. Share this: Email; Tweet; Pocket. Print; 5 thoughts on " Are you ready for the ATLS 10th Edition Updates? " Anne Castioni says: February 23, 2018 at 9:00 AM Thank you for your concise summary of ATLS update! Reply. Pingback ...

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Abstract Background: In Advanced Trauma Life Support (ATLS®) courses, multiple choice question (MCQ) tests are used to assess student's post course knowledge. As part of the ninth Edition Revision Process, existing MCQ tests were reviewed and revised by an International MCQ Revision group.

MCQ tests in Advanced Trauma Life Support (ATLS ...

In Advanced Trauma Life Support (ATLS®) courses, multiple choice question (MCQ) tests are used to assess student's post course knowledge. As part of the ninth Edition Revision Process, existing MCQ tests were reviewed and revised by an International MCQ Revision group. The aim of this study was to evaluate the revision procedure and its effects.

MCQ tests in Advanced Trauma Life Support (ATLS ...

The Advanced Trauma Life Support (ATLS) program was introduced in the 1980s to address the need for higher-quality trauma care, particularly in the " first hour " after injury, following an incident in which an orthopaedic surgeon crashed his plane in a rural setting. The surgeon sustained serious injuries, three of his children sustained critical injuries, and one child sustained minor ...

Working effectively with Apple platforms at a corporate or business level includes not only infrastructure, but a mode of thinking that administrators have to adopt to find success. A mode of thinking that forces you to leave 30 years of IT dogma at the door. This book is a guide through how to integrate Apple products in your environment with a minimum of friction. Because the Apple ecosystem is not going away. You'll start by understanding where Apple, third-party software vendors, and the IT community is taking us. What is Mobile Device Management and how does it work under the hood. By understanding how MDM works, you will understand what needs to happen on your networks in order to allow for MDM, as well as the best way to give the least amount of access to the servers or services that ' s necessary. You'll then look at management agents that do not include MDM, as well as when you will need to use an agent as opposed to when to use other options. Once you can install a management solution, you can deploy profiles on a device or you can deploy profiles on Macs using scripts. With Apple Device Management as your guide, you'll customize and package software for deployment and lock down devices so they ' re completely secure. You ' ll also work on getting standard QA environments built out, so you can test more effectively with less effort. Apple is forging their own path in IT. They trade spots with Amazon, Google, and Microsoft as the wealthiest company to ever exist. And they will not be constrained by 30 or more years of dogma in the IT industry. You can try to shoehorn Apple devices into outdated modes of device management, or you can embrace Apple ' s stance on management with the help of this book. What You'll LearnDeploy profiles across devices effectively and securely Install apps remotely both from the app store and through custom solutions Work natively with Apple environments rather than retrofitting older IT solutions Who This Book Is For Mac administrators within organizations that want to integrate with the current Apple ecosystem, including Windows administrators learning how to use/manage Macs, mobile administrators working with iPhones and iPads, and mobile developers tasked with creating custom apps for internal, corporate distribution.

Trauma surgery has increasingly become a specialized field inspired by different principles and philosophy. A good trauma surgeon is a surgeon who knows how to perform abdominal vascular, thoracic, urologic, gynecologic, and orthopaedic procedures and is able to repair multiple traumatic injuries in the best sequence possible. In this first volume, practical, up-to-date guidance is provided on the optimal critical care and ICU management of trauma patients. In addition, individual chapters focus on specific injuries in orthopaedic trauma (and especially spinal trauma) and neurotrauma, with the aim of providing a fresh view of the surgical approach and practical suggestions for improving the skills of treating surgeons. Educational issues and the organization of a trauma center are also covered. The volume will be a handy pocket guide for trainee surgeons and any surgeon, physician, or nurse who treats trauma patients. It will be particularly relevant for emergency department physicians, critical care and ICU doctors, orthopaedic surgeons, neurosurgeons, and professionals responsible for trauma care and decision making, programs of trauma education, or organization of a trauma center. Also available: Trauma Surgery Vol. 2: Thoracic and Abdominal Trauma

Trauma patients present a unique challenge to anesthesiologists, since they require resource-intensive care, often complicated by pre-existing medical conditions. This fully revised new edition focuses on a broad spectrum of traumatic injuries and the procedures anesthesiologists perform to care for trauma patients perioperatively, surgically, and post-operatively. Special emphasis is given to assessment and treatment of co-existing disease, including surgical management of trauma patients with head, spine, orthopaedic, cardiac, and burn injuries. Topics such as training for trauma (including use of simulation) and hypothermia in trauma are also covered. Six brand new chapters address pre-hospital and ED trauma management, imaging in trauma, surgical issues in head trauma and in abdominal trauma, anesthesia for oral and maxillofacial trauma, and prevention of injuries. The text is enhanced with numerous tables and 300 illustrations showcasing techniques of airway management, shock resuscitation, echocardiography and use of ultrasound for the performance of regional anesthesia in trauma.

This book provides in-depth coverage of all aspects of pelvic ring fractures and their management. The opening chapters supply essential information on surgical anatomy, biomechanics, classification, clinical evaluation, radiological diagnostics, and emergency and acute management. The various operative techniques, including navigation techniques, that have been established and standardized over the past two decades are then presented in a step-by-step approach. Readers will find guidance on surgical indications, choice of approaches, reduction and fixation strategies, complication management, and optimization of long-term results. Specific treatment concepts are described for age-specific fractures, including pediatric and geriatric injuries, and secondary reconstructions. Pelvic ring fractures represent challenging injuries, especially when they present with concomitant hemodynamic instability. This book will help trauma and orthopaedic surgeons at all levels of experience to achieve the primary treatment aim of anatomic restoration of the bony pelvis to preserve biomechanical stability and avoid malunion with resulting clinical impairments.

Developed by WHO and the International Committee of the Red Cross in collaboration with the International Federation for Emergency Medicine Basic Emergency Care (BEC): Approach to the acutely ill and injured is an open-access training course for frontline healthcare providers who manage acute illness and injury with limited resources. BEC teaches a systematic approach to the initial assessment and management of time-sensitive conditions where early intervention saves lives. It includes modules on: the ABCDE and SAMPLE history approach trauma difficulty in breathing shock and altered mental status. The practical skills section covers the essential time-sensitive interventions for these key acute presentations. The BEC package includes a Participant Workbook and electronic slide decks for each module. BEC integrates the guidance from WHO Emergency Triage Assessment and Treatment (ETAT) for children WHO Pocket Book of Hospital Care for Children WHO Integrated Management of Pregnancy and Childbirth and the Integrated Management of Adult/Adolescent Illness (IMAI).

Trauma is a leading cause of death and disability around the world, and the leading cause of death in those aged under forty-five years. Conditions such as airway obstruction, hemorrhage, pneumothorax, tamponade, bowel rupture, vascular injury, and pelvic fracture can cause death if not appropriately diagnosed and managed. This essential book provides emergency physicians with an easy-to-use reference and source for traumatic injury evaluation and management in the Emergency Department. It covers approaches to common, life-threatening, and traumatic diseases in the Emergency Department, for use on shift and as a reference for further learning. Each chapter includes a succinct overview of common traumatic injuries, with evaluation and management pearls and pitfalls. Highly illustrated with images from one of the busiest trauma centers in the US, and featuring expert contributions from a diverse set of attending physicians, this is an essential text for all emergency medicine practitioners.

This quick-reference guide is the first book written specifically for the many third- and fourth-year medical students rotating on an orthopedic surgery service. Organized anatomically, it focuses on the diagnosis and management of the most common pathologic entities. Each chapter covers history, physical examination, imaging, and common diagnoses. For each diagnosis, the book sets out the typical presentation, options for non-operative and operative management, and expected outcomes. Chapters include key illustrations, quick-reference charts, tables, diagrams, and bulleted lists. Each chapter is co-authored by a senior resident or fellow and an established academic physician and is concise enough to be read in two or three hours. Students can read the text from cover to cover to gain a general foundation of knowledge that can be built upon when they begin their rotation, then use specific chapters to review a sub-specialty before starting a new rotation or seeing a patient with a sub-specialty attending. Practical and user-friendly, Orthopedic Surgery Clerkship is the ideal, on-the-spot resource for medical students and practitioners seeking fast facts on diagnosis and management. Its bullet-pointed outline format makes it a perfect quick-reference, and its content breadth covers the most commonly encountered orthopedic problems in practice.

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