

## Severe Trauma Patients in Critical Care

The specific characteristics of the severe trauma patient determine its complexity in the approach both in prehospital and hospital settings. There are numerous difficulties that healthcare personnel encounter when approaching this critical patient, influencing the outcome.

At the prehospital level, for example, there is controversy in the administration of fluid therapy and the amount or whether the use of blood products is required. On the other hand, the time-dependent nature of the pathology offers an added difficulty when making decisions and applying the appropriate treatment.

At the hospital level, the main limitation is the definition and classification of the severe trauma patient, with heterogeneity depending on each hospital center or region.

The management of severe trauma patients in intensive care units (ICU) is key to the outcome of these patients. In the ICUs, treatment of the patient with severe trauma is started. Depending on the evolution during the stay in the intensive care unit, the patient may develop sepsis, respiratory distress (as a consequence of a pulmonary contusion) or multi-organ failure that requires greater number of invasive and supportive measures, triggering an increase in ICU length of stay and thus a greater probability of nosocomial infections and sequelae.

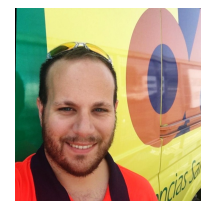
Therefore, it is necessary to pay attention to the care required by patients admitted to ICU and, specifically, to severe trauma patients, with the aim of avoiding long length of stays that predispose to infections, sepsis, organ failure and an increase in sequelae or even death.

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**Contact us:** [SVeditorial@signavitae.net](mailto:SVeditorial@signavitae.net)



**Ignacio Morales-Cané**

### Guest Editor:

**Dr. Ignacio Morales-Cané,  
MD**

Intensive Care Unit / General  
Hospital, Reina Sofia  
University Hospital, Avenida  
Menendez Pidal s/n, 1ºB,  
14006, Córdoba, Spain

**Interest:** Nursing science,  
Emergency medicine,  
Emergency medical care,  
Severe trauma, Critical care

### E-mail:

[n82mocai@uco.es](mailto:n82mocai@uco.es)



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14 Robinson Road #08-01A Far East Finance, Singapore 048545