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Description: This two volume textbook focuses on the field, emergency department and critical care management of the injured

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patient. Purpose: While designed to describe the spectrum of trauma management from prehospital to critical care and rehabilitation, the obvious strength and emphasis is resuscitation, emergency management, and critical care.

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In the trauma resuscitation room, intubation may be indicated by direct trauma to the head, face, neck, or airway; respiratory compromise due to thoracic injury; or overall management strategy, as in the critically injured patient with hypovolemic shock. In most cases, the usual paradigms of airway management used in elective anesthesia are not applicable.

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This chapter focuses on understanding, assessing, and improving trauma team performance. Resuscitation of trauma patients is a

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Specialized domain in which critically ill patients are treated in a dedicated facility. The need to train and evaluate the performance of trauma teams has emerged as an important topic over the past decade (1,2).

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Resuscitation with packed red blood cells and plasma, in parallel with surgical or interventional radiologic source control of bleeding, are the cornerstones of trauma management. Adjunctive pharmacologic therapy can assist with resuscitation.

~~Review Article: Update in Trauma Anesthesiology ...~~

Abstract. Traumatic injuries to the heart contribute significantly to trauma are associated with high mortality. Cardiac gunshot wounds

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(GSW) are considered more lethal compared to other injuries and present several unique challenges to the anesthesia management and perioperative care. We are reporting a rare case of a trauma victim who survived a GSW to the heart.

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