

# Symposium

## Guest Editorial Pediatric Trauma, It is Time to Act

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Received: 30-Jan-17/Accepted: 5-Feb-17 /Published online: 15-Feb-17



India is witnessing exciting achievements in care of children, major breakthroughs in improving communicable diseases and evolution of high quality pediatric intensive care set ups. However, we are facing an unique challenge, challenge of containing an old disease with rapidly growing burden, which is "burden of trauma". Injury kills more people every year than HIV, TB and malaria combined. India is leading the world in trauma deaths! Every minute we lose one precious life to injury in India.

Children are prone to more severe injuries than adults, because of small stature, delicate body and curiosity to experiment new environment which makes routine objects into potential causes of injury. In addition to traffic injuries, children are increasingly becoming victims of falls, drowning, burns, fires and child abuse. It is shocking revelation that unintentional injury has become the 3<sup>rd</sup> leading cause of death in children 5-14 years and 4<sup>th</sup> leading cause of death in 1-4 year age<sup>1</sup>. There is dearth of available credible data regarding the exact incidence and outcome of pediatric trauma.

The mortality after trauma is 6 times higher in

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developing countries. How did the others succeed? They simply chose to have an integrated trauma care system. WHO estimates that nearly 2 million lives could be saved every year if timely emergency care given in low income group countries matches the care given to injury victims in high resource countries<sup>2</sup>. Insensitivity towards the problem, poor preventive measures, legislative concerns, inconsistent prehospital care, unreliable pediatric trauma trained staff, lack of infrastructure in the hospitals, absence of national trauma registry and non-existent linkage between care providers are some of the barriers in reducing the trauma deaths in India. If steps are not taken with sense of urgency, there will be dramatic increase in the human toll of injuries during the coming decades. We must not allow this to happen.

Planning Commission in 2002 estimated the cost of road injuries as 3% of the GDP. Yet not much action was taken until the 12th five year planning where the plan was made to establish designated free trauma care facilities every 100 kms along the highways<sup>3</sup>. Unfortunately the reality is far from this and less than 10% victims receive the golden hour trauma care. Many health care professionals seem to be unaware of the Law commission of India 2006 report which states<sup>4</sup> - "Every injured citizen brought for medical treatment should instantaneously be given medical aid to preserve life and thereafter the procedural criminal law should be allowed to operate.... it is expected to honour the medical professionals and see that they are

not called to give evidence so long as it is not necessary” Until the injuries are recognized as a major killer, trauma care will remain ignored and will continue to remain on paper.

Establishment of trauma system is not just the responsibility of State and central government. It requires holistic approach. Capacity building is the joint responsibility of the private, public sector with the government. Currently there are a few places providing ATLS (Advanced Trauma life support), CTLS (Comprehensive Trauma Life Support), NTMC (National Trauma Management Course), and ITLS (International Trauma life Support) in India. However very few avail these courses and there is a need to coordinate between these groups and incorporate in the training curriculum. Moreover, it is time we structured a programme for pediatric trauma team (doctors and paramedics) in India, to take pediatric trauma training to a higher level.

We need to challenge the traditional approach of labelling trauma as a 'surgical disease' and that trauma care is led by surgeons. Trauma no longer belongs to a single specialty, it is a team approach and pediatric trauma team must have a pediatric trauma trained physician. Many lives can be saved through inexpensive modifications in education, organization and availability of simple pieces of equipment which are low in cost and high in yield. Strengthening our education system by incorporating trauma training in undergraduate and postgraduate education will kindle the spirit of trauma care in students. Most promising intervention would be creating Pediatric Emergency Medicine (EM) specialties in MD/DNB, DM and trauma surgery and it is the need of the hour<sup>5</sup>.

This symposium on pediatric trauma is the result of a committed work by many contributors; we cannot thank them enough. We have involved clinicians as well as non- clinicians who are in the front line of caring for injured children from various backgrounds. Pediatric intensivists, emergency care physicians, emergency care trainers, researchers, road safety specialist (doctorate) from transport department, radiologists, pediatric surgeons and neurosurgeons - not only from India, but also from across the globe have come forward to deliver this special edition.

The symposium takes us through the initial structured stabilisation of a child with polytrauma in emergency department followed by more detailed reviews on

management of injured children with hemorrhage, spinal trauma, traumatic brain injury, chest and abdominal trauma with special article dedicated to imaging modalities in a child with multiple trauma. The best way to stabilise the cervical spine remains a controversy until new consensus guidelines are established. The symposium addresses two major neglected areas in pediatric trauma - rural trauma management and setting up pediatric trauma care which are still in primitive stages in India. We acknowledge the great importance of prehospital trauma care as most trauma deaths occur outside of hospital. We have a treat, a study of pre hospital trauma care and road map for the future by EMRI-108 ambulance services. This is the first step towards looking in to the comprehensive prehospital data in children and we hope that this inspires all EMS services across the country.

India has a great potential and it is our turn to transform India. Everyone can make a difference. We have all the answers. Let us come together for this long journey and commit to save children from injuries- because “Children Are Too Young to Die”.

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**How to cite this article:**

Ramachandra G, Khilnani P. Hypertonic Saline: Pediatric Trauma, It is Time to Act. J Pediatr Crit Care. 2017;4(1):21-22.

**How to cite this URL:**

Ramachandra G, Khilnani P. Hypertonic Saline: Pediatric Trauma, It is Time to Act. J Pediatr Crit Care. 2017;4(1):21-22.  
Available from: <http://www.journalofpediatriccriticalcare.com/userfiles/2017/0401-jpcc-jan-mar-2017/JGCC0401002.html>