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Trauma symptoms, temperament traits, social support and the intensity of pain in a Polish sample of patients suffering from chronic pain

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The aim of the current study was to investigate the relationship between the intensity of pain, treated as the explained variable, and the level of trauma symptoms, as appear in posttraumatic stress disorder (PTSD), temperament traits postulated by the Regulative Theory of Temperament and aspects of social support among patients suffering from chronic pain (arthritis and low-back pain). To assess the intensity of pain among participants we used the Numerical Rating Scale (NRS-11). The level of trauma symptoms was assessed with the PTSD Factorial Version inventory (PTSD-F). Temperament was measured with the Formal Characteristics of Behaviour – Temperament Inventory (FCB-TI). Social support was tested with the Berlin Social Support Scales (BSSS). The results of our study suggest that significant predictors of pain intensity among chronic pain sufferers were trauma symptoms. We also noticed that some temperament traits (i.e., emotional reactivity) increased the level of global trauma symptoms, which, in turn, intensified the level of pain. In addition, we showed that global trauma symptoms decreased the support participants actually received.

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Initial assessment and management of pediatric trauma

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Pediatric trauma refers to traumatic injury that happens to an infant, child or adolescent. Pediatric trauma is the leading cause of death and disability in children. In US, each year one out of 6 children need emergency department care and 10,000 children die from injuries. Severely injured children need to be transported to a facility which is staffed with personnel having experience in management of injuries in children. There are anatomical, physiological and emotional differences between adults and children. Early recognition and treatment of life threatening airway obstruction, inadequate breathing, intra-abdominal and intracranial hemorrhage increases the rate of survival. The initial assessment and management of the injured child follows the sequence of primary survey and resuscitation followed by secondary survey and this needs team work. Working together as cohesive team, the members perform the primary survey in just few minutes. Life threatening conditions are dealt with as soon as they are identified. Necessary imaging studies are obtained early. There is a need of constant reassessment, to ensure that any deterioration in child's condition is picked up immediately. The secondary survey identifies other injuries like intra-abdominal injuries and long bone fractures which can result in significant hemorrhage. The relief of pain is an important part of treatment of an injured child. The speaker will talk about the differences between adults and children, also highlight the importance of rapid and well organised team assessment and management of pediatric trauma following ATLS guidelines.

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