

# Guidelines for essential trauma care



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IATC

INTERNATIONAL ASSOCIATION  
FOR THE SURGERY OF TRAUMA  
AND SURGICAL INTENSIVE-CARE



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SOCIETY OF SURGERY  
SOCIÉTÉ INTERNATIONALE  
DE CHIRURGIE

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WORLD HEALTH ORGANIZATION



INTERNATIONAL SOCIETY OF SURGERY  
SOCIÉTÉ INTERNATIONALE DE CHIRURGIE  
and  
INTERNATIONAL ASSOCIATION FOR THE SURGERY OF TRAUMA  
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# Preface

Injury is an increasingly significant health problem throughout the world. Every day, 16 000 people die from injuries, and for every person who dies, several thousand more are injured, many of them with permanent sequelae. Injury accounts for 16% of the global burden of disease. The burden of death and disability from injury is especially notable in low- and middle-income countries. By far the greatest part of the total burden of injury, approximately 90%, occurs in such countries.

Decreasing the burden of injuries is among the main challenges for public health in this century. The World Health Organization is playing an important role in meeting this challenge. In particular, the Department of Injuries and Violence Prevention (VIP) has spearheaded efforts to improve the spectrum of injury control activities. These include improving and standardizing injury surveillance systems; promoting injury control policy initiatives for violence, traffic and other major sources of injury; and promoting low-cost improvements in injury care, in both the pre-hospital and hospital-based arenas. All of these efforts are needed to adequately confront the injury problem.

The Essential Trauma Care (EsTC) Project addresses one of the important points in the spectrum of injury control activities, that of promoting inexpensive improvements in facility-based trauma care. Through this and through the WHO's accompanying guidelines for trauma care before admission to hospital, currently in development, we seek to assure a certain minimum level of care for virtually every injured person worldwide. The potential benefits for such improvements are evidenced by the gross disparities in outcome between low- and middle-income countries on one hand and high-income countries on the other. For example, one of the studies quoted later in this document shows that persons with life-threatening but salvageable injuries are six times more likely to die in a low-income setting (36% mortality) than in a high-income setting (6% mortality).

The *Guidelines for essential trauma care* seek to reduce such disparities by establishing achievable and affordable standards for injury care worldwide. They set forth a list of essential trauma services that the authors feel are achievable in virtually every setting worldwide. The guidelines then lay out the various human

and physical resources that are needed to assure such services. These guidelines have been developed in a collaborative fashion with our main partner in this endeavour, the International Association for the Surgery of Trauma and Surgical Intensive Care (IATSIC). They have also been developed with the input of several other international and national societies, and, most importantly, by many experts actively involved in the care of injured persons worldwide.

All who have been involved with the development of these guideline feel that they have the potential to make significant improvements in the care of injured persons. I look forward to seeing the recommendations set forth in this document put into action in countries around the world.

*Etienne Krug, MD, MPH*

Director, Injuries and Violence Prevention Department

WHO

Geneva

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