

## Preface



Carrie D. Tibbles, MD  
*Guest Editor*

Trauma remains the fourth leading cause of death in the United States, and it is the number one cause of death in people ages 1 to 44. The fundamental principles of trauma care established by the American College of Surgeons still guide our treatment of trauma patients today. However, with advances in diagnostic imaging and therapies, some of the traditional teachings have become outdated. In this issue of *Emergency Medicine Clinics of North America*, each article focuses on recent developments in the trauma literature and highlights new technologies, novel therapies, or current controversies.

The first article reviews the new airway devices and their role in the management of the difficult trauma airway. The article on the identification and treatment of shock emphasizes the importance of early recognition of shock, including the role of markers of occult perfusion and the importance of aggressive resuscitation. Drs. Moore and Marchovichick provide an interesting article on the development of trauma systems in the United States and the optimal use of trauma management resources from the perspective of both trauma surgery and emergency medicine. The blunt chest trauma article focuses on subtle and challenging diagnoses, such as myocardial contusion and diaphragmatic rupture.

Algorithms for the management of patients who have major abdominal trauma have evolved in recent years with the widespread acceptance of bedside ultrasonography, nonoperative management of solid organ injury, and advances with computed tomography. The article on pelvic trauma describes the new commercially available pelvic binders and discusses the

technique of preperitoneal packing: a novel approach for stabilizing a patient following major pelvic trauma. Clinical decision rules to determine which patients require brain and spine imaging have been developed in recent years and these are described in the articles on brain and spine injury. The emergency department management of challenging orthopedic complications, the comprehensive management of neck trauma, and the latest evidence in optimal wound care are also included. The issue concludes with reviews of the unique considerations in managing pediatric, pregnant, and geriatric trauma patients, and an article that focuses on the role of the emergency department in injury prevention and education. Our goal has been to provide the emergency physician with a comprehensive review of the recent trauma literature, highlighting recent developments that impact how we practice. Editing this edition has truly been a rewarding experience, and I thank all the authors for their hard work and commitment to this project and Karen Sorensen and Patrick Manley for their expert editorial guidance.

Carrie D. Tibbles, MD  
*Associate Program Director  
Department of Emergency Medicine  
Harvard Affiliated Emergency Medicine Residency  
Beth Israel Deaconess Medical Center  
One Deaconess Road  
West Campus Clinical Center CC2  
Boston, MA 02115, USA*  
*E-mail address: [ctibbles@bidmc.harvard.edu](mailto:ctibbles@bidmc.harvard.edu)*