

## Foreword

# Trauma in Emergency Medicine



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*Consulting Editor*

“A-B-C” is the unofficial mantra of emergency medicine. Students and residents learn to manage every unstable patient from the standpoint of the “A-B-Cs” to focus on the immediate life-threats first. Simulation training and Oral Board Examination testing is also focused on the “A-B-Cs” as a priority. The concept of “A-B-Cs” originated in early Advanced Trauma Life Support (ATLS) courses. Then the “A-B-Cs” of trauma management were extrapolated to management of the adult and pediatric medical patient. An early focus on the “A-B-Cs” is often lifesaving not only for victims of trauma, but also for medically ill emergency patients. Clearly the priorities and practice of trauma management are ingrained in the specialty of emergency medicine.

As the specialty of emergency medicine has progressed, the knowledge base of trauma management in our specialty has advanced far beyond the basic concepts that are taught in ATLS courses. Advanced level resuscitation of victims of trauma is part of the core curriculum in emergency medicine training. Physicians-in-training are routinely taught special airway skills, invasive trauma procedures, and advanced resuscitation of trauma patients. Emergency physicians engage in cutting edge research related to trauma resuscitation both at the clinical and basic science level. Emergency physicians also are actively involved in collaborative efforts designed to advance the quality of trauma care in every practice setting. Although once considered the domain of the surgeon, care of the trauma patients is now clearly recognized as a multidisciplinary responsibility, and emergency physicians are playing a leading role.

In this issue of *Emergency Medicine Clinics of North America*, Guest Editor Dr. Carrie Tibbles has assembled an outstanding group of emergency care providers to bring you the latest in emergency medicine knowledge regarding the care of trauma patients. A comprehensive top down approach is taken, beginning with the airway and progressing through various systems including management of injuries to the brain, neck and spine, chest, abdomen, and extremities. Experts who care for patients in shock discuss this condition as it relates to trauma patients. Management of patients that present special challenges, including pediatric patients, geriatric patients, and pregnant patients, are discussed also. One article is dedicated specifically to wound care, a seemingly basic yet very high-risk aspect of trauma care. Finally, articles regarding trauma system design and injury prevention are provided.

This issue of *Emergency Medicine Clinics of North America* represents an important addition to emergency medicine literature. Dr. Tibbles and her colleagues have provided a cutting edge update of the current knowledge of emergency trauma care. Emergency physicians in every type of practice setting will find this issue immensely useful for the daily care of trauma patients, and this issue will undoubtedly improve the care of those patients. This issue also exemplifies how far our specialty has progressed in trauma care beyond the basics of “A-B-C.” Kudos to the contributors for an outstanding issue!

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