

1: Brady Books: ITLS

Description. ITLS is pleased to announce the publication of the 8th edition International Trauma Life Support for Emergency Care Providers on September 15,

Table of Contents Features This proven training book has been at the forefront of trauma education at all levels of pre-hospital emergency care worldwide for more than 30 years. BRADY provides book-specific online resources for both learners and instructors including review questions, games, animations, case studies, additional trauma photos and much more! BRADY resources offers instructors a full complement of online supplemental teaching materials such as test banks and PowerPoint lectures to aid in the classroom. Coverage of the latest and most effective approaches to the care of the trauma patient prepares readers to become effective emergency care providers. Roy Alson has joined Dr. John Campbell as co-editor in chief for this edition. Hands-on exercises throughout the text help readers practice their knowledge and skills on simulated patients. By the end of the course, learners should feel confident in their ability to provide rapid lifesaving trauma care. Management skills chapters follow the topic chapters to help reinforce learning. Key terms, photos, drawings, and case presentations accompany each chapter to promote retention of key concepts. Many of the case presentations draw upon a single scenario so they reflect a realistic situation. Pearls feature quick references and reminders in the side margins, providing learners with reinforcement of difficult chapter concepts. Chapter Summaries wrap up each chapter, reviewing important concepts and revisiting the overview that opens up the chapter, forming a bridge between areas of focus and objectives. In Chapter 1, the emphasis on scene safety continues to be a central component, as is the concept that trauma care is a team effort involving many disciplines. There is a discussion of the changes in response put forth by the Hartford Consensus. In Chapter 2, minor changes have been made in the assessment sequence based on feedback from ITLS instructors and providers. The importance of identifying and controlling at the start of the assessment is reinforced. As the leader performs the assessment, he or she will delegate responses to abnormalities found in the initial assessment. This is to reinforce the rule that the leader must not interrupt the assessment to deal with problems but must delegate the needed actions to team members. That emphasizes the team concept and keeps on scene time at a minimum. The use of finger-stick serum lactate levels and prehospital abdominal ultrasound exams are mentioned as areas of current study to better identify patients who may be in early shock. Chapter 3 reflects the changes in Chapter 2. In Chapter 4, capnography is stressed as the standard for confirming and monitoring the position of the endotracheal tube as well as the best way to assess for hyperventilation or hypoventilation. The delivered volume of air with each ventilation now emphasizes the response of the patient rise and fall of the chest rather than a fixed volume amount. In Chapter 5, fiberoptic and video intubation are discussed as evolving technologies. Drug-assisted intubation is now included in this chapter, rather than in the appendix, because it is more commonly used. The key role of blind insertion airway devices BIAD in basic airway management is reinforced. Also discussed is the use of ultrasound to identify such injuries and also to identify a pneumothorax. In Chapter 7, there is a revised discussion of needle decompression of the chest for a tension pneumothorax reflecting challenges faced by tactical EMS providers. In Chapter 8, the discussion of hemorrhagic shock has again been updated to reflect the latest experience of the military during the recent conflicts. A discussion of the role of tranexamic acid TXA in the management of hemorrhage has been added. Chapters 11 and 12 now reflect current science and published guidelines. There has been a complete revision of when to apply spinal motion restriction. In addition, the transport of a patient on a backboard is now discouraged. Included also is how to remove the patient from the backboard once placed on a transport stretcher. The standing backboard procedure has been eliminated. In Chapter 13, the use of finger-stick serum lactate levels and the use of prehospital abdominal ultrasound exams are mentioned. In Chapter 14, the discussion of management of bleeding from extremity injuries has been expanded, including discussion of hemostatic agents. In Chapter 15, procedures for use of a tourniquet and use of hemostatic agents have been expanded as well as discussion of pelvic binders for pelvic fractures. Chapter 21 discusses the indications for termination of resuscitation for the trauma patient in the prehospital setting. Chapter 22 includes the latest

recommendations for postexposure prophylaxis and an expanded section on emerging infections that pose challenges to emergency care providers. For basic trauma life support courses For more than 30 years, International Trauma Life Support has been at the forefront of trauma education at all levels of emergency care worldwide. This complete reference is filled with practical, hands-on training that guides readers through the hows and whys behind all of the skills necessary for rapid assessment, resuscitation, stabilization, and transportation of the trauma patient.

2: International Trauma Life Support for Emergency Care Providers, 8th Edition

Dr. Campbell is the author of the first edition of the Basic Trauma Life Support textbook and has continued to be the editor through to this new edition, now entitled International Trauma Life Support for Emergency Care Providers.

New to This Edition Features Text only. Updated and refined to reflect the latest and most effective approaches to the care of the trauma patient. Students will find quizzes, additional web links, games, videos, and more to supplement classroom learning. Through Resource Central, this text also offers instructors a full complement of online supplemental teaching materials such as test banks and PowerPoint lectures to aid in the classroom. Throughout the text, hands-on exercises help learners practice their knowledge and skills on simulated patients. This proven training book has been at the forefront of trauma education at all levels of pre-hospital emergency care worldwide for more than 30 years. Other general changes include addition of Key Terms, new case presentations for all chapters, bibliographies have been updated, and many of the illustrations have new photos or have been redrawn for a more up-to-date look. Important chapter-by-chapter changes are listed below. In Chapter 1, scene safety has been expanded with comments on blast scenes. Personal watercraft injuries has been updated and expanded. Blast injuries has been updated to include new terminology. In Chapter 2, Minor changes have been made in the assessment sequence to make it more practical. Added that serious external hemorrhage should be noted in the General Impression and control of bleeding must be immediately delegated. This is to reinforce the rule that the leader must not interrupt the assessment to deal with problems but must delegate the needed actions to team members. This emphasizes the team concept and keeps on-scene time at a minimum. This reflects the more common situation where the Ongoing Exam almost always is performed before the Secondary Survey and may replace it. The use of finger-stick serum lactate levels and prehospital abdominal ultrasound exams are mentioned as areas of current study to better identify patients that may be in early shock. Chapter 3 reflects the changes in Chapter 2. In Chapter 4, capnography is stressed as the standard for confirming and monitoring the position of the endotracheal tube. Use of ELM external larynx manipulation is introduced as a means of improving the visualization of the vocal chords. In Chapter 5, added that cyanide poisoning will make pulse ox reading unreliable. Use of ELM mentioned. Face-to-Face Intubation is briefly discussed. Fiber optic and video intubation are also mentioned. In Chapter 6, a discussion of blast injuries was added. In Chapter 7, recent studies on chest wall thickness and the current controversy over which site to use to decompress a tension pneumothorax are discussed. A procedure for decompression by the lateral approach was added. Added that the decompression needle should be at least 6 cm long and recommended several needles that are available in this length. In Chapter 8, the discussion of hemorrhagic shock has been updated with the experience of the military during the recent conflicts. A discussion of use of capnography to monitor shock was also added. In Chapter 11, discussed recent studies that suggest with penetrating injuries to the trunk, taking time to do spinal motion restriction doubles the death rate. In Chapter 12, the procedure for use of a short backboard was moved to Appendix A but added photo scans of performing SMR for standing patients. In Chapter 13, the use of finger-stick serum lactate levels and the use of prehospital abdominal ultrasound exams are mentioned. In Chapter 14, expanded the discussion of management of bleeding from extremity injuries. In Chapter 15, added procedures for use of a tourniquet and use of hemostatic agents. In Chapter 16, mentioned the applying of antimicrobial sheets to the burn if there is to be a very long transport. Clarified that escharotomy is not a prehospital procedure. In Chapter 17, added that the laryngeal mask airway and King LT airway are available in pediatric sizes and can be used for rescue airways. In Chapter 21, the chapter has been extensively rewritten with new authors. In Chapter 22, the chapter has been updated with the latest recommendations for post-exposure prophylaxis. The procedure for use of the short backboard was added. In Appendix C, the discussion of various triage schemes has been expanded. All new student and instructor resource web site. At the beginning of each chapter, we prompt readers to visit Resource Central on www. Table of Contents 2. Trauma Assessment and Management 3.

3: ITLS 8th Edition Instructor Update

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