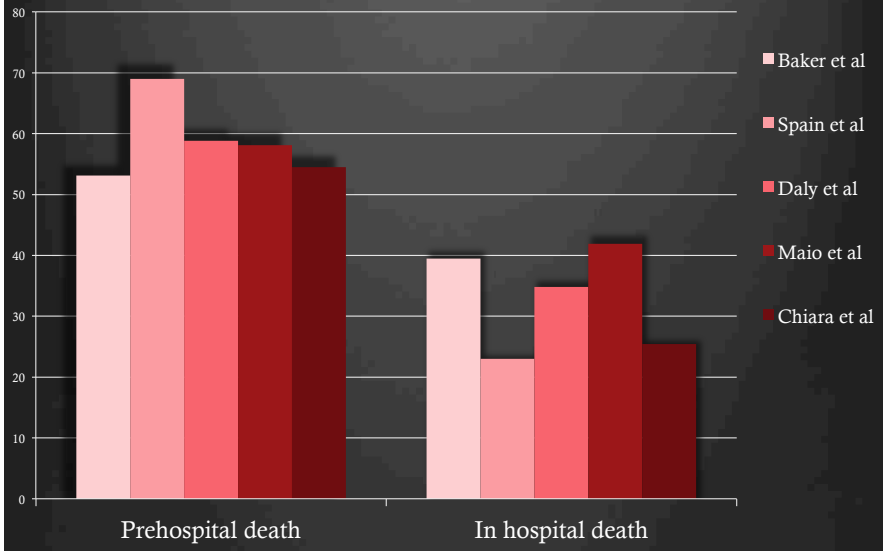
PFAST

Miniaturisation des échographes

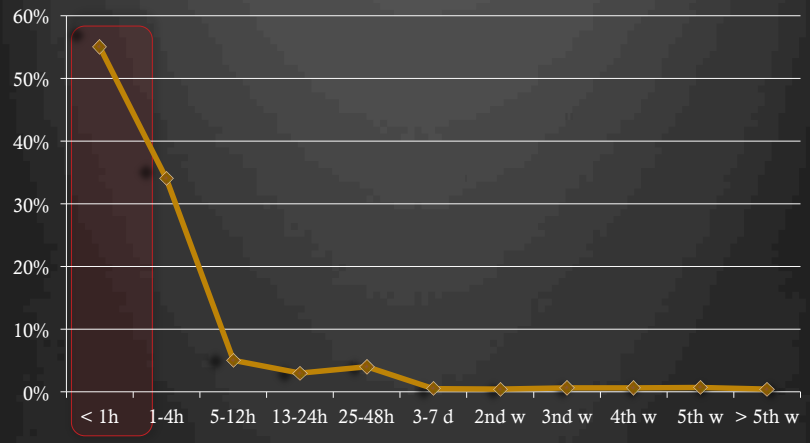
PTG - Epidémiologie



Pfeifer et al – injury 2009

PFAST

Temporal distribution of trauma deaths caused by exsanguination



Sauaia et al - J Trauma 1995

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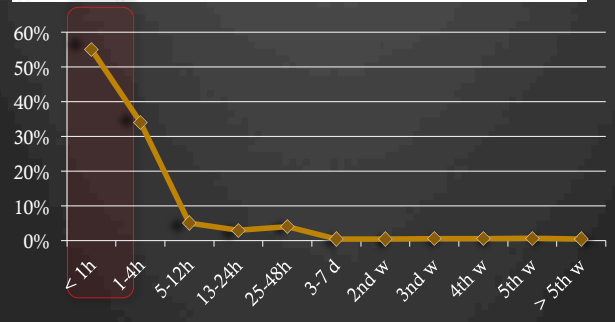
Management of bleeding following major trauma: an updated European guideline

Rossaint *et al. Critical Care* 2010, **14**:R52

Recommendation 1 We recommend that the time elapsed between injury and operation be minimised for patients in need of urgent surgical bleeding control (Grade 1A).



Sauaia et al - J Trauma 1995

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

A National Evaluation of the Effect of Trauma-Center Care on Mortality

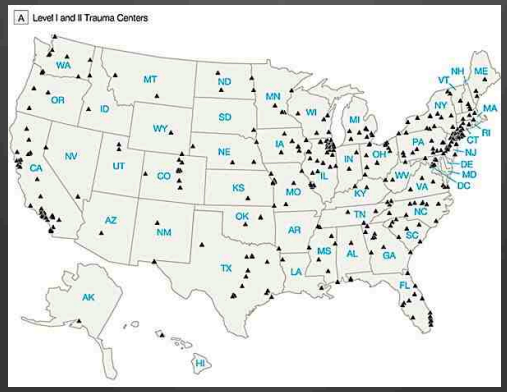
Ellen J. MacKenzie, Ph.D., Frederick P. Rivara, M.D., M.P.H., Gregory J. Jurkovich, M.D., Avery B. Nathens, M.D., Ph.D., Katherine P. Frey, M.P.H., Brian L. Egleston, M.P.P., David S. Salkever, Ph.D., and Daniel O. Scharfstein, Sc.D.

CONCLUSIONS

Our findings show that the risk of death is significantly lower when care is provided in a trauma center than in a non–trauma center and argue for continued efforts at regionalization.

Mac Kenzie et al NEJM 2006

PFAST



Even in developed countries admittance to level 1 trauma centers is not the rule!

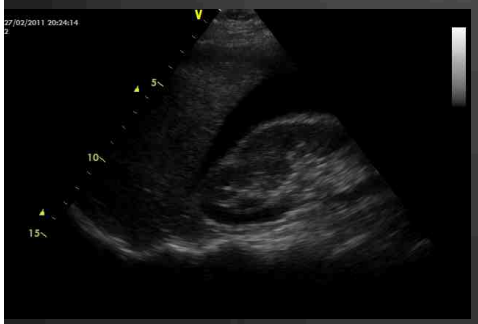
Mac Kenzie et al JAMA 2003

PFAST

Management of bleeding following major trauma: an updated European guideline

Rossaint *et al. Critical Care* 2010, **14**:R52

Recommendation 8 We recommend that patients with significant free intra-abdominal fluid and haemodynamic instability undergo urgent intervention (Grade 1A).



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Etude FIRST

3 090 patients admis en CHU

- 651 patients admis en CHG
  - 185 (28 %) geste chirurgical avant leur transport vers un CT.
  - 272 (42 %) chirurgie à l'admission en CHU.
- Admission directe CHU: 2,2h
- Admission CHU après CHG: 8,7h

PFAST?

Prehospital ultrasound imaging improves management of abdominal trauma.

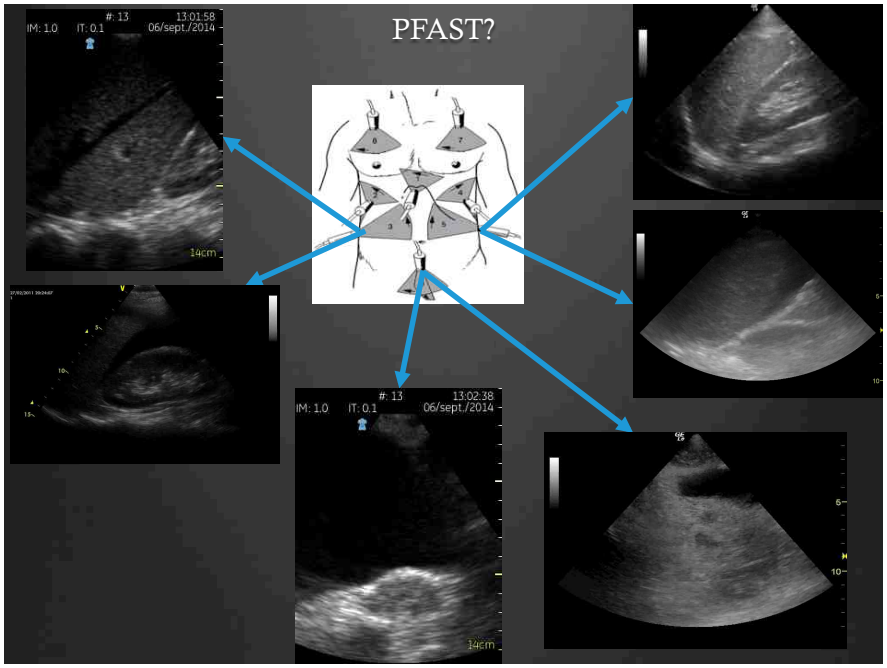
PFAST = prehospital focused abdominal sonography for trauma

202 trauma abdo en préhospitalier

Examen clinique
VS
Examen clinique + écho

Walcher et al. Br J Surg. 2006

PFAST?



PFAST?

Prehospital ultrasound imaging improves management of abdominal trauma.

	Examen clinique	Examen clinique + écho
Sensibilité	93 %	93 %
Spécificité	52 %	99 %
Précision	57 %	99 %

Walcher et al. Br J Surg. 2006

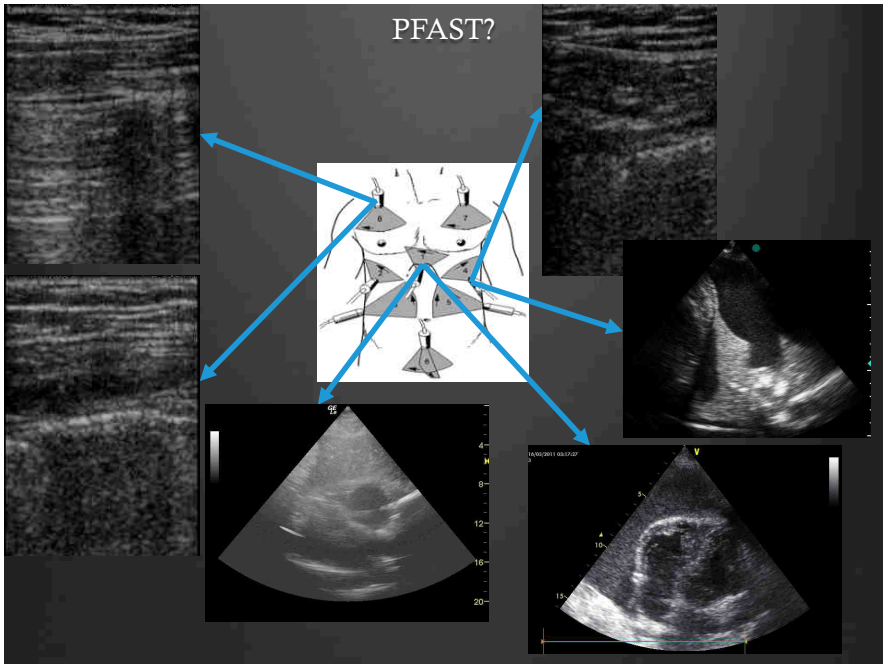
PFAST?

Stay and Play eFAST or scoop and run eFAST ?
That is the question !

98 PTG en préhospitalier

	Sur place	En roulant	Les deux
Faisabilité	95%	94%	95%
Durée	3,5 ± 2,5	3,9 ± 3	7,1 ± 1,8

Brun et al Am J Emerg Med. 2014



PFAST?

Stay and Play eFAST or scoop and run eFAST ?
That is the question !

98 PTG en préhospitalier

	Sur place	En roulant	Les deux
Se	95 %	95 %	100%
Sp	95 %	100 %	100%
VPP	95 %	100%	100%
VPN	95 %	93%	100%

Brun et al Am J Emerg Med. 2014

Hemoperitoneum semiquantitative analysis on admission of blunt trauma patients improves the prediction of massive transfusion

Table 2 Univariate logistic regression of association between MT and hemoperitoneum, hemodynamic, or clinical parameters on admission

Parameters	MT	No MT	OR	95% CI	*P*
Hemoperitoneum size					
Large	40 (41)	57 (59)	6.2	(3.3-11.7)	<.001
Moderate	25 (23)	82 (77)	2.7	(1.4-5.2)	<.01
No/minimal	18 (10)	159 (90)	1	–	–
ED SBP <90 mm Hg	72 (40)	110 (60)	11.2	(5.7-22)	<.001
Complex pelvic fracture	31 (44)	39 (56)	2.3	(1.3-4.1)	<.01
Open or complex femur fracture	22 (35)	41 (65)	4	(2.3-6.9)	<.001
BD >6 mmol/L	61 (41)	87 (59)	6.7	(3.9-11.6)	<.001

Data are expressed as number of MT (%) and as OR including 95% CI. CI, confidence interval.

Charbit et al – Am J Emerg Med 2013

PFAST

Prise en charge pré hospitalière

Catégorie 1 (Taux

=

CHIRURGIE

Transport Direct ver

Laparotomie ?

Thoracotomie ?

Pericardiotomie ?

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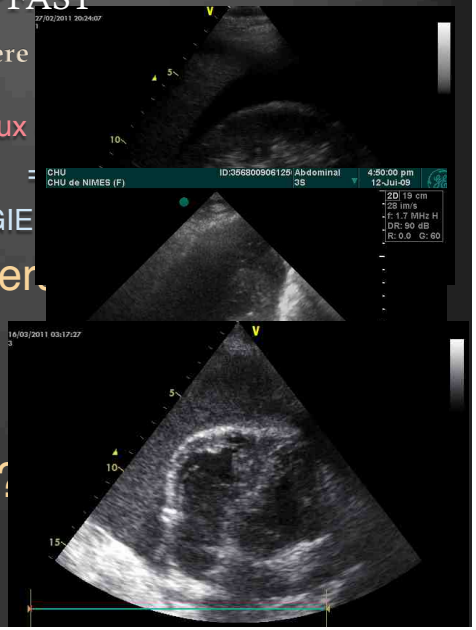

PFAST

Prise en charge pré hospitalière selon le statut hémodynamique

Catégorie 2

=

TDM IMMEDIAT ou SAUV ou Bloc opératoire

Avec équipe des urgences prête

Transport vers un hôpital avec
un Bloc Opératoire adapté

PFAST?

Prehospital ultrasound imaging improves management of abdominal trauma.

- **Modification du traitement ou de la prise en charge dans 30 % des cas.**
- **Changement de destination finale dans 22 % des cas.**

Walcher et al. Br J Surg. 2006

PFAST

Prise en charge pré hospitalière selon le statut hémodynamique

Catégorie 3

=

TDM IMMEDIAT

Transport de préférence vers un trauma center