



Introduction to Emergency Care For CHO/SN



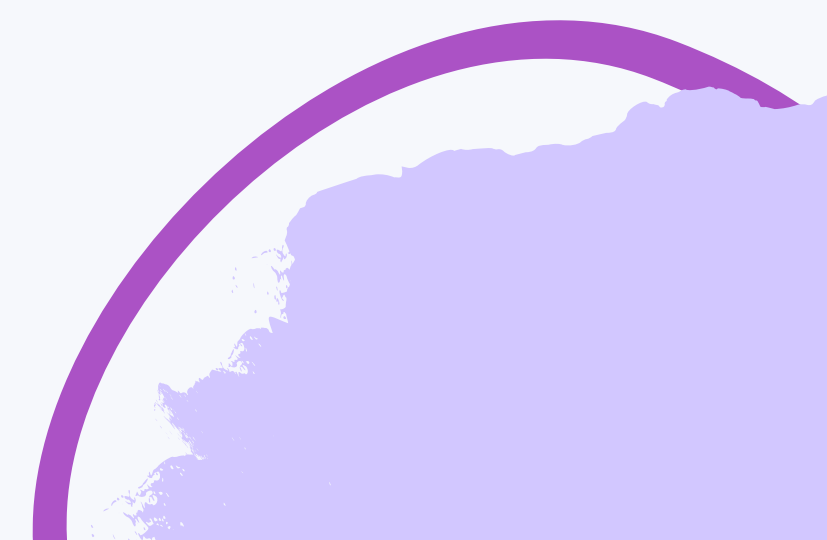


LEARNING OBJECTIVES



By the end of the session participants will be able to:

- Understand what is emergency care.
- Know and understand emergency conditions.



OVERVIEW OF BURDEN OF DISEASE

According to the Global Burden of Disease (GBD) estimates for the country-

- 62% of deaths in 2016 were due to non-communicable diseases,
- 11% due to injuries and
- 27% due to other diseases (communicable, maternal, perinatal and nutritional conditions).

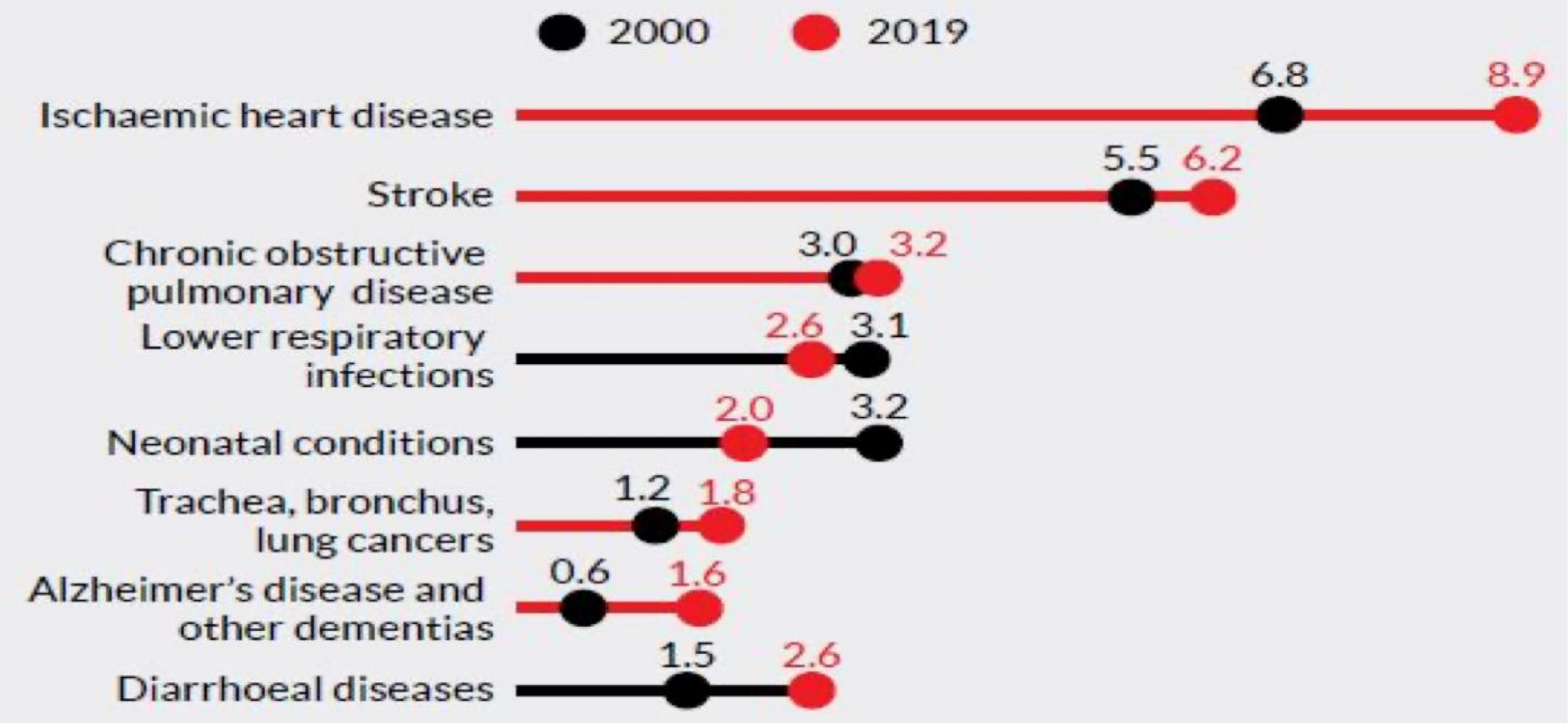


OVERVIEW OF BURDEN OF DISEASE



The World's Leading Causes of Death

Total number of people who died from the following conditions (in millions)



Source: World Health Organization



OVERVIEW OF BURDEN OF DISEASE

- Road Traffic Injuries (RTIs), Acute Myocardial Infarctions (AMIs) and Cerebrovascular Accidents (CVAs) are the most commonly cited causes of death and disability in India.
- In 2016, nearly 1.5 lakh lives were lost to road traffic injuries alone.



INTRODUCTION TO EMERGENCY CARE

- Emergency and Trauma Care is one of the newer services which is being introduced in expanded package of services to be made available at the HWCs.
- Emergency and trauma care services require immediate medical care- reach an appropriate health facility for treatment **within an hour**.
- These conditions are life-threatening - **right care at the right time**.



WHAT IS AN EMERGENCY ?

- The group of conditions which need immediate medical care and intervention are called as emergencies.
- These conditions are non-discriminatory as well as time bound.
- **Why Non-discriminatory??**
- **Why Time bound??**

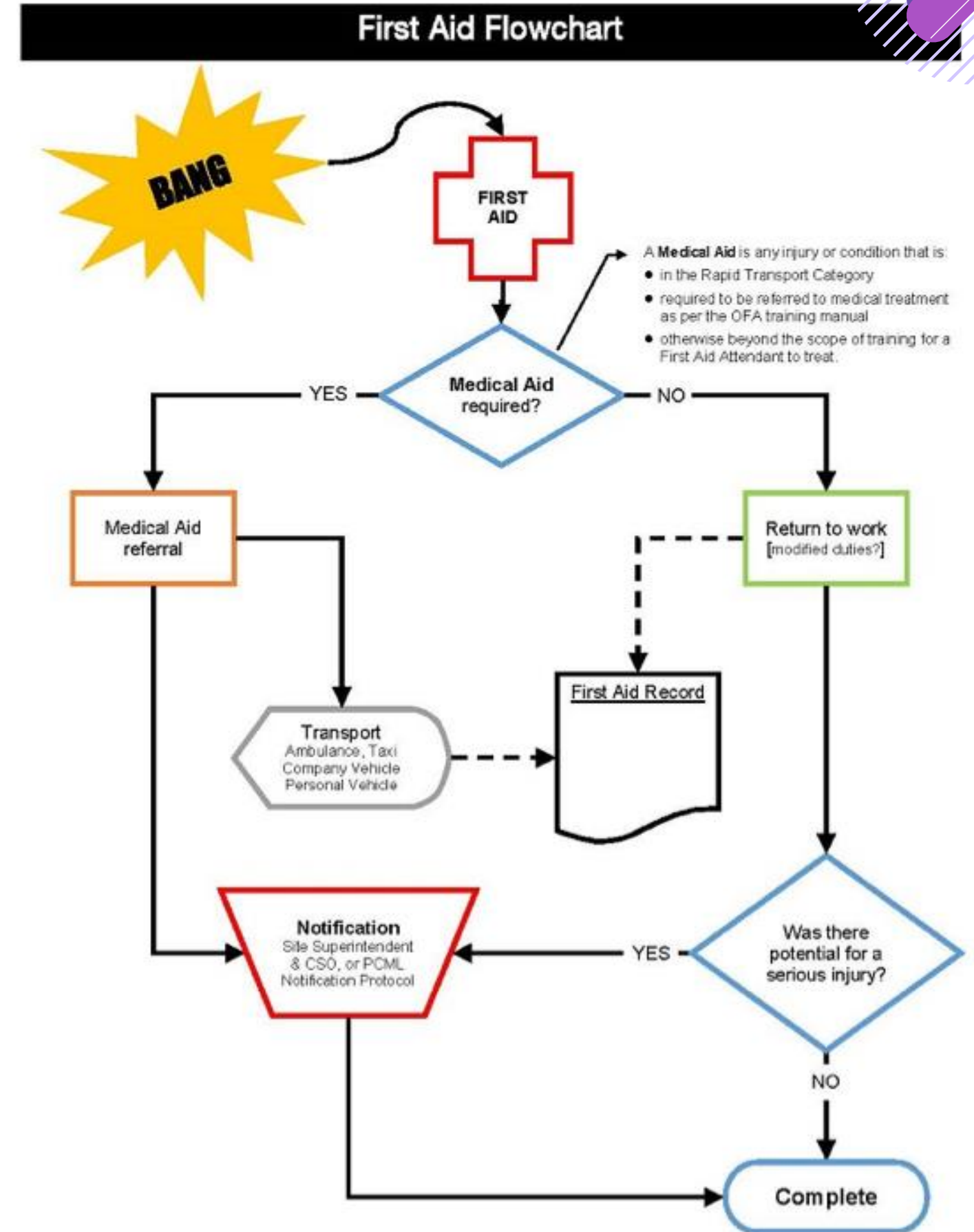


INTRODUCTION TO AN EMERGENCY

- Emergencies that are commonly encountered in the community may range from accidents and trauma to emergencies arising out of chronic diseases like NCDs.
- Trauma is one of the most common emergencies that occur in the community and a major reason for morbidity and mortality in India.

CONTD...

- A common example is an accident leading to severe bleeding or a person suffering a heart attack
- The broad goal of emergency care is to intervene as quickly as possible to avoid life-threatening morbidity and death in emergency and trauma cases.





EMERGENCY CARE

Emergency care refers to the care provided to the victim in the 'Golden Hour' (usually the hour following an accident) before/while reaching the appropriate health facility, in order to prevent death or serious disabilities.





EMERGENCY SERVICES IN INDIA

- In India, till now emergency services were confined to tertiary level only. The absence of organized emergency care at primary and secondary health care level further worsens the situation.
- Therefore, to ensure timely intervention for better survival, comprehensive emergency services should be made available round the clock at the primary level with assured referral linkages wherever required.



- Emergency management at primary level can be initiated even with limited resources by ensuring community preparedness and awareness.
- Provision of a proper platform including infrastructure, capacity building of human resource which would keep the community organized and trained on a regular/permanent basis, is essential to enable them to respond in an effective and organized manner.





PLATFORMS OF CARE / SERVICE DELIVERY

- It is important to practice certain technical protocols at HWC (SHC/ PHC/UPHC) which help in efficient delivery of emergency services and minimize the risk of acquired infections while managing the patients during emergency.
- Some of the important components for this are good ambience, patient friendly facilities, computerized registration, infection control practices, bio medical waste management, autoclave and laundry.





SERVICES DELIVERY FRAMEWORK

The emergency conditions in health, which will require timely identification and management, can be largely categorized into 3 types:

- Trauma/Accidental/Injuries
- Burns
- Medical and Surgical Emergency



SERVICES DELIVERY FRAMEWORK

Trauma/Accidental/Injuries:

- This refers to any sudden physical injury caused by an external force.

Medical and Surgical Emergency:

- Medical emergency is “the sudden onset of a medical or surgical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient’s health in serious jeopardy.”



MANAGEMENT OF VARIOUS CONDITIONS AT COMMUNITY OR FACILITY LEVEL

- Most emergencies start at home. Hence, any system to promote early recognition of emergency conditions should be based in the community.
- Community action aims to empower people to gain control over decisions affecting their lives in their community and larger society.
- They need to have knowledge and awareness to identify emergencies and support the actions required to save lives and in getting the continuum of care.



APPROACHES FOR PROMOTING EMERGENCY HEALTH CARE IN COMMUNITY

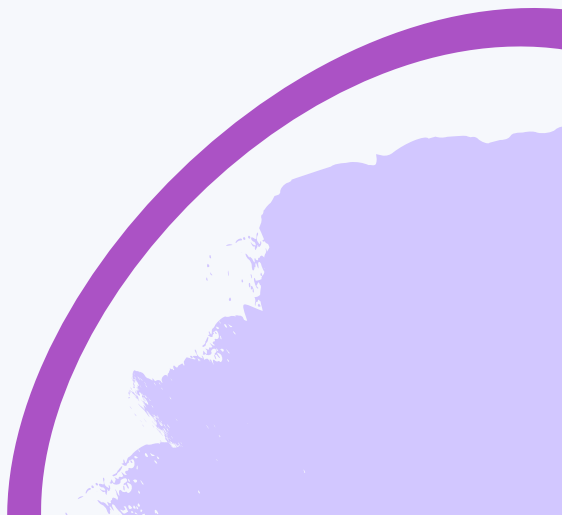


- **Community awareness (Promotive):** Identification and response to critical emergencies both traumatic and non-traumatic (chest pain, stroke, respiratory problems etc.)
- **Medical (Preventive and curative):** Directed at early identification of risk factors like high blood pressure, obesity, high cholesterol levels, deranged blood sugar levels etc.
- **Behavioral (or lifestyle):** Directed at behavioral risk factors such as smoking, poor nutrition, physical inactivity, drunk driving etc.





- **Socio-environmental:** Directed at risk conditions such as poverty, low education, insufficient income, unemployment, inadequate housing etc.
- **Medico legal:** Directed at institutionalizing the medico legal aspect of the conditions like Pre-MLC reporting to the concerned Police Station, forensic knowledge for categorization and identification of the injury.





PLATFORMS AND WAYS TO GENERATE AWARENESS IN THE COMMUNITY

- **Village Health & Nutrition Days (VHNDs), schools and public places:** through mock drills in school/work place, nukkad natak, puppet shows, etc.
- **Guidance to school teachers, volunteers, VHSNC and other self-help groups** for imparting preventive and promotive education on management of emergency health conditions.





MANAGEMENT OF EMERGENCY HEALTH CONDITIONS



- Assessment and triaging of the emergency conditions.
- Early transport, (preferably through ALS/BLS) after possible first aid and stabilization.
- ABCDE management if first responder or trained personnel available.
- Follow up of the emergency cases treated at higher centers.
- Facility/community based rehabilitation (Palliative care).
- Mock drills of the staff at regular intervals to be conducted by the concerned institute to handle the emergency conditions.
- Development of Digital Referral Directory for ease of coordination and to reduce the time period.





FOLLOWING EMERGENCY CONDITIONS NEED PRIORITY REFERRAL AFTER PROVIDING POSSIBLE INITIAL MANAGEMENT AND STABILIZATION

- Chest pain
- Breathing problems (difficult breathing, shortness of breath)
- Unconsciousness/Fainting, Disorientation
- Any other life threatening condition



- Life threatening Burns: Cases with more than 5% body surface area, Burn caused by pressurized steam, chemical acid, electric burn, the person who has inhaled smoke or is not able to speak.
- Stab wounds/penetrating injury (head, neck, chest, abdomen, upper thigh)
- Massive crush injury of Thigh/Leg/Arm/Forearm injury with massive bleed-absent distal pulse
- Fracture of Thigh/Leg/Arm/Forearm with exposed bone





- Two or more long bone (Thigh/Leg/Arm/Forearm) fracture
- Abnormal chest wall movement during breathing
- Suspected neck injury
- Multiple injuries
- Spinal injuries
- Suspected sexual assault
- Uncontrollable bleeding, nosebleed
- Acute abdominal pain
- Choking
- Cyanosed infant/child
- Epileptic seizures
- Acute febrile illnesses
- Animal bites, etc.





ROLE OF CHO

- Assessment, triaging, initial management and stabilization of all emergencies care patients.
- Referral of cases requiring specialized care. This will include facilitation of referral i.e. arrangement for transport, documentation and prior communication to the receiving/referred facility.
- Follow up of patients referred to higher centre for emergency care.
- Record maintenance, reporting on the appropriate portal, e.g. IDSP.



ROLE OF CHO

- Maintenance of emergency drugs and equipment.
- Co-ordinate and participate in outreach activities.
- Supportive supervision through joint visits with ASHA/ ANM/MPW-M, as needed.
- Special focus on addressing prevalent taboos, myths and other harmful superstitious practices.
- Organizing Focus Group Discussions (FGDs) involving Panchayati Raj Institutions (PRIs), Self Help Groups, school teachers etc.



FILL IN THE BLANKS

- The group of conditions which need _____ medical care and intervention are called as emergencies.
- Emergency conditions are _____ as well as _____ bound.
- _____ is one of the most common emergencies that occur in the community and a major reason for morbidity and mortality in India.
- Most of the emergencies require intervention within _____ also called as the _____ .





FILL IN THE BLANKS

- The group of conditions which need **immediate** medical care and intervention are called as emergencies.
- Emergency conditions are **non-discriminatory** as well as **time** bound.
- **Trauma** is one of the most common emergencies that occur in the community and a major reason for morbidity and mortality in India.
- Most of the emergencies require intervention within **one hour** also called as the **golden hour**.





Thank You

