Preface

Inside and Out: Trauma Resuscitation at the Speed of Light

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Editors

Trauma is changing. True, the force of gravity is constant, cars still hurt, and humanity's thirst for violence runs deep beyond reckoning. But how we respond to injury, and the science and innovation that support our practice scarcely resemble trauma care from even a decade ago. Gone are the non-evidence-based peculiarisms of advanced trauma life support (ATLS): the savage fluid boluses, the primacy of the trauma surgeon, the mechanistic thoughtlessness of an algorithmic approach to everything. We know more now than we ever did, about managing neurotrauma, understanding shock (goodbye and good riddance, 3-to-1 rule), executing life-saving procedures, and attending to pain and agitation in ways we once ignored. We continue to push the boundaries of what new technology can do for meaningful survival, from advanced ultrasound to resuscitative endovascular occlusion of the aorta (REBOA) and ECMO (extracorporeal membrane oxygenation). Most poignantly, we are no longer looking away from difficult issues in trauma, from injuries in the aging population to intimate partner violence and human trafficking. These very real issues speak to the integral role that emergency medicine plays in patient safety and advocacy. Once preached to, emergency medicine is now comfortably leading this drive to advance and excel.

If this seems like a lot, that's by design. We encourage starting with the 2018 *Emergency Medicine Clinics of North America* trauma issue[1] to set the stage for understanding this quantum leap in care that we are currently living through. The current issue pushes our understanding even further. In that respect, we are grateful to the

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authors for assembling such outstanding and boundary-pushing work. Buckle up and enjoy the ride.

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