



# Foreword

## Trauma Emergencies



Amal Mattu, MD  
Consulting Editor

One of the defining features of a good emergency physician is one's ability to provide initial resuscitation to any type of patient that shows up in the emergency department (ED)...adult and pediatric, medical, trauma, minor or major illness or injury. Over the years, however, emergency medicine in many settings has become very "compartmentalized." In many locales, we find dedicated pediatric hospitals, heart centers, cardiac arrest centers, stroke centers, and trauma centers. The compartmentalization occurs even within individual hospitals...separate adult versus pediatric versus trauma EDs. When an emergency physician works in one of these settings, it becomes very easy to ignore the necessity of maintaining a broad range of knowledge and skills. For example, I work in a large academic medical center with a separate adult ED, pediatric ED, and trauma receiving unit. It certainly is tempting to ignore the need to maintain pediatric and trauma skills in my practice.

On a regular basis, however, I am reminded of the need to maintain a sound knowledge of resuscitation of pediatric and trauma patients when those patients show up in the *adult* ED unexpectedly. I was often reminded of this when I worked in a community hospital ED as well. Specifically with regards to trauma, it was, and still is, not uncommon for victims of penetrating or blunt trauma to be brought to our "nontrauma ED" by the patient's friends or family or by prehospital personnel. Whether the dedicated trauma team was upstairs or across town, it was *our* responsibility in the "nontrauma ED" to initiate the resuscitation and oftentimes perform life-saving interventions. *If you call yourself an emergency physician, you must know how to manage victims of trauma no matter where you work.*

With this tenet in mind, we present to you our latest issue of *Emergency Medicine Clinics of North America*, an issue dedicated to maintaining and raising your knowledge and skills in emergency trauma care. Our Guest Editors are both emergency physicians who have exceptional knowledge in caring for the trauma patient, and they both are outstanding educators. Dr Kimberly Boswell is an emergency physician with

fellowship training in trauma and critical care from the Maryland Shock Trauma Center, where she still works. Dr Christopher Hicks is an emergency physician and internationally recognized expert in trauma care who works at the busiest trauma center in Toronto, St. Michael's Hospital. Dr Boswell and Dr Hicks have brought together an outstanding group of colleagues from the United States and Canada to provide some of the latest advances in trauma care for emergency physicians. They address basic resuscitation as well as advanced concepts, such as extracorporeal life support; imaging techniques; special patient populations; and an assortment of critical trauma procedures.

This issue of *Emergency Medicine Clinics of North America* represents an important addition to the emergency medicine literature, and it also nicely exemplifies how far our specialty has progressed in trauma care beyond the basics of "A-B-C." I would again emphatically argue that if you call yourself an emergency physician, you must maintain your knowledge and skills in managing patients with trauma regardless of your practice setting. Mastering the concepts that these editors and authors provide within the following pages will do just that. Kudos to the contributors for an outstanding issue!

Amal Mattu, MD  
Department of Emergency Medicine  
University of Maryland School of Medicine  
Baltimore, MD 21201, USA

*E-mail address:*  
[amattu@som.umaryland.edu](mailto:amattu@som.umaryland.edu)