

Bangalore ill-equipped in trauma care

BANGALORE: Around 70 per cent of Road Traffic Injuries (RTI) in the City are referred from the first hospital of contact to other hospitals for various reasons.

This practice is quite common states the 2009 Bengaluru Road Safety and Injury Prevention Programme released by Department of Epidemiology, NIMHANS.

Trauma care is an essential aspect when dealing with Road Traffic Injuries. Availability of first aid, mode of transportation, time interval between the occurrence of injury to reaching a hospital and referral patterns indicates the quality of trauma care. However, statistics show that the City has a long way to go in improving its trauma care facilities.

In 2009, 70 per cent of the patients visited more than one hospital. Fortunately, 90 per cent of these were not fatal. Some of the common reasons for hospitals to refer patients were nature or severity of injuries, nature of the hospital, availability of facilities in the hospital and affordability.

Interestingly, Government hospitals (54 per cent) scored

Current scenario

Referral pattern

■ About 50 per cent fall related injuries and 13 per cent burn injuries visited more than one hospital.

■ 53 per cent of injured reached a hospital on their own with RTI comprising nearly half (47 per cent) of the total injury load.

First aid

■ 20 per cent - number of fatal and non-fatally injured persons, who received some kind of first aid; First aid received soon after the accident

Fatal injuries: 10-50 per cent
non fatal injuries: 24-65 per cent

■ 56.25 per cent of RTI cases were taken to nearby government hospital; 39.09 per cent were shifted to private hospital or nursing home

■ Around 3 per cent - contribution of medical colleges,

more over private hospitals (22 per cent) in referring fatal injuries to other hospitals.

What's shocking is that two

private clinics, police and general practitioners in administering first aid.

Transportation

■ Urban areas

43 per cent preferred auto rickshaws; 32 per cent private vehicles

■ Rural areas

66 per cent private vehicles; 14 per cent auto rickshaws 4 per cent - government and police vehicles; Ambulance was mostly used in inter-hospital referrals

Time interval

■ Within one hour - 50 per cent of fatal injuries were brought to hospitals in both urban and rural areas

■ Within 3 hours - 13 per cent in urban areas and 10 per cent in rural areas

■ Beyond 3 hours - 40 per cent in urban areas and 35 per cent in rural areas

thirds of injury deaths occurred in hospitals. Poor facilities in terms of first aid, frequent referrals, delayed time intervals and

How to improve

1. Working groups should be set up by Ministry of Health and Directorate of Health Services to coordinate, guide, supervise and monitor all trauma care related activities.
2. Hospital directors and administrators should be sensitised to improve trauma care systems, improve quality and make treatment reasonable
3. In rural areas, medical and supportive personnel in district and taluk level hospitals should be trained to handle basic trauma care injuries
4. Government and private hospital inventory need to be assessed and action should be taken in improving the weak spots
5. Basic first aid training to police, health drivers and teachers
7. Single system number for ambulance service

transportation problems figured as some of the prominent factors for this.

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