

COVID-19 Pandemic Outbreak May Compromise Proper Management for Critically Ill Trauma Patients

A Pandemia de COVID-19 Pode Estar a Comprometer uma Abordagem Adequada nos Doentes com Traumatismos Graves

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Despite the restrictions imposed on the general population (resulting in a substantial drop in major accidents), we still need to provide appropriate care for high-energy injuries. The European Society of Trauma and Emergency Surgery is clear in recommending that patients without symptoms or radiographic signs of ongoing SARS-Cov2, or with a negative test for SARS-Cov2, can proceed to the operating room (OR) emergently.¹ However, there is a problem for those polytraumatized patients with life-threatening injuries where screening is difficult and urgent action is needed, throwing these patients into lesser-equipped ORs, and generating undesirable delays in treatment.² In short, the rational application of guidelines and prevention of delays in medical and surgical care are now global issues raised for all non-COVID-19 patients.^{3,4}

Unfortunately, we have experienced significant delays in urgent and even emergent orthopedic interventions due to exhaustive procedures needed for patients with COVID-19.

The psychological distress this pandemic creates both in the general population and in healthcare workers may well be challenging the doctor-patient relationship paradigm; the wellbeing of the patient is always above that of the caretaker.^{2,4} Additionally, reports have already been published showing a high risk of infection among orthopedic surgeons in China.⁵ This finding can create an additional distress factor when an emergent orthopedic procedure is required for an untested patient. Nonetheless, the best possible self-care for all healthcare professionals is to overcome fear and irrationality by staying well informed about the disease, to know the real risks related to it, and how to minimize transmission risk.⁵

My colleagues and I believe that recommendations should be tailored to local hospital conditions to provide the best care, and that is where a scientific debate should take place about the best interests of the patient. If some hospitals can provide ORs perfectly equipped for high energy trauma patients with dedicated staff that can act in a timely fashion independent of the pandemic crisis, other institutions are definitely decreasing the standard of care on this clinical scenario. In the latter case, it should be debated whether there should be a dedicated COVID-19 OR room or whether COVID-positive patients should be treated simply with the obvious and reinforced standard precautions. The second debate these hospitals should be undertaking for the future is about creating dedicated ORs integrated into the emergency department, enabling them to face new challenges similar to those we are encountering with COVID-19.

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Joaquim SOARES DO BRITO✉¹, André SPRANGER¹, Paulo ALMEIDA¹, Pedro FERNANDES¹, Marco SARMENTO¹

1. Serviço de Ortopedia e Traumatologia. Hospital de Santa Maria. Centro Hospitalar Lisboa Norte. Lisboa. Portugal.

Autor correspondente: Joaquim Soares do Brito. joaquimsoaresdobrito@gmail.com

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