



Quoi de neuf en traumatologie grave ?

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Journée du RENAUI, le 13 Juin 2019

Quoi de neuf en traumatologie

Le programme...



- Induction séquence rapide
- Intubation
- Traumatisme crânien
- Hypotension permissive
- Transfusion pré-hospitalière
- RFE à venir

Quoi de neuf en traumatologie

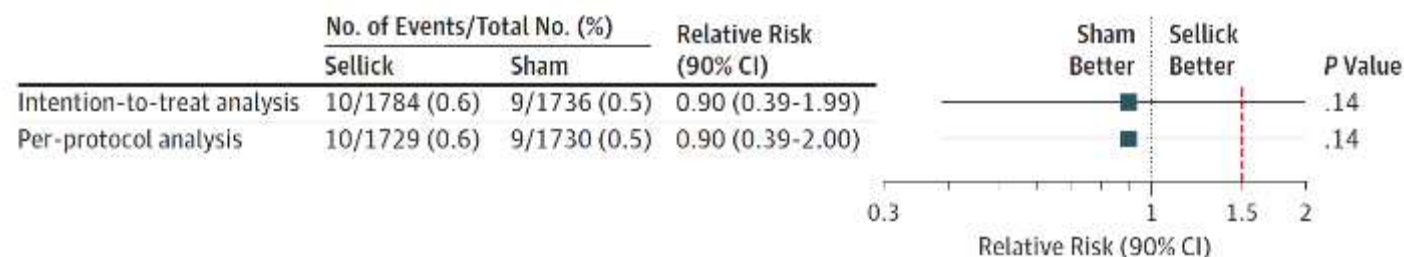
Induction séquence rapide

JAMA Surgery | Original Investigation

Effect of Cricoid Pressure Compared With a Sham Procedure in the Rapid Sequence Induction of Anesthesia The IRIS Randomized Clinical Trial

Aurélien Birenbaum, MD; David Hajage, MD, PhD; Sabine Roche, MD; Alexandre Ntoulba, MD; Mathilde Turin, MD; Philippe Cuvillon, MD, PhD; Aurélien Rohin, MD; Vincent Compere, MD, PhD; Dan Benhamou, MD; Matthieu Biais, MD, PhD; Remi Menut, MD; Sabiha Benachi, MD; François Lenfant, MD, PhD; Bruno Riou, MD, PhD

Figure 2. Comparison of the Incidence of Pulmonary Aspiration (Primary End Point) Between the Sellick Group and the Sham Group



Setting intra-hospitalier; peu de patients à risque

Dégradation du Cormack

Quoi de neuf en traumatologie

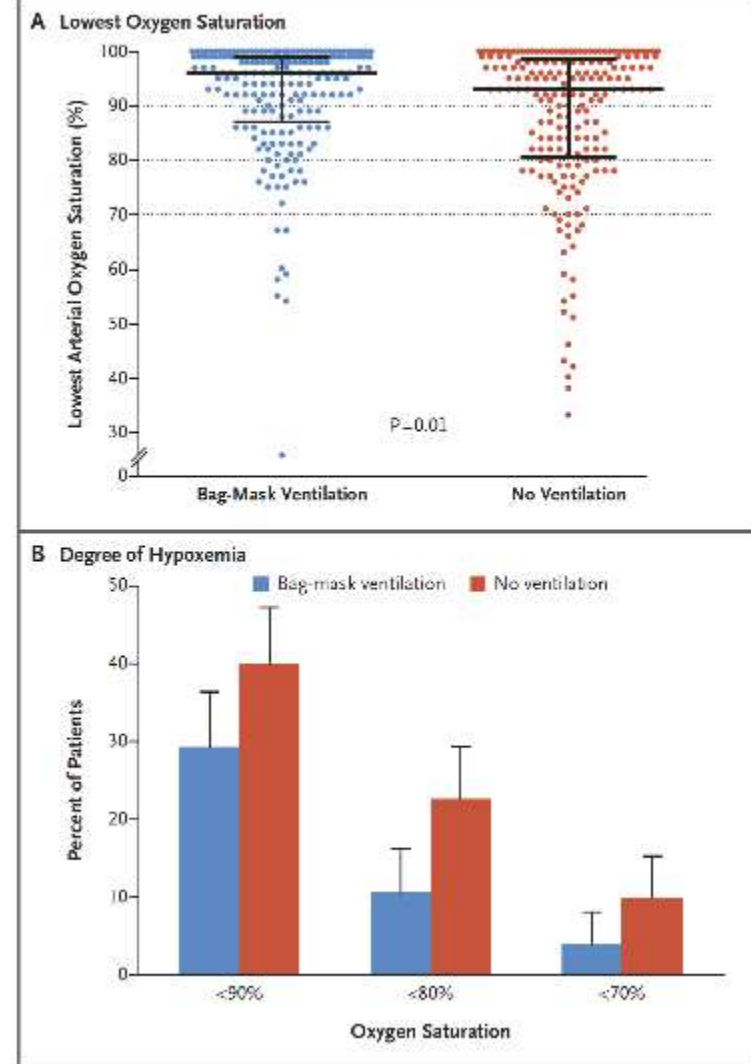
Induction séquence rapide

ORIGINAL ARTICLE

Bag-Mask Ventilation during Tracheal Intubation of Critically Ill Adults

Jonathan D. Casey, M.D., David R. Janz, M.D., Derek W. Russell, M.D., Derek J. Vonderhaar, M.D., Aaron M. Joffe, D.O., Kevin M. Dischert, M.D., Ryan M. Brown, M.D., Aline N. Zouk, M.D., Swati Gulati, M.B., B.S., Brent E. Heideman, M.D., Michael G. Lester, M.D., Alexandra H. Toporek, M.D., Itay Bentov, M.D., Ph.D., Wesley H. Self, M.D., Todd W. Rice, M.D., and Matthew W. Semler, M.D., for the PreVent Investigators and the Pragmatic Critical Care Research Group*

| Active medical conditions — no. (%)† | | |
|--|------------|------------|
| Sepsis or septic shock | 98 (49.2) | 97 (48.0) |
| Pneumonia | 57 (28.6) | 80 (39.6) |
| Acute respiratory distress syndrome | 22 (11.1) | 21 (10.4) |
| Aspiration | 14 (7.0) | 12 (5.9) |
| Gastrointestinal bleeding | 31 (15.6) | 18 (8.9) |
| Altered mental status | 92 (46.2) | 82 (40.6) |
| Indication for intubation — no. (%)‡ | | |
| Hypoxemic respiratory failure | 117 (58.8) | 116 (57.4) |
| Hypercarbic respiratory failure | 39 (19.6) | 55 (27.2) |
| Airway protection for decreased level of consciousness | 74 (37.2) | 76 (37.6) |
| Before procedure | 21 (10.6) | 13 (6.4) |



Quoi de neuf en traumatologie

Induction séquence rapide

JAMA | Original Investigation

Effect of Use of a Bougie vs Endotracheal Tube and Stylet on First-Attempt Intubation Success Among Patients With Difficult Airways Undergoing Emergency Intubation A Randomized Clinical Trial

Brian E. Driver, MD; Matthew E. Prekker, MD; Lauren R. Klein, MD; Robert F. Reardon, MD; James R. Miner, MD; Erik T. Fagerstrom, BA; Mitchell R. Clegghorn, BS; John W. McGill, MD; Jon B. Cole, MD

Table 3. Trial Outcomes Among Patients Admitted to the Emergency Department Undergoing Orotracheal Intubation Using a Bougie vs an Endotracheal Tube + Stylet

| Outcome | Bougie Group | | Endotracheal Tube + Stylet Group | | Difference (95% CI) | P Value | Interaction P Value ^a |
|---|---------------------------------------|---------------|---------------------------------------|---------------|---------------------|---------|----------------------------------|
| | No. With Event/ Total No. of Patients | % (95% CI) | No. With Event/ Total No. of Patients | % (95% CI) | | | |
| Primary Outcome | | | | | | | |
| First-attempt intubation success, patients with any difficult airway characteristic (n = 380) | 191/198 | 96 (93 to 99) | 150/182 | 82 (76 to 88) | 14 (8 to 20) | <.001 | .36 |

Mandrin long oui !

Quoi de neuf en traumatologie

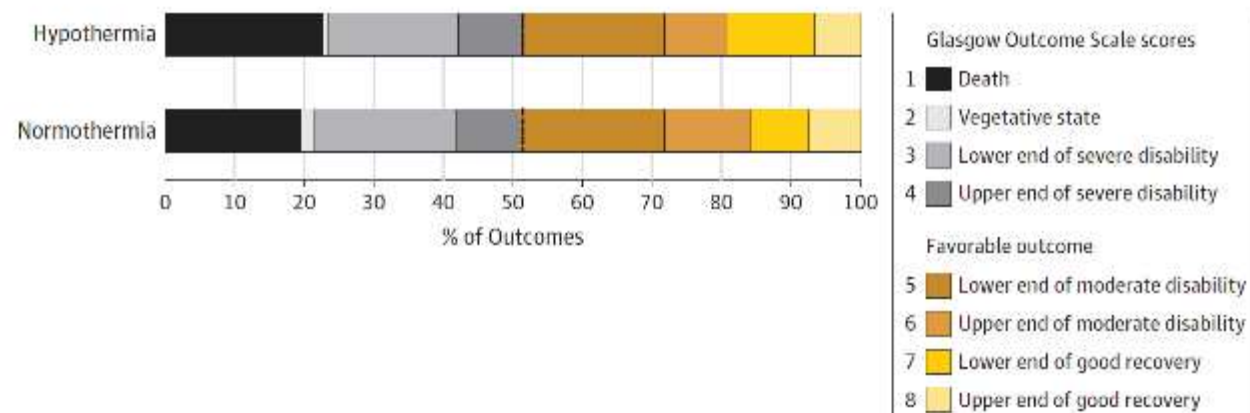
Traumatisme crânien

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Effect of Early Sustained Prophylactic Hypothermia on Neurologic Outcomes Among Patients With Severe Traumatic Brain Injury The POLAR Randomized Clinical Trial

D. James Cooper, MD; Alistair D. Nichol, MB, PhD; Michael Bailey, PhD; Stephen Bernard, MBBS, MD; Peter A. Cameron, MD; Sébastien Pili-Floury, MD, PhD; Andrew Forbes, PhD; Dashiell Gantner, MBBS; Alisa M. Higgins, MPH; Olivier Huet, MD, PhD; Jessica Kasza, PhD; Lynne Murray, BAppSci; Lynette Newby, MHSc; Jeffrey J. Presneill, MBBS, PhD; Stephen Rashford, MBBS; Jeffrey V. Rosenfeld, MD, MS; Michael Stephenson, BHSc; Shirley Vallance, MClInRes; Dinesh Varma, MD; Steven A. R. Webb, MD, PhD; Tony Trapani, BEmergHealth; Colin McArthur, MB, ChB; for the POLAR Trial Investigators and the ANZICS Clinical Trials Group

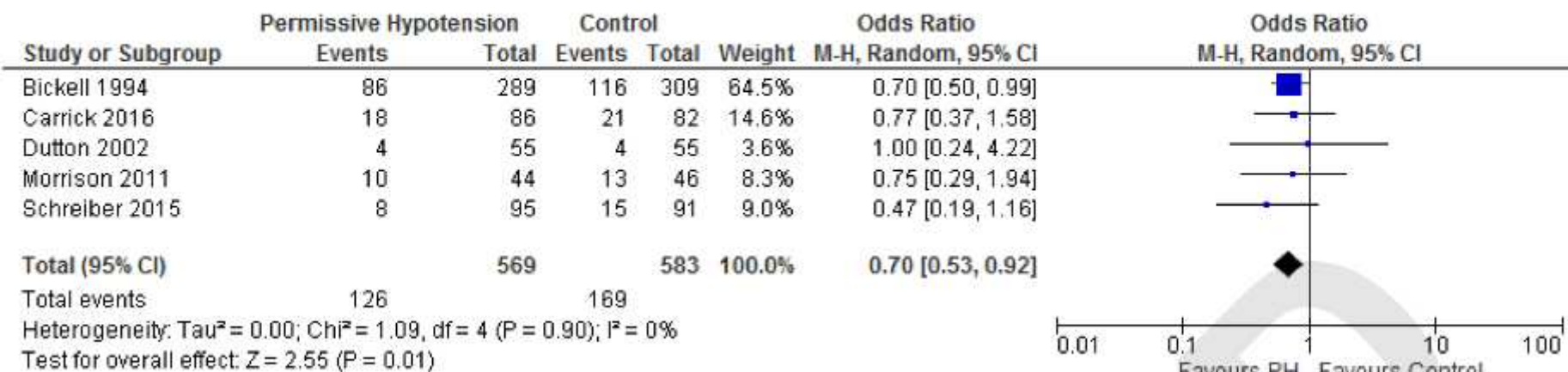
Figure 3. Distribution of Glasgow Outcome Scale–Extended Scores at 6 Months After Randomization



Quoi de neuf en traumatologie

Hypotension permissive

Figure 2 – Forest Plot of Permissive Hypotension vs. Conventional Resuscitation



Concept dogmatique... Peu de preuves

Surtout dans le pénétrant

Quoi de neuf en traumatologie

Transfusion pré-hospitalière

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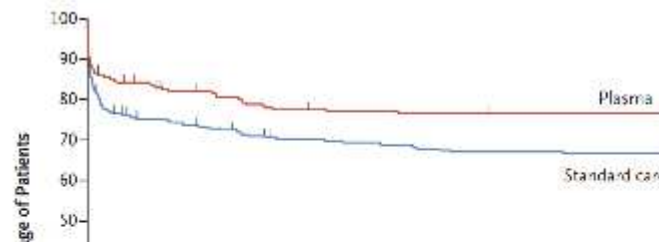
ESTABLISHED IN 1812

JULY 26, 2018

VOL. 379 NO. 4

Prehospital Plasma during Air Medical Transport in Trauma Patients at Risk for Hemorrhagic Shock

J.L. Sperry, F.X. Guyette, J.B. Brown, M.H. Yazer, D.J. Triulzi, B.J. Early-Young, P.W. Adams, B.J. Daley, R.S. Miller, B.G. Harbrecht, J.A. Claridge, H.A. Phelan, W.R. Witham, A.T. Putnam, T.M. Duane, L.H. Alarcon, C.W. Callaway, B.S. Zuckerbraun, M.D. Neal, M.R. Rosengart, R.M. Forsythe, T.R. Biliyar, D.M. Yealy, A.B. Peitzman, and M.S. Zenati, for the PAMPer Study Group†



Primaire et secondaire
Mortalité groupe contrôle...

Hours since Randomization

Quoi de neuf en traumatologie

Transfusion pré-hospitalière

Plasma-first resuscitation to treat haemorrhagic shock during emergency ground transportation in an urban area: a randomised trial

Hunter B Moore, Ernest E Moore, Michael P Chapman, Kevin McVane, Gary Bryskiewicz, Robert Blechar, Theresa Chin, Clay Cothren Burlew, Fredric Pieracci, F Bernadette West, Courtney D Fleming, Arsen Ghasabyan, James Chandler, Christopher C Silliman, Anirban Banerjee, and Angela Sauaia

Outcomes

| | Plasma group (n=65) | Control group (n=60) | Effect size (95% CI)* | p value |
|---|---------------------|----------------------|-----------------------|---------|
| Clinical outcome | | | | |
| Mortality at 28 days [†] | 10 (15%) | 6 (10%) | 1.54 (0.60 to 3.98) | 0.37 |
| Mortality at 24 h | 8 (12%) | 6 (10%) | 1.23 (0.45 to 3.34) | 0.68 |
| Acute lung injury within 28 days | 28 (43%) | 30 (50%) | 0.86 (0.59 to 1.26) | 0.44 |
| Multiple organ failure within 28 days (Denver score >3) | 4 (6%) | 1 (2%) | 3.69 (0.42 to 32.11) | 0.37 |
| Composite outcome (multiple organ failure or death) at 28 days [‡] | 14 (21%) | 7 (12%) | 1.85 (0.80 to 4.26) | 0.14 |
| Ventilator-free days | 26 (11 to 28) | 26 (18 to 28) | 0 (-1.00 to 0) | 0.35 |
| Intensive-care-free days | 23 (7 to 26) | 24 (17 to 26) | 0 (-3.00 to 1.00) | 0.49 |

Plus comparable à nos patients

Quoi de neuf en traumatologie

Traumatisme vertébro-médullaire

Recommandations Formalisées d'Experts



Actualisation de recommandations

**Prise en charge des patients présentant, ou à risque,
de traumatisme vertébro-médullaire**

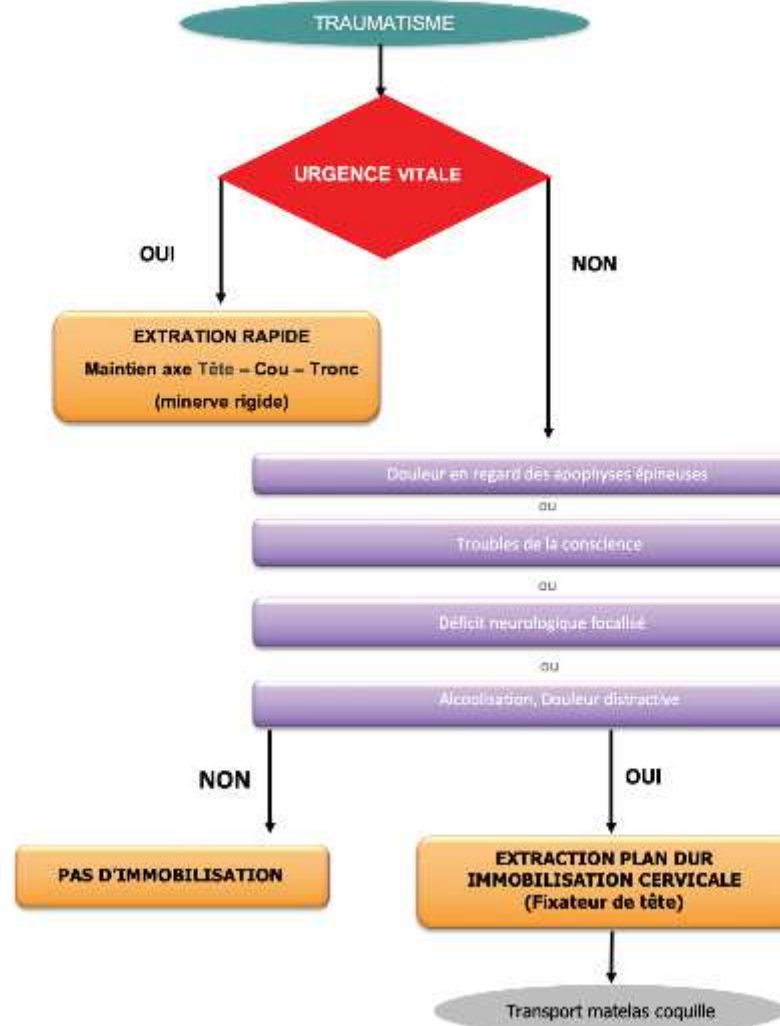
Management of patients with, or at risk of vertebromedullary trauma

2019

A lire en 2019 !

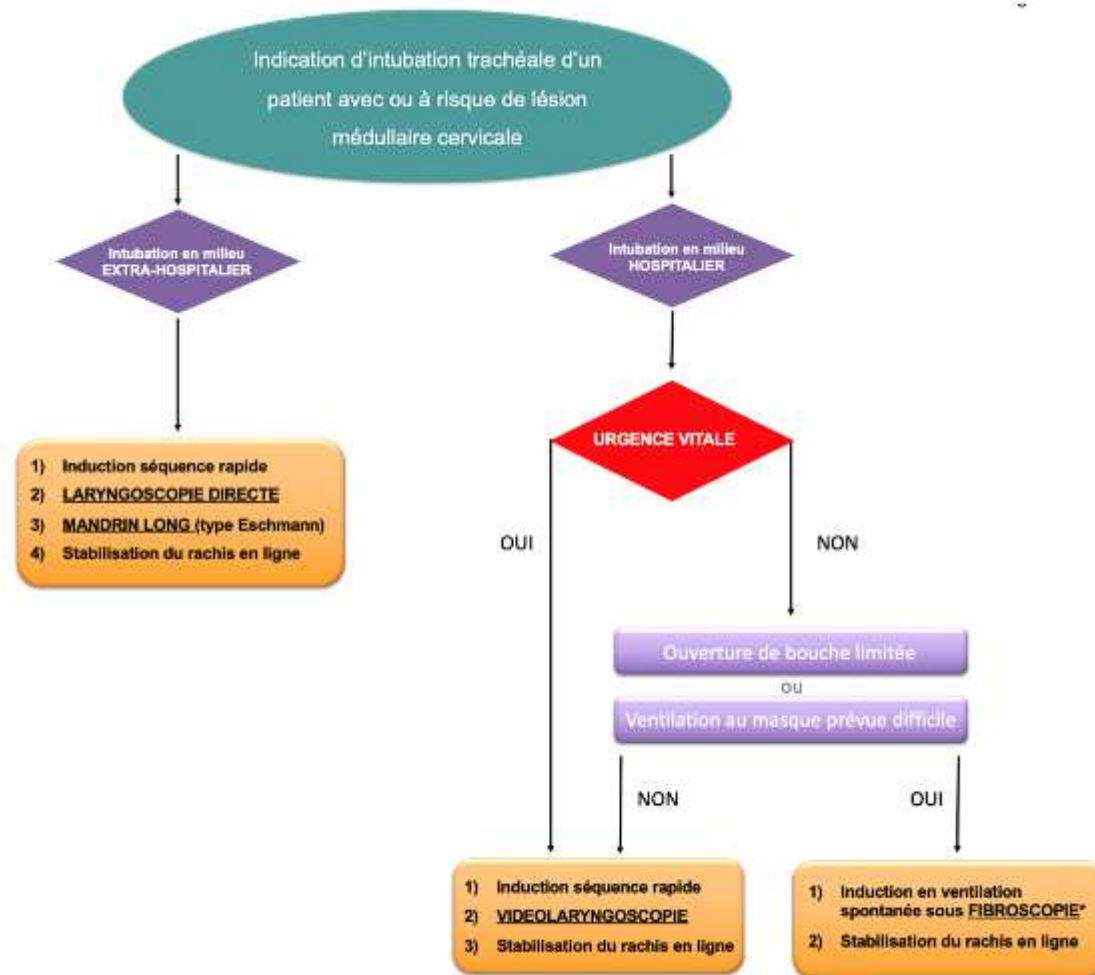
Quoi de neuf en traumatologie

Traumatisme vertébro-médullaire



Quoi de neuf en traumatologie

Traumatisme vertébro-médullaire



Conclusion : les pistes à suivre...

ISR: Pas de Sellik, Bougie et pas de ventilation

TC: pas d'hypothermie prophylactique

Les publications du réseau

Golden Hour

HEMS vs. GEMS

Les prochaines RFE: Abdo, TVM...