

What's New in This Edition



The eighth edition of the ITLS textbook, *International Trauma Life Support for Emergency Care Providers*, has been updated to provide the emergency care provider with information on the latest and most effective approaches to the care of the trauma patient. The science of trauma is constantly evolving, and the research working group at ITLS has worked to bring to the authors and the text information that is pertinent to the initial care of the trauma patient.

One of the biggest changes in this edition is that Dr. Roy Alson has joined Dr. John Campbell as co-editor in chief. Dr. Alson is a board-certified EM and EMS physician with extensive experience in EMS care and education and has been a contributor to the ITLS text and course for over 25 years.

The text again conforms to the latest AHA/ILCOR guidelines for artificial ventilation and CPR. The case presentations used in many of the chapters draw upon a single scenario as an effort to have the illustrative cases used reflect a more realistic situation. Although trauma can result in single-system injuries, major trauma victims often have multiple organ systems or body areas involved, and these must all be assessed and stabilized.

The text continues the presentation of Key Terms and updates of photos and drawings as needed. There is now also a new student and instructor resource Web site, which provides additional information beyond the core material of ITLS.

Some of the chapter-by-chapter changes and key components are listed here:

- In the Introduction it is explained what the concept of the “Golden Period” is and why it remains important to what we do.
- In Chapter 1, the emphasis on scene safety continues to be a central component, as is the concept that trauma care is a team effort involving many disciplines. There is a discussion of the changes in response put forth by the Hartford Consensus.
- In Chapter 2, minor changes have been made in the assessment sequence based on feedback from ITLS instructors and providers. The importance of identifying and controlling at the start of the assessment is reinforced. As the leader performs the assessment, he or she will delegate responses to abnormalities found in the initial assessment. This is to reinforce the rule that the leader must not interrupt the assessment to deal with problems but must delegate the needed actions to team members. That emphasizes the team concept and keeps on scene time at a minimum. The order of presentation of the three assessments (ITLS Primary Survey, ITLS Ongoing Exam, and ITLS Secondary Survey) has been changed. The ITLS Ongoing Exam is performed before the ITLS Secondary Survey, a more common situation, and may replace it. The use of finger-stick serum lactate levels and prehospital abdominal ultrasound exams are mentioned as areas of current study to better identify patients who may be in early shock.
- Chapter 3 reflects the changes in Chapter 2.
- In Chapter 4, capnography is stressed as the standard for confirming and monitoring the position of the endotracheal tube as well as the best way to assess for hyperventilation or hypoventilation. The volume of air delivered with each ventilation now emphasizes the response of the patient (rise and fall of the chest) rather than a fixed volume amount.
- In Chapter 5, fiberoptic and video intubation are discussed as evolving technologies. Drug-assisted intubation is now included in this chapter, rather than in the appendix, because it is more commonly used. The key role of blind insertion airway devices (BIADs) in basic airway management is reinforced.
- In Chapter 6, a discussion of the indications for decompressing pericardial tamponade has been added, when such a procedure is in the emergency care provider’s scope of practice. Also discussed is the use of ultrasound to identify such injuries and also to identify a pneumothorax.
- In Chapter 7, there is a revised discussion of needle decompression of the chest for a tension pneumothorax reflecting challenges faced by tactical EMS providers.
- In Chapter 8, the discussion of hemorrhagic shock has again been updated to reflect the latest experience of the military during the recent conflicts. A discussion of the role of tranexamic acid (TXA) in the management of hemorrhage has been added.
- Chapters 11 and 12 now reflect current science and published guidelines. There has been a complete revision of when to apply spinal motion restriction. In addition, the transport of a patient on a backboard is now discouraged. Included also is how to remove the patient from the backboard once placed on a transport stretcher. The standing backboard procedure has been eliminated.

- In Chapter 13, the use of finger-stick serum lactate levels and the use of prehospital abdominal ultrasound exams are mentioned.
- In Chapter 14, the discussion of management of bleeding from extremity injuries has been expanded, including discussion of hemostatic agents.
- In Chapter 15, procedures for use of a tourniquet and use of hemostatic agents have been expanded as well as discussion of pelvic binders for pelvic fractures.
- In Chapter 16, the use of Ringer's lactate as a resuscitation fluid in major burns is emphasized.
- Chapter 21 discusses the indications for termination of resuscitation for the trauma patient in the prehospital setting.
- Chapter 22 has been updated with the latest recommendations for postexposure prophylaxis and an expanded section on emerging infections that pose challenges to emergency care providers.

What's New on Student Resource Page

Student Resources can be found at pearsonhighered.com/bradyresources. Students can access additional skills and information for more practice and review.

- In "Additional Skills," the use of the new FastResponder™ sternal IO has been added.
- In "Role of the Medical Helicopter," the data has been updated.
- In "Trauma Scoring in the Prehospital Care Setting," the CDC Trauma Triage Scheme is included.
- In "Tactical EMS," the bibliography has been revised to reflect current thinking within the Hartford Consensus.