Pre-Hospital Trauma Life Support (PHTLS) Training: The UK Perspective

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Citation

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Abstract

Pre-Hospital Trauma Life Support (PHTLS) is an intensive two-day multidisciplinary course for those who provide frontline trauma care. It is internationally recognized and was developed by the PHTLS division of the National Association of Emergency Medical Technicians (NAEMT) in co-operation with the committee on trauma of the American College of Surgeons. A memorandum of understanding has been signed between NAEMT and the Royal College of Surgeons of England.

DESCRIPTION

The course is suitable for paramedics, military medics and fire crews but is equally beneficial for doctors and nurses who have an interest in trauma management or who work in areas where major trauma cases are received. Doctors working in Accident and Emergency Medicine, General Surgery or Trauma and Orthopaedics can all benefit from PHTLS provider status.

PHTLS is not supposed to replace current Advanced Trauma Life Support (ATLS) training but complement it. PHTLS permits a greater understanding of the difficulties encountered by first responders in the pre-hospital setting and emphasizes the importance of a team approach to management of the casualty. For hospital-based personnel who are rarely required to attend the scene of an incident it provides instruction on scene assessment, safety, primary survey, stabilization of the casualty and rapid extrication techniques. The importance of communication between members of the rescue team and with the receiving hospital is emphasized.

The take home message from the course is how to treat life-threatening or potentially life-threatening injuries identified during the primary survey and then work as a team to achieve rapid, controlled extrication of the "time critical" casualty. Rescue crews are taught to spend no more than the "platinum 10 minutes" on scene with these patients to ensure safe transfer of the casualty to a definitive care area where life saving surgical intervention can be commenced within the "golden hour."

The courses are a mixture of lectures and practical skill stations with a final assessment. Lectures are brief but informative and a chance to revise the important pre-course reading from the PHTLS manual.

The manual that accompanies the course is both well written and comprehensive. Excellent chapters include "The kinematics of trauma" and "Patient assessment and management". In addition the important skills to be learned during the course are thoroughly explained with illustrative photographic plates in a designated section.

Each chapter has a concise summary section and many include self-test scenarios to allow consolidation of newly acquired information.

On day 1, candidates are allocated to groups of four, usually from different backgrounds. It is through working with this group that team spirit builds over the duration of the course. Each member has the opportunity to assume the role of team leader for the skill stations. Outdoor stations include entrapment scenarios with unconscious casualties within staged motor vehicle accidents and the indoor workshops include spinal immobilisation techniques, motorcycle helmet removal and the "rapid takedown" of the upright critically injured patient. Further sessions allow familiarisation with equipment including spinal boards, scoops and the KED extrication device.

Throughout the course the candidates are assessed and feedback is given within mentor groups and individually as necessary. The faculty identify those who may be suitable

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for recommendation for instructor status and monitor their progress and interaction with other members of the team. The final assessment to achieve provider status consists of a multiple-choice paper based on the manual and scenarios where candidates work in their four-man rescue team and are required to show problem solving and team leadership skills.

Ignore the jargon and the Americanisms within the manual and focus on the message of PHTLS teaching and you won't be disappointed. This two-day course is to be wholeheartedly recommended and represents excellent value for money at approximately £180. It has given me a valuable

insight into the work of paramedics, fire crews and prehospital medics and the difficulties that they encounter in the field. At the same time it has improved my own skills in assessment and management of the critically injured trauma patient. Wider participation can only promote a greater understanding of the roles played by individuals within the team and improve standards of trauma care throughout the United Kingdom.

For further information on PHTLS and future courses contact the website at http://www.phtls.org.

References

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