

What's New in This Edition



The seventh edition of the ITLS textbook, *International Trauma Life Support for Emergency Care Providers*, has been updated and refined to reflect the latest and most effective approaches to the care of the trauma patient. The text also has been made to conform to the newest AHA guidelines for artificial ventilation and CPR. Other general changes include the addition of key terms, new case presentations for all chapters, updated bibliographies, new photos, and redrawings of many illustrations for a more up-to-date look. There is now also an all new student and instructor resource website. Important chapter-by-chapter changes are as follows:

- In the Introduction it is explained why the concept of the “Golden Period” has replaced the “Golden Hour.”
- In Chapter 1, scene safety has been expanded with comments on blast scenes. The discussion of personal watercraft injuries has been updated and expanded. The blast injuries section has been updated to include new terminology.
- In Chapter 2, minor changes have been made in the assessment sequence to make it more practical. Also added is the concept that serious external hemorrhage should be noted in the general impression and control of bleeding must be immediately delegated. The concept of “Fix-It” has been introduced. As the leader performs the assessment, he or she will delegate responses to abnormalities found in the 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 that 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. Use of ELM (external larynx manipulation) is introduced as a means of improving the visualization of the vocal chords.
- In Chapter 5, the fact that cyanide poisoning will make a pulse oximeter reading unreliable has been added. Use of ELM is mentioned. Face-to-face intubation is briefly discussed. Fiber optic and video intubation are also mentioned.
- In Chapter 6, a discussion of blast injuries has been added.
- In Chapter 7, recent studies on chest wall thickness and the current controversy over which site to use to decompress a tension pneumothorax are discussed. A procedure for decompression by the lateral approach was added. Also

added is that the decompression needle should be at least 6 cm long and that several needles in this length should be available.

- In Chapter 8, the discussion of hemorrhagic shock has been updated with the experience of the military during the recent conflicts. A description of the use of capnography to monitor shock was also added.
- In Chapter 9, insertion of an IO needle by use of the EZ-IO system was added.
- In Chapter 11, recent studies are discussed that suggest with penetrating injuries to the trunk, taking time to do spinal motion restriction (SMR) doubles the death rate.
- In Chapter 12, the procedure for use of a short backboard was moved to Resource Central, but photo scans of performing SMR for standing patients were added. Photos were updated.
- 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.
- In Chapter 15, procedures for use of a tourniquet and use of hemostatic agents have been added.
- In Chapter 16, the application of antimicrobial sheets to a burn if there is to be a very long transport is mentioned. The concept of escharotomy not being a prehospital procedure is clarified.
- In Chapter 17, the fact that the laryngeal mask airway and King LT airway are available in pediatric sizes and can be used for rescue airways has been added.
- In Chapter 21, the chapter has been extensively rewritten by new authors.
- In Chapter 22, the chapter has been updated with the latest recommendations for postexposure prophylaxis.

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- In “Optional Skills,” the use of the PtL airway and use of the FAST1[®] have been deleted. The procedure for use of the short backboard was added. The term “RSI” was updated to DAI (drug-assisted intubation).
- In “Multicasualty Incidents and Triage,” the discussion of various triage schemes has been expanded.
- In “Role of the Medical Helicopter,” the data has been updated.
- In “Trauma Scoring in the Prehospital Care Setting,” the CDC Trauma Triage Scheme has been added.
- In “Tactical EMS,” the bibliography has been updated.

Explore Resource Central

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