

# Trauma care units cut deaths in half

**United Press International**  
 PORTLAND, Ore. — Critically injured victims of shootings, wrecks and work accidents are dying unnecessarily because of a "frightening" shortage of trauma care systems, the author of a pioneering study says.  
 Dr. Richard Cales, medical director of the Portland Adven-

tist Medical Center emergency department, and two other doctors conducted a study of the trauma care system in Orange County, Calif.  
 They found the number of preventable vehicular deaths was cut in half after the system was established.  
 The study, published in the

January issue of Annals of Emergency Medicine, is the first to show the value of trauma care programs involving a network of hospitals, Cales said.  
 "We have had trauma care systems in this country for 10 years," he said. "Most physicians have believed they were making both a positive and effective contribution to trauma care. This is the first study to statistically demonstrate the improvement in care."  
 Nationally, one person per thousand has a traumatic accident annually, Cales said, and trauma is the leading cause of death in people under 39 years of age.  
 Cales, a member of a state advisory board that is preparing a proposal for delivery of trauma care in Oregon, said a relatively few areas in the United States have trauma care systems — Houston, Seattle, San Francisco, the state of Maryland and Tulsa, Okla.  
 Los Angeles is developing a system and San Diego is "talking about it," he said.  
 "A lot of metropolitan areas are unserved," Cales said. "It's frightening, is what it is."  
 Some of the most frustrating things to a specialist are to work in a region where there is no trauma system and see patients

die who in normal circumstances would survive."  
 In a trauma care system, certain hospitals which have the proper facilities are designated emergency care hospitals. Paramedics bring the critically injured to those hospitals.  
 "A surgical team is waiting at the door to operate immediately if necessary," Cales explained. "You don't have to wait to see a physician, who calls in other physicians, who then arrange for an operating room."  
 "In a non-trauma hospital, it takes one-and-a-half to two hours to get into the operating room. In a trauma hospital, 20 minutes is commonplace. It can be done sooner, but usually there are things they need to do in the emergency room."  
 Non-trauma hospitals are not organized to handle that kind of emergency on a daily basis, he said.  
 Bypassing a regular hospital to take a seriously injured per-

son to a trauma center only added an average of a minute to the trip, he said.  
 "Some people who have had rather negative attitudes toward a trauma system have claimed the transportation times are so lengthy that patients die getting to a trauma hospital," he said. "In this particular study, this did not occur."  
 In Orange County, the doctor studied 58 deaths before the trauma system was established and 60 deaths afterward. The study found that 34 percent of the deaths before the system was in place could have been prevented, while after the system was established only 15 percent of the victims could have survived.  
 Most of the deaths after the system was established occurred in hospitals outside the trauma care network, so in fact only 4 percent of the deaths in the trauma hospitals could have prevented, Cales said.

R.I.

by Paul Dirmeyer



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The following is a schedule of important dates for this semester:

**Monday, Jan. 16** — Spring Semester Classes begin. Late Registration begins. Last day for students with financial aid to pay fees. Last day for students who went through delayed registration to pay fees.

**Friday, Jan. 20** — Last day to enroll in the University for spring semester. Last day for adding new courses. Late registration ends.

**Monday, Jan. 23** — Last day for students who registered during late registration to pay fees.

**Tuesday, Jan. 31** — Last day for dropping courses with no record.

**Friday, Feb. 3** — Deadline for applying for May degrees.

**Friday, Feb. 17** — Last day for dropping courses with no penalty (Q-drop). (Dean's permission required).

**NOTE:** Card packets for delayed and late registration of students who were enrolled in Texas A&M during the Fall 1983 semester, can be obtained at the student's major department. Transfer students and readmitted graduate students card packets are with their deans. Graduate students' card packets are with their major departments.

Students who were cancelled for failure to pay fees or who have lost their card packet may obtain one in room 120B of the Registration Pavilion. However, written permission from the student's dean is required for this.

Fees will be collected at the Rudder Exhibit Hall until Tuesday, Jan. 17, from 8 a.m. to 3 p.m. After Jan. 17, all fees will be collected at the Fiscal Department in the Coke Building. Any student who registers or pays fees after the first class day of the spring semester, Jan. 16, will be assessed a late fee of \$10.

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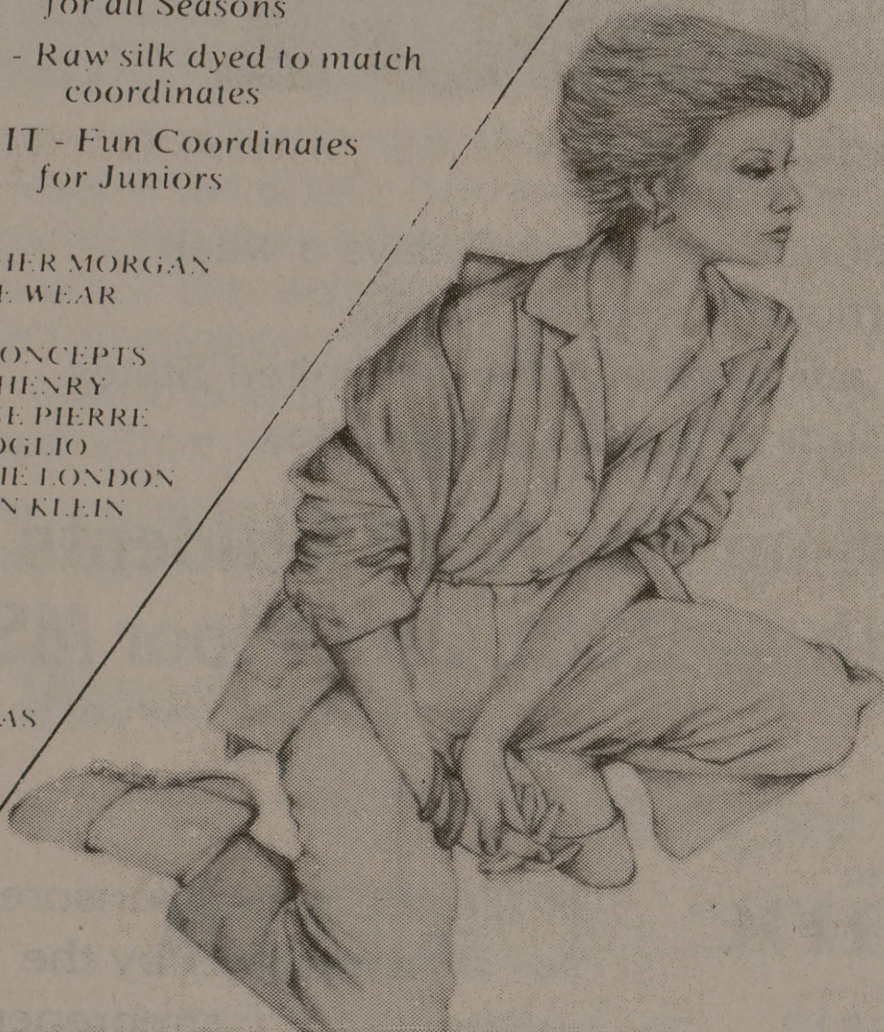
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