

Shock Trauma

When life is on the line

**R Adams Cowley
Shock Trauma
Center University
of Maryland
Medical Center**

In its comprehensive plan of caring for catastrophic-injury cases, IWIF is fortunate to have a strong relationship with the R Adams Cowley Shock Trauma Center.

Based at the University of Maryland Medical Center in downtown Baltimore, this world-renowned facility is the core resource of the state's Emergency Medical Services System.

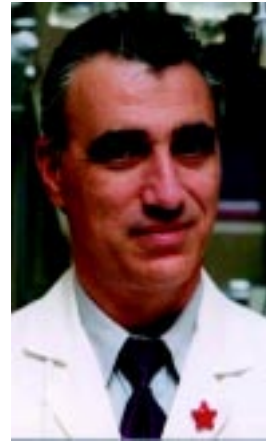
Providing critical care treatment to more than 6,200 patients a year – more than 460 of them with work-related injuries – the center is fully operational 24 hours a day, seven days a week, and is the highest volume trauma center in the US.

Served by a State Police helicopter fleet bringing it within an hour's flight from any point in Maryland, the center includes a rooftop helipad capable of handling three simultaneous landings, and a round-the-clock multidisciplinary staff of surgeons, nurses and laboratory technicians.

Specializing in treatment of critical injuries to the brain, spinal cord and multiple other systems, the 100-bed center is equipped with 13 resuscitation bays as well as intensive care and acute surgical care units.

The center evolved from a four-bed experimental laboratory established half a century ago by Dr. R Adams Cowley, a visionary thoracic surgeon who accepted critically injured patients given up for dead by his colleagues. Dubbed "the death lab," it developed a survival rate of more than 90 percent, earning it federal financial support and, three years later, backing from the state.

Dr. Thomas M. Scalea, physician-in chief at the center, sharpens the focus on both the growing need for trauma care and the importance of prevention. The center is a major resource for the training of medical personnel, including Air Force specialists bound for overseas, and the education of the public



Thomas M. Scalea, MD
Professor of Surgery
Director, Physician-In-Chief,
R Adams Cowley Shock
Trauma Center

**Don't Break a Life
PREVENT
CATASTROPHIC
INJURIES**

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on prevention of critical injury.

Dr. Scalea noted, "Despite the magnitude of a public health problem that injury represents," he says, "it has not received the recognition that it deserves."

He frowns on use of the word "accident" to describe the cause of many injuries. "The majority of the workplace injuries we see are

preventable," he says. "Motor vehicle crashes are not just accidents. They are caused, usually, by human error. Contributing factors we see are substance abuse in the workplace, failure of employers to honestly care and provide for a safe workplace, and failure of the worker to understand the risk of injury in many occupations. Young men have a sense of omnipotence. They have no fear."

Dr. Scalea added that behavior modification and paying attention to working safely can prevent many catastrophic injuries.

Examples of Shock Trauma's education efforts in this field include periodic visits to the treatment center by groups of young drivers to observe bandage-swathed victims of traffic collisions. Shock Trauma personnel also present safety lectures to community groups and try to increase safety awareness in meetings with public officials.

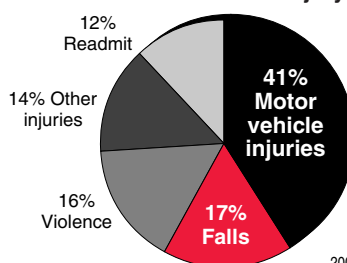
"By doing this," Dr. Scalea says bemusedly, "we're probably the only people trying to put ourselves out of business." ■

Editor's note: During the With IWIF editors' visit to Shock Trauma, while touring the facility and the rooftop helipad, a helicopter landed transporting an injured worker who had fallen off a rooftop.

Admissions by Age		
Age	FY'06	FY'07
0-16	5%	4%
17-35	47%	49%
36-55	33%	32%
55+	15%	15%

For 2007, of the total admissions, 67% were transported directly from the scene of injury – 53% by ambulance and 47% by helicopter.

Admissions Mechanism of Injury



Year	Total Admissions	Work-Related	%
2000	5647	217	3.84%
2001	6063	259	4.27%
2002	6286	358	5.70%
2003	5808	339	5.84%
2004	5970	353	5.91%
2005	6262	355	5.67%
2006	6031	349	5.79%
2007	6264	462	7.38%

2007 Data Source: R Adams Cowley Shock Trauma Center