

6-1986

Critical Surgical Services and the Fragmented Patient

Brack A. Bivins

Follow this and additional works at: <https://scholarlycommons.henryford.com/hfhmedjournal>



Part of the [Life Sciences Commons](#), [Medical Specialties Commons](#), and the [Public Health Commons](#)

Recommended Citation

Bivins, Brack A. (1986) "Critical Surgical Services and the Fragmented Patient," *Henry Ford Hospital Medical Journal* : Vol. 34 : No. 2 , 83.

Available at: <https://scholarlycommons.henryford.com/hfhmedjournal/vol34/iss2/2>

This Article is brought to you for free and open access by Henry Ford Health System Scholarly Commons. It has been accepted for inclusion in Henry Ford Hospital Medical Journal by an authorized editor of Henry Ford Health System Scholarly Commons.

120

Critical Surgical Services and the Fragmented Patient

123



127

130

132

A version of the Figure shown above is often used to symbolize the multiple trauma patient, but it could be used to exemplify care of the critically ill as well. Both the critically injured and the critically ill patient are likely to have multisystem disorders that require input and care from multiple specialties each dealing, in a sense, with a fragment of the patient.

134

The concept of a Trauma Service grew nationally out of the notion that one group of physicians should be responsible for evaluating, coordinating, and providing care of the patient with multisystem injuries. This was an attempt to reduce fragmentation and to provide care for the whole patient. By and large, the Trauma Service approach has been successful in reducing morbidity and mortality for a wide range of injuries. Success with the critically injured has led to a reappraisal of care of the critically ill patient. It has become increasingly apparent that the skills and resources required to care for multisystem injury are very similar to those needed for multisystem organ failure from many types of critical surgical disease. Nationally, the role of Trauma Services is slowly being expanded to include critical surgical services to the critically ill patient with multisystem organ failure.

136

144

147

Care of the critically ill and injured requires a team approach. The team must be generalist in background, yet specialized in the sense of being focused on the acute problem. In this issue of

the **Henry Ford Hospital Medical Journal**, several papers are presented to illustrate the wide range of interests necessary for care of the critically ill and injured. In the surgical intensive care unit, Dr Horst and her coworkers have looked at the role of "routine" chest radiographs, the problem of acute alcohol withdrawal, and the challenge of determining volume status. The nutritional support team has investigated markers of nutritional failure in the critically ill, as well as a means of reducing the costs of nutritional support. Dr Sorensen has analyzed the special problems involved in caring for trauma in pregnancy. Dr Baumann is expanding our understanding of pain control in the critically injured, and I have looked at microemboli as a cause of pulmonary injury.

Bringing together a group of generalists to focus on the problems of acute injury has become the standard of care for the trauma patient. Similarly, I believe that the natural progression of applying the same principles and resources to the critically ill will also be successful.

Brack A. Bivins, MD
 Division Head
 Trauma Surgery and Nutritional Support
 Guest Editor