



Management Of Polytrauma Patients Admitted As Unidentified; A Retrospective Study

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Abstract

Unidentified patients with polytrauma are a major issue faced by our country. The government has provided guidelines and aid for such victims throughout the country. A retrospective study was done on 12 polytrauma patients presented to the emergency department as unidentified cases between September 2018- April 2022. The paper also emphasizes the treatment aspect of such patients.

Keywords: Unidentified, Polytrauma, Highway

Introduction

Road traffic accidents are one of the contributing causes of major disability, wound, morbidity, and mortality. India has the highest prevalence rate of road traffic accidents worldwide. As per the report published by The Ministry of Road Transport and Highways in their annual report 'Road accidents in India — 2021' there were 4,12,432 unfortunate incidences of road accidents during 2021 which claimed 1, 53,972 lives and caused injuries to 3, 84,448 persons⁽⁶⁾.

In 2010, the United Nations General Assembly, after considering the alarming situation of road accidents fatalities, adopted the Global Plan for the Decade of Action for Road Safety 2011-2020 aimed at reducing fatalities in road accidents by 50% by the year 2020, and was accepted by much of the world including India⁽⁶⁾. Union Minister for Road Transport and Highways remarked that the target to reduce road accidents by 50% by 2025 and achieve zero deaths due to road accidents by 2030 is a noble target but face many impediments including implementing of

motor laws in India. The Emergency Response Support System (ERSS), with its pan-India emergency response number, 112, has proved very useful in saving the lives of accident victims in the golden hour, but this scheme has not been implemented evenly across States⁽¹⁾.

Unidentified polytrauma patients are a prominent resource burden for highway-based hospitals. Unidentified patients are those who are not identified at admission⁽³⁾. The term "unidentified" means when the polytrauma patient gets admitted through someone other than their relative for treatment⁽²⁾.

As Career institute of medical sciences and hospital, I.I.M Road, Ghaila, Lucknow, Uttar Pradesh, situated on the link road of Hardoi and Sitapur highway. It has a quite high trauma load per day. Most of the cases are of villagers, who are brought by police and other people. A survey according to the Times of India on 8th November 2021 road traffic accident (RTA) pattern shown in Fig. 1 & 2⁽¹⁾

Figure:1

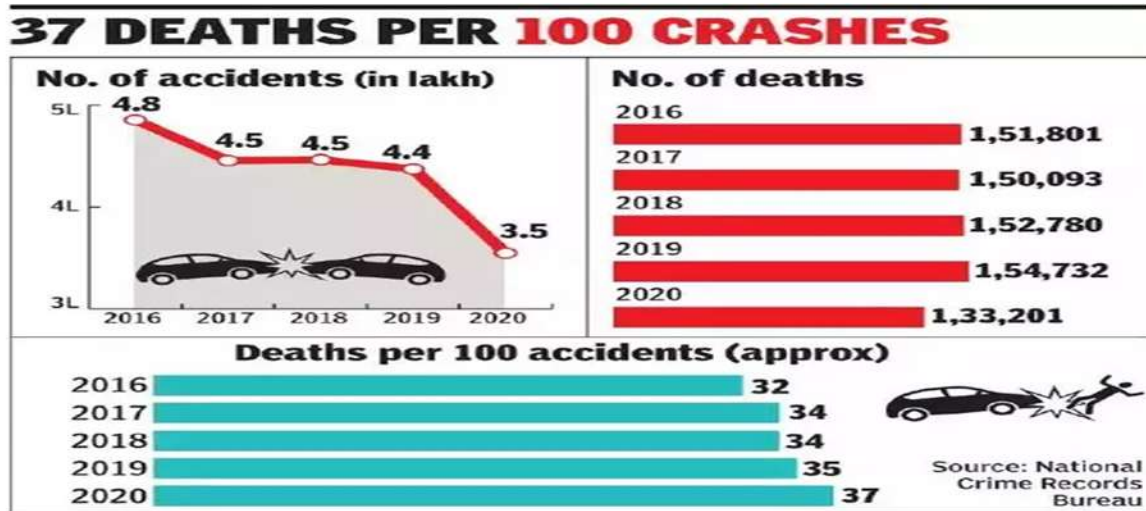
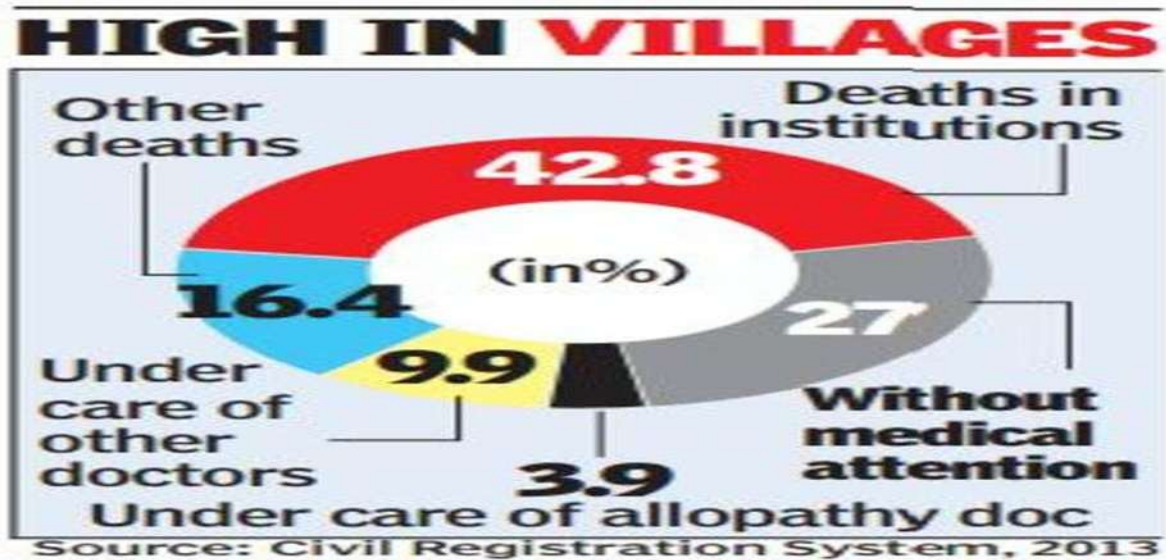


Figure 2



Materials And Methods:

A retrospective analysis was done from September 2018 to April 2022. During the study period, 12 head injury patients were admitted to the department of emergency as 'unidentified'. Conscious polytrauma patients who could identify themselves or who are accompanied by a known person of patient or could be identified within 24hr were excluded from the study group. Among them, no one was deprived of any medicine, intensive care unit care (ICU), computerized tomography (CT) scan, nutritious food, and surgery also.

Result:

Table:1:-Severity Of Head Injury

GLASGOW COMA SCALE	NUMBER OF CASES
13-15	3
9-12	3
8 OR LESS THAN 8	6

TABLE 2: Demographic profile

S.NO	AGE GROUP(YEARS)	NUMBER OF CASES
1	10-20	1
2	20-30	6
3	30-40	2
4	40-50	2
5	ABOVE 50	1

In the study, male to female ratio was 2:1. Out of 12 patients, 5 (41.6%) cases are operated on for a head injury, of which mortality rate was seen in 1 case and 2 (26.8%) cases were treated both by the neurosurgery department and orthopedic department for trauma involving open wound fractures and head injury, in which 1 case was reported to be dead and 5 (41.6%) cases were treated by surgery department for abdominal trauma, which has no mortality. Out of 12 cases, 10 (83.3%) cases were identified and sent home. Two (16.7%) cases remained unknown and were sent to rehabilitation /poor homes with the help of a medical social worker.

Discussion:

In all unidentified cases of polytrauma case, all the required medico-legal formalities according to the government of India were performed. Among them, none of the patients were deprived of any medical care like medicine, ICU care, CT scan, nutritious food, or surgery as per hospital policy. In most polytrauma cases, patients, most of the time are disoriented and are unable to remember events, unable to state their name and address. Any altered behavioral pattern has the utmost special significance and importance in the context of unidentified patients. They stay in the hospital for longer periods than required. Unidentified patients represent a unique subgroup in metropolitan cities and managing

those patients poses several issues such as the duration of their hospital stay, management of their diet, search for their address, and identifying their relatives. The reallocation of those patients to their appropriate addresses is vital and complicated due to their unwell and altered mental status. Many of them occupy hospital beds for a longer duration than required. This also causes undue economic burden and resource depletion on the hospital.

In India, there is an acute shortage of rehabilitation homes in comparison to other developed countries. During their hospital stay, right from the time of admission till the time of discharge or death of these patients, difficulties abound. Some of these problems range from obtaining consent for surgery and providing free-of-cost medical care like drugs, treatment, food, and nutrition. These patients can succumb to secondary insults, in case proper nursing care is not provided. Trained manpower is required to deliver basic medical care.

It is imperious to reinforce our healthcare delivery systems in peripheral hospitals such as primary health care Centre's and community health care Centre's as this will help in preventing needless delay in the commencement of the treatment for such unidentified patients, as if treatment is given in golden period or hours that are "period in which if the treatment given, survival rate and the outcome is superior when

compared to late intervention or delayed treatment provided that is 1-2 hours”.

Conclusion:

This particular subgroup of patients constitutes distinctive challenges in their management. The purpose of this study was to create awareness regarding these difficulties at trauma Centre's in a developing country like India. Further, government of India enacted some legislations to curb these type of fatalities due to accidents which includes:-

a. The Motor Vehicles (Amendment) Act, 2019, which provides for a scheme for the cashless treatment of victims of the accident during the golden hour.⁽⁵⁾

b. The National Highways Authority of India has made provisions for ambulances at all toll plazas on the completed corridor of National Highways.⁽⁵⁾

c. Further, out of this, 297 ambulances have been upgraded to Basic Life Support as per AIS125 and upgradation for the remaining is under process.⁽⁵⁾

In spite of these measures, there is still some obstacles to attain zero fatalities, as it is not solely possible for government itself. Hand in hand work with mutual involvement of public, trust, non-governmental organizations and hospitals with government of India needed. Hope to attain the target set by union minister of road transport and highways

by increasing public awareness to make public to act early and in time, in cases of accidents and giving timely treatment to reduce the fatalities.

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