Once the hospital team becomes responsible for the traumatized person, the primary and secondary examination of the patient is re-examined, to be passed later in the diagnostic phase.
The patient is continuously monitored with the ECG, arterial pressure, oxygen saturation. Ventilation parameters should be measured in the case of intubated patients.
Any deviation from these well-defined protocols, according to numerous studies, is associated with significant increases in morbidity and mortality.

### 6. *Trauma Surgeon vs General Surgeon in Trauma Management*

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***Abstract***
As Medicine adapts to the 21st century, new specialties arise. In the management of trauma, two models have been opposed in the past: on one side, a Trauma Surgeon based system, with specialists fully devoted to trauma care, often able to fix skeletal trauma too; on the other hand, blended systems with General Surgeons dealing with both elective and emergency surgery and trauma patients.
The evolution of technology, of the epidemiology of trauma, and of the trauma systems and networks entailed the emerging of the concept of Acute Care Surgery. In the vast majority of Countries, this new specialist semms to better fit with the needs of both patients and health organization.
Who is the Acute Care Surgeon? What is his minimal educational and technical background? How can interact with the other medical specialists playing around a trauma patient?

### 7. *Management of Trauma Patient in the Hospital Settings.*

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***Abstract***
***Introduction:*** Trauma can be defined as a 'blunt or penetrating external force exerted on the body resulting in injury'. Traumatic injury is a leading cause of death globally among persons under the age of 45 years. Over 5 million deaths occur each year as a result of injuries, representing 9% of the world's mortality. Non-fatal injuries are among the leading global cause of emergency department (ED) visits, hospitalizations and long-term morbidity, accounting for a large part of health systems workload. Although road injuries, falls and self-harm are the top three causes of injury burden globally, their relative importance may differ according to the region.
The initial assessment and management of traumatized patients should take place in a specialized area of an emergency department or a specialized trauma center. The time of injury is the essence of survival for life-threatening trauma.
Appropriate initial care at the scene affects the morbidity and mortality of the traumatized patient. Prolonged transport time or inadequate hospital care increases the demand for early restoration of rapid tissue perfusion before the physiological changes of the injured patient reach the hospital. On the other hand, the lack of medical emergencies in rural areas and the lack of knowledge of management protocols by trauma management personnel increase morbidity and mortality in this group of patients. This presentation addresses the management of traumatized patients after these patients reach an emergency department at a regional / municipal hospital or a traumatic center.
***Keywords:*** primary trauma center, traumatized patients, injured patient, life-threatening trauma