Review questions – Major Trauma
What is the most clinically and cost effective strategy for managing the airway in patients with trauma pre-hospital?
What is the clinical and cost effectiveness of performing FAST compared to clinical examination pre-hospital in children, young people and adults who have suffered a suspected major chest trauma?
What is the most clinically and cost effective technique (pre-hospital) to manage tension pneumothoraces?
Which occlusive dressing used in the pre-hospital setting is the most clinically and cost effective in improving outcomes for patients with open pneumothoraces as a part of major trauma?
What is the most clinically and cost effective technique (in-hospital) to manage tension pneumothoraces?
What are the most clinically and cost effective hospital strategies for assessing chest trauma (tension pneumothorax, haemothorax, cardiac tamponade, pneumothorax, pulmonary contusion, flail chest and aortic injury) in patients with major trauma on initial presentation?
Diagnostic accuracy of hospital imaging strategies in people presenting with major trauma
Are haemostatic dressings clinically and cost effective in improving outcomes in patients with haemorrhage in major trauma?
Is the use of pneumatic or mechanical tourniquets clinically and cost effective in improving outcomes in patients with haemorrhage in major trauma?
Is the application of pelvic binders pre-hospital in patients suspected of pelvic fracture clinically and cost effective in improving outcomes?
Is the use of systemic haemostatic agents clinically and cost effective in improving outcomes in patients with confirmed or suspected haemorrhage in major trauma?
What is the most clinically and cost effective regimen for reversal of pre-existing therapeutic anticoagulation (laboratory effect) in major trauma?
What is the most accurate risk tool to predict the need for massive transfusion in patients with major trauma (pre-hospital and hospital)?
What is the most clinically and cost effective technique for circulatory access in patients with major trauma, including following a failed attempt at initial peripheral access?
What are the most clinically and cost effective fluid resuscitation strategies in the major trauma patient (hypotensive versus normotensive)?
What is the best volume expansion fluid to use in the resuscitation of haemorrhagic shock?
What type of major haemorrhage protocol is the most clinically and cost effective for improving outcomes in patients with major trauma?
What are the most clinically and cost effective imaging strategies for detecting life threatening internal haemorrhage in major trauma patients?
What is the diagnostic accuracy of imaging strategies for detecting life threatening internal haemorrhage in major trauma patients?
What is the clinical and cost effectiveness of whole-body CT imaging in major trauma?
What are the most clinically and cost-effective surgical intervention strategies in the major trauma patient with active haemorrhage (damage control versus definitive surgery)?
Is the use of interventional radiology for definitive haemorrhage control in major trauma patients clinically and cost effective?
a) Is the use of point -of -care coagulation testing versus laboratory coagulation testing clinically and cost effective in people with major trauma? b) What is the diagnostic accuracy of point- of -care coagulation testing versus laboratory coagulation testing in people with major trauma?

Review questions – Major Trauma
What is the most clinically and cost effective frequency of blood test monitoring for people with suspected haemorrhage following major trauma?
Does monitoring of lactate levels to guide management of hypovolemic shock improve outcomes?
Is warming clinically and cost effective in people who have experienced major trauma?
What is the most appropriate pain assessment tool (pre-hospital and hospital) in patients with major trauma?
What are the most clinically and cost effective first-line pharmacological pain management strategies (pre-hospital and hospital) in patients with major trauma?
Is documentation using a standard form across all clinical settings (pre-hospital and hospital) in which a major trauma patient might be treated clinically and cost effective?
What information and support do people with major trauma and their families/carers want in-hospital/on discharge from ED?