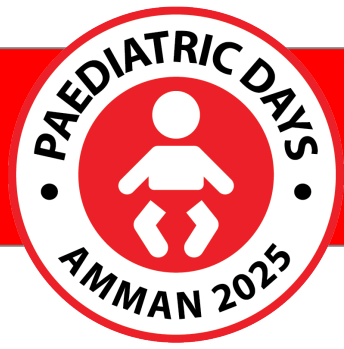


Paediatric Conflict Injury

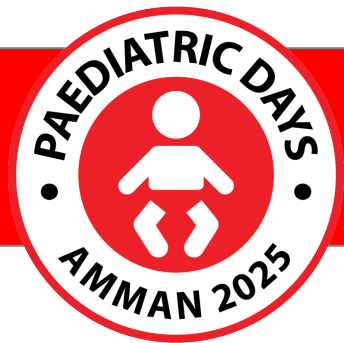
Dr Paul Reavley



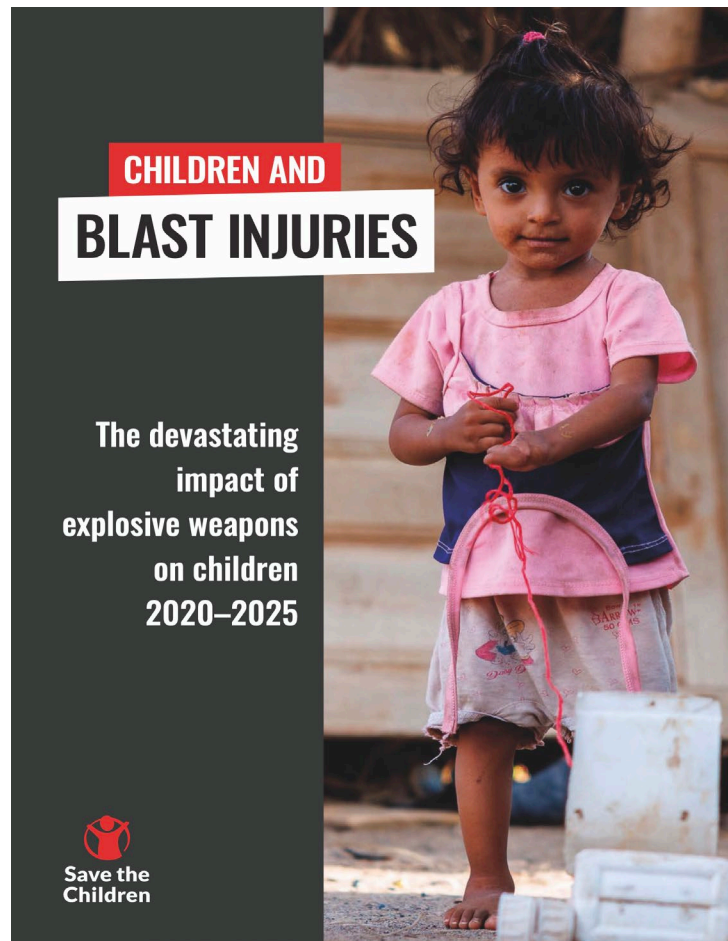


Every war is a war against the child..





The Child in Modern Warfare

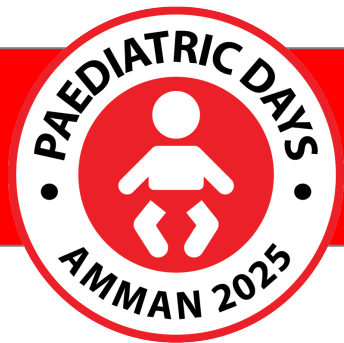


- The rise of new weapons technologies
- The unprecedented severity of child injuries and deaths
- The normalisation of civilian harm in military practice
- The crisis of accountability mechanisms
- The long-term social costs of explosive



Predominant Mechanism is Blast

Primary	Secondary	Tertiary	Quaternary	Quinary
Blast lung	Ballistic trauma	Bodily displacement	Thermal	Chemical
Blast Gut	Penetrating	Typically blunt trauma	Toxic	Radiological
Mild traumatic brain injury	Blunt	Crush		Microbiological
Tympanic Membrane/Middle ear injury	Amputation	Amputation		
Eye injury			Exacerbation of pre-existing disease	
Amputation				



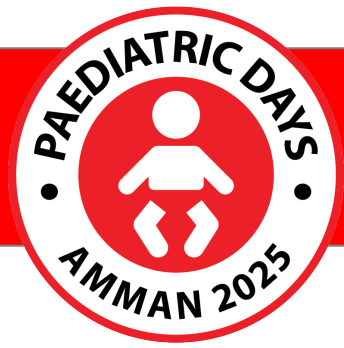


Conflict Pandemic

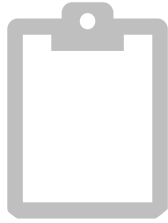
500 MILLION
LIVE AT RISK OF
CONFLICT
INJURY

200 MILLION IN
HIGH INTENSITY
CONFLICT
ZONES

50000
CHILDREN
KILLED OR
INJURED IN
GAZA



Epidemiology



DATA
LIMITED

25% OF
CIVILIAN
PATIENTS < 15
YR

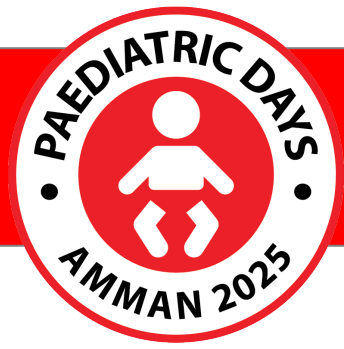


ESTIMATED 85%
DIE PRE-HOSPITAL



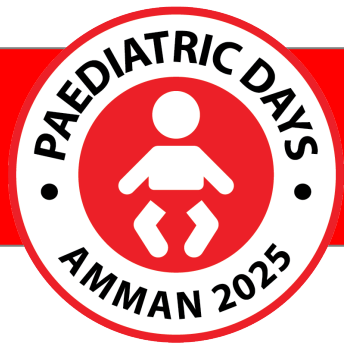
40% INJURED BY
LANDMINES AND UXO
QUIT EDUCATION



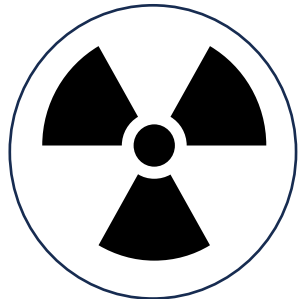


Blast injury characteristics

- **All cause in-hospital mortality of 8%**
- Multiple body region involvement in 65%
- Burns in 70%
- Penetrating injury in 80%
- Double (56%) the requirement for surgery vs non-blast paediatric trauma
- Principle cause of death is total body surface area burns exceeding 30%
- 30% with severe injury and 18% critically injured

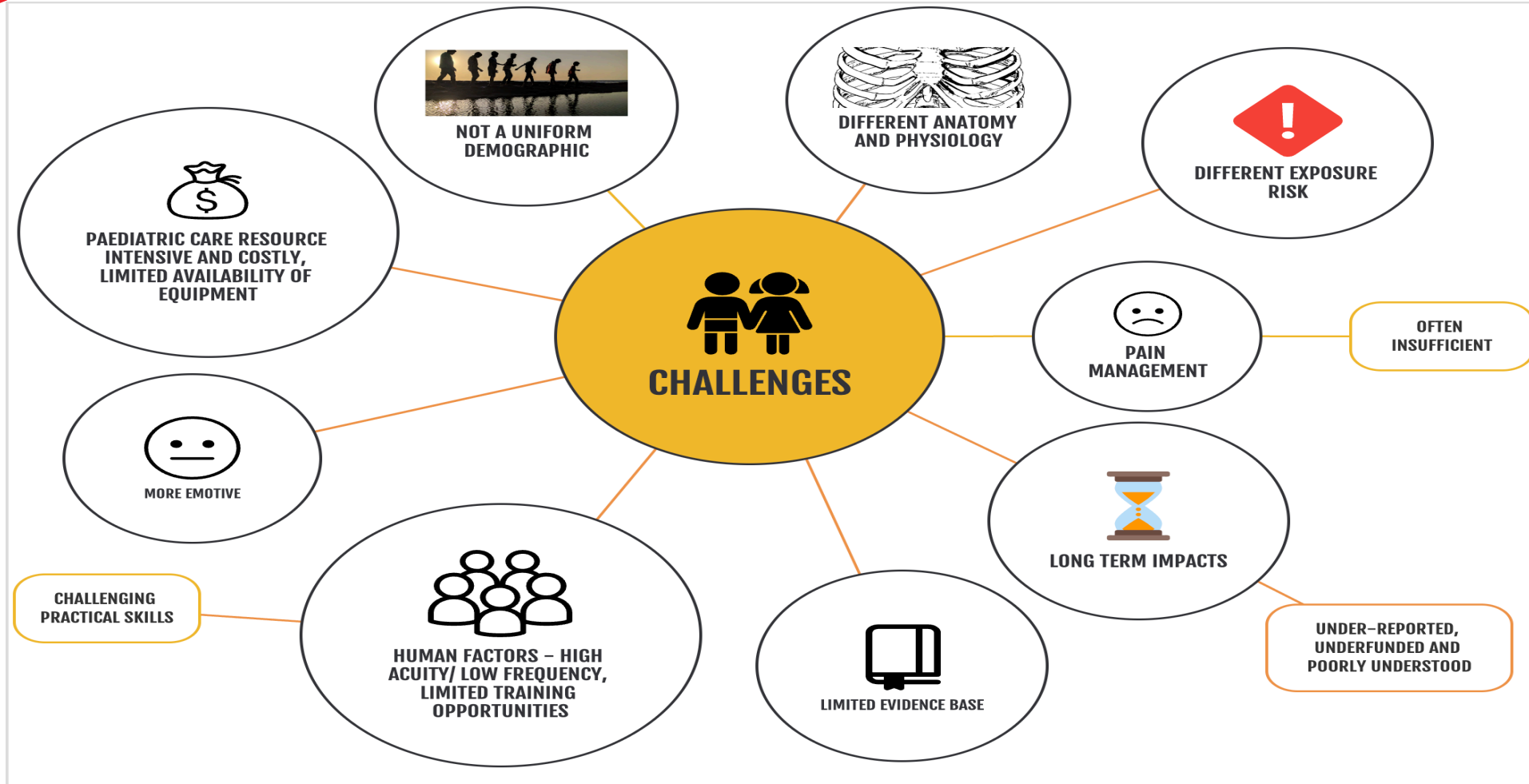


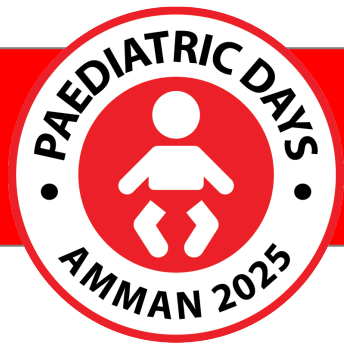
Children are different....





and challenging...





...but also the same.

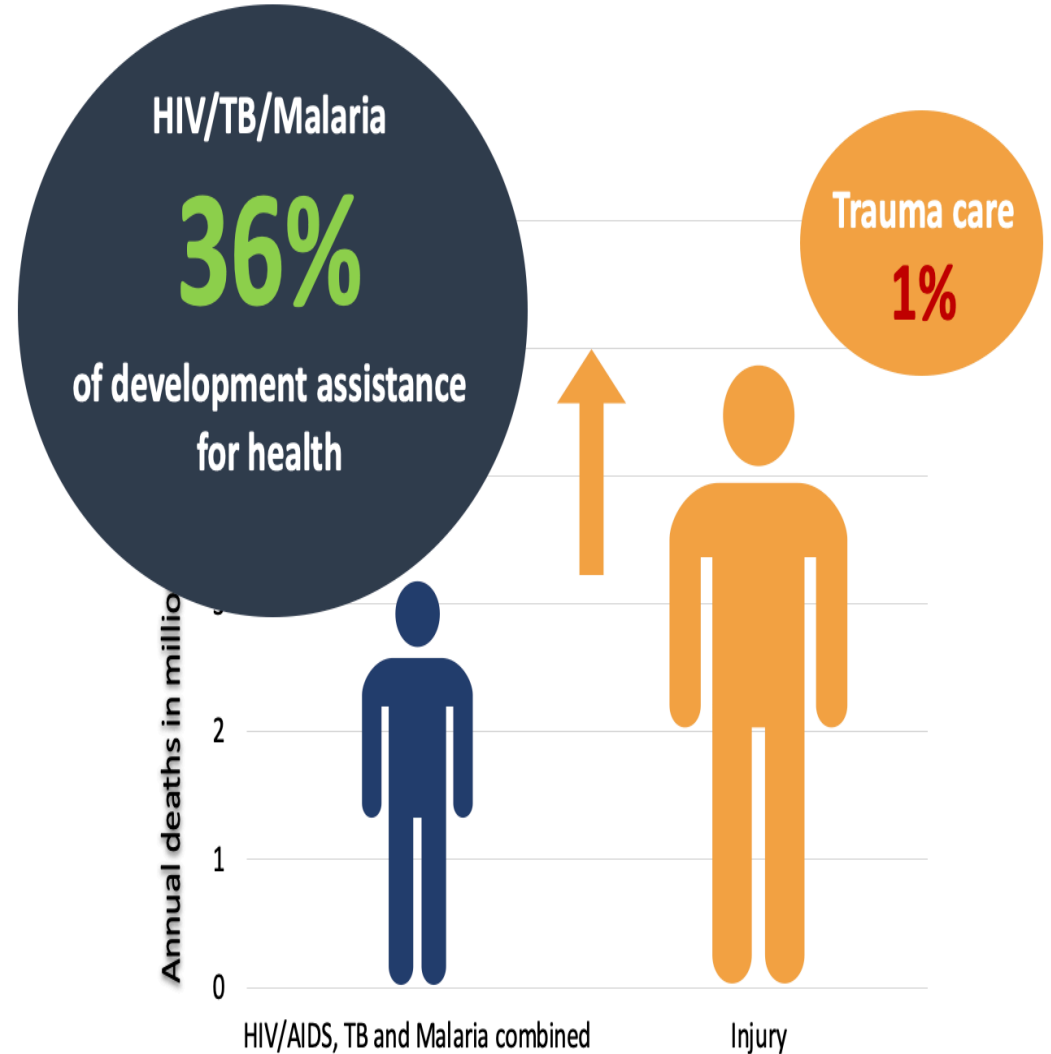


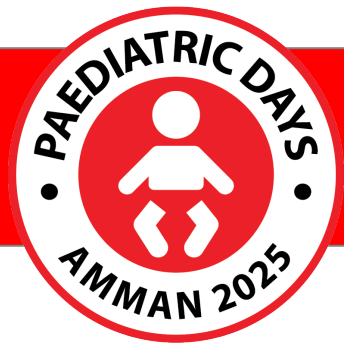


So what can we do?

COST PER LIFE YEAR

✓ GAINED





Data and Research

- Agreed
- Shared
- Relevant



Civil Resilience 'Public Health'

في حالات النزيف الشديد: 1 ابتعد عن الخطر 2 اطلب المساعدة 3 أوقف النزيف

أ إذا كان النزيف في أحد الأطراف

استعمل ضمادة الرعاية الطارئة

إذا استمر النزيف، استعمل العاصبة

إذا استمر النزيف، لف ضمادة ثانية فوق الضمادة الأولى

ب إذا كان الطرف ممتوراً

استعمل العاصبة

شد شريط العاصبة بإحكام

استمر في لي القضيب حتى يتوقف النزيف أدخل القضيب في المشبك بإحكام

سجل وقت استعمال العاصبة

ج إذا كان النزيف من الجسم

ضع الشاش الطبي فوق الجرح

قم بحشو الجرح بضمادات "سيلوكس"

اضغط بقوة على الجرح باستخدام اليدين

استمر في الضغط لحين وصول الإسعاف



Resources

Paediatric Blast Injury Field Manual

English language version

Pre-hospital phase

Damage control resuscitation and surgery with intensive care

Surgery

Ward care, rehabilitation

Psycho-social support

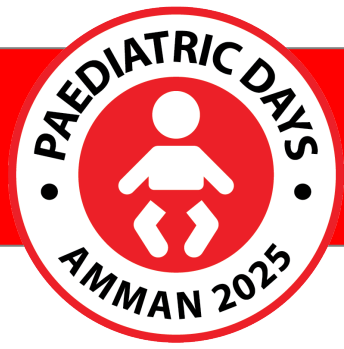


QUICK GUIDE

Emergency Pain Management for Injured Children

2024

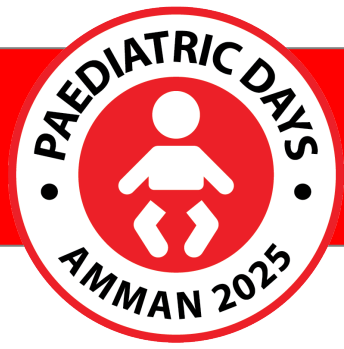




Training

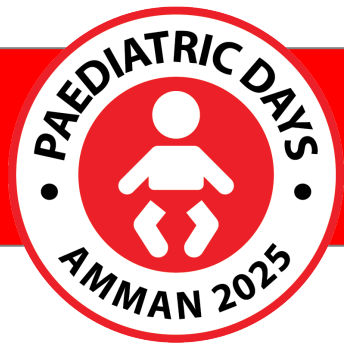
PTRC

**PAEDIATRIC TRAUMA
RESUSCITATION COURSE**



Collaboration





Thank you

paul.reavley@uhbw.nhs.uk

www.paediatrictraumacare.com

