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НАЦИОНАЛЬНАЯ ПРОГРАММА ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ ТРАВМ В ИНДИИ

Аннотация: в этой статье описывается национальная программа, которая
была реализована в Индии для предотвращения травм по всей стране. Также
описывается экономическое распределение на разных уровнях этой программы.

Ключевые слова: программы травматологии и третичной помощи, Индия.

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NATIONAL PROGRAMME FOR PREVENTION AND MANAGEMENT OF TRAUMA IN INDIA

Abstract: this article describes the national programme that has been
implemented in India for prevention of trauma across the country. It also describes the
economic distribution in different level of this programme.

Keywords: trauma & tertiary care programmes, India

Trauma care programme was implemented at a National level during 11th &
12th FYP period along with other technical components such as-National injury
Surveillance Center, Pre-Hospital Trauma ,Technician Course, trainings for Nurses &
Doctors in BLS & ATLS respectively, IEC activities on first-aid/good Samaritan

etc. As per the report of World Health Organization (WHO), Globally the number of road traffic deaths continues to climb, reaching 1.35 million in 2016 and have become the eighth leading cause of death. Also one of the leading causes of death for children and young adults aged 5-29 years.

More than half of road traffic deaths are amongst pedestrians, cyclists and motorcyclists who are often neglected in road traffic system design in many countries. As projected by WHO, by the year 2020 road traffic accidents would be the third major cause of disability adjusted life years (DALY) lost [1,2].

In India, road traffic crashes are one of the major causes of disability, morbidity and mortality. As per Ministry of Road Transport and Highways (MoRTH), road injuries are one of the top four leading causes of death and health loss among persons of age group 15-49 years. As per the report of MoRTH, during 2017, the total number of road Accidents are reported to be 4,64,910 causing injuries to 4,70,975 persons and claiming 1,47,913 lives in the country. This would translate, on an average, into 53 accidents and 16 deaths every hour [3,4].

It was envisaged to implement the scheme in such a manner that Designated Trauma Care Facilities (TCFs) viz. Level I, II & III – is available at every 100kms on the National/State Highway. Level III TCF will provide initial evaluation and stabilization (surgically if appropriate) to the trauma patient. The district/ tehsil hospitals with a bed capacity of 100 to 200 beds have been selected for level III care. Level II TCF will provide definitive care for severe trauma victims. Emergency physicians, surgeons, Orthopaedicians and Anesthetists are in-house. The college hospitals or hospitals with bed strength of 300 to 500 are identified as Level II Trauma Center. Level I TCF will provide the highest level of definitive and comprehensive care for patient with complex injuries. Level I Trauma Centers is only in medical college hospitals with more than 500 beds [5].

We can estimate that for Level III Trauma care facilities the highest expenses is for “Manpower” and the lowest expenses is for “Training” and The final assistance is 47.75 million for Level II Trauma care facilities. The highest expenses is for “Equipment” and the lowest expenses is for “ Training” and the final assistance; is 96.3

million for Level I Trauma care facilities the highest expenses is for “Manpower” and the lowest expenses is for “ Legal Services And Data Entry” and the final assistance is 159.3 million .

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