

PRIMARY TRAUMA CARE COURSE

PTC Course – April 2007

Viet Duc University Hospital

Hanoi, Vietnam.



Primary Trauma Care (PTC) in Vietnam has been conducted for five years with approximately 700 doctors now attended the course. Integration of PTC into Provincial Vietnam has occurred over the last two years including courses in Ha Long, Thanh Hao and in Binh Dinh.

A large amount of work has been undertaken in Vietnam to evolve preventative strategies on road safety health in Vietnam with evolution of Road Safety awareness and the need for Helmet protection. This work is supported by the senior specialist clinicians at Viet Duc University Hospital in Hanoi.

Discussions with Specialists including Dr Tu (Anaesthetist) and Dr Chinh (Surgeon) at Viet Duc and the Deputy Director General, International Cooperation Department, Ministry of Health of Vietnam have provided endorsement for the PTC program through Viet Duc Hospital and to utilize PTC in its integration of the pre-hospital prevention and hospital care trauma programs.

Dr Tu was the Hoc Mai Fellow recipient in 2006 and visited Tasmania. Concepts of pre-hospital care are evolving through the excellent work of Dr Chinh (Surgeon Viet Duc) with the establishment of the *114 ONE NUMBER* call for ambulance services in the pre-hospital area. Dr Chinh was selected as one of the Hoc Mai Foundation recipients to attend as a Fellow for 3 months in Australia in June 2007.



Typical street scene. Multiple occupants/children/ no helmets

Trauma Data 2006, Viet Duc, Hanoi

Vietnam is a country of nearly 80 million with approximately 4 million in Hanoi and 3.6 million in the province of Thanh Hoa. It remains one of the least affluent of the Asian countries with an estimated per capita income of \$300US per year.

Health professionals are unable to afford the cost of external courses. PTC was designed to provide such training with external funding.

In a report by Dr Nguyen Duc Chinh from Viet Duc and presented to us with notes from a corresponding author Prof Judith Ladinsky it was stated quote : "Traffic accidents are the leading cause of death in the developing countries. Vietnam is no exception".

From the report "Preliminary results of injury surveillance at Viet Duc Hospital" some 38% of injured patients were carried to hospital by ambulance but in only 3 % was the first contact with 115 (ambulance call centre) and some 30% receiving NO treatment before hospital.

At Viet Duc, the major trauma referral centre for Northern Vietnam, traffic accidents account for nearly over 64% of all injuries treated and of these 74% are as a result of motor cycle use with 50% injury directly caused by the motorcycle. Only 5 % were wearing helmets. With just over 8% alcohol related (lower than Australia).

Falls were second to vehicle related injury and account for 21% of trauma. Students accounted for nearly 22% of all those injured and farmers another 25%. (a rising figure when 19% in 2005)

The percentage of severe neuro-trauma at just on 40% is considerably higher than in Australia. Orthopaedic injury accounts for 35% with chest trauma reported at just over 5%. In hospital, mortality is reported at 5%.

From 2004, with the implementation of Road Safety preventative principles there has been a fatality reduction in 2004 by 3.7%.

Comparison data.

In 1990, Road Traffic accident's world wide was 9th on the leading cause of all mortality worldwide. It is projected that by 2020 road traffic accidents will be number 3 on that list.

Each year in Vietnam, there are approximately 12, 000 road fatalities and 30,000 injured. Until 2003 the trauma death rate was increasing at an average of 25% pa.

In Australia from 1970 until 2002 the motor vehicle fatality rate dropped from 30.4 to 8.8 deaths per 100,000 population. This reduction has been achieved in spite of a huge increase in motor vehicle use.

The road trauma fatality rate in Vietnam Hanoi in 2002 was 26.7 deaths per 100,000 population and data from the National Traffic Safety Committee showed that in the 12 years ending 2002 road injuries went up 4 times compared to the previous decade. Fortunately the implementation of preventative measures is stemming this rise. ["Health service in Vietnam today"]

In Australia from 1970 to 2002, the motor vehicle fatality rate per 10,000 registered vehicles has dropped from 8.0 to 1.4.

The fatality rate in Hanoi in 2002 was 11.8 deaths per 10,000 vehicles With the statistics showing 53% are young people between the ages of 15 and 44 years.

Road traffic injuries in men aged 15-44 years constitute the second highest cause of ill health and premature death worldwide currently second only to HIV/AIDS. Head injury alone accounts for 45% of all injuries.



A/Prof Skinner A/Prof Griggs Dr Tu, Prof Bell and Dr Earles outside ICU Viet Duc Hospital

The Future of PTC in Vietnam

The evolution of PTC has taken a new step with the completion of the second Provincial course at Thanh Hao Provincial Hospital. In addition, the meetings with the Vietnam Ministry of Health have strengthened the role of PTC through the support of Viet Duc and Health Ministry endorsement.

Viet Duc Hospital is one of the major teaching hospitals in Vietnam and therefore is the major referral centre for trauma in the north of Vietnam. It has within its staff a cadre of highly trained and experienced staff who are keen to evolve PTC. Many provincial centers do not have this level of specialist support and such Vietnamese instructors will need to travel with the course.

Future success depends on a number of factors, both logistical and financial. Further sourcing of funding is clearly necessary.

Personnel involved in Trip Planning and Coordination

A/Professor Marcus SKINNER

Anaesthetist Intensivist, Burnie, Tasmania PTC Co-Founder

Dr Nguyen Huu Tu

Anaesthetist and Intensivist PTC Course Co-Ordinator
Department of Anaesthesia and Critical Care Viet Duc Hospital
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INSTRUCTORS / LECTURERS

Mr Gavin Earles

ENT Surgeon, Launceston, Tasmania

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General Surgeon Deputy Chief Planning Viet Duc
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Dr Nguyen Toan Thang

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