

Tintinalli's Medicina di Emergenza-Urgenza

Una guida completa

Volume I

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Ai medici, ai resident, agli studenti di medicina e a tutto il personale che fornisce cure d'emergenza-urgenza in tutto il mondo.

Judith E. Tintinalli, MD, MS

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Dedicato con amore e rispetto a mio padre e a mio suocero, due veterani della Greatest Generation, nel 70° anniversario della fine della Seconda Guerra Mondiale.

J. Stephan Stapczynski, MD

Ai miei genitori: a mia madre, Simone, per il suo continuo amore e sostegno, e in amorevole ricordo di mio padre Mark.

O. John Ma, MD

Un ringraziamento alla mia famiglia, che crede sempre in me e rende tutto questo possibile, ai miei partner, che ogni giorno mi permettono di vedere l'eccellenza, e a coloro che abbisognano di cure urgenti, con la fiducia che tutto andrà bene.

Donald M. Yealy, MD

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Garth D. Meckler, MD, MSHS

Alla mia famiglia, ai mentori, ai resident e agli studenti che continuano a dare significato a questo lavoro.

David M. Cline, MD

Presentazione dell'edizione italiana

La Medicina di Emergenza-Urgenza arriva in Italia circa 20 anni fa; come tutte le creature giovani, in crescita, si arricchisce progressivamente di sogni, aspirazioni, novità culturali. Nel 2009 si arricchisce di una tappa importante per la propria crescita: la nascita della scuola di specializzazione in Medicina di Emergenza-Urgenza.

Ma chi è il professionista dell'emergenza-urgenza! Non è un "medico di Pronto Soccorso", ma lo "specialista in Medicina di Emergenza-Urgenza". Questo specialista deve avere la cultura dell'internista, le competenze dell'intensivista, le mani del chirurgo, il ragionamento del medico d'urgenza.

La Medicina di Emergenza-Urgenza è tempo-dipendente, nella gestione delle emergenze dove la tempistica può incidere pesantemente sull'esito clinico, sia in senso di sopravvivenza che di invalidità futura; deve ridurre la mortalità, la morbilità ulteriore e la disabilità, con decisioni spesso complesse ma immediate, che segnano per sempre il destino di un paziente non conosciuto e che è sempre nella condizione di non poter scegliere né la struttura né il medico; deve essere esercitata con appropriatezza per evitare sia gli errori diagnostico-terapeutici che i ricoveri impropri; deve fare da cerniera rispetto al territorio, con attività suppletiva delle possibili carenze assistenziali ed organizzative; affida il paziente ad altri specialisti stabilendo priorità e competenze: esercita 24h su 24h la propria funzione attraverso un approccio sistematico diretto al paziente piuttosto che ad una specifica patologia, nel tempo necessario per la stabilizzazione e la prima diagnosi.

In questa complessa funzione la Medicina di Emergenza-Urgenza diventa il perno su cui ruotano tutte le altre specialità presenti in ospedale, dalla medicina interna, alla chirurgia, alla cardiologia, all'ortopedia, alla ostetricia, alla rianimazione e via dicendo.

Si è passati in questi 20 anni di nascita della Medicina di Emergenza-Urgenza in Pronto Soccorso da "osservare e trattare, dimettere o ricoverare" nel più breve tempo possibile,

con la metodologia "admit to work", a "valutare clinicamente facendo diagnosi differenziale e trattamento, piuttosto dimissione che ricovero", con la metodologia "work to admit"; frequentemente dal "work to admit" si passa al "work to admit, to treat and to discharge".

In questi 20 anni, perciò, la Medicina di Emergenza-Urgenza si è arricchita di strumenti tecnologici per la diagnosi precoce e puntuale, tra cui l'ecografo per l'ecografia d'urgenza, per il trattamento appropriato tempestivo, e il ventilatore per la ventilazione non invasiva, in una visione olistica del paziente.

Il medico d'urgenza, pertanto, è lo specialista che, in un ambiente ostile per il caos e il tempo frenetico, deve metterci la "testa" cioè il pensiero, il ragionamento, le conoscenze, le "mani", cioè le azioni e le pratiche cliniche, il "cuore" cioè le emozioni; il medico d'urgenza ha necessità per poter possedere questi strumenti di "formazione, competenze, umanità". È importante perciò tanto fare la diagnosi più appropriata nel minor tempo possibile, quanto la terapia più idonea, la manovra invasiva più indicata, la comunicazione di un lutto, la cura del disagio sociale.

In poche parole, il medico dell'urgenza professionista è specializzazione, con formazione e competenze, è organizzazione nel setting lavorativo appropriato, è ricerca scientifica: il futuro solo così è immediatamente presente!

Il "Tintinalli's Medicina di Emergenza-Urgenza" rappresenta uno dei fondamenti della cultura dell'urgenza: ottima lettura, ottima meditazione, ottimo apprendimento, per la vostra futura e splendida missione scelta.

Maria Pia Ruggieri
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(Società Italiana di Medicina di Emergenza-Urgenza)
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Ottobre 2017

Prefazione

Questa ottava edizione segna 37 anni di pubblicazione continua di un libro di testo che ha avuto inizio nel 1978 come raccolta di materiale di studio per la preparazione ai primi esami di diploma in Medicina di Emergenza-Urgenza. Ogni edizione ha progressivamente ampliato gli approfondimenti e il ventaglio degli argomenti trattati, per illustrare la complessità della materia e delle competenze necessarie per esercitare la professione medica nell'emergenza-urgenza al giorno d'oggi. Nelle precedenti edizioni ho avuto la fortuna di poter contare sulla collaborazione redazionale di illustri esperti e docenti della disciplina, quali Ron Krome, Ernie Ruiz, Gabe Kelen e Rita Cydulka. Questa ottava edizione è il risultato del lavoro di Steve Stapczynski, John Ma, Donald M. Yealy, Garth Meckler, David Cline, e di numerosi Autori con specifiche competenze.

Come si fa a identificare il campo di applicazione pratica e di conoscenza teorica che caratterizza l'attuale specializzazione nella Medicina d'Emergenza-Urgenza? Attraverso libri di testo, blog, social network, Google, riviste scientifiche, o attraverso la pratica clinica? Le informazioni digitali sono perfettamente adatte al multitasking ed ai frequenti spostamenti dell'attenzione propri di questo ambito specialistico, ma non comunicano ciò che la Medicina di Emergenza-Urgenza realmente È. Le infor-

mazioni digitali illustrano aspetti frammentari delle cure, e non l'insieme di conoscenze che sta alla base della nostra specialità.

In questa ottava edizione sono disponibili entrambi i tipi di informazioni, elettroniche e cartacee. Come nelle passate edizioni, sono stati aggiornati gli argomenti attinenti alla specialità della Medicina d'Emergenza-Urgenza, ma ciò ha costituito solo una parte del lavoro complessivo, che ha considerato anche l'inserimento nella piattaforma *AccessEmergencyMedicine*, il compendio digitale della McGraw-Hill dei testi di formazione in Medicina di Emergenza-Urgenza. L'*AccessEmergencyMedicine* include anche la versione digitale di questa ottava edizione, con la ricerca on-line di testi, video, tabelle e illustrazioni. A corredo del libro di testo c'è una serie di video digitali sulle procedure che sono stati progettati sia per gli studenti che per i docenti.

Noi continueremo ad unire entrambi gli strumenti educativi – stampa e digitale – considerando il loro insieme come il modo migliore per comunicare ciò che l'attuale Medicina di Emergenza-Urgenza realmente È.

Judith E. Tintinalli, MD, MS
Editor-in-Chief
Chapel Hill, North Carolina

Contenuti multimediali

Per accedere alla raccolta di oltre 50 video in lingua originale di Medicina d'Emergenza-Urgenza, visitare il sito www.tintinalliem.com
La password per l'accesso è: **tem8**

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