

people over 65 years. Among the abdominal trauma patient's infusion therapy at the prehospital stage was performed in 11 victims (57.89%).

The standard of the "golden hour", which starts from the moment of injury to the provision of qualified or specialized medical care, remains generally accepted. The late patient admission is due to various reasons, but proves the urgent need for anti-shock treatment at the scene and should continue during the transportation of the victim to the hospital. The presence of multiple internal injuries in the victims has led to conclusion that blood loss, shock and hypovolemia require mandatory infusion therapy in most patients.

However, excessive fluid intake in elderly victims can lead to rapid decompensation of the cardiovascular and respiratory systems. While treating victims with a dominant abdominal injury and taking into account the time criteria, it should be noted that 10 victims (52.63%) were taken to a qualified department up to one hour after the injury, 7 victims (36.84%) after more than 1 hour and 2 victims (10.53%) after more than 12 hours. Surgical treatment was applied to 15 victims (78.95%) and 4 victims (21.05%) were treated with non-surgical methods. The complicated course of the dominant abdominal injury was evident in 3 cases (15.79%), those were infectious complications and all of them occurred during hospitalization more than one hour after the injury.

Thus, measures of aggressive intensive care for victims with dominant abdominal trauma should begin at the prehospital stage simultaneously with the most complete physical examination. Management for abdominal trauma patients in admission to the hospital should be of a short diagnostic nature and effective anti-shock and surgical interventions should be distributed as soon as possible to eliminate life-threatening conditions and prevent complications in the postoperative and post-traumatic period.

Kurikeru M.A.

EPIDEMIOLOGY AND QUALITY ASSURANCE OF MEDICAL CARE FOR PATIENTS WITH ACUTE TRAUMATIC BRAIN INJURY IN CHERNIVTSI REGION

*Department of Urology and Neurosurgery
Bukovinian State Medical University*

Introduction: traumatic brain injury is one of the most pressing problems of modern medicine. According to the WHO, more than 10 million people worldwide receive TBI each year, 250-300 thousand of which end in death. In Ukraine, the frequency of TBI is annually in different regions from 2.3 to 6 cases (average 4–4.2) per 1000 population. Every year in Ukraine 10-11 thousand people die from trauma - the death rate is 2.4 cases per 10 thousand population (in the US - 1.8-2.2). Traumatic brain injury is often called a "silent epidemic" and in Ukraine it is 196 cases per 100,000 inhabitants. The most common mechanisms leading to trauma in Ukraine are falls, traffic accidents, and cases related to attacks. According to the WHO, by 2030 TBI will be the leading cause of disability and death worldwide (due to rising accidents in developing countries and an aging population - an increase in the number of falls).

Materials and methods: the epidemiology of trauma in the Chernivtsi region for the last 5 years (2016-2020) has been studied. An expert assessment of medical care in 108 patients with acute trauma in Chernivtsi region.

The experience of Ukraine has shown a 1.5-fold reduction in mortality after the introduction of unified clinical protocols for medical care for trauma. The results of trauma treatment are determined by the timeliness of medical care at the prehospital stage and the timely hospitalization of patients in specialized departments (neurosurgical, neurological).

Thus, according to the current unified protocols for the provision of medical care, all patients with acute trauma, regardless of its severity, should be examined in neurosurgical, as the best equipped, hospitals. The current unified protocols for providing medical care to patients with trauma need to be revised in 2021 with the introduction of clear criteria (indicators) for the quality of their implementation. Further study of the epidemiology of trauma is a necessary component of the organization of rational care for patients and the development of measures for primary and secondary prevention of traumatic lesions of the central nervous system.