

Operation Unified Response: 3 phases of disaster care in Haiti

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A pediatric medical response to a major disaster should focus on three consecutive missions: protection of life and limb, continuing care, and finally, humanitarian aid, according to research presented Sunday, Oct. 3, at the American Academy of Pediatrics (AAP) National Conference and Exhibition in San Francisco.

In January, within 24 hours of the worst earthquake in more than 200 years, the United States Naval Ship (USNS) Comfort was deployed to Haiti. With a staff of more than 800 physicians, nurses and ancillary staff, the ship was transformed into a full-fledged floating hospital treating over 931 critically injured patients, of whom 35 percent were children.

The operation was the largest and most rapid triage and treatment effort since the inception of hospital ships. As a result, the six-week experience "provided the framework from which future disaster responses can be based," said lead study author Shawn Safford, MD.

Children "represented a group that posed a significant challenge," during the disaster, said Dr. Safford. Most pediatric patients required orthopedic care including extremity injuries (72 percent) and [pelvic fractures](#) (4 percent). On average, patients returned to the operating room up to eight times for wound care (debridement) and wash outs. Amputations reflected 6.5 percent of cases, with 40 percent arriving with limbs already amputated. Eight babies were born on the ship, including two [premature infants](#). Pediatric admissions surged during the

first five days, with an average of 21.3 per day, and then decreased to 5.2 per day.

As a result of the data compiled during the Operation Unified Response - the largest collection of information, to date, on the pediatric surgical care of children in an earthquake disaster - researchers recommend a three-phase response to disaster medicine that has not been previously described. The first phase focuses on triaging patients who require life- and limb-saving care. The second phase involves caring for patients who were able to survive the first days without medical care. At this juncture, plastic and general surgeons can aid in the management of complex wounds and attempting limb salvage. Finally, phase three represents the transition from a disaster response to a humanitarian response, whereby all medical specialties and personnel can help to develop current and future health care for the population.

Provided by American Academy of Pediatrics

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