Traum'Ara - Survivre en régulation

RÉGULATION DU TRAUMATISÉ SÉVERE

Pr Youri Yordanov
@yordayou
SAMU 69 - Urgences Croix Rousse/HEH
U1290

Traum'Ara - Survivre en régulation

RÉGULATION DU TRAUMATISÉ SÉVERE APPRENDRE ET ACCEPTER LE RISQUE

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Urgences?

ACTIVITÉ À RISQUE!

Urgences?

10 000 DÉCISIONS/ GARDE

Urgences ?

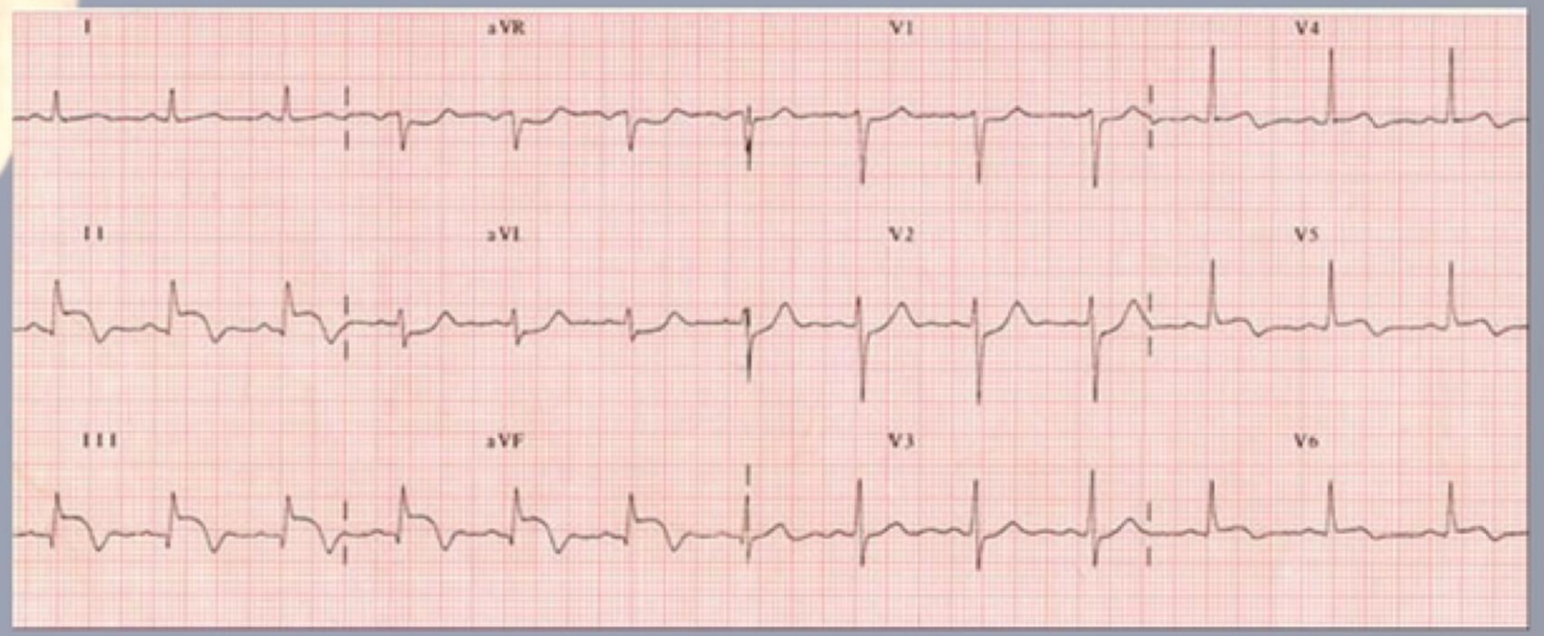
0,1% ?

Urgences ?

10 DÉCISIONS

Homme
59 ans

Douleur thoracique



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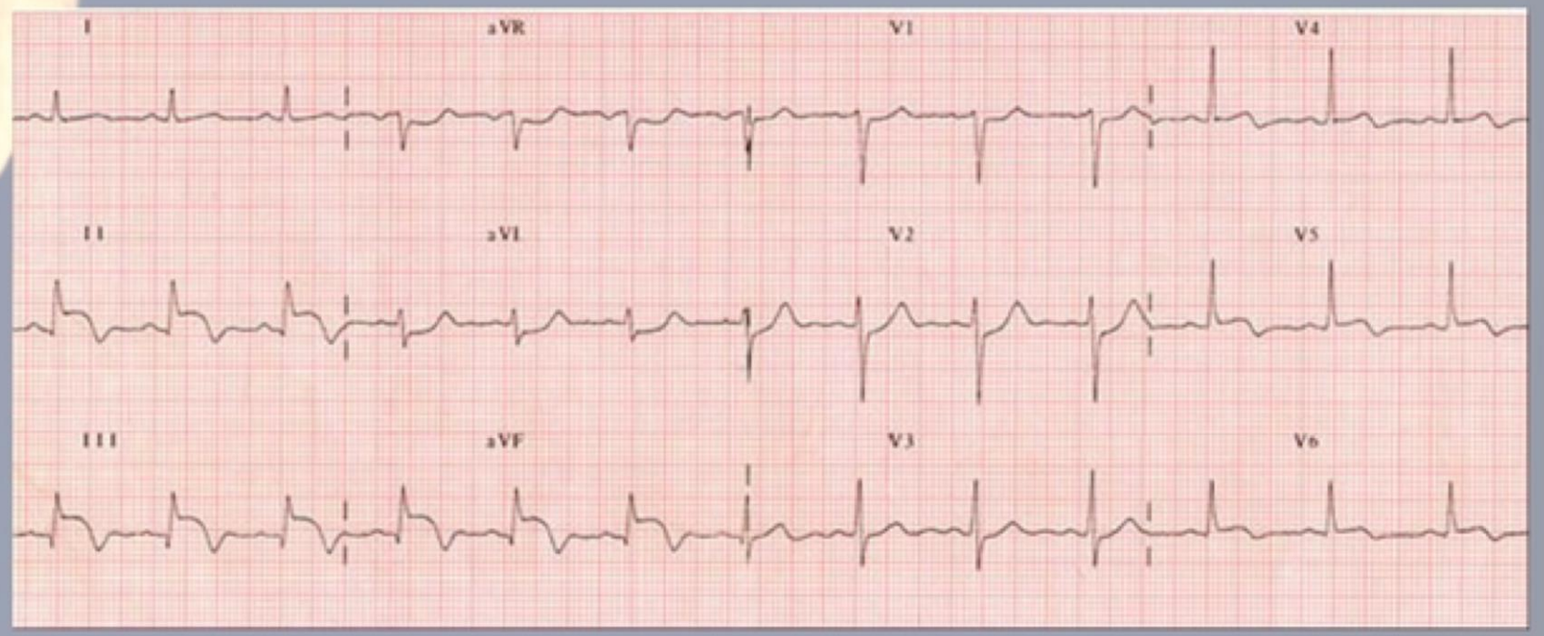
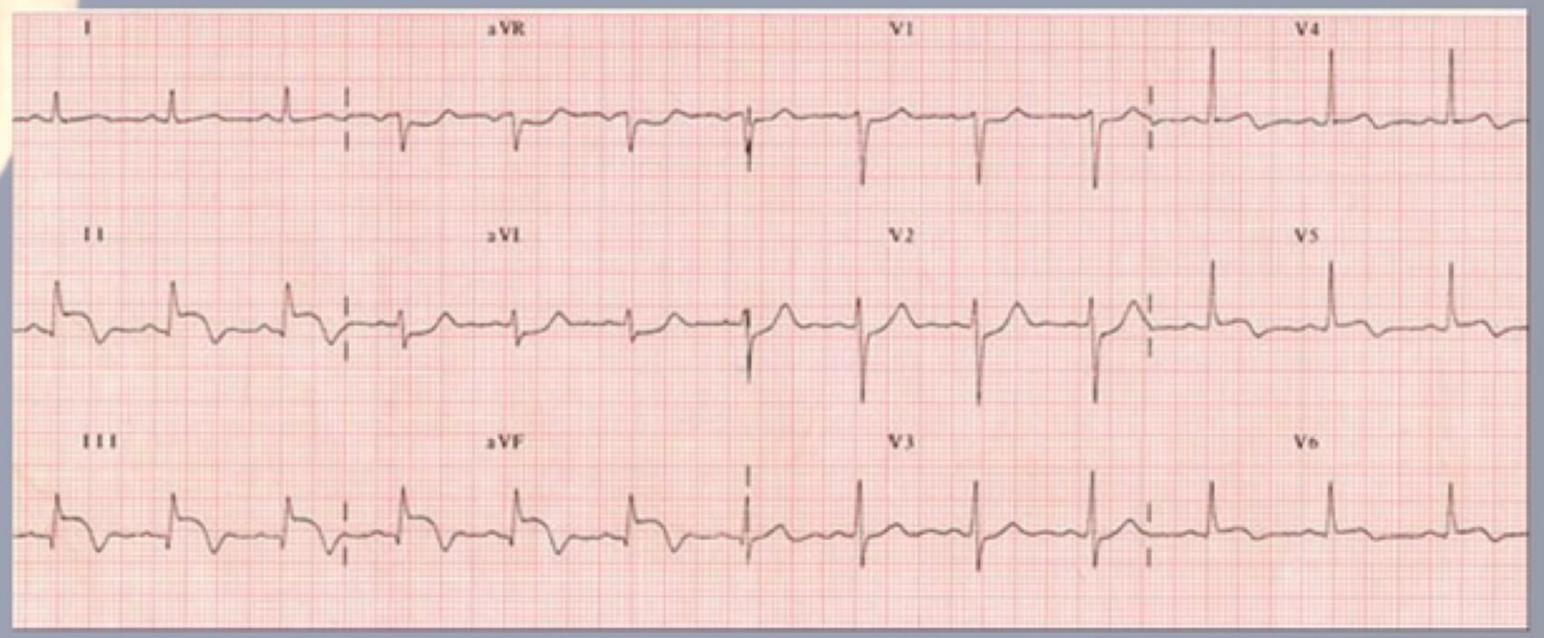


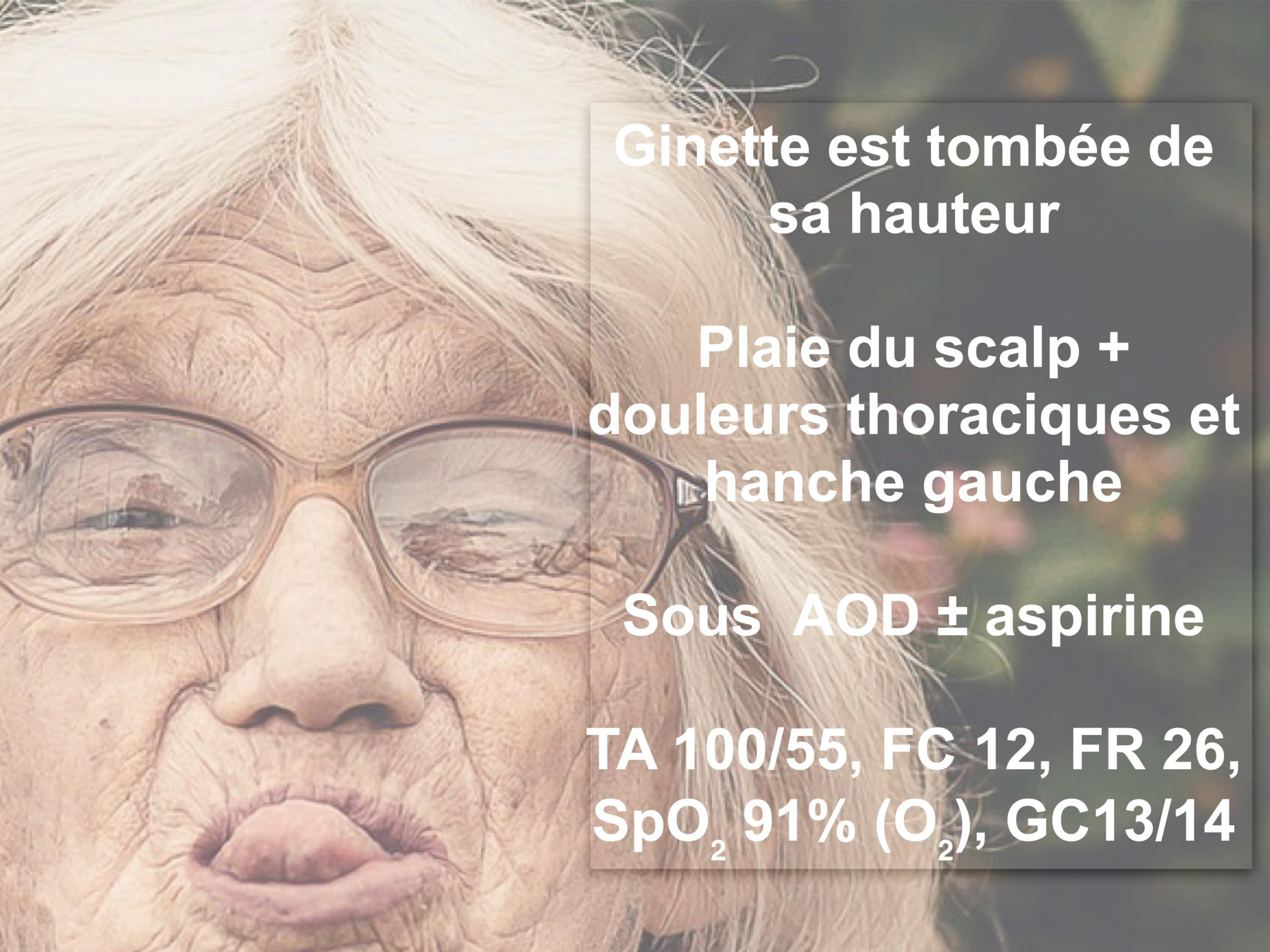
SCA ST +
Inférieur

Homme
59 ans

Douleur thoracique



Ou pas...



Ginette est tombée de sa hauteur

Plaie du scalp + douleurs thoraciques et hanche gauche

Sous AOD ± aspirine

TA 100/55, FC 12, FR 26, SpO_2 91% (O_2), GC13/14

TU SAIS,
TON
PATIENT
D'HIER...

DANGER Public?

Contexte complexe

Original research

PDF

Task errors by emergency physicians are associated with interruptions, multitasking, fatigue and working memory capacity: a prospective, direct observation study

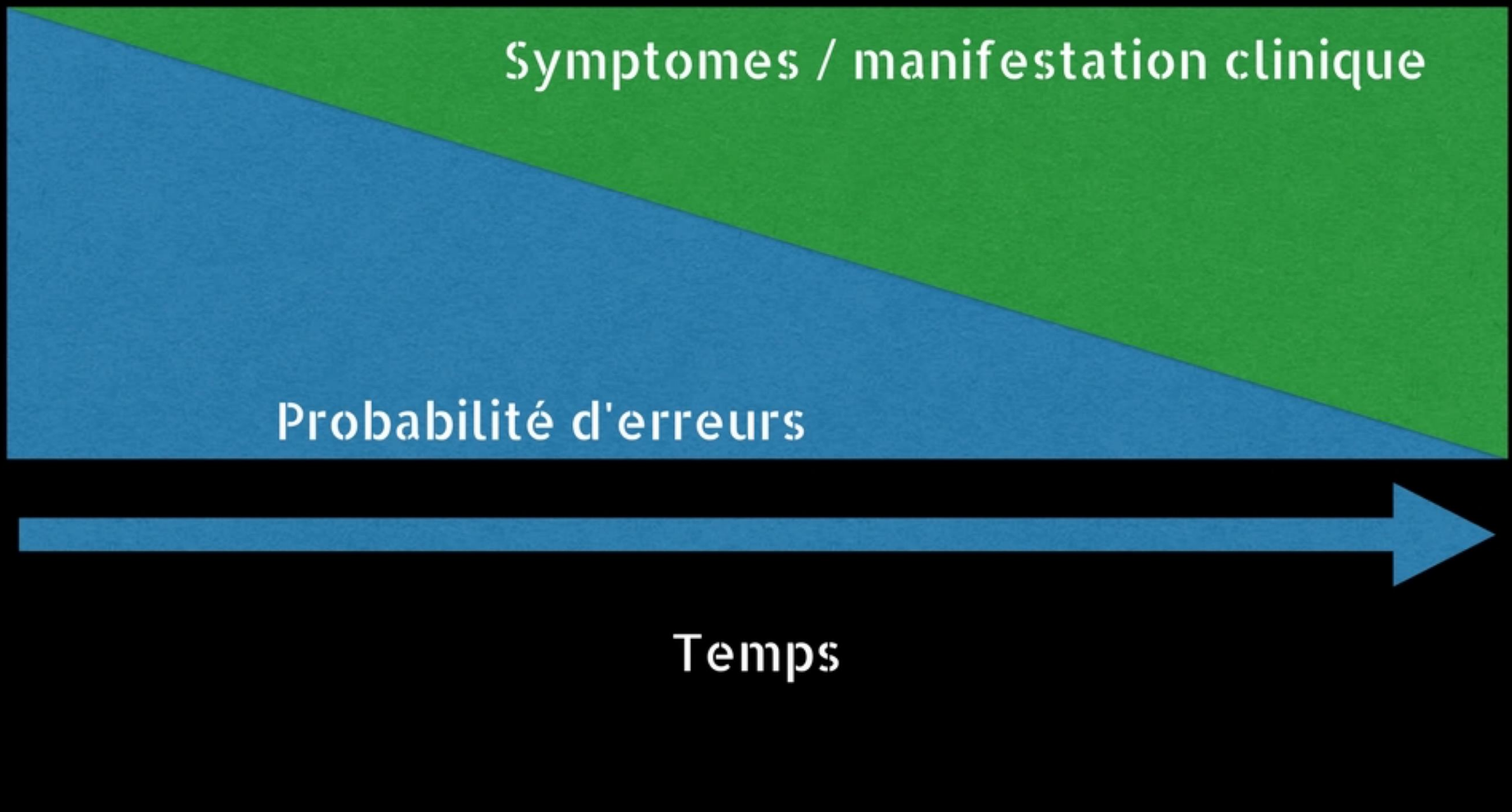
Results Physicians experienced 7.9 interruptions/hour. 28 clinicians were observed prescribing 239 medication orders which contained 208 prescribing errors. While prescribing, clinicians were interrupted 9.4 times/hour. Error rates increased significantly if physicians were interrupted (rate ratio (RR) 2.82; 95% CI 1.23 to 6.49) or multitasked (RR 1.86; 95% CI 1.35 to 2.56) while prescribing. Having below-average sleep showed a >15-fold increase in clinical error rate (RR 16.44; 95% CI 4.84 to 55.81). WMC was protective against errors; for every 10-point increase on the 75-point OSPAN, a 19% decrease in prescribing errors was observed. There was no effect of polychronicity, workload, physician gender or above-average sleep on error rates.

Conclusion Interruptions, multitasking and poor sleep were associated with significantly increased rates of prescribing errors among emergency physicians. WMC mitigated the negative influence of these factors to an extent. These results confirm experimental findings in other fields and raise questions about the acceptability of the high rates of multitasking and interruption in clinical environments.

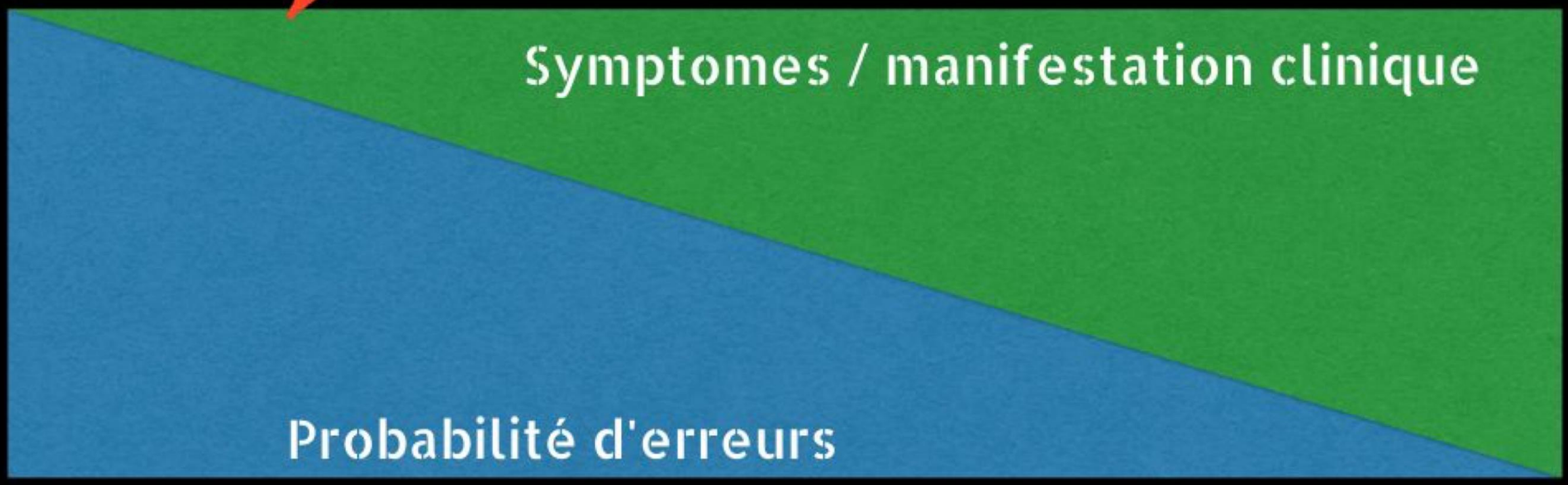
BMJ Quality & Safety

Symptomes / manifestation clinique

Temps

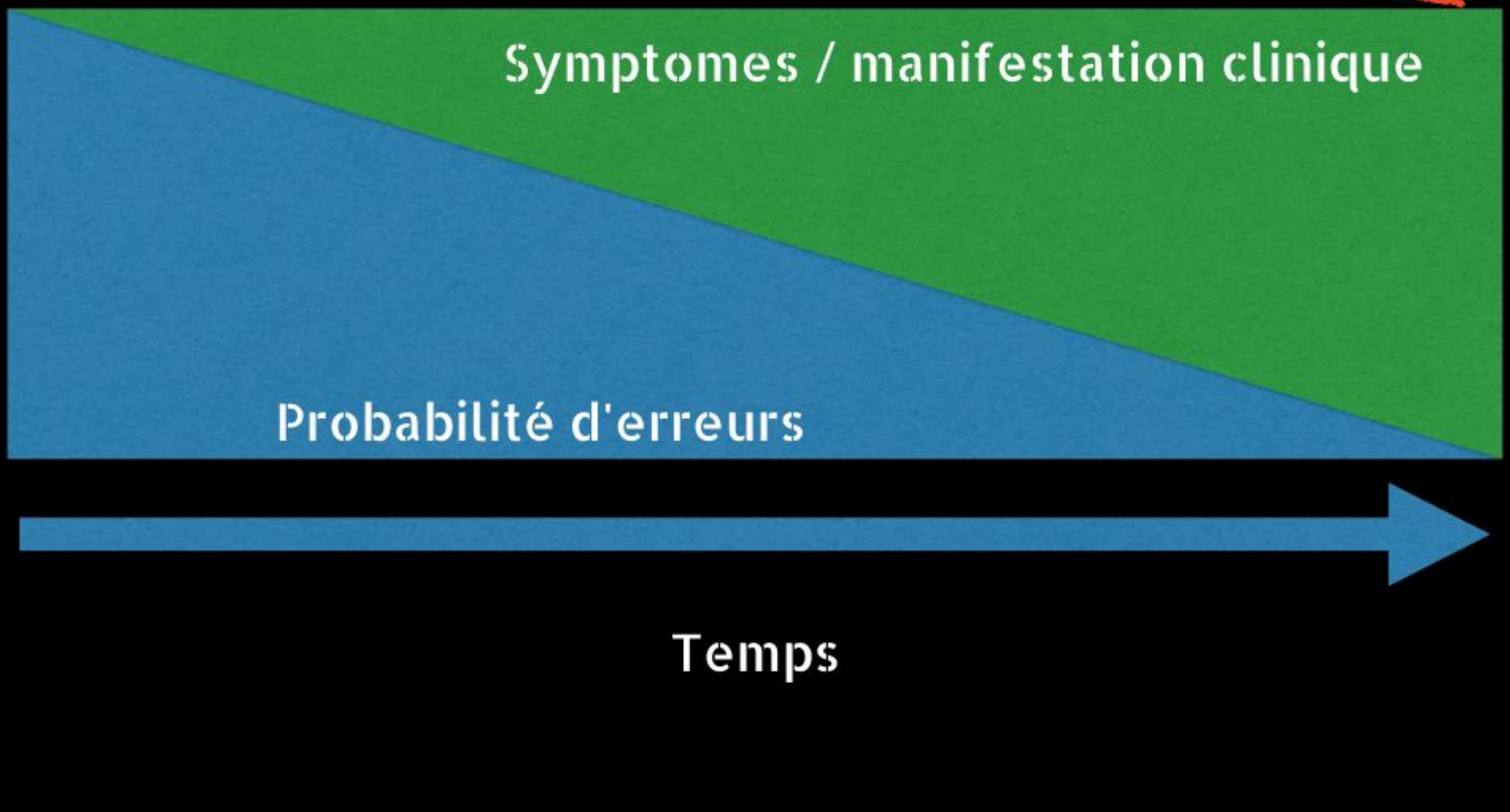

Symptomes / manifestation clinique
Probabilité d'erreurs
Temps

Arrivée aux urgences

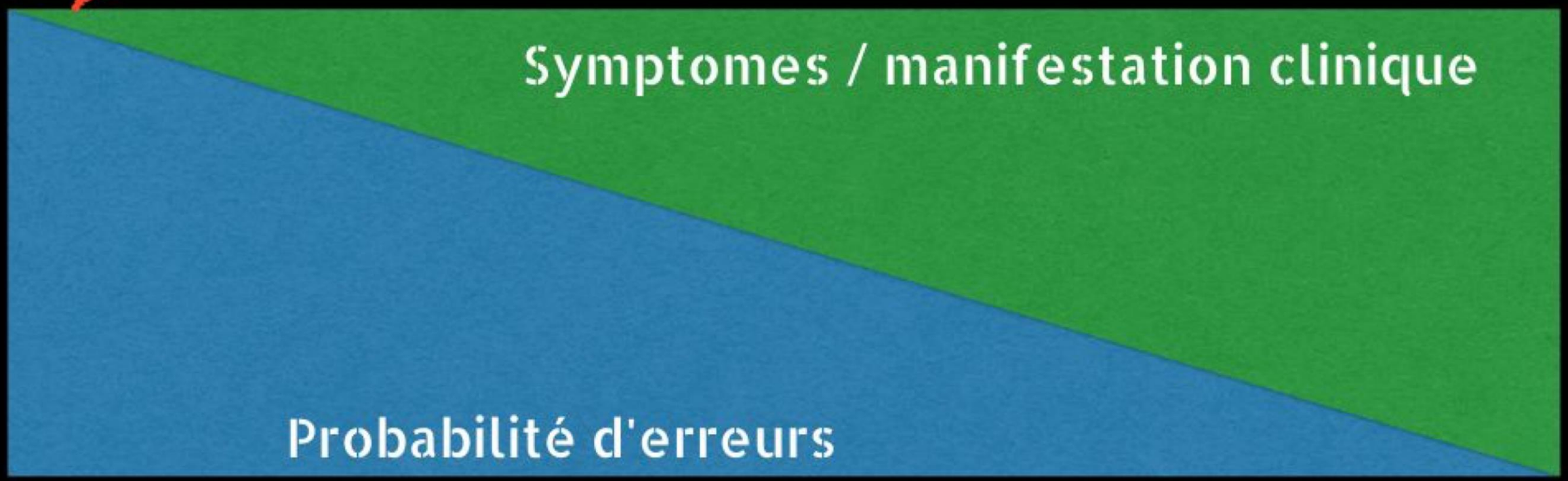


Temps

Sortie de médecine interne



Vous êtes ici



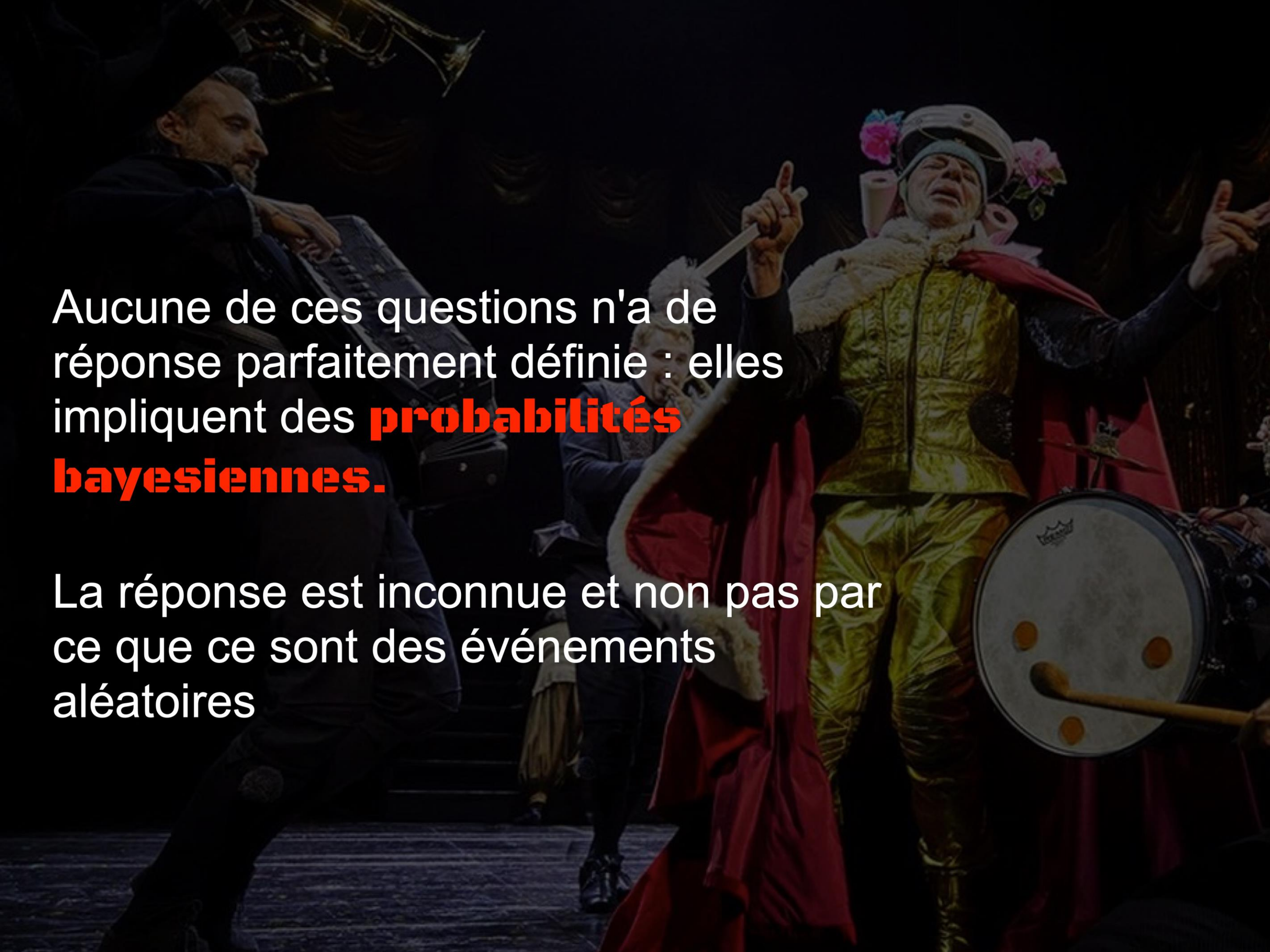
Temps

ACCEPTER L'INCERTITUDE

ACCEPTER L'INCERTITUDE

La **plupart des situations** que nous rencontrons **ne peuvent être** prédites avec **certitude**

- si je lance un dé, est-ce que je peux avoir 6 ?
- est-ce qu'il va pleuvoir demain ?
- l'ASSE va-t-il encore perdre son prochain match?



Aucune de ces questions n'a de réponse parfaitement définie : elles impliquent des **probabilités bayesiennes.**

La réponse est inconnue et non pas par ce que ce sont des événements aléatoires

Nous sommes des PROBABILISTICIENS

95%

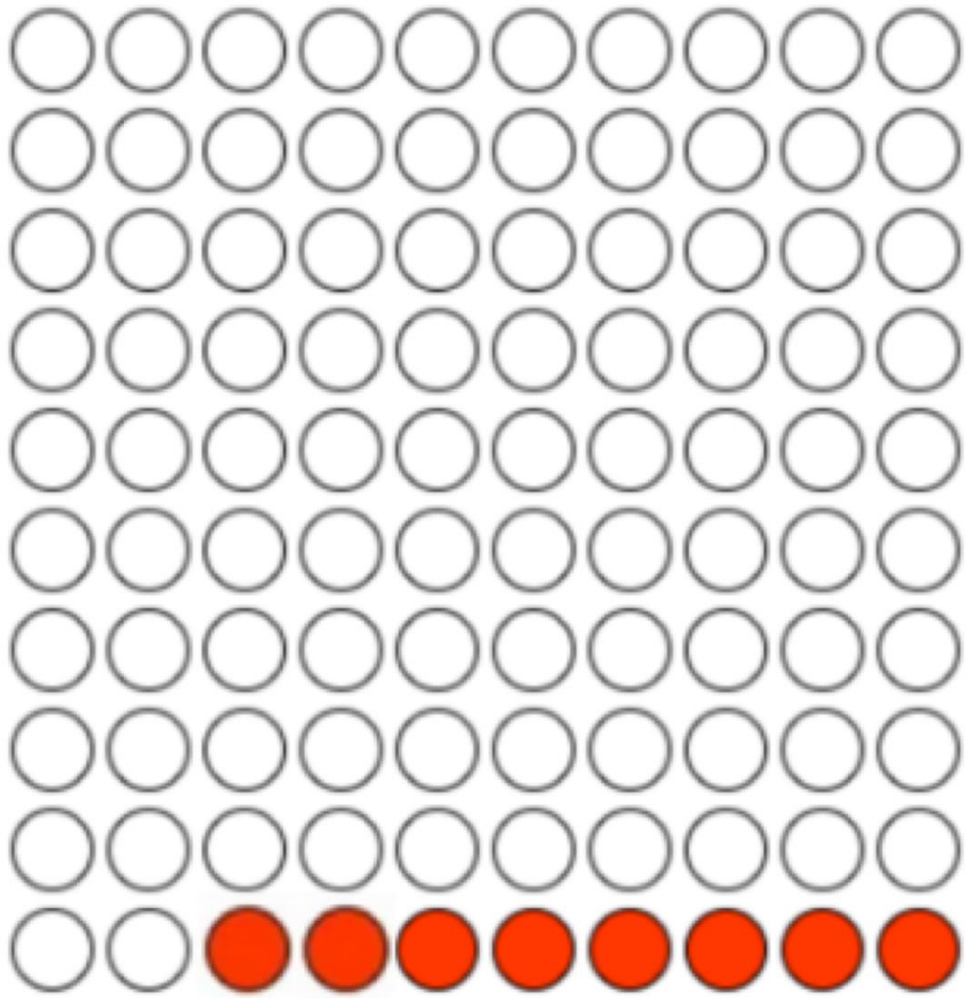
18/19

1/19

Niveau de risque acceptable?

SCORE M-GAP	Nbre de
Score de Glasgow	Score de G
PAS > 120 mmHg	+ 5
120 >PAS > 60 mm Hg	+ 3
PAS < 60 mm Hg	0
auma fermé (vs pénétrant)	+ 4
Age < 60 ans	+ 5
	Total : 3

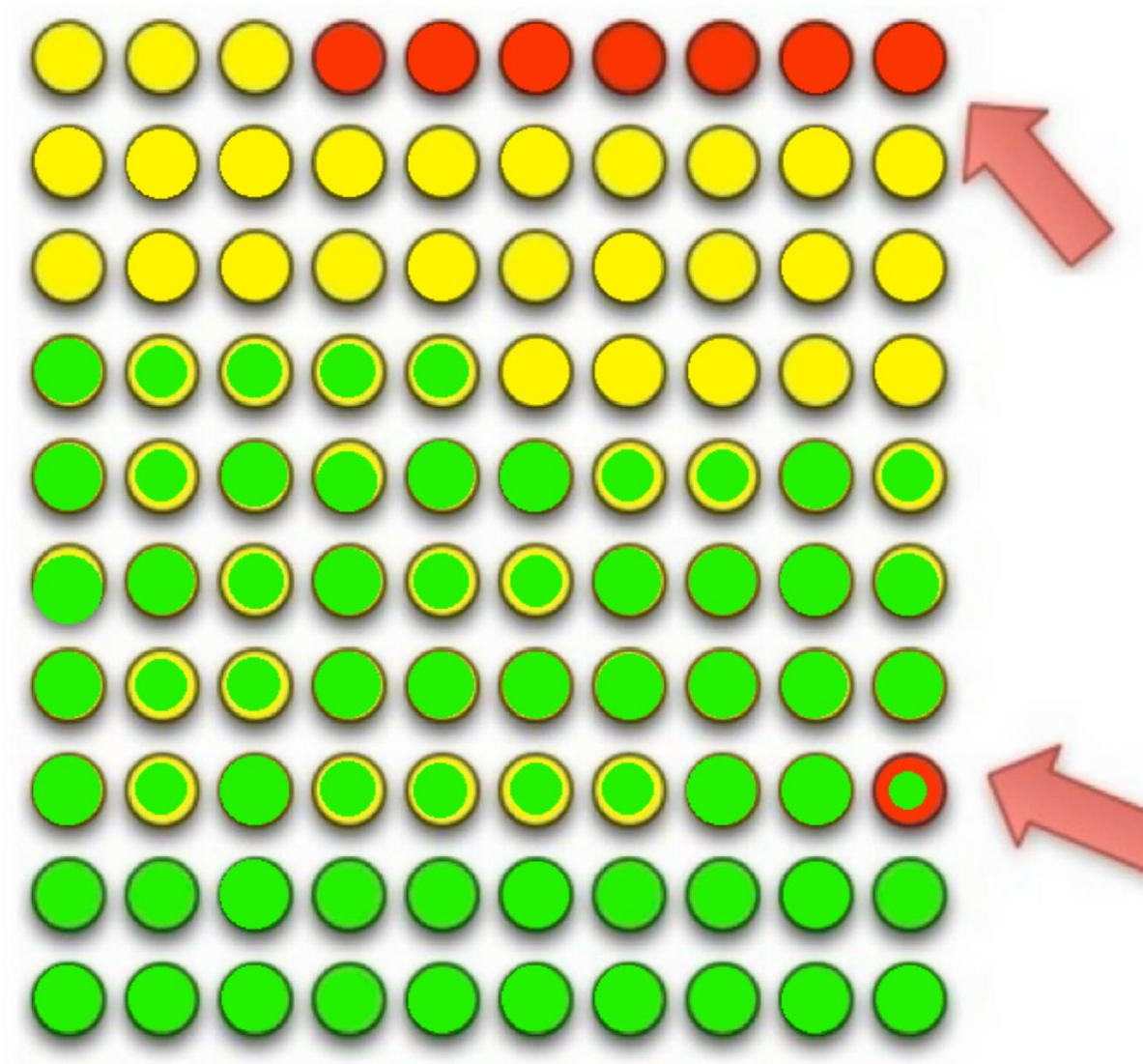
SENS 95%
SPEC 70%



PRÉVALENCE: 8%

MGAP – binarisation au seuil 23 (MGAP < 23 = « positif »)

Prévalence décès = 8% | Sensibilité = 95% | Spécificité = 70%



4 POUR 1000

ERREUR?

Nous sommes des PROBABILISTICIENS

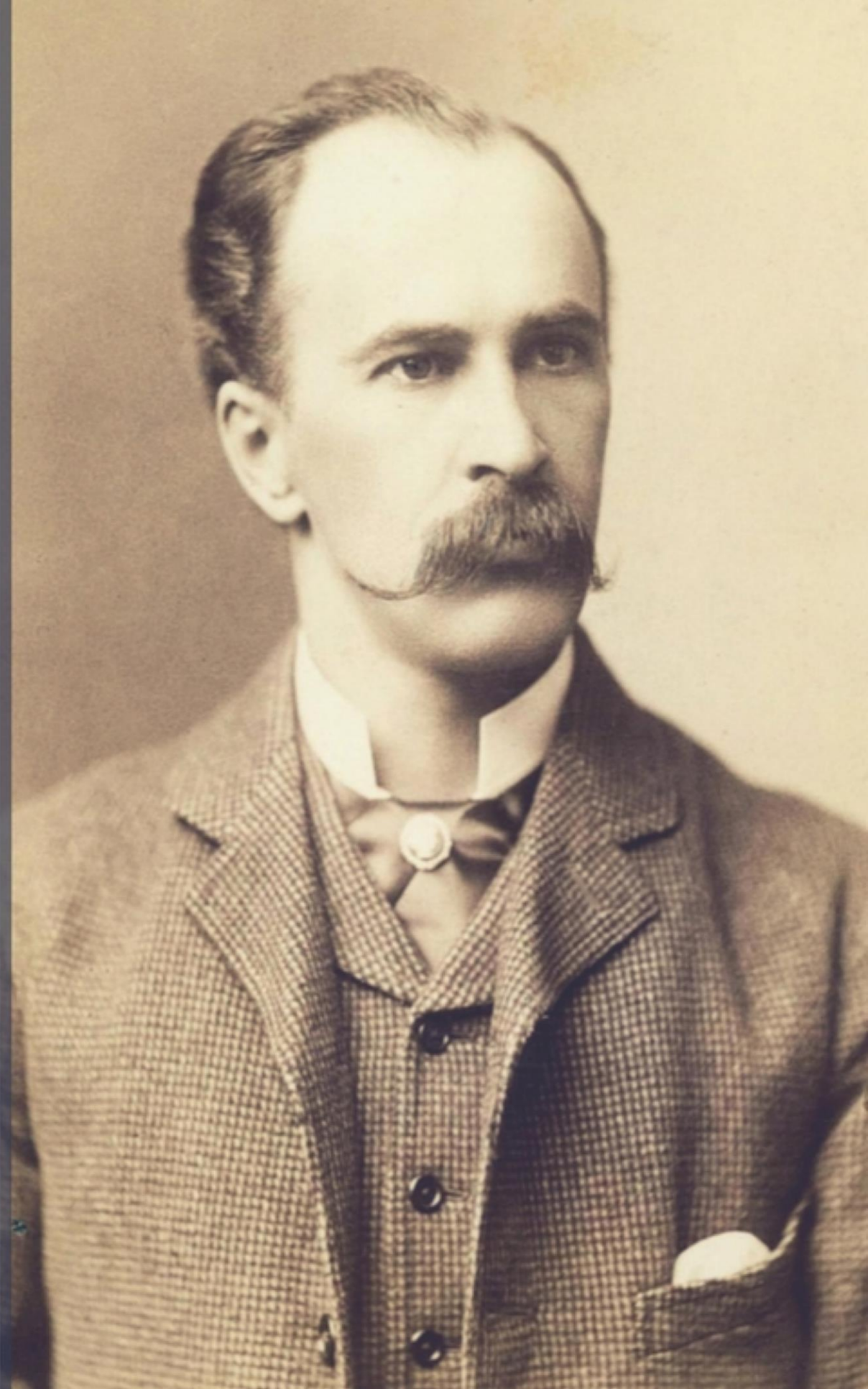
APPRENDRE

Revues de dossiers

Peer review

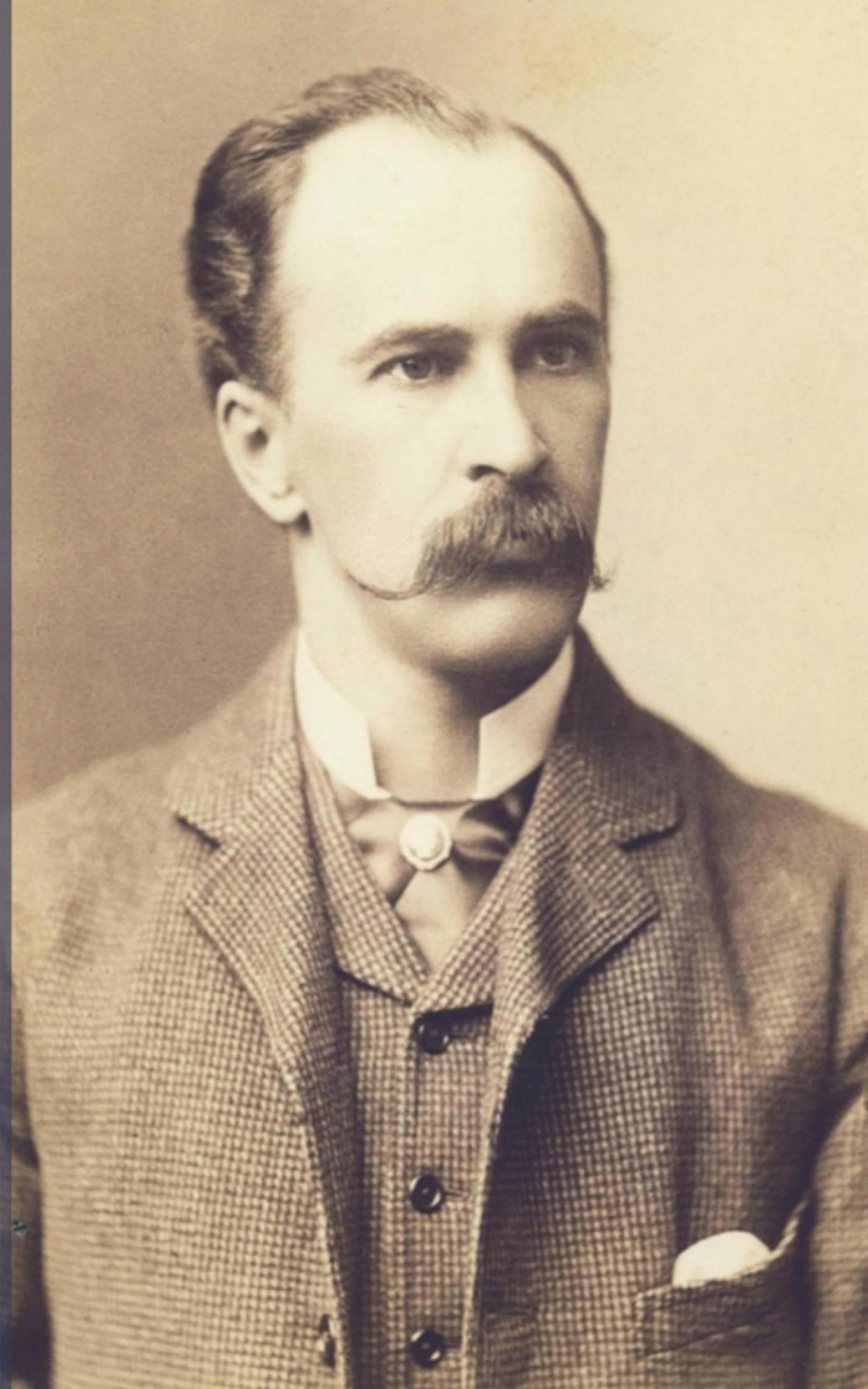
Posez les bonnes questions

La médecine est une science de l'incertitude et un art de la probabilité.



La médecine est une science de l'incertitude et un art de la probabilité.

W.Osler



bref.

Analyser les processus,
et pas seulement les
résultats.

Débbriefing et
feedback !

Se former pour
le quotidien!

bref.

Restons HUMBLES