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Trauma scoring systems

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Abstract

Background: Worldwide, traumas represent an actual theme of discussion. The recognition and interpretation of severe traumas are essential for choosing the right treatment strategy. There are two approaches to mark the patients with a high risk of unfavorable evolution and death. First, to use the terms as "major trauma", "severe trauma" and "polytrauma", without ability to stratify the patients according the severity of lesions inside categories mentioned above. Second, to implement the trauma scoring systems (anatomical, physiological or mixed), when a doctor uses a mathematical algorithm/model to calculate the risks for each trauma patient. At the same time, according to the articles found on PubMed/Medline, Web of Science, and EBSCO databases, there is no international consensus concerning the most accurate traumatic score. This article's goal was to revise the existing trauma scoring systems to highlight the potential scoring systems that in perspective can be validated in the Moldovan medical system.

Conclusions: Different traumatic scores are used worldwide (different continents, countries or regions) to estimate the severity of trauma patients in relation to the anatomical, physiological or combined criteria. All of them could be potentially validated for the Moldovan medical system. A part of these scores could be validated and compared to identify those ones that have the best determination, calibration and discrimination abilities to predict the outcomes for the local medical system. As a result, the coefficients from the mathematical equations belonging to the scores could be adjusted to the conditions of the national medical system of the Republic of Moldova.

Key words: trauma scoring systems, severe trauma.

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