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Editorial

Standardized emergency and trauma care system: An urgent task

Due to frequent incidence of disasters and accidents in recent years, trauma has been reported to rank the fourth leading cause of death after tumor and cardiovascular/cerebrovascular diseases. Most of the deaths (as high as 80%) following trauma occur at the scene or at the early stage of trauma. Half the deaths at scene are secondary to severe brain injury and/or heart great vessel injury. Severe bleeding due to inappropriate first aids or central nervous system injury treated ineffectively is the main causes of death at 8–12 hours after trauma, accounting for 30%. Whereas deaths from sepsis or multiple organ failure at the late stage of trauma only occupy 20%.

With the introduction of **golden hour**, emergency **platinum 10 minutes**, it is urgent to establish an efficient and rational trauma care system. Some developed countries like America, and Germany have established multiple-level trauma care centers and achieved remarkable results, however, the mortality rate at early stage of trauma remains high in low- and middle-income countries or

regions. For this reason, combination of the experience from developed countries and consideration of individual economic condition, social environment and geographic features is significant for the establishment and promotion of trauma care.

In this issue how to build an emergency trauma care system in Germany, America and China are discussed and various care modes are shared. We hope this special issue can help promote the emergency trauma care system and reduce mortality at early stage of trauma. Future deep discussions are expected in the following issues.

Wen-Jun Zhao, Gui-E Liu, Lei Li
*Chinese Journal of Traumatology Editorial Office, Daping Hospital and
Research Institute of Surgery, Army Medical University, Chongqing
400042, China*

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