TRAUMA
The Trauma Patient

- Trauma means “injury”
- Injuries can be internal or external
- Patient can deny injuries
- The Golden Hour
The Trauma Patient

- Signs & symptoms may not be evident immediately
- We must determine the appropriate facility to transport to
- We want to bring in viable patients ... not dead packaged patients
What are you looking for?

- DCAP - BTLS
  - Deformities
  - Contusions
  - Abrasions
  - Penetrations/
    Punctures
  - Burns
  - Tenderness
  - Lacerations
  - Swelling
The Trauma Patient

- We must have an organized assessment plan ....

Why?
The Trauma Patient

- We must have an organized assessment plan.
  - To find life threatening injuries
  - Prioritize the treatment of injuries
  - Determine what patients are treated first
The Trauma Assessment

Scene Survey

Initial Assessment

Trauma Patient

Medical patient
Trauma Patient Assessment

- Reconsider the MOI

WHY?
Reconsider the MOI

- To help you determine how quickly you must transport the patient & which assessment to use...

  - Significant MOI
  - No Significant MOI
No Significant MOI

- No significant MOI & no life threatening injuries
No Significant MOI

- Reconsider the MOI
- Determine the chief complaint
- Perform a “Focused Physical Exam”
- Obtain baseline vital signs
- Take a SAMPLE history
- Transport
- Perform an “On-going Assessment”
No Significant MOI

Why reconsider the MOI?
Because when you 1st arrive you are looking at many things and you could miss something significant.
No Significant MOI

- Determine the chief complaint
- ASK them what hurts
No Significant MOI

- Focused Physical exam
  - make sure you INSPECT & PALPATE
  - assess the areas of injury
  - you will need to expose the injury site
  - may lead you to assess other areas
No Significant MOI

- Baseline Vital Signs
- SAMPLE history
- These are done after you assess injuries
The Trauma Assessment

Scene Survey

Initial Assessment

Trauma Patient

Medical patient

Significant MOI

No Significant MOI
Examples of Significant MOI

- Ejected from a vehicle
- Death in the same passenger compartment
- Falls > 15 feet
- Falls > 3 times the patient's height
- Roll over
Examples of Significant MOI

- High speed MVC
- Auto - pedestrian accident
- Motorcycle accidents
- Penetrating trauma
  ... shooting, stabbing
Examples of Significant MOI

- Special considerations for children
  - Falls from 10 feet or >
  - Bicycle collisions
  - Medium speed vehicle collisions
  - Damaged car seats
Significant MOI

- C-spine stabilization, call for ALS, transport as soon as possible
- “Rapid Trauma Assessment”
- Baseline vital signs & SAMPLE
- Transport
- “Detailed Physical Exam”
- “On-going Assessment”
Rapid Trauma Assessment

- Head
- Neck & apply cervical collar
- Chest
- Abdomen
- Pelvis
- Extremities
- Posterior body
- Immobilize patient on a LBB
Rapid Trauma Assessment

- Head
  - check for DCAP - BTLS
  - crepitation
  - massive bleeding
  - check for airway obstructions
Rapid Trauma Assessment

- Neck
  - check for DCAP - BTLS
  - JVD
  - tracheal deviation

- Apply a cervical collar now
  - what is the function of the cervical collar?
Applying the Cervical Collar

- It must be the right size ... so measure correctly
  - Size depends on the length of the neck, not the width
- Assess the neck before applying the collar
- Explain what you are doing to the patient
Applying the Cervical Collar

- Keep the head in neutral position
- Try to remove necklaces, earrings, hair if time permits
- Cervical collars do NOT provide adequate immobilization by themselves
- You must maintain stabilization until secured to a LBB
Stabilize and measure
Choose correct collar size
Prepare collar
Slide collar under chin
Secure collar; maintain in-line position
Applying the cervical collar to a supine patient
Supine Patient
Stabilize the head
Measure, slide the collar in place.
Secure the collar
Rapid Trauma Assessment

- Chest
  - check for DCAP - BTLS
  - paradoxical movement
  - crepitation
  - listen for breath sounds
Assessing the Chest
Ascultating Breath Sounds
Rapid Trauma Assessment

- Abdomen
  - check for DCAP - BTLS
  - distention
  - rigidity
  - evisceration
  - palpate a tender area last
Assessing the Abdomen
Rapid Trauma Assessment

- Pelvis
  - check for DCAP - BTLS
  - priapism
  - instability
  - crepitation
- If the patient complains of pain do not palpate the pelvis
Assessing the Pelvis
Rapid Trauma Assessment

- Extremities
  - check for DCAP - BTLs
  - distal CSM’s
  - when would you splint an injured extremity in a high priority patient?
Assessing the Extremities
Rapid Trauma Assessment

- Posterior body
  - check for DCAP - BTLS
  - check down to the buttocks
- Immobilize onto a LBB
Assessing the Posterior
Baseline Vital Signs & SAMPLE

- Which vital signs should you be taking?
- What are the SAMPLE questions?
Transport

- Make your decision to transport as soon as you see:
  - significant MOI
  - life threatening conditions
  - after you have completed your “Rapid Trauma Exam”
Detailed Physical Exam

- Repeat the “Initial Assessment”
  - list those steps

- Complete all critical interventions
  - what are critical interventions
Detailed Physical Exam

- Head
- Neck
- Chest
- Abdomen
- Pelvis
- Extremities
- Posterior body
- Reassess vital signs
Detailed Physical Exam

- Head
  - check for DCAP - BTLS
  - pupils
  - ears (blood & CSF)
  - nose (blood & CSF)
  - mouth
Detailed Physical Exam

- Neck
  - check for DCAP - BTLS
  - JVD
  - tracheal deviation
  - crepitation
  - c-collar should already be on
Detailed Physical Exam

- Chest
  - check for DCAP - BTLS
  - listen to breath sounds
  - crepitation
  - paradoxical movements
Detailed Physical Exam

- Abdomen
  - check for DCAP - BTLS
  - distention
  - rigidity
  - softness
  - rebound tenderness
Detailed Physical Exam

- Pelvis
  - check for DCAP - BTLS
  - stability
  - tenderness
  - pain
  - priapism
  - vaginal bleeding
Detailed Physical Exam

- Extremities
  - Check for DCAP - BTLS
  - Distal CSM’s
Detailed Physical Exam

- Posterior body
  - check for DCAP - BTLS
  - check down to the buttocks
- Patient should already be on LBB
On - Going Assessment

- Repeat the “Initial Assessment”
- Reassess vital signs
- Repeat the “Focused Assessment” related to specific complaints or injuries
- Check interventions
General Principles

- Tell the patient what you are doing
- Stress the importance of the assessment if patient is reluctant to allow you to properly assess them
- Exposure injured areas before examining
- Try to maintain eye contact
General Principles

- Assume spinal injuries exist
- Apply the cervical collar during the “rapid trauma exam”
- You should perform the “detailed physical exam” only after all critical interventions are complete
General Principles

- The “detailed physical exam” is done most often on trauma patients with significant MOI.
- Practicing this often will help you perform better when you have a critically injured patient!
- Know this assessment ... someone’s life will depend on your ability to do this!
The Trauma Assessment

- Scene Survey
  - Initial Assessment
    - Trauma Patient
      - Significant MOI
      - No Significant MOI
    - Medical patient
Questions about Trauma Assessment?