


## EMC 410

# Trauma Management

## Chapter 6. Assessment of the Trauma Patient



### Unit Objectives

- **Upon completion of this chapter, you should be able to:**
  - Identify the components involved in the scene size up.
  - Differentiate between the golden hour and the platinum ten minutes and discuss the importance of each in providing care to the multisystem trauma patient.
  - Describe the use of trauma triage protocols, mechanism of injury and physical assessment findings in prioritizing patient care and transport.
  - Identify the components of the initial assessment using the acronym ABCDE.
  - Outline the systematic approach to performing a rapid physical assessment of the trauma patient.

Chapter 6. Assessment of the Trauma Patient

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## Unit Objectives continued

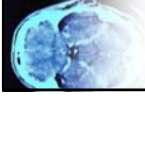
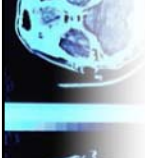
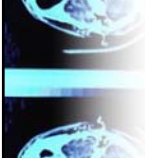
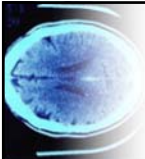
- Compare and contrast singular system trauma with multisystem trauma.
- Identify load-and-go patients based on assessment findings.
- Identify conditions requiring immediate definitive field treatment from those requiring treatment once en route to the most appropriate facility.
- Identify and discuss the essential equipment required to handle multisystem trauma patients.
- Identify the components of the focused assessment.



## Assessment and Management Priorities

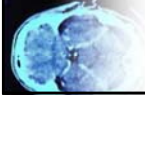
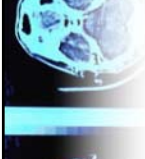
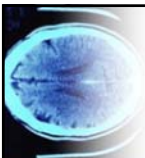
- **Golden Hour**
- **Platinum Ten Minutes**
- **Limit on-scene time**
- **Rapid assessment and treatment of:**
  - Airway
  - Breathing
  - Perfusion
  - Hemorrhage control
- **Rapid transport**





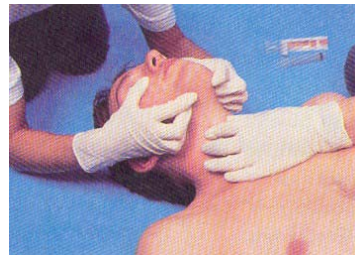
## Scene Assessment

- **Look at the “Big Picture”**
  - Safety and hazards
  - Number of patients
  - Infection control
  - Mechanism of injury
  - Situation - what really happened?



## Initial Assessment

- **Identify and correct life-threatening injuries**
- **Airway and C-spine**
  - Approach from the front
  - “Don’t move”
  - General LOC
  - Adequate airway
  - Insert adjunct





## Initial Assessment continued

- **B**reathing
  - Relative rate/rhythm/quality
  - Volume
  - Rate (10 to 30)
  - Rhythm
  - Character (2 point auscultation)
  - Symmetry
  - Expose chest
  - Neck
    - Neck veins
    - Trachea
  - Corrective actions



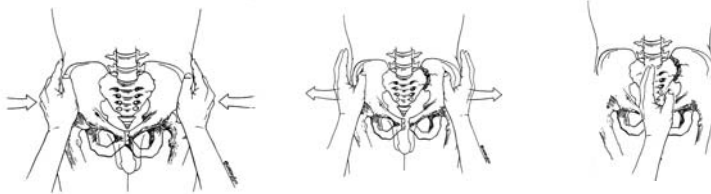
## Initial Assessment continued

- **C**irculation
  - Carotid and radial pulse
    - Relative rate/rhythm/quality
    - Qualitative blood pressure
  - Hemorrhage check
  - Skin Color/temperature/capillary refill



## Initial Assessment continued

- **Circulation continued**
  - MAST survey if indicated
    - Abdomen
    - Pelvis
    - Legs
    - PMS X 2

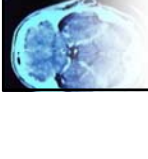
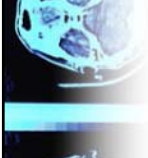
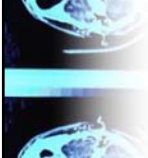
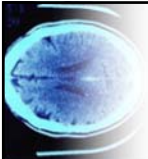


## Initial Assessment continued

- **Disability**
  - AVPU
  - PMS X 4
  - Pupils
  - C-spine deformity
  - Apply cervical collar
- **Expose**
- **Status**
  - **CUPS**

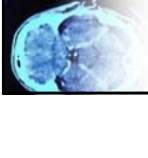
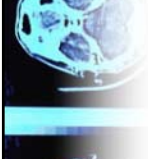
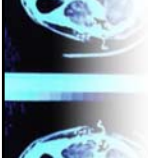
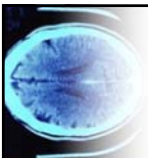






## Initial Assessment continued

- **Status continued**
  - Load and go or stay and play? (**CUPS**)
    - Persistent airway obstruction
    - Inadequate respiration
      - Open chest wound
      - Large flail
      - Tension pneumothorax
      - Major blunt chest injury
    - Traumatic arrest
    - Shock or pericardial tamponade
    - Head injury



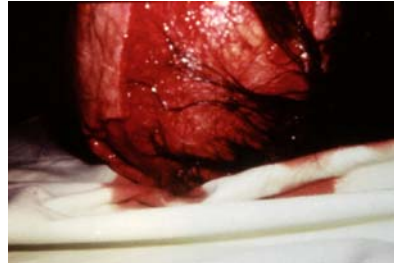
## Initial Assessment continued

- **Status continued**
  - Critical injuries summarized
    - Anything that interferes with
      - Airway
      - Breathing
      - Circulation
      - Level of consciousness (Disability)



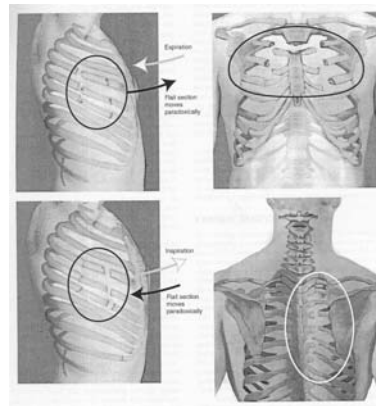
# Focused Assessment

- **Identify all other injuries while re-evaluating**
- **Vital signs**
- **History (AMPLE)**
- **Head/neck**
  - Scalp and skull
  - Face, nose and mandible
  - Eyes (PERRL)
  - Nose and ears (CSF or blood)
    - Ring or Halo test
    - Glucose test
  - Mouth
  - JVD, tracheal deviation, C-spine



# Focused Assessment continued

- **Chest**
  - Clavicles
  - Symmetry and flail
  - Excursion
  - Fractures
  - Subcutaneous emphysema
  - Open pneumothorax
  - BBS
  - Heart sounds
  - Percussion



## Focused Assessment continued

- **Abdomen and pelvis**

- 4 quadrants
- Cullen's sign
- Grey Turner's sign
- Kehr's sign
- Lateral, anterior, and pubis
- Priapism



## Focused Assessment continued

- **Legs**

- Soft tissue injury
- Stability
- ROM
- PMS
- Length and rotation

- **Arms**

- Soft tissue injury
- Stability
- ROM
- PMS







## Focused Assessment continued

- **Transport immediately if focused assessment reveals:**
  - Tender, distended, or rigid abdomen
  - Pelvic instability
  - Bilateral femur fractures



## Treatment

- Minimize on-scene time
- Start IVs en route
- If patient is ventilating well with BVM, delay intubation until en route
- Consider NG tube en route
- Inflate PASG en route
- Triage to most appropriate facility

