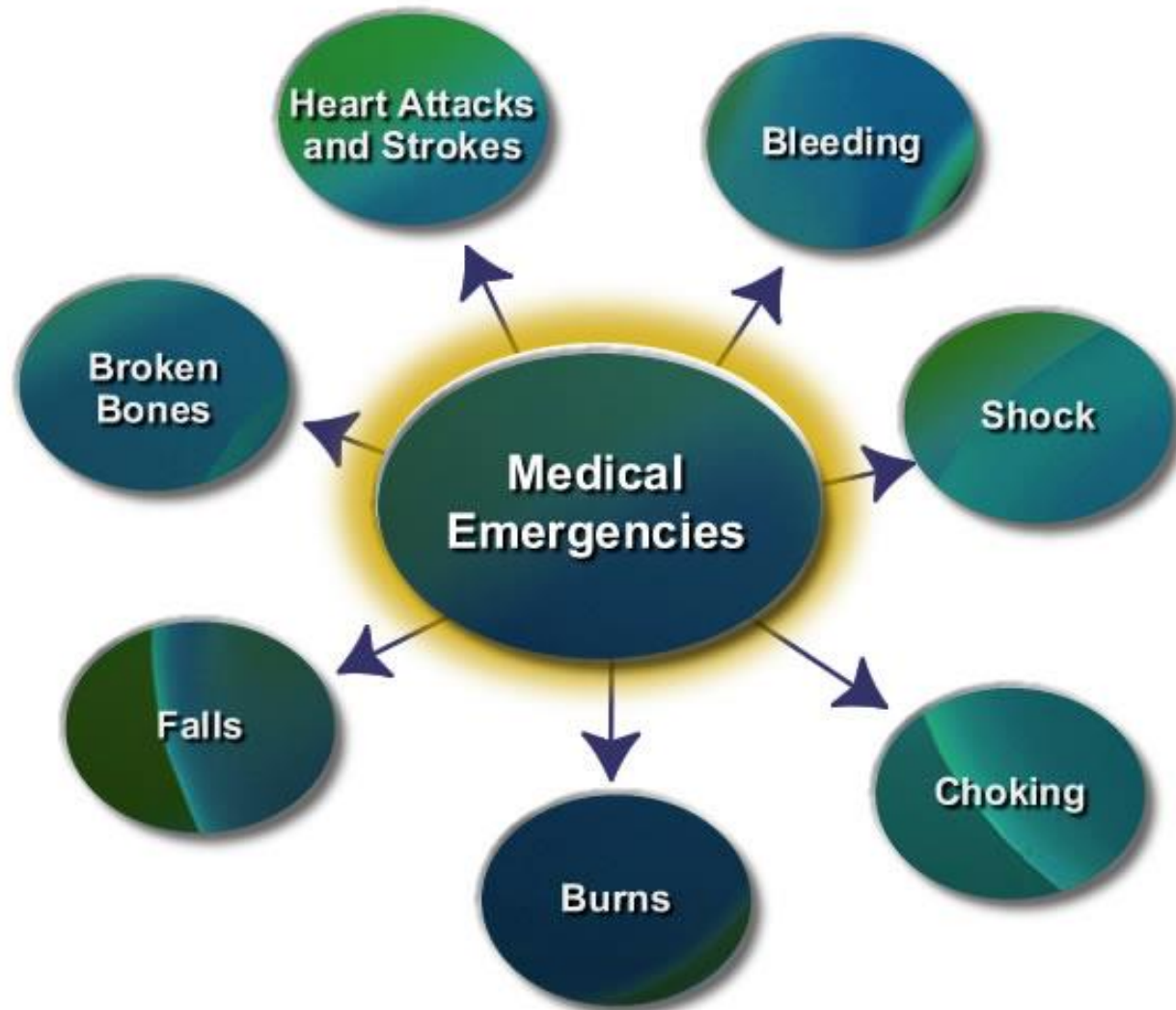


TRAUMA & MEDICAL EMERGENCIES



TRAMUA & MEDICAL EMERGENCIES








Lecture Summary:

- Basic Life Support Chart (Simple Plan of Action)
- PENMAN Scene Size-Up (Advanced Plan of Action)
 - Primary Assessment
 - Secondary Assessment

AND

- Common Medical Emergencies:
 - Signs and Symptoms
 - Treatment

Basic Life Support Chart

D	DANGER Ensure the area is safe for yourself, others and the patient. ↓	
R	RESPONSE Check for response - ask name - squeeze shoulders. No response ↓ Response • Make comfortable • Monitor response	
S	SEND FOR HELP Call for an ambulance or ask another person to make the call. ↓	
A	AIRWAY Open mouth—if foreign material present. Place in recovery position. Clear airway with fingers. ↓	
B	BREATHING Check for breathing—look, listen, feel Not normal breathing ↓ Normal breathing Start CPR • Place in recovery position • Monitor breathing	
C	CPR Start CPR—30 chest compressions : 2 breaths. Continue CPR until help arrives or patient recovers. ↓	
D	DEFIBRILLATION Apply defibrillator if available and follow voice prompts.	

SCENE SIZE-UP

PENMAN

Ppe (personal protective equipment)

Environmental hazards (safe to enter?)

Number of victims



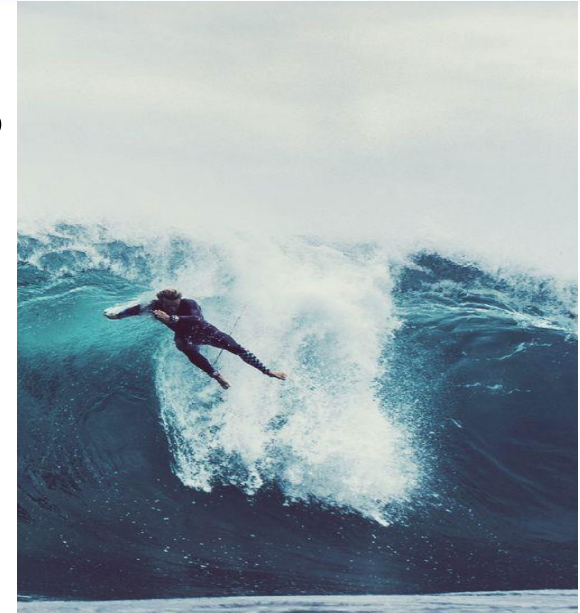
SCENE SIZE-UP

Mechanism of injury, or is this Sudden Illness?

Additional resources?



Need for extrication
and need for spinal immobilization?



COMPLETE A SCENE SIZE-UP (PENMAN)



COMPLETE A SCENE SIZE-UP (PENMAN)



COMPLETE A SCENE SIZE-UP (PENMAN)



PRIMARY ASSESSMENT

- General impression- Visual assessment
- Level of Consciousness- Alert or unresponsive(AVPU)?



PRIMARY ASSESSMENT

A

The patient
is awake.

V

The patient responds
to verbal stimulation.

P

The patient responds
to painful stimulation.

U

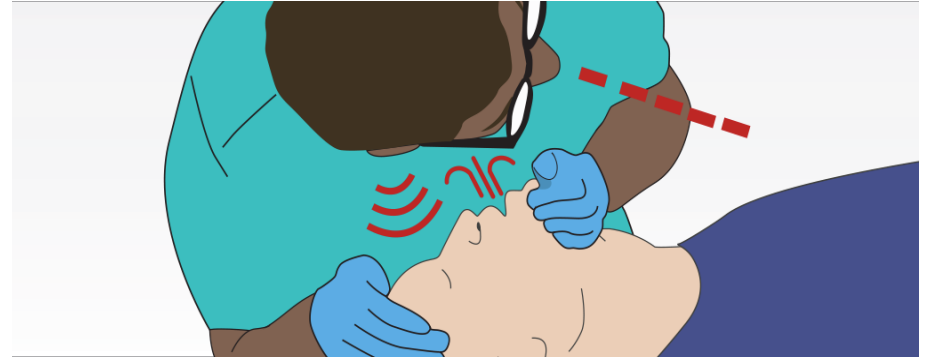
The patient is completely
unresponsive.

PRIMARY ASSESSMENT

Airway

Breathing

Circulation: Color and Capillary Refill



Pressure is applied
to nail bed until it
turns white

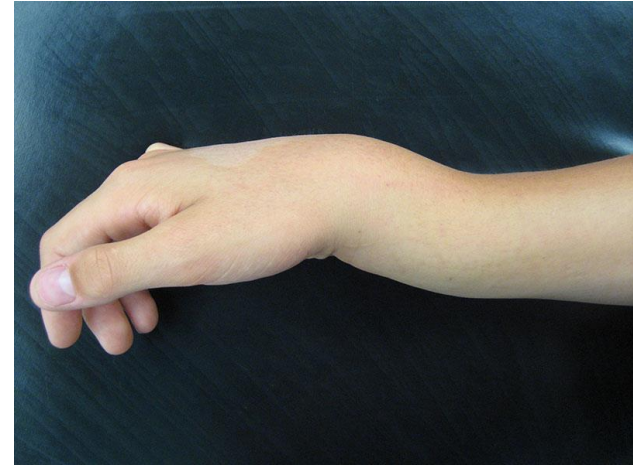
Blood returned
to tissue



SECONDARY ASSESSMENT

Look for injuries that could be life threatening using:

- D- Deformity/Dislocation
- C- Contusion
- A- Abrasion
- P- Puncture/Penetrations



SECONDARY ASSESSMENT

Look for:

B- Burns

T- Tenderness

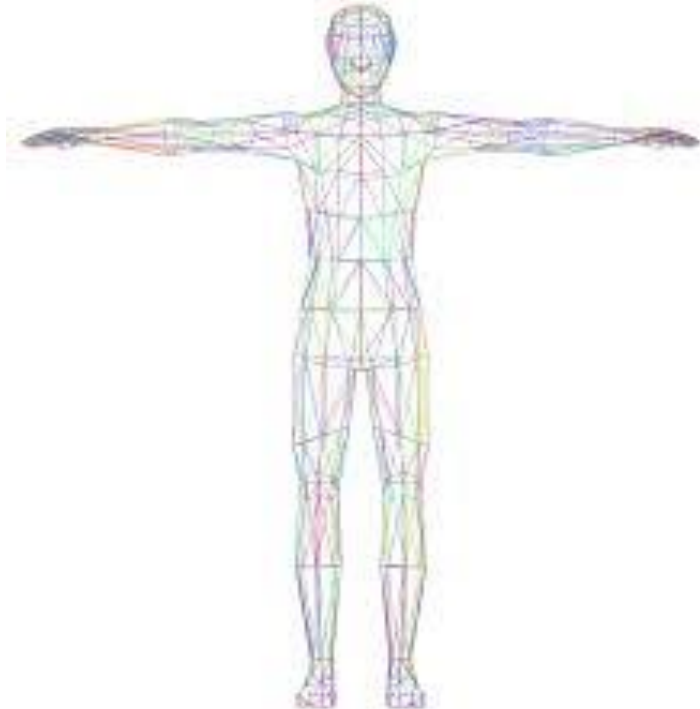
L- Laceration

S- Swelling



SECONDARY ASSESSMENT

Complete a head-to-toe exam looking for **DCAP-BTLS**



Eyes- Neurological

Head

Neck

Chest

Lungs

Abdomen

Back / Spine

Pelvis

Extremities

TYPES OF WOUNDS & BLEEDING TYPE

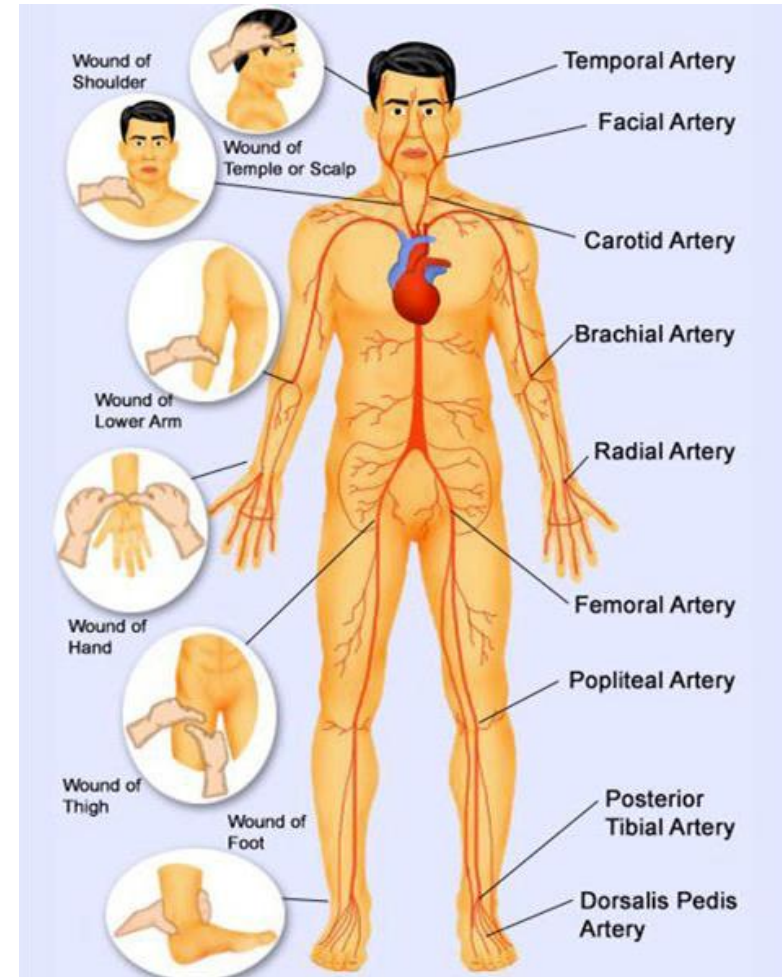
- Punctures
- Abrasions
- Laceration
- Incision
- Avulsion



TYPES OF BLEEDING



- Arterial wounds are more serious in nature and can cause the individual to bleed to death



TREATMENTS TO CONTROL BLEEDING



1. Apply Pressure with Hands

EXPOSE to find where the bleeding is coming from and apply **FIRM, STEADY PRESSURE** to the bleeding site with both hands if possible.



2. Apply Dressing and Press

EXPOSE to find where the bleeding is coming from and apply **FIRM, STEADY PRESSURE** to the bleeding site with bandages or clothing.

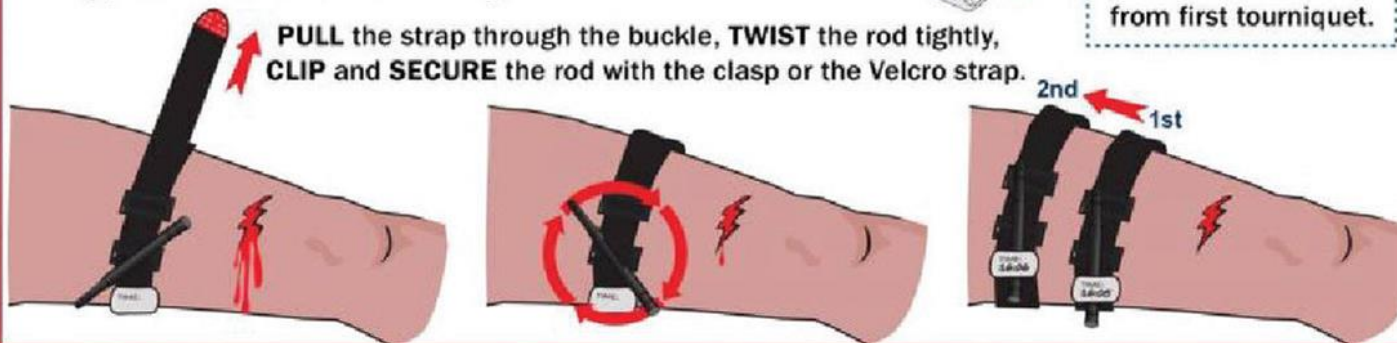


3. Apply Tourniquet(s)

If the bleeding doesn't stop, place a tourniquet 2-3 inches closer to the torso from the bleeding. The tourniquet may be applied and secured over clothing.

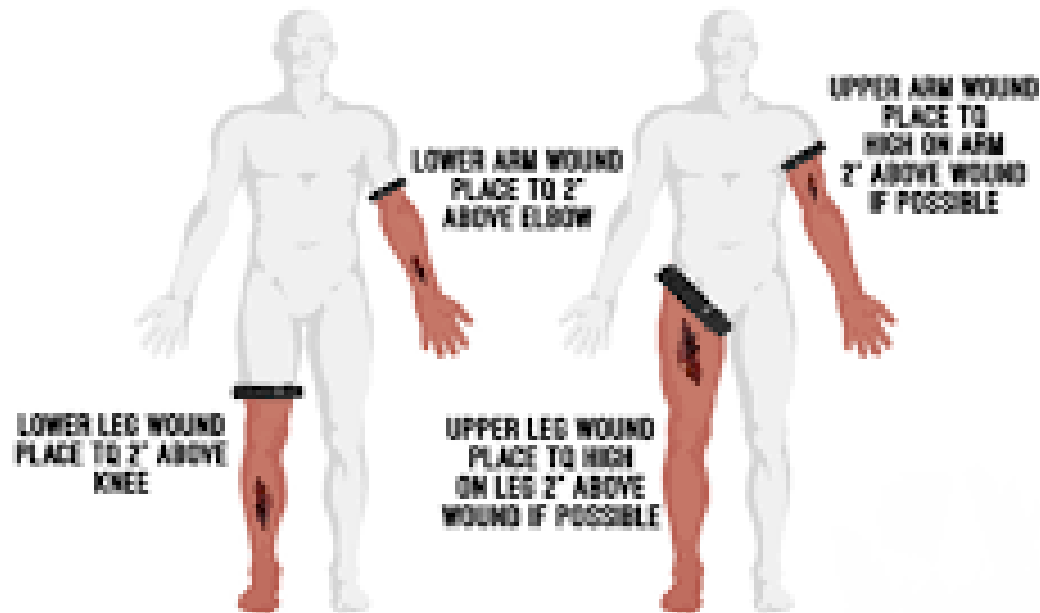


If the bleeding still doesn't stop, place a second tourniquet closer to the torso from first tourniquet.



WHERE TO APPLY TOURNIQUET

TOURNIQUET PROCEDURE



WHEN IN DOUBT, DEFAULT TO HIGHER PLACEMENT



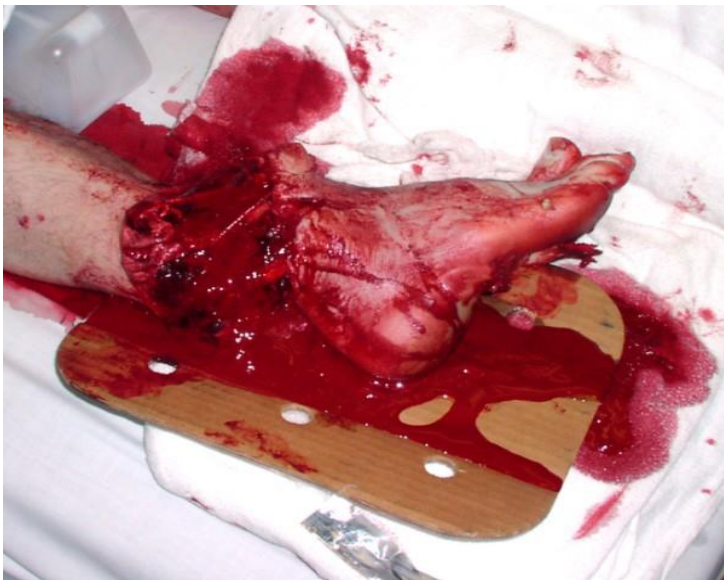
CAT TOURNIQUET



TREATMENT TO CONTROL BLEEDING



BLEEDING CONTROL

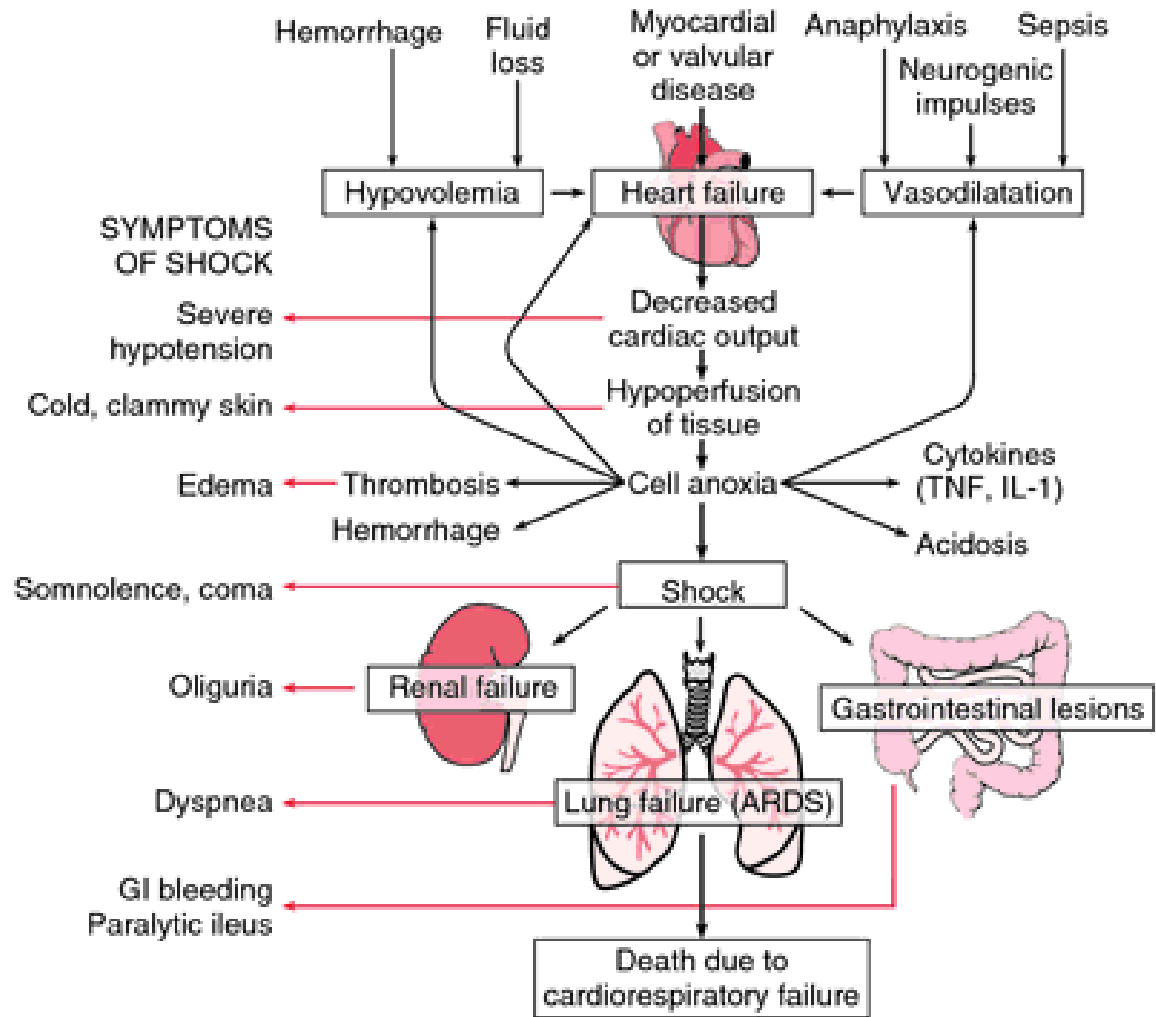


WHAT IS SHOCK ?

Sudden drop in
blood flow.

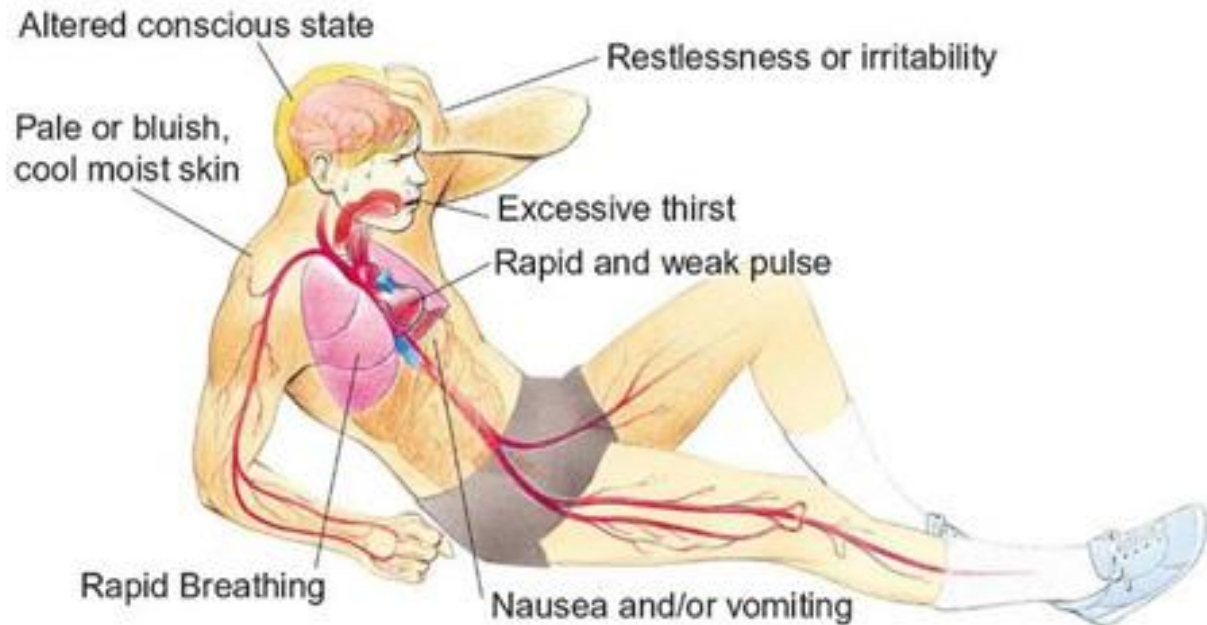
Oxygen ↓
Nutrients ↓

Vital Organs
shut down



SIGNS AND SYMPTOMS OF SHOCK

- Weak rapid pulse
- Cool skin
- Dilated pupils
- Low BP
- Shivering



TREATMENT FOR SHOCK

- Lie/sit down the patient
- Oxygen
- Maintain Body Temp
- Calm/Reassurance
- Transport

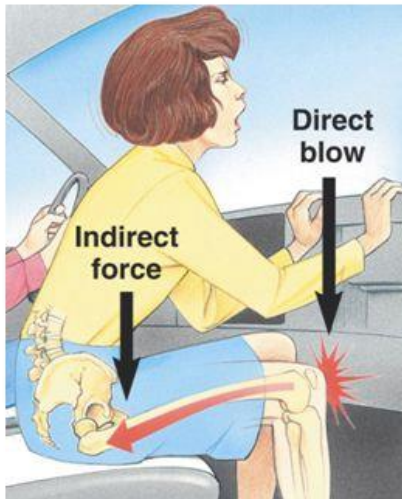


MUSCULOSKELETAL INJURIES



Mechanism of Injury

- Force may be applied in several ways:



Direct blow
Indirect force



Twisting force



High-energy
injury

MUSCULOSKELETAL INJURIES





MUSCULOSKELETAL INJURIES



MUSCULOSKELETAL INJURIES

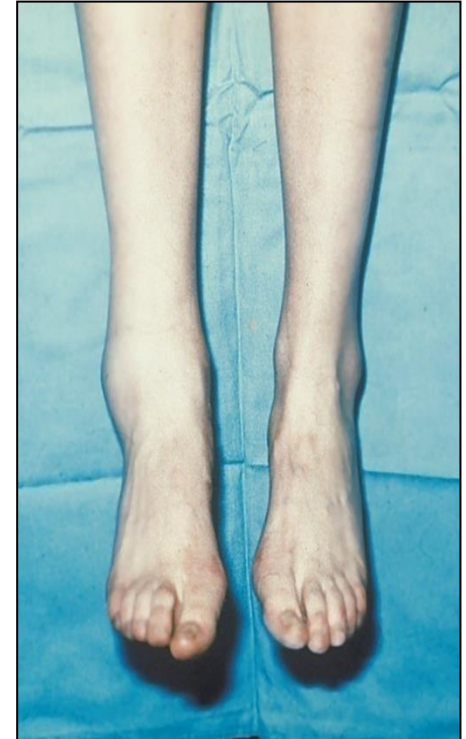
- Fractures
- Sprains
- Strains
- Dislocations



MUSCULOSKELETAL INJURIES

Signs and Symptoms

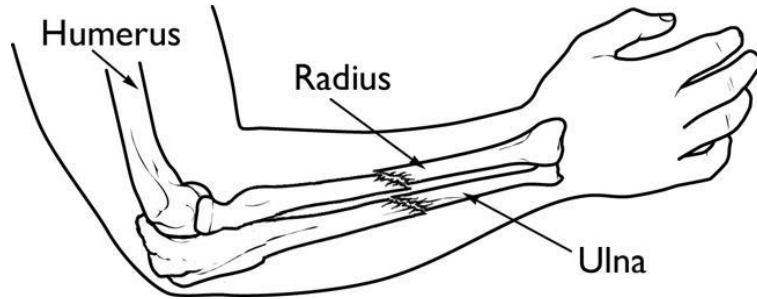
- Deformity
- Tenderness
- Guarding
- Swelling
- Bruising
- Crepitus
- Exposed fragments
- Pain
- Locked joint



- Calm the victim
- **Position of Comfort**
- Check CMS
- Splint the injury*
 - Above and below joints
 - Check CMS Again
- Ice
- Seek medical attention



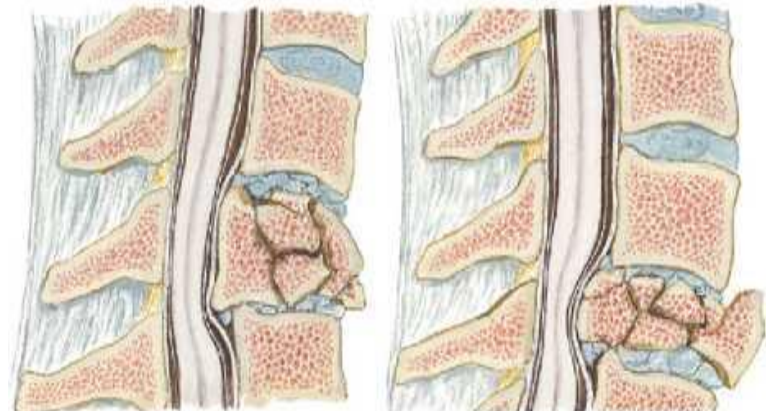
SPLINTING



SPINAL CORD INJURIES (C-SPINE)

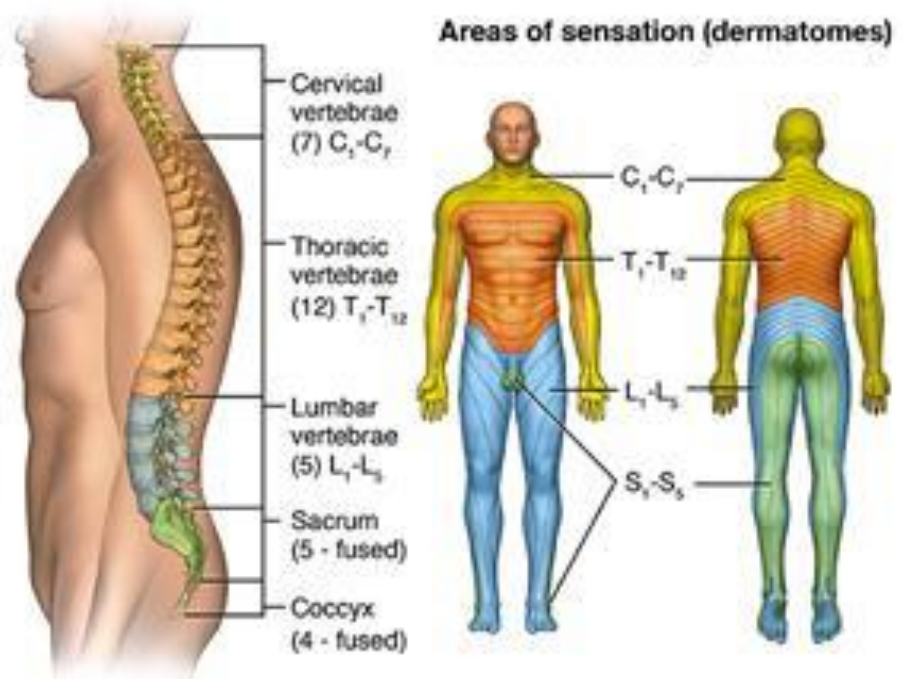
Mechanisms of Injury:

- Vehicle Accidents
- Falls (especially 3x height)
- Head Injury
- Motorcycle crashes
- Any near shore water related trauma



SIGNS AND SYMPTOMS

- Pain or tenderness in neck or back
- Tingling in hands / feet
- No sensation / paralysis
- Incontinence
- Head Injury
- Priapism



TREATMENT = STABILIZATION

- **“Do not to move your head or neck!”**
- Victim should answer questions verbally
- Explain the need for stabilization
- Work slowly and methodically
- Oxygen (if available)



Four corners c-spine stabilization, Project India

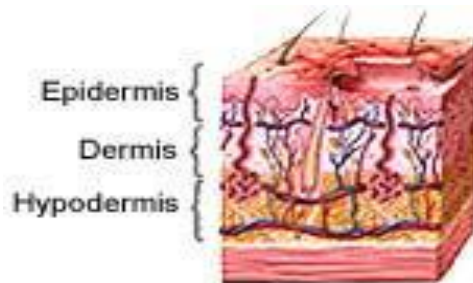
TYPES OF BURNS

- Thermal
 - Most Common
- Chemical
 - Chlorine, acid, etc.
- Radiation
 - Sunburn



BURN SEVERITY

- **Superficial**
- **Partial Thickness**
- **Full-thickness**



First degree burn



Second degree burn



Third degree burn



ADAM.

BURN TREATMENT

Cool Running Water for 20 minutes



SUMMARY

- Scene Size-up, Primary, Secondary: Identify life-threatening injuries/illness, general impression, treatment
- Common Medical Emergencies:
Wounds/Bleeding, Shock, Musculoskeletal injuries, Spinal Cord Injuries, Burns



ISLA TO THE RESCUE

