

# PATIENT ASSESSMENT TRAUMA

## SCENE SIZE-UP

BSI - Gloves: Mask: Goggles: Gown: PRN

Scene Safety - Personal: Patient: Bystander

Mechanism Of Injury / Nature Of Illness

Medical - Why was EMS activated? How many pts? Need Additional help?

Trauma - MOI? How many injured? Need Additional help?

## **CONSIDER STABILIZATION OF SPINE**

INITIAL ASSESSMENT - assessment and interventions of life threats

**GENERAL IMPRESSION OF THE PATIENT** - How does the pt. Look ... Ill Or Injured? Age: Sex : Race:

**DETERMINE RESPONSIVENESS / LEVEL OF CONSCIOUSNESS** - AVPU

**C / C** - Obtain if possible. What's Wrong? Life Threatening?

**AIRWAY** - IS the airway open & clear?

Noisy Breathing - snoring; gurgling; wheezing; vomiting; stridor?

**Responsive pt** - Talking? Crying? Need to open airway?

**Unresponsive pt** - Need to open airway? Head-Tilt-Chin-Lift or Jaw Thrust?

**SUCTION PRN -OPA/NPA PRN**

**BREATHING** - is breathing adequate?

Paradoxical Motion? Crepitation; breath sounds (present and equal)?; Accessory muscle use;

Nasal flaring (pediatrics)

**Responsive pt** - Breathing adequate? May need O2

Greater than 29? Less than 10? NRB @15LPM

**Unresponsive pt** - Breathing adequate - Maintain Open Airway... NRB @ 15LPM

Breathing inadequate - Maintain Open Airway... BVM @ 15LPM

**TREAT LIFE THREATS THAT INTERFERE WITH ADEQUATE BREATHING**

**CIRCULATION** -is perfusion adequate?

**If unresponsive** - check presence of carotid pulse

**If responsive** - check radial pulse ... can't feel of weak; compare it to carotid pulse

[<1 year old check brachial pulse]

**Hemorrhage** - Control if major

**Perfusion** - CNBR in children < 6 years. On adults - can assess color in nail beds; lips; conjunctiva.

**Skin** - CTC - Color; Temperature; Condition

**TREAT LIFE THREATS THAT INTERFERE WITH ADEQUATE CIRCULATION**

**Transport decision**

FOCUSED HISTORY AND PHYSICAL EXAM - Reconsider MOI

Significant MOI? Risk of hidden injury (the answer to these questions dictate next action)

**RAPID TRAUMA ASSESSMENT** - (60 to 90 seconds) or

**FOCUSED TRAUMA ASSESSMENT** (performed on specific injury site only)

**BASELINE VITAL SIGNS**

**Resperations** - calculate rate; verbalize quality

**Pulse** - calculate rate;

**Blood Pressure** - auscultation is the preferred method

**Skin** - CTC - color, temperature and condition

**Pupils** -PEARRRL-A... use a penlight... if too bright cover each eye a few seconds & then uncover it

**HISTORY**

Sign and Symptoms (some information already obtained during the initial assesment)

Allergies

Medications

Past Pertinent History

Last oral intake (solid or liquid)

Events leading to present illness (eliminate trauma)

DETAILED PHYSICAL EXAM

**Skull & face** - inspect/palpate-DCAP-BTLS; CSF; Battle's sign; Raccoon eyes; Pupils; Broken/missing teeth;

Blood in the anterior chamber of the eye

**Neck** - inspect/palpate-DCAP-BTLS; look through the hole in the CISC for - JVD; Tracheal Deviation:

**Chest** - inspect/palpate-DCAP-BTLS; Paradoical Motion; Crepitaion; Breath sounds

(bilateral assessment of the Apices midclavicular and the bases of midaxillary)

**Abdomen** - inspect/palpate-DCAP-BTLS - firm, soft, tender, distended

**Pelvis** - inspect/palpate-DCAP-BTLS - Crepitation, unstable movement

**Lower Extremities** - inspect/palpate-DCAP-BTLS - check both for symmetry: medical identification device-pulses, motor & sensory

**Upper Extremities** - inspect/palpate-DCAP-BTLS - check both for symmetry: medical identification device-pulses, motor & sensory

**Posterior** - log roll; inspect/palpate-DCAP-BTLS (pt is immobilized by this time?)

ONGOING ASSESSMENT

Repeat the **INITIAL ASSESSMENT**

Repeat **VITAL SIGNS** - @ least 15 min. for stable pts... @ least every 5 min. for unstable pts...

Repeat Focused Assessment

Evaluate interventions

**DCAP-BTLS** = Deformities, Contusions, Abrasions, Punctures/Penetrations, Burns, Tenderness, Lacerations, Swelling