Rapid Trauma Assessment

**C-spine**

* elbows AND knees on ground (?)
* thumbs on depression at base of skull
* middle finger on temporal artery

**neck:** tracheal deviation

**chest**: patients with large breasts: use back of one hand to lift breast while you palpate under with other hand

**abdomen**: use overlapping hands (top to bottom) / heel of lower hand

**PMS x4**:

* radial x2
* posterior tibial x2

**Notes for practical:**

reminder: rapid assessment = life threats

detailed assessment = RTA

You don’t get resources unless you ask!

Bleeding

reminder:

 bandage distal to proximal (same with splinting with *one exception*)

 trauma

if you can’t feel pulse (e.g. radial) move your way up e.g. radial 🡪brachial 🡪carotid

**basic bleeding treatment:**

1. direct pressure
2. 4 x 4 with pressure
3. elevate
4. tourniquet

**tourniquet:**

* 2” above
* not directly over joint
* twist it until no more blood AND no pulse
* **document time of application**

**head dressing:** see video

**sucking chest wound:**

 occlusive dressing:

* tape 3 corners
* then sides
* 1 leave corner open

Protip: tap corners first before applying, wipe around area, then slap it on

**evisceration:**

 trauma dressing 🡪 occlusive 🡪 tape

* first wet trauma dressing
	+ don’t inundate (or it will dissipate warmth)
		- combat gauze = already moist
* cravat above and below wound
* surgeon’s knot
* tape occlusive dressing in place

C-spine

* measure to plastic (NOT foam)
* c3 c4 c5 keep you alive
* don’t sit on your ass (MIEMSS evaluators hate this!) use your knees
* “I am directing my partner to provide manual stabilization” e.g. do c-spine
	+ you can’t do c-spine on the MIEMSS practical 😉

trauma decision tree

Example:

Supposing patient, a construction worker, falls off building. Is Category Charlie.

 find piece of rebar = penetrating = upgrade

“full chest recoil” won’t happen with too high RR

lordosis

kyphosis

scoliosis



rhabdomyolysis:

 damaged muscle releases toxins into bloodstream

 life threatening

 can happen esp. with crushed limbs/trauma

Burns

Rules of 9’s (pg.

 front and back portion (multiply by 2)

 patient’s palm: equal to approx. 1% BSA

 infant/child/adult 🡪

 trauma > burns

 treat trauma first

 don’t use burn sheets. They would disintegrate into wounds (!)

spinal immobilization v. spinal protection

 spinal protection if:

* + self-extricate
	+ c-collar
	+ stretcher at 30 deg include

note: you can take c-collar off if they don’t need it.

They do not need it if, and only if, they

* can self-extricate
* AOx3
* no distracting injuries
* no neurological deficits (PMS x 4)
* no drugs/alcohol

immobilization = backboard