

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.

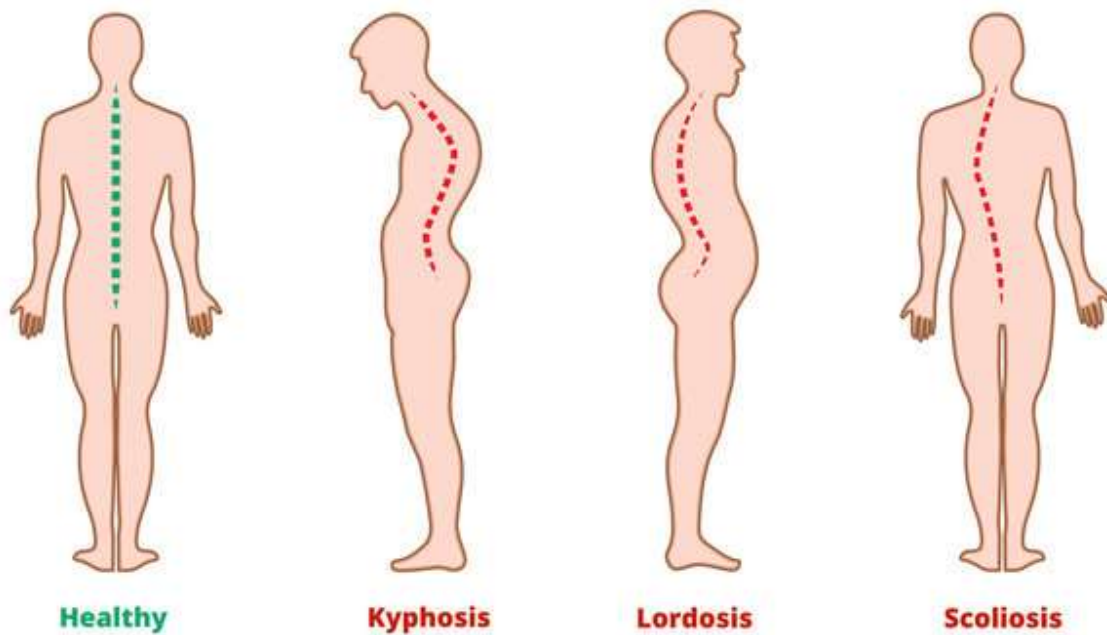
find piece of rebar = penetrating = upgrade

“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