Victorian State Trauma System Guideline

Early Trauma Care



Make early contact with ARV for advice from the major trauma services and to initiate retrieval.

- The primary survey is designed to detect and treat actual or imminent life threats.
- · Avoidance of hypovolaemia in trauma is a cornerstone of management.
- Trauma patients are at risk from complications due to hypothermia.

Early Activation

- Gather vital information
- Activate Trauma Team
- Designate roles
- · Set up to receive patient
- Ensure safety using PPE

Primary Survey



AIRWAY / C-SPINE

- Assess airway stability & protect as needed
- Be prepared for a difficult intubation
- Maintain full spinal precautions



BREATHING

- Identify and treat life threats
- Assess RR, work of breathing, SpO₂ & symmetry
- Oxygen therapy to maintain SpO₂ 94 -98%
- ETCO₂ monitoring if intubated, maintan 35-45mmHg



CIRCULATION

- Identify & control source of haemorrhage
- Insert x 2 large bore IV cannulas
- IO access if required
- Assess HR/BP/Cap refill
- Commence fluid resuscitation for hypovolaemia at 20ml/kg crystalloid



DISABILITY

- Assess consciousness level - AVPU
- Check pupils

Primary survey

Test BSL



EXPOSURE / ENVIRONMENT

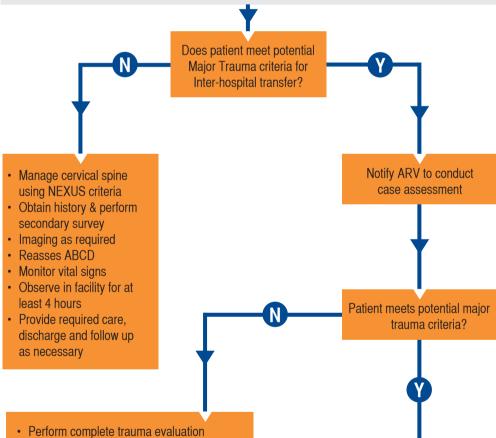
Key Points

- Fully expose and inspect patient
- Prevent heat loss
- Log roll



ADJUNCTS

- FAST scan
- Analgesia
- X rays: Chest, Pelvis
- Bloods: FBE, X-match, U&E, Lacatate, ABG
- 12 lead ECG
- Orogastric tube if intubated
- AMPLE mnemonic



- Perform complete trauma evaluation including secondary survey
- Imaging as required
- Monitor vital signs closely
- Involve other medical specialities as required
- Observe in facility
 Sook advice from
- Seek advice from ARV coordinators regarding treatment options
- Provide required care
- Contact ARV if any deterioration in patient's condition occurs
- Prepare patient for retrieval & definitive care
- Perform interventions to stabilise patient prior to transfer
- Imaging as required if time and safety allows
- Maintain spinal precautions as required
- Monitor vital signs
- Ensure clear, accurate and concise documentation
- Obtain history and commence secondary survey if time allows
 Communicate with and support family and
- Communicate with and support family and friends
- Communicate any new clinical developments or significant deterioration with ARV

- A systematic approach using ABCDE should be used to treat actual or imminent life threats and prevent complications from these.
- Deterioration in a patients clinical condition can be swift and this will be evident in their vital signs and level of consciousness.
- If in doubt, repeat ABCDE.

Fluid resuscitation

 A balanced approach to fluid resuscitation in trauma leads to preservation of vital organ function until bleeding can be controlled.

- Crystalloid fluids: Initial treatment of hypovolaemia with Normal Saline is recommended, up to 20-30ml/kg.
- Blood products: if minimal response to crystalloid, blood products should be given at a 1:1:1 ratio if available.

Prevent heat loss

- Early recognition of hypothermia and aggressive management can help to avoid potentially lethal complications.
- Use warmed IV fluids; cover the patient with warm blankets as well as keeping the room warm, use a forced air warming machine if available.

Life Threats

Exsanguinating external haemorrhage

- Obvious large-volume external blood loss must be managed as an immediate priority in the pre-hospital environment and on arrival to the ED.
- The use of tourniquets, haemostatic dressings as well as direct pressure should be implemented to control bleeding until urgent surgery can be arranged.

Airway obstruction

• If there is potential that the patient's airway may deteriorate, early intubation should be considered.

Always have emergency airway equipment available.

Chest Injuries

- The chest should be auscultated, fully exposed and inspected for any wounds, bruising or deformity.
- If any life threats are detected they should be managed in the primary survey before moving on.

Life Threats

- » Tension / open pneumothorax
- » Massive haemothorax
- Cardiac Tamponade



1300 36 86 61 Statewide 24 hours

