

The Deteriorating Trauma Patient



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

- Always leave a patient with an established care plan and strategy for review.
- Escalate or ask for help if concerned about a patient.

Early Activation

- Initiate in house / local rapid response system
- Consider assistance from Ambulance Victoria

Early Warning Signs



AIRWAY / C-SPINE

- Obstructed Airway
- Stridor / Wheeze
- Swelling of upper airway



BREATHING

- RR < 9 or > 31
- SpO₂ < 95%
- Tracheal Tug
- Any breathing difficulties



CIRCULATION

- HR < 49 or > 130/min
- Sys BP < 90 OR > 180mmHg
- Peripheral cyanosis



DISABILITY

- Fall in GCS > 2 points
- Seizure
- Alteration in mentation
- New/Uncontrolled pain

If the front line clinician is concerned, initiate response even if the patient appears stable and safe.

Early Intervention



AIRWAY / C SPINE

- Initiate airway manoeuvres (Chin lift / jaw thrust)
- Consider oral airway insertion
- Consider early intubation



BREATHING

- Apply SpO₂ monitoring
- Administer oxygen as necessary to achieve SpO₂ 94-98%
- Auscultate and examine chest
- Ventilate as necessary



CIRCULATION

- Establish IV access
- Apply 3 lead ECG monitoring
- Consider fluid administration
- Take 12 lead ECG
- Take bloods for analysis



DISABILITY

- Assess level of consciousness using GCS
- Check pupils
- Check BSL
- Review medication
- Pain Management

In addition: Check patient temperature and ensure normothermic. Treat accordingly if out of range. Consider further imaging if available and time allows.

Need more help or patient not responding to treatment?

ACTIVATE EXTERNAL RESPONSE

ARV escalation - initiate contact with ARV to:

- Communicate your concerns regarding the patients status
- Seek guidance and assistance with interventions / treatment options
- Use tele / videoconference support capacity (where available)
- Prioritise ongoing management of patient and escalate retrieval for definitive care when required

Possible Outcomes

- Local management with support
- Retrieval to a Rural Trauma Service
- Retrieval to a Metropolitan Trauma Service
- Retrieval to a Major Trauma Service