

# 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
- SpO<sub>2</sub> < 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 SpO<sub>2</sub> monitoring
- Administer oxygen as necessary to achieve SpO<sub>2</sub> 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