

Early Trauma Care



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

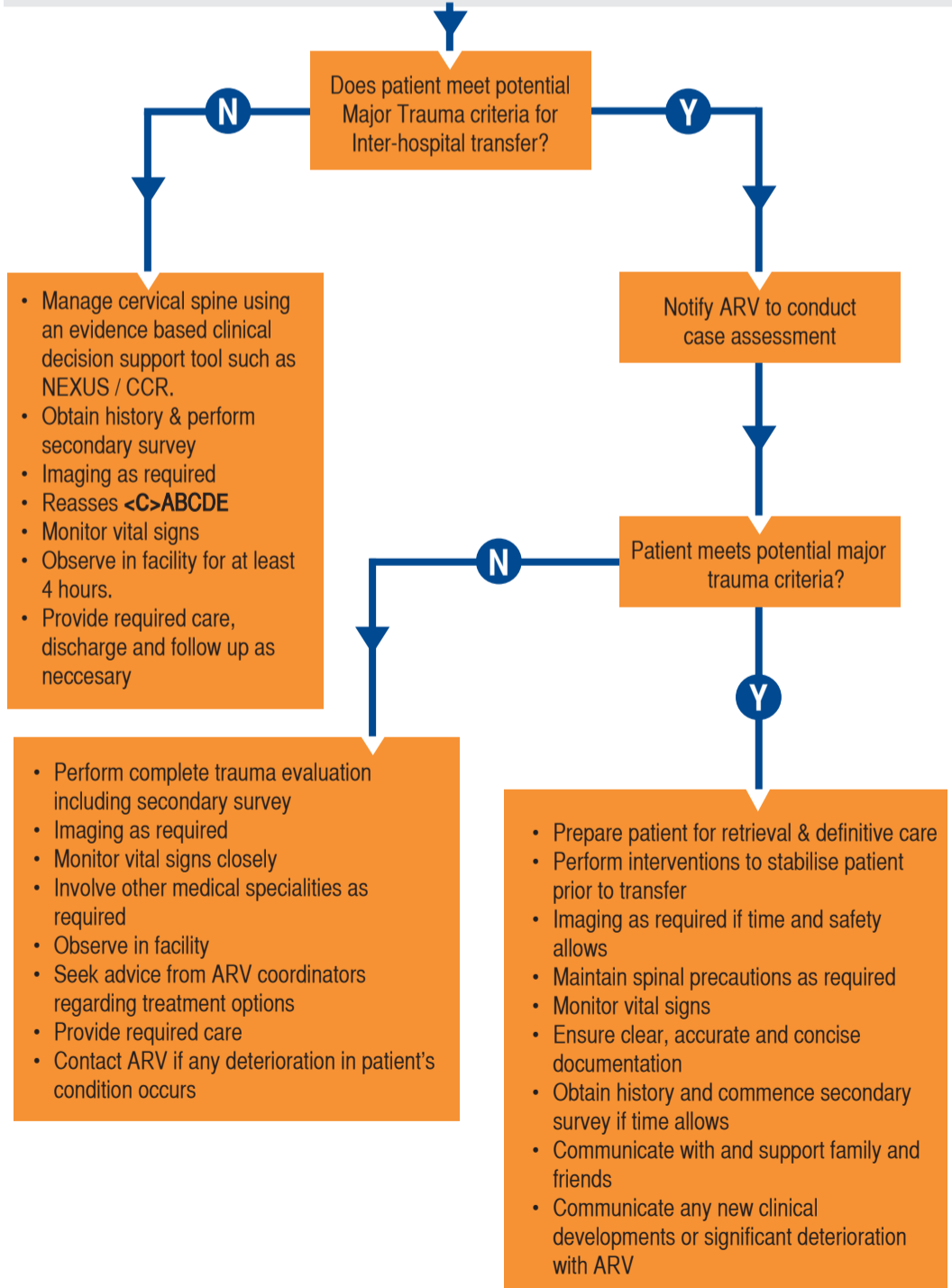
- The primary survey is designed to detect and treat actual or imminent life threats.
- Avoidance of hypovolaemia in trauma is a cornerstone of management.
- Trauma patients are at risk from complications due to hypothermia.

Early Activation

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

Primary Survey

CATASTROPHIC HAEMORRHAGE	AIRWAY / C-SPINE	BREATHING	CIRCULATION	DISABILITY	EXPOSURE / ENVIRONMENT	ADJUNCTS
<ul style="list-style-type: none"> • Identify large volume external bloodloss • Provide immediate management 	<ul style="list-style-type: none"> • Assess airway stability & protect as needed • Be prepared for a difficult intubation • Maintain full spinal precautions 	<ul style="list-style-type: none"> • Identify and treat life threats • Assess RR, work of breathing, SpO₂ & symmetry • Oxygen therapy to maintain SpO₂ 94-98% • ETCO₂ monitoring if intubated, maintain 35-45mmHg 	<ul style="list-style-type: none"> • Identify & control source of haemorrhage • Insert x 2 large bore IV cannulas • IO access if required • Assess HR/BP/Cap refill • Initial management of hypovolaemia - early admin of blood products. If unavailable small boluses of crystalloid fluids to maintain end organ perfusion. 	<ul style="list-style-type: none"> • Assess consciousness level - AVPU • Check pupils • Test BSL 	<ul style="list-style-type: none"> • Fully expose and inspect patient • Prevent heat loss • Log roll 	<ul style="list-style-type: none"> • eFAST scan • Analgesia • X rays: Chest, Pelvis • Bloods: FBE, X-match, U&E, Lactate, ABG • 12 lead ECG • Orogastric tube if intubated • AMPLE mnemonic



Key Points

Primary survey

- A systematic approach using <C> 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 <C>ABCDE.

Fluid resuscitation

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

Blood products: should be given at a 1:1:1 ratio if available

Crystalloid fluids: If blood products unavailable, then small fluid bolus to maintain end organ perfusion.

Consider TXA if within time limits

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.

Pelvic Injuries

- Pelvic binder in-situ

Life Threats

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

