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

- Identify large volume external bloodloss
- Provide immediate management



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, maintain 35-45mmHg



CIRCULATION

- 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 cystalloid fluids to maintain end organ perfusion.



DISABILITY

- Assess consciousness level - AVPU
- Check pupils
- Test BSL



EXPOSURE / ENVIRONMENT

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

Key Points



ADJUNCTS

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

35-45mmHg Does patient meet potential Major Trauma criteria for Inter-hospital transfer? · Manage cervical spine using Notify ARV to conduct an evidence based clinical case assessment decision support tool such as NEXUS / CCR. · Obtain history & perform secondary survey Imaging as required • Reasses <C>ABCDE Monitor vital signs Patient meets potential major · Observe in facility for at least trauma criteria? 4 hours. · Provide required care, discharge and follow up as

- Perform complete trauma evaluation
- including secondary survey
- Imaging as requiredMonitor vital signs closely
- Involve other medical specialities as required
- Observe in facility

neccesary

- 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

with ARV

- Ensure clear, accurate and concise documentation
- survey if time allows
 Communicate with and support family and

Obtain history and commence secondary

friendsCommunicate any new clinical developments or significant deterioration

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



1300 36 86 61 Statewide 24 hours

