1B - TRAUMA GENERAL ASSESSMENT ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Assessment:
   - ➢SCENE SAFETY
   - ➢PROTECTIVE EQUIPMENT
   - ➢Primary Survey
   - ➢"Trauma Alert" to receiving ED if indicated
   - ➢Secondary Survey (when appropriate)
2. Primary Survey Care:
   - ➢Control arterial bleeding
   - ➢Open airway
   - ➢Seal "sucking" chest wound(s)
   - ➢Needle thoracostomy for closed chest tension pneumothorax
3. Minimize scene time in critical case.
4. Enroute Care:
   - ➢Reassess all primary care
   - ➢Support oxygenation/ventilation
   - ➢Vascular access
   - ➢Secondary Survey (if able)
   - ➢Keep patient warm/avoid hypothermia
5. Hospital per destination protocol..

Before entering any trauma scene, ensure your personal safety. Do not attempt patient contact until hazards can be appropriately mitigated. In addition to scene safety, factor mechanisms of injury, number of patients, and special equipment/extrication needs.

All trauma patients should be assessed utilizing primary, secondary, and reassessment surveys.

The **primary survey** is to be conducted on all trauma patients. It is designed to rapidly identify life-threatening or potentially life-threatening injuries. The primary survey should be completed within 2 minutes of patient contact. THE PRIMARY SURVEY IS ONLY INTERRUPTED FOR LIFE-THREATENING ARTERIAL BLEEDING, AIRWAY OBSTRUCTION, OR RESPIRATORY/CARDIAC ARREST. The following are the steps of the **primary survey**:

1) Manually stabilize the cervical spine while assessing the airway and level of consciousness.
2) Evaluate breathing – present? rapid? normal? slow? shallow?
3) Evaluate circulation – carotid and radial pulses? Control external hemorrhage.
4) Exam the head for deformity, contusions, abrasions, penetrations, burns, lacerations, or swelling ("DCAP-BLS").
5) Exam the neck for deformity, contusions, abrasions, penetrations, burns, lacerations, swelling ("DCAP-BLS"), or subcutaneous emphysema.
6) Exam the chest for deformity, contusions, abrasions, penetrations, burns, lacerations, swelling ("DCAP-BLS"), or paradoxical movement.
7) Auscultate the chest for breath sounds in the mid-axilla bilaterally – present? equal?
8) Exam the abdomen and pelvis for deformity, contusions, abrasions, penetrations, burns, lacerations, or swelling ("DCAP-BLS").
9) Exam the extremities for deformity, contusions, abrasions, penetrations, burns, lacerations, or swelling ("DCAP-BLS"), and pulse, movement, sensation.

Protocol 1B: Trauma General Assessment – Adult & Pediatric, cont.

Primary survey interventions include airway management (See Section 2 Protocols – Airway), sealing open chest wounds, needle thoracostomy for suspected tension pneumothorax (See Protocol 10E – Needle Thoracostomy), oxygen administration and controlling any obvious external hemorrhage. Remember to expose the patient as needed to conduct an appropriate exam.

Any trauma patient with altered level of consciousness, abnormal respiration, abnormal circulation, or signs/conditions likely to lead to shock (distended abdomen, pelvic instability, bilateral femur fractures) should be rapidly immobilized and transported after completing the primary survey. These are "LOAD & GO" patients.

The **secondary survey** is always done enroute on critical patients. If no critical conditions are found in the primary survey, the secondary survey may be conducted on the scene and should be completed within 5 minutes after the primary survey is completed. The following are the steps of the **secondary survey**:

1) Obtain vital signs (pulse, respiratory rate, blood pressure, pulse oximetry)
2) Obtain history of traumatic event and pertinent patient medical history (allergies, medications, past illness/injury, last oral intake)
3) Head to toe exam – look for "DCAP-BLS" in every body area. Calculate GCS score
4) Perform indicated bandaging and splinting

The **reassessment survey** is an abbreviated exam after interventions and done at least every five minutes for critical patients (and approximately every ten minutes for non-critical patients). The following are the steps of the **reassessment survey**:

1) Repeat the primary survey
2) Repeat vital signs
3) Repeat GCS score calculation
4) Check every intervention – proper placement of intubation? Proper placement of IV/IO?
5) Check results of every intervention – improved oxygenation/ventilation? Improved blood pressure?

Pediatric ("Pediatric" equals less than 18 years of age for all protocols unless specified) trauma assessment mirrors adult strategies above.