

Drill Of The Month - May 1998

Drill Topic: Rapid Trauma Assessment, and Prioritizing Fractures

Level of Instruction: 2

Time Required: Two Hours

Materials Needed:

- Drill Transparencies/Blackboard
- Overhead Projector
- Screen
- Live Victims
- BSI

References: EMT-B Bridge Student Guide, Lesson 1, Brady Emergency Care, Seventh Edition, Chapter 27

Preparation:

Motivation: Upon arrival on the scene, EMT-B's sometimes mistake dramatic fractures for life threatening injuries. The intent of this drill is to remind rescuers that extremity trauma rarely causes a life threatening situation. In cases where significant MOI exists, ABC's and Rapid Trauma Assessment is your first action

Objective(SPO):1-1

The student will demonstrate a basic understanding of rapid trauma assessment, and prioritizing fractures.

Overview:

Rapid trauma assessment, and assessing and fractures

- Introduction
- Rapid PA
- Prioritizing fractures
- Principles of treating fractures

Session 1 Rapid PA/ Assessment And Prioritize Fractures

- SPO 1-1 Describe the indications for performing a rapid trauma assessment
- 1-2 Describe in order how to perform a rapid trauma assessment
- 1-3 Describe how to prioritize fractures
- 1-4 List the general principles for the management of suspected fractures or dislocations

I. Introduction

A. EMT-B's responding to incidents with a report of significant Mechanism of Injury, should be prepared to perform the following basic objectives:

1. Scene Survey
2. Simultaneous Actions (LOC, c-spine, jaw thrust)
3. Assessment of the airway
4. Assessment of breathing
5. Possible support of ventilation/supplemental O₂
6. Assessment of circulation
7. Control bleeding
8. DCAP-BTLS patients entire body (Fx assessed and stabilized)
9. Determine if patient is a critical trauma
10. Load and go/ or treat patient at scene
11. Baseline vitals
12. SAMPLE HISTORY
13. Detailed physical exam
14. Ongoing assessment(en route to trauma center)

Note: It is important to do a scene size up prior to starting patient care. Depending on the number of victims, and the MOI, your treatment can drastically change from incident to incident.

II. Rapid patient assessment

A. SCENE SURVEY

1. Body substance isolation
2. Scene safety/ Hazards
3. Determine MOI or NOI (mechanism of injury or nature of illness).
4. How many victims?
5. Are other resources needed?

B. SIMULTANEOUS ACTIONS

1. Determine LOC using the following scale:
 - a. A=Alert
 - b. V=Responds to verbal stimulus
 - c. P=Responds to painful stimulus
 - d. U=Unresponsive
2. Manually immobilize C-spine
3. Jaw thrust to establish airway if necessary

C. Assessment of AIRWAY

1. Jaw thrust needed?
2. Is airway open?
3. Inspect for foreign bodies
4. Need suctioning?
5. Consider airway adjunct

D. Assessment of BREATHING

1. Is it present?
2. Approximate rate
3. Character of respirations
4. Are respirations adequate?

E. Supporting VENTILATIONS

1. Give 15 lpm O₂ via NRB if rate is greater than 8 and breathing is adequate
2. Bag Valve Mask w/reservoir and 15 lpm O₂ at 24 per minute if:
 - a. Respiratory rate less than 8
 - b. Breathing is inadequate
 - c. Head trauma is suspected

F. Assessment of CIRCULATION

1. Carotid pulse
 - a. Present?
 - b. Approximate rate?
 - c. Character?
2. What is the general skin color and temperature?

G. CONTROL BLEEDING

H. ASSESS THE HEAD (quickly through)
DCAP-BTLS for obvious injury (inspect and palpate)

Deformity
Contusions
Abrasions
Punctures/penetrations
Burns
Tenderness
Lacerations
Swelling

I. Assess the NECK (anterior and posterior)
DCAP-BTLS

1. Trachea: midline or deviated?
2. Jugular veins distended or flat?
3. Any signs of trauma?
4. Stoma?
5. Medic Alert Tag?
6. Apply a cervicle spinal immobilization collar

J. Assess the CHEST

1. Expose, inspect and palpate the chest
DCAP-BTLS
2. Auscultate Chest Bilaterally
 - a. Mid-clavicular
 - b. Mid-axillary
 - c. Compare sounds from side to side
3. Heart sounds
 - a. Present?
 - b. Same rate as pulse?

K. Expose, inspect and palpate abdomen
DCAP–BTLS

1. Firm or Soft
2. Distended

L. Expose, inspect and palpate pelvis with gentle pressure downward and inward DO NOT ROCK! DCAP-BTLS

M. Expose, inspect and palpate LOWER EXTREMITIES DCAP-BTLS

1. Distal pulses
2. Motor function
3. Sensory function

N. CRITICAL TRAUMA SITUATIONS
appropriate to LOAD and GO.

Stabilize patient on a spine board. Treat non-life threatening injuries en route. Do not waste time on the scene.

O. ASSESS BASE LINE VITALS, but do not delay critical treatment or transport. They can be done en route.

1. Pulse
2. Respirations
3. Blood pressure
4. Skin color, temperature, moisture
5. Pupils

P. SAMPLE HISTORY

1. Symptoms and signs
2. Allergies
3. Medications
4. Past illness
5. Last Meal
6. Events prior

Q. Detailed Physical Examination en route to trauma center (old secondary survey).

R. Repeat and record findings of initial assessment every five minutes

III. Prioritizing and assessing extremity fractures

A. Problems that demand care before joint and bone injuries

1. Airway
2. Breathing
3. Circulation
4. Disability
5. Shock
6. Neck and spinal injuries
7. Open chest wounds
8. Open abdominal wounds
9. Serious burns

B. Priority of care for fractures

1. Fractures of the spine
2. Fractures of the head, rib cage, and pelvis
3. Fractures of the extremities

C. Priority of care for extremity fractures

1. Lower extremities before upper extremities
2. Pelvis
3. Femurs
4. Joints
5. Long bones

IV. General Principles for management of suspected fractures or dislocations

A. Assessment and treatment of the fracture

1. Calm and reassure the patient.
2. Recognize and assess fracture or dislocation.
3. Cut away clothing and remove jewelry from the injury site.
4. Splint fractures in a manner that immobilizes the joint above and below the fracture site.
5. All fractures should be splinted in the position of function without using excessive force or causing the patient to experience extreme pain.
6. Distal pulses and neurological function should be checked before and after splinting.
7. Straighten angulated fractures of long bones with gentle traction prior to splinting.
8. Cover all open wounds with sterile dressings prior to application of a splint.
9. Pad all splints to prevent excessive pressure.
10. Apply cold packs to ischemic fractures, from site of injury to distal end.
11. Immobilize fractures prior to movement of the patient.
12. Leave fingers and toes exposed if possible.
13. Wrap extremities distal to proximal.
14. Splints should not impair circulation
15. Elevate the extremities following immobilization where possible (not if the patient has a potential c-spine injury).
16. 3" kling is used for upper extremity fractures, and 6" kling is used for lower extremity fractures.
17. When in doubt, SPLINT.

Review:**Rapid Trauma Assessment, Assessment and
Prioritizing Extremity Fractures**

- Introduction
- Rapid PA
- Prioritizing fractures
- Principles of treating fractures

Remotivation: EMT-B's responding to incidents with a report of significant MOI should be prepared to triage, and do rapid patient assessment. Remember that extremity trauma may look dramatic, however, it is rarely life threatening.

Assignment: Create mock situations giving victims significant mechanism of injury. Assign each victim two life threatening injuries, and four extremity fractures.

Evaluation: Students should demonstrate a rapid trauma assessment, and tell the instructor the priority of all fractures found during the assessment.