

TRAUMA

Primary Survey (A-B-C-D-E)

Airway Patency (done w/c-spine collar)

Breathing - are they breathing on their own?

Circulation - blood/fluid loss? Pulses? Cap refill?

Disability - neuro/LOC

Expose?

Secondary Survey:
- VITALS
- Wound checks
- Most complete
- All at once
- Best timing
- Once scene is secure

Secondary Survey (F-G-H-I)

→ done 2nd

F → Full set of vitals, FAST (focused abd. Sonography & trauma assessment), Family, FIVE interview; EKG, Pulse ox, Foley, NG, Labs

G → Give comfort measures, Get accu-check, IF Gurt- Preg test!

H → History (AMPLE)

Allergies
Medication
Past medical hx
Last meal
Events surrounding incident!

I → Inspect backside of Pt, Inject tetanus!

→ Done following Primary

→ Focus on priority always

→ Focus on all patients in room / when 2 with ABC's
→ Disposition
→ Transfer
→ Re-evaluate
→ Re-assess

START METHOD:

Sample

Image

And

Rapid

Treatment

→ start triage tags

Don't Golden Hour?

SALT METHOD

Sort

Assess

Life saving interventions

Treat/transport

→ Triage tags

ESI (Emergency Severity Index)

→ Pts in triage in ER are assigned ESI score based on acuity/trauma

• Level 1 → Cardiac arrest / full trauma

• Level 2 → Chest pain / stroke symptoms

• Level 3 → Abdominal pain, fractured limbs

• Level 4 → uncomplicated UTI / laceration

• Level 5 → Chills, media, conjunctivitis, etc

Tag colors

→ immediate medical attention - **RED**
→ able to ambulate by self - **GREEN**
→ delayed medical attention - **YELLOW**
→ almost dead - **BLACK** waste time waiting

Tertiary Trauma Survey: repeat of survey to see what was missed

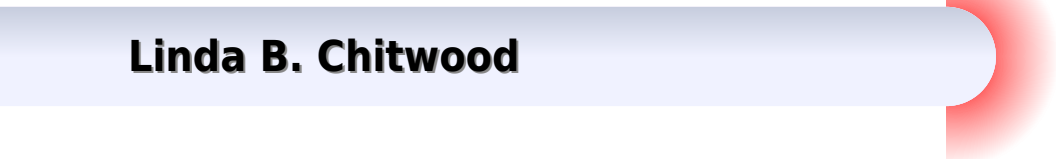
→ done 24 hrs. post incident
→ can ask pt Q's too

→ pt is awake + alert



Trauma Nursing Study Guide

Linda B. Chitwood



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