

PRIMARY SURVEY – AND RESUSCITATION

The student should: (1) outline preparations that must be made to facilitate the rapid progression of assessment and resuscitation of the patient; (2) indicate the need to wear appropriate clothing to protect both the caregivers and the patient from communicable diseases; and (3) indicate that the patient is to be completely undressed, but that hypothermia should be prevented.

Note: Standard precautions are required whenever caring for trauma patients.

Airway Maintenance with Cervical Spine Protection

Step 1. Assessment

- A. Ascertain patency.
- B. Rapidly assess for airway obstruction.

Step 2. Management—Establish a patent airway

- A. Perform a chin-lift or jaw-thrust maneuver.
- B. Clear the airway of foreign bodies.
- C. Insert an oropharyngeal airway.
- D. Establish a definitive airway.
 - 1) Intubation
 - 2) Surgical cricothyroidotomy
- E. Describe jet insufflation of the airway, noting that it is only a temporary procedure.

Step 3. Maintain the cervical spine in a neutral position with manual immobilization as necessary when establishing an airway.

Step 4. Reinstatement of immobilization of the c-spine with appropriate devices after establishing an airway.

Breathing: Ventilation and Oxygenation

Step 1. Assessment

- A. Expose the neck and chest, and ensure immobilization of the head and neck.
- B. Determine the rate and depth of respirations.
- C. Inspect and palpate the neck and chest for tracheal deviation, unilateral and bilateral chest movement, use of accessory muscles, and any signs of injury.
- D. Percuss the chest for presence of dullness or hyperresonance.
- E. Auscultate the chest bilaterally.

PRIMARY SURVEY – AND RESUSCITATION

Step 2. Management

- A. Administer high-concentration oxygen.
- B. Ventilate with a bag-mask device.
- C. Alleviate tension pneumothorax.
- D. Seal open pneumothorax.
- E. Attach a CO₂ monitoring device to the endotracheal tube.
- F. Attach a pulse oximeter to the patient.

Circulation with Hemorrhage Control



Step 1. Assessment

- A. Identify source of external, exsanguinating hemorrhage.
- B. Identify potential source(s) of internal hemorrhage.
- C. Assess pulse: Quality, rate, regularity, and paradox.
- D. Evaluate skin color.
- E. Measure blood pressure, if time permits.

Step 2. Management

- A. Apply direct pressure to external bleeding site(s).
- B. Consider presence of internal hemorrhage and potential need for operative intervention, and obtain surgical consult.
- C. Insert two large-caliber IV catheters.
- D. Simultaneously obtain blood for hematologic and chemical analyses; pregnancy test, when appropriate; type and crossmatch; and ABCs.
- E. Initiate IV fluid therapy with warmed crystalloid solution and blood replacement.
- F. Prevent hypothermia.

Disability: Brief Neurologic Examination



Step 1. Determine the level of consciousness using the GCS.

Step 2. Check pupils for size and reaction.

Step 3. Assess for lateralizing signs and spinal cord injury.

Exposure/Environmental Control



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Exposure/Environmental Control



Step 1. Completely undress the patient, but prevent hypothermia.

Adjuncts to Primary Survey and Resuscitation



Step 1. Obtain ABG analysis and ventilatory rate.

Step 2. Monitor the patient's exhaled CO₂ with an appropriate monitoring device.

Step 3. Attach an ECG monitor to the patient.

Step 4. Insert urinary and gastric catheters unless contraindicated, and monitor the patient's hourly output of urine.

Step 5. Consider the need for and obtain AP chest and AP pelvic x-rays.

Step 6. Consider the need for and perform FAST or DPL.

Reassess Patient's ABCDEs and Consider Need for Patient Transfer

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