



# Introduction & Primary Survey

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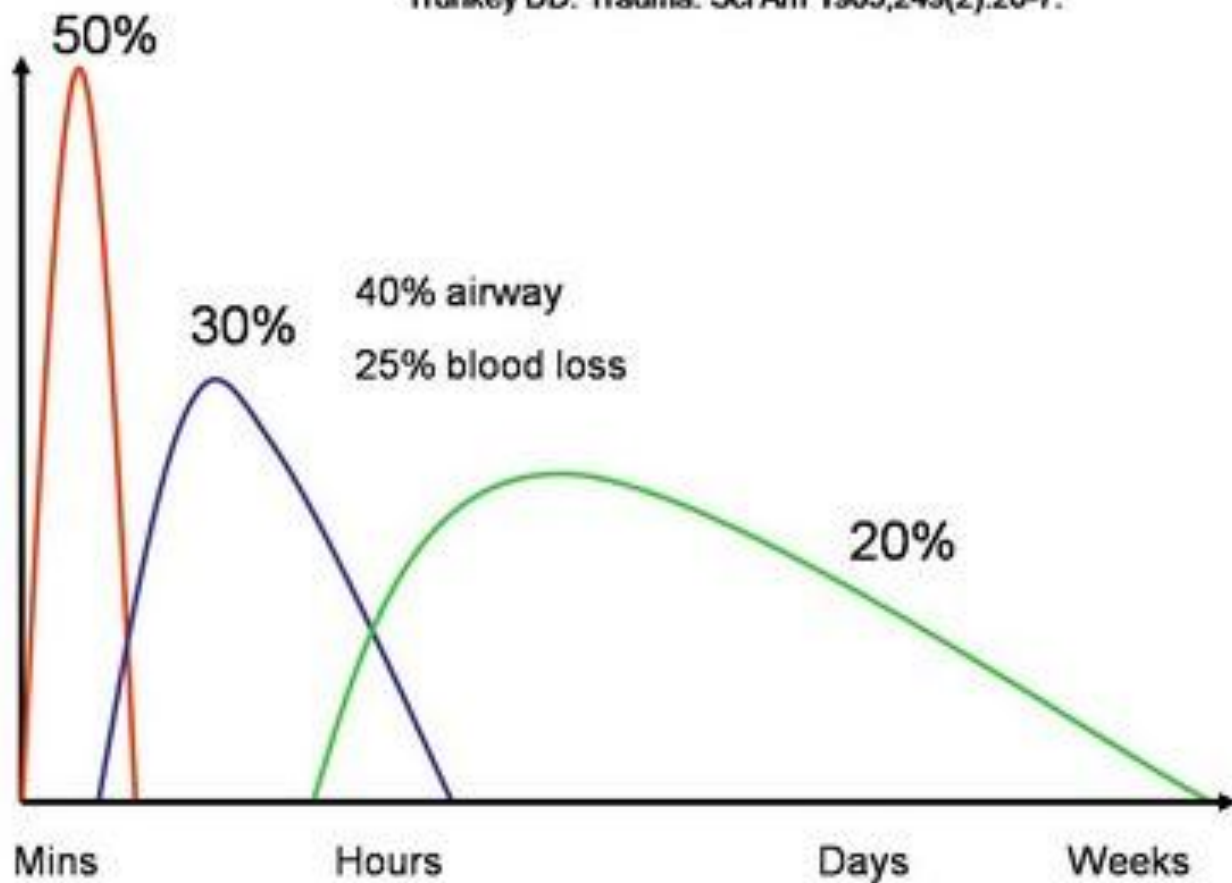
# This weekend

- Take notes
- Keep an open mind
- Think
  - Do I know this? Have I heard this before?
  - Do I do this?
  - How can I use this?
    - Evidence Based Practice
- Take part - share experience

# Assessment

# Trimodal Distribution of Death

Trunkey DD. Trauma. Sci Am 1983;249(2):20-7.



**Current services for people who suffer major trauma are not good enough. There is unacceptable variation, which means that if you are unlucky enough to have an accident.....in many areas you are likely to receive worse quality of care and are more likely to die. Current services for people who suffer major trauma are not good enough.**

**Major Trauma Care in England – National Audit Office 2010**

# What they said

- Start changes in hospital
- CQC to address voluntary groups
- Clinical governance linking pre-hospital care and hospital care is weak
- Hospital and ambulance trusts should develop procedures through which they can obtain assurance that defined clinical standards are being followed...  
...these should be agreed with pre-hospital care providers operating outside of NHS funding arrangements e.g. voluntary groups
- 20% of lives could be saved

DRsABC

<c>ABCDE

MARCH



[www.youtube.com/watch?v=hLuC0T7RskI](http://www.youtube.com/watch?v=hLuC0T7RskI)

initial assessment of a trauma patient



# <C> ABCDE

- <C>
- Catastrophic  
Compressible  
Bleeding



# MARCH

- Massive compressible bleeding
- Airway
- Respiration
- Circulation
- Head Injury



# Assessment

- The one skill practiced on every incident / patient
  - Before
  - During
  - After
- Structured technique important
  - Avoids stress
  - Avoids mistakes
  - Provides consistency
- Is dynamic!

# The Scene

- Local knowledge - what is likely?  
Resources needed?
- Arrival - priority understand and control scene
- Danger - self, team, casualty

# Patient

- Initial assessment
- To identify all potential threats to life (ABC)
- All patients critical until proven otherwise
- General impression on approach
  - MOI / NOI
  - Responsiveness - AVPU
  - Age / gender
  - Sick / not sick

# MOI

- $KE = MV^2$
- Think
- Height
- Mass
- Speed



## Signs and Symptoms

- What you can see and they can feel



- Airway (with c-spine)
- Breathing
- Circulation
- Disability
- Expose / Environment / evacuation



# Airway with <c> cervical spine

Is it open?

Can it be  
maintained?

- Head tilt chin lift
- Jaw thrust
- Suction
- Oral airways
- Nasal airways
- LMA



# Airway with Oxygenation

- All MR Trauma patients  $O_2$  @ 15L/min via non-rebreathing mask
- Use Pulse oximeter



# Breathing with Ventilation

- Is breathing adequate?
- Rate
- Depth
- Regularity
- Difficulty
- Symmetry



# Circulation & shock management

- Loss of volume
- Pump failure
- Other causes
  - Anaphylaxis
  - neurogenic

# Handover

- MIST
- Mechanism
- Injury
- S&S
- Treatment

