Assessment Irauma Initial Age/sex:-Ward:-Name:-UHID:-Alleged H/O Road Fraggie Injury / physical Assault / Fall from height (= 'n' feets) / others MOI :-DOT :-TOT-POI:-B/B:-Contact Details - (Person who bring the patient Wo Seizure, ENEI Bleed, LOC, Vomitung] -> taken by other <u>ANIPLE</u> - mixtory <u>Primary Survey</u>:- OR is Secondary Survey 1) Afrivary & C. spine Restriction Avivay - Patent / compromised / threatens Jy Compromised - write what intervention done

& threatened - write GCS · Tube size used for Intribution · Ventilations mode · filz · PEEP • Mode · Precenses . ABG parameters <u>-diatety</u> after securing aûways.

2) Breathing & Ventilation <u>look</u>: External Jugury Respiratory Rate (Normal/Abb) · Pattern of Breathing (paradoxical | One sided) · open thoracic wound · Pattern abracion

· CpO2 liclen: - B/r air entry in thoracic cavity - Crepte / Absence & Breaths sound Feel: - Crepts - Subcutaireurs emphysems - Poory gractures - site of teinderness Write: - whatever interventions done for breathing.eg. placement of Chestlube or Needle decompreceions/3-sided dreceing. 3) Circulation: -

-Pulse - BP,

· looks: - Cold, calmy, dry/sweating skins

pale, irritable (Write) - Any external Bleeding minsedrately Controlleg. Intérventions: 2-16Fr Cannula placed ins both ann, warm RL 1 litre mjured. Vitals after Intervention (In case patient Urgent requised Surgery eq on arrival SBP <60 with actue jubra abdomm Bleed, Mention Clearly) write: eFAST - jurid noted - quadrant Amonut - min (moderate) Gross

Important: henromhage control is more important than find Resultation · Apply Pelvis Binder - all Polytraina patients

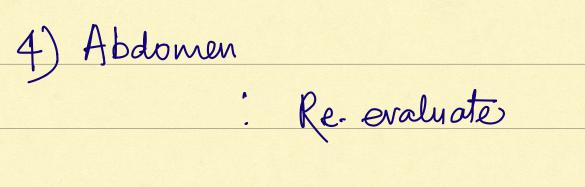
4) Disability: (nust record) a) GCS b) Laleralizing sign / motor weakness C) Pupil size Reactions to light d) Random Blood Rugar other suspected toxins 5) Exposure: (Don't write about fractures or Vicible inpuries (abracions) - Exposure means - environment control eg. prevention of hypotherming · Removal of wet Cloths · Cover with Dry Blankets · Use Blowers / Room heaters A needed.

write - hypothermia prevented or Environment Controlled

<u>Secondary Survey</u>: 1) Head & Jace: Any Laceration / active Bleeding
Raccoon eye.
other signs of skull fractures

2) <u>Neck</u>: any Viable sijnies Hematoria

3) <u>Chect</u>: <u>Re-evatuate</u> <u>CpD</u>, <u>Airentry</u>, ICD output



5) <u>spine</u>: logroll l'evaluates

6) Seft tierre Ingronès - Arulsion of ticsue

7) Upper link-Describe fractures de journities, open wounds

D) lower limb - fractures, wounds

9) Pelvis & Perineum -Call poly trauma - PR/Pr evaluation & important)

Investigation

Radiological . CXR

· PAR

- CT - NCCT head _ C spine

- CECT Abdomey

(As Required)

Blood Investigations

· CBC • Krt

· LFJ

· PT-INR

· Blood group · Anylase/upase (27 Required

· NPO · IVF RL/NS (as per Body weight) · Antibuotics as per contamination · Pain killers - Should Cover24 hours · Antiemetri (PPI

· Anti epifeptics (head Injury) · Ants osmotic agent (y needes) · Sedatures ('2 needed) · Paralytics (on Ventilator fatients) · remo static Agent (Traners < 3 nours of tranno) Nur suig Brders · Cathetesice patient I/o Charting (nourly) · ET tube care suctioning / fixed (Jectra tube ready bed cide) · Central line Care

· pocitioning - Change every 2 hourly, · wound care

Signature & Dates stune E Stamp (Full Name) Awanneh 22/05/21 Q.IIpm (SR Trains a Surgery) Note:-· Examination of Motor power, come examinations, detail examination of notor leadong component is not mentioned in the given note becaule its specific to spinal cond njury-. · It should be separately mentioned is spine examination

AMPLE history can be written is primary / secondary survey 1 is serious care its important is primary survey, otherwice AMPZE history is the part of Secondary Eurvey. H/D - seizure, ENT Bleed, LOC Vomiting Should be taken as soon possible it will help is management of the patient.