

Trauma Initial Assessment

Name:-

Age/Sex:-

UHID:-

Ward:-

Alleged H/O Road Traffic Injury / physical Assault
/ Fall from height (\approx in feet) / others

MOI:-

DOI:-

TOI:-

POI:-

B/B:-

Contact Details - (Person who bring the patient
in Emergency)

[H/O: Seizure, ETT Bleed, LOC, Vomiting] → taken by other
member of the team
OR is Secondary Survey

AMPLE - history
Primary Survey:-

1) Airway & C spine Restriction

Airway - Patent / Compromised / Threatened

If Compromised - write what intervention
done

if threatened - write GCS

- Tube size used for intubation
- Ventilations mode
 - FiO_2
 - PEEP
 - mode
 - Pressures
- ABG parameters

C-spine - Should be applied immediately after securing airways.

2) Breathing & Ventilation

look:

- External Injury
- Respiratory Rate (Normal / AbN)
- Pattern of Breathing (paradoxical / One sided)

- open thoracic wound

- Pattern abrasion

- SpO₂

Listen :- B/l air entry in thoracic cavity

- Crepts / Absence of Breaths sound

Feel :- Crepts - Subcutaneous emphysems

- Bony fractures
- site of tenderness

Write :- whatever intervention done for breathing. eg. placement of Chest tube or Needle decompression / 3-sided dressing.

3) Circulation :-

• Pulse - BP,

• looks :- Cold, clammy, dry / sweating skin

pale, irritable

(Writes) - Any external Bleeding -
immediately Controlled

Interventions: 2. 16Fr Cannula placed in both
arm, warm RL 1 litre infused.



Vitals after Intervention

(In case patient urgent required Surgery eg
on arrival SBP < 60 with active intra abdominal
Bleed, Mention Clearly)

write:- eFAST - fluid noted - quadrant
Amount - min/moderate/Cross

Important:- hemorrhage control is more
important than fluid Resuscitation

• Apply Pelvic Binder - all Polytrauma patients

4) Disability: (must record)

a) GCS -

b) Lateralizing sign / motor weakness

c) Pupil size / Reaction to light

d) Random Blood sugar / other suspected toxins

5) Exposure: (Don't write about fractures or visible injuries / abrasions)

- Exposure means - environment control

eg. • prevention of hypothermia

• Removal of wet clothes

• Cover with Dry Blankets

• Use Blowers / Room heaters

If needed.

write - hypothermia prevented
or Environment Controlled

Secondary Survey:

1) Head & face:

- Any Laceration / active Bleeding
- Raccoon eye
- other signs of skull fractures

2) Neck:

- any visible injuries
- Hematoma

3) Chest: Re-evaluate

SpO₂, Airtentry, ICD output

4) Abdomen

: Re. evaluate

5) Spine : log roll & evaluate

6) Soft tissue injuries

- Avulsion of tissue

7) Upper limb - Describe fractures
deformities, open wounds

8) lower limb - fractures, wounds

9) Pelvis & Perineum -

(all poly trauma - PR/PV
evaluation is important)

Investigations

Radiological

- CXR
- PXR
- CT - NCCT head
 - C spine
 - CECT Abdomen

(As Required)

Blood Investigations

- CBC
- KFT
- LFT
- PT-IMR
- Blood group
- Amylase/Lipase
(if Required)

Rx

- NPO
- IVF RL / NS (as per Body weight)
- Antibiotics as per contamination
- Pain killers - Should cover 24 hours
- Antiemetic / PPI

- Anti epileptics (head injury)
- Anti osmotic agent (if needed)
- Sedatives (if needed)
- Paralytics (on Ventilator patients)
- Hemostatic Agent
(Trauma < 3 hours of trauma)

Nursing Orders

- Catheterize patient - I/O Charting (hourly)
- ET tube care - suctioning / fixed (extra tube ready bed side)
- Central line care
- positioning - Change every 2 hourly
- wound care

Signature & Date
& time
& Stamp (Full Name)

Anaush
22/05/21
@ 11pm
(SR Trauma Surgery)

Note:-

- Examination of Motor power, spine examination, detail examination of motor/sensory component is not mentioned in the given note because its specific to spinal cord injury.
- It should be separately mentioned in spine examination

• AMPLE history can be written
in primary / secondary survey
• in serious case its important is
primary survey, otherwise AMPLE
history is the part of secondary
survey.

H/O - seizure, ENT Bleed, LOC
vomiting should be
taken as soon possible
it will help in management
of the patient.