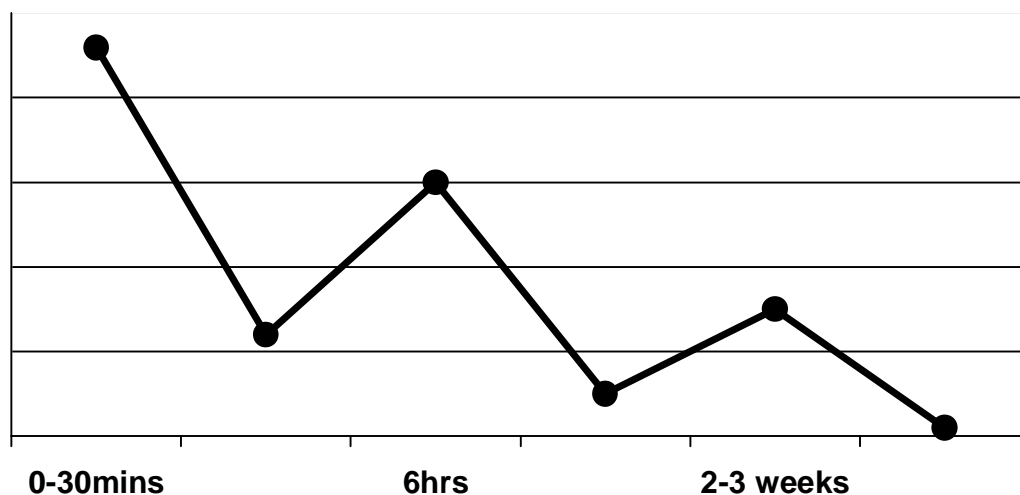


## Treatment of the acutely traumatized patient

### Dr Oluwadiya KS FMCS (Ortho)

- Traumatic injuries occur as a result of the application of forces that are strong enough to cause tissue injury.
  - Most common cause of death in those less than 40 years.
  - Most death occur in the first 30mins – 1 hour due to severe cardiovascular or Central nervous system injuries.
- The only effective treatment for them is to prevent them.



## Management:

Organized into Trauma system made up of pre hospital And hospital care.

### Pre hospital

1. Hospitals are categorized into Level I, II & III trauma centers.
2. Well trained paramedical or EMS technicians
3. Good communication
4. Good transportation system.

### Triage

- Central concept of pre hospital management.
- The most seriously injured patients must be identified and safely transported to a designated

trauma center where appropriate care is immediately available.

- Dependent on the use of trauma scoring systems to categorize injured patients.

## Trauma Scoring Systems

- Physiological e.g. GCS, Revised Trauma Score.
- Anatomical e.g. AIS, ISS and AP
- Combined e.g. TRISS and APACHE

## Treatment in the Hospital

### ■ Preparation

### ■ Primary survey:

The primary survey aims to identify and treat immediately life-threatening injuries. It is based on the ABCDE system and it involves the following

## **A. Airway with C-spine control**

Chin lift, Jaw thrust, oropharyngeal airway or endotracheal intubation

## **B. Breathing**

Assesses breathing by doing the following:

### ***Inspection***

- Is the patient distressed?
- Is the patient tachypneic?
- Is the patient using the accessory muscles, grunting, or wheezing?
- Are signs of disruption to the chest wall evident?
- Does paradoxical movement occur that is associated with a flail chest?

### ***Palpation for the trachea***

- Is the trachea located in the midline?

- Is any particular crepitus noted in the neck?

***Percussion and auscultation of the chest, looking for signs consistent with pneumothorax or hemothorax***

### **C. Maintenance of circulation**

Stop ongoing bleeding and obtain intravenous access for IV fluid infusion.

### **D. Disability**

Brief neurological assessment (Pupillary response, patient's posture, and general neurological status using GCS or AVPU)

### **E. Exposure and avoidance of hypothermia.**

## **Ongoing Monitoring**

Assesses the patient's response to treatment.

Vital signs

Urinary catheterization

Gastric intubation

## **Secondary Survey**

- **Detailed history (including AMPLE)**
- **Complete examination**
- **Investigations including X-rays**
- **Other special studies like DPL**

## **Definitive management**

- **Tension pneumothorax**
- **Flail Chest**
- **Massive haemothorax**
- **Cardiac tamponade**
- **Diaphragmatic rupture**
- **Head Trauma.**
- **Shock.**

