Chapter 8 Trauma Patient Assessment

The Patient Assessment Process

The Primary Assessment

• ABCDE’s
  • Airway, Breathing, Circulation while securing
  ________________

• D-Disability
  - Chief complaint and/or
  - Mechanism of ________________

• E-_______________________
  - You cannot treat what you cannot see

Rapid Scan (1 of 6)

• Rapid ________________ Assessment
• Used to check for major injuries NOT discovered in the
  ________________ assessment
• Helps to determine ________________ priority

Rapid Scan (2 of 6)

• 60-90 ________________ head-to-toe exam
• Performed on:
  - Significant trauma patients
  - Unresponsive ________________ patients
• Identifies ________________ conditions

Rapid Scan (3 of 6)

• Should be done on any patient with significant
  mechanism of injury or ________________ person
• If life threatening injuries are found, stop and
  ________________ before proceeding
• Maintain spinal immobilization while checking patient’s
ABCs.

- Use _______________________

7 Rapid Scan (4 of 6) DCAP-BTLS

1 - D Deformities
2 - B Burns

- C Contusions
- T _______________________
- L Lacerations
- S _______________________

- A ________________
- P Punctures/
  Penetrations

8 Rapid Scan (5 of 6)

- Assess the___________________.
- Assess the neck.
- Apply a cervical spine immobilization collar.
- Assess the chest and _______________________
  sounds.
- Assess the abdomen.
- Assess the___________________.

9 Rapid Scan (6 of 6)

- Assess all four _______________________.
- Log roll the patient onto a LSB
  - Examine___________________ while on side
- Assess baseline vital signs and
  _______________________
  history.

Details of the Rapid Scan

Head, Neck, and C-Spine

- Feel head and neck for deformity, tenderness, or
while manually stabilizing spine
- 2nd EMT stabilize spine while 1st EMT performs rapid

● Check for bleeding.
- Check _______________________ for blood
● Ask about pain or tenderness.

**Chest**

● Watch chest rise and fall with _______________________.

● Feel for ________________________ bones as patient breathes.

● Listen to ________________________ sounds.

**Abdomen**

● Look for obvious injury, bruises, or bleeding.

● ________________________ each quadrant for tenderness, firmness, and any bleeding.

● Palpate each ________________________ independently

● Do not palpate too hard.

**Pelvis**

● Look for any signs of obvious injury, bleeding, or deformity.

● Press gently ________________________ and ________________________ on pelvic bones.

**Extremities**

● Look for obvious injuries.

● Feel for deformities ________________________ extremity at a time.

● Assess
- Pulse
Back
- Must be done while ________________ rolling if patient is placed on LSB
- Feel for tenderness, deformity, and open wounds.
- Carefully palpate from neck to ________________.
- Look for ________________ injuries.

Determine Priority and Transport
1 High Priority Patients Include:
- ________________
- Poor general impression
- Unresponsive
- Poor ________________
- Complicated childbirths
- Uncontrolled bleeding
- Unable to follow commands
- Severe pain
- ________________

The Golden Period
The Golden Period refers to the time from the moment of ________________ until the time the patient is in the hospital on the ________________ table.

The Patient Assessment Process

History Taking for the Trauma Patient
- History taking is most important for ________________ patients but does have a
place in trauma. However, most information can be gained later for critically injured patients.

- Many trauma incidents are caused by __________________________ conditions
- Determine patient information
  - Age, sex, race, etc
- __________________________ medical history

The Patient Assessment Process

Secondary Assessment (1 of 2)

- For severe or critical patients, most of the secondary assessment can be performed en __________________________
- Sometimes, the __________________________ assessment is not performed at all due to managing life threats found in the primary assessment

Secondary Assessment (2 of 2)

- Purpose is to perform a __________________________ exam of the patient
- May be a systematic head to toe exam, or an assessment that focuses on a certain area or region of the body
- Circumstances and injuries will __________________________ which aspects of the physical exam will be used

Tools for the Secondary Assessment

- __________________________
- Palpation
- Auscultation
- DCAP-BTLS
- Vital Signs
- __________________________ Assessment
Goals of the Secondary Assessment

- Understand the _______________________ surrounding the chief complaint.
- Obtain objective measurements.
- Perform _______________________ exam.

Components of the Secondary Assessment

- Baseline _______________________ signs
- Physical exam
  - _______________________ body scan
  - _______________________ exam

Vital Signs

- After rapid scan, obtain _______________________ vital signs and a SAMPLE history, if time permits.
- Vital signs of stable patients should be reassessed every __________ minutes.
- Vital signs of unstable patients should be reassessed every __________ minutes.

Sample History

- S  Signs and _______________________
- A  Allergies
- M  Medications
- P  Past medical history
- L  Last _______________________ intake
- E  Events leading to the episode

Focused Exam

- A focused exam is done in lieu of a full body scan for those patients with minor or _______________________ injuries based on the mechanism of injury
- “_____________________ ” in on the injured area
where other injuries are not a possibility

- Trauma patient without significant MOI:
  - Assess chief complaint.
  - Focused assessment of area of
  - Obtain baseline vitals.
  - Obtain SAMPLE history.

**Significant Mechanism of Injury**

1. __________________________ from vehicle
   - Death in passenger compartment
   - Fall greater than 15'-20'
   - Vehicle __________________________
   - High-speed collision

2. Vehicle-pedestrian collision
   - Motorcycle crash
   - Unresponsiveness or altered mental status
   - Penetrating trauma to the head,
     __________________________ , or abdomen

**Assessment Steps for Significant MOI**

- __________________________ scan
- Baseline vital signs
- Full body scan
- __________________________ history
- Reevaluate __________________________ decision
- Reassessment

**Assessment Steps for Trauma Patients Without Significant MOI**

- __________________________ exam
- Baseline vital signs
- SAMPLE history
• Reevaluate transport decision

Assessing the Unresponsive Patient

• Perform a rapid scan.
• Obtain baseline vital signs.
• Provide _______________________ care and transport.
• _______________________ findings.
• Obtain SAMPLE history from _______________________ if available.

Full Body Scan (1 of 2)

• More _______________________ exam based on injuries or mechanism of injury
• Should only be performed if time and patient’s condition allows
• Many patients will _______________________ receive a full body scan
• Should be done en route to hospital if time and patient’s _______________________ permits

Full Body Scan (2 of 2)

• Use “DCAP-BTLS” to look for abnormalities.
• Beginning at the head, check each _______________________ of the body in detail as in the rapid trauma assessment but in more detail.
• Reassess _______________________ signs.

Performing the Full Body Scan (1 of 10)

• Visualize and _______________________ using DCAP-BTLS.
• Look at the face.
• Inspect the area around the _______________________ and eyelids.
● Examine the eyes.

Performing the Full Body Scan (2 of 10)
● Pull the patient’s ear forward to assess for ________________.
● Use the penlight to look for drainage or blood in the ________________.

Performing the Full Body Scan (3 of 10)
● Look for bruising and lacerations about the ________________.
● Palpate the ________________.

Performing the Full Body Scan (4 of 10)
● Palpate the ________________.
● Palpate the ________________.

Performing the Full Body Scan (5 of 10)
● Assess the mouth and nose for obstructions and ________________.
● Check for unusual ________________.

Performing the Full Body Scan (6 of 10)
● Look at the ________________.
● Palpate the front and the back of the neck.
● Look for ________________ jugular veins.

Performing the Full Body Scan (7 of 10)
● Look at the ________________.
● Gently palpate over the ________________.

Performing the Full Body Scan (8 of 10)
● ________________ for breath sounds.
● Listen also at the bases and ________________ of the lungs.
Performing the Full Body Scan (9 of 10)

- Look at the abdomen and _______________________.
- Gently palpate the ______________________ (all 4 quadrants).
- Gently compress the pelvis.

Performing the Full Body Scan (10 of 10)

- Gently press the iliac crests.
- Inspect all four _______________________.
- Assess the back for tenderness or deformities if not on a ________________.

Patient Assessment Process

Reassessment

- Is _______________________ improving the patient’s condition?
- Has an already identified problem gotten better? _______________________ ?
- What is the nature of any newly identified problems?

Reassessment

- Performed on patients as _______________________.
- Allows for monitoring patient’s condition, reassessment and checking of interventions.
- Vital signs should be checked every ________ minutes if unstable, every ________ minutes if stable.

Steps of the Reassessment

- Repeat the ______________________ assessment.
- Reassess and record vital signs.
- Repeat ______________________ assessment based on patient’s complaint.
- Check _______________________.

Patient Assessment Process
ID and treat changes
Reassess patient

51 **Key Points of Trauma Assessment (1 of 2)**
- You must _______________________ manually secure C-spine on all injuries with significant MOI or unconscious patients
- Treat all unconscious patients as if they have a _______________________ injury until proven otherwise
- Perform a Rapid Scan on all patients with significant _______________________ or unconscious patients
- When in doubt, begin _______________________

52 **Key Points of Trauma Assessment (2 of 2)**
- A long spine _______________________ will work for temporary immobilization of non life threatening fractures and dislocations
- Perform all possible treatments en route on _______________________ patients
  - Vital signs
  - Immobilization of _______________________ fractures
  - Control minor bleeding

53 **Common Mistakes in Trauma Assessment**
- Failure to _______________________ secure C-Spine immediately
- Failure to treat immediate life threats found during Rapid Scan
- Failure to apply _______________________ immediately
- Spending too long on _______________________  
  - When in doubt, begin transport