

TRAUMA SCENARIOS

1.

Call: The man fell from the roof, lying down on the ground

Scene assessment: PPE, scene safe, one injured, no additional help, mechanism injury: significant - fall from height

FIRST EXAM - SAMPLE (Symptoms,Allergies,Medications,Past history, Event)

Initial assessment

- general impression: middle age man, lying on the back, no large evident bleeding
- manual head and neck stabilization
- **AVPU:** A
second team member takes over head and neck (caring of cervical spine and airway)
- **A (airway):** clear, applying cervical collar
- **B (breathing):** 22/min, symmetrical, SpO2 91% - applying 100%O2 face mask with reservoir, from outside no visible wounds of chest, stable, normal breathing sounds, heart tones normal, fastened action
- **C (circulation):** central/peripheral weakened, 110/min; skin: pale, cold, dry, no visible bleeding – opening i.v. line

Decision: fast exam (because of mechanism of injury and initial assessment

Rapid exam:

Head: no bleeding, no pain, no crepitations

Neck: pain on dorsal palpation, trachea in midline, neck veins flat – cervical collar if not under A

Chest: already checked

Abdomen: no visible wounds, no pain on palpation, soft

Pelvis: no visible wounds, deformations, painless gentle crest palpation

Extremities: right leg without wounds, deformity of left femur – motor/sensor function regular arms – no injuries, M/S regular

Roll on (on healthy side)

Back: no injuries – immobilization to the long board, securing with straps

• **D:** GCS 15, pupils symmetrical, equally reacting to light

• **E:** nothing special

Transport

TRAUMA SCENARIOS

2.

Call: 25-year old girl fell down the tree (3m).

Scene assessment: PPE, scene safe, one injured, no additional help, mechanism injury: fall from height

FIRST EXAM - SAMPLE (Symptoms,Allergies,Medications,Past history, Event)

Initial assessment

- general impression: younger lying on the back, right leg seems to be in external rotation, no large evident bleeding
- manual head and neck stabilization
- **AVPU:** V
second team member takes over head and neck (caring of cervical spine and airway)

- **A (airway)**: clear, applying cervical collar
 - **B (breathing)**: 18/min, symmetrical, SpO2 92% - applying **100%O2** face mask with reservoir, from outside no visible wounds of chest, stabile, normal breathing sounds, heart tones normal, fastened action
 - **C (circulation)**: central/peripheral weakened, 130/min; skin:pale, cold, wet, no visible bleeding – opening **i.v. line**
- Decision**: rapid exam (because of mehanism of injury and initial assessment)

Rapid exam:

Head: no pain, no crepitations, bruise on the forehead, no bleeding

Neck: pain on dorsal palpation, trachea in midline, neck veins flat – cervicl collar if not under A

Chest: already chequed

Abdomen: haematoma and oedema in lower part – do not touch

Pelvis: do not touch

Extremities: right leg with scratches and painful on palpation, left leg regular– motor/sensor function regular, arms – no injuries, M/S regular

Scoop stretcher– lifting up

Back: no injuries – immobilization to the **vacuum mattress**, securing with straps

• **D**: GCS 3+5+6, pupils symmetrical, equally reacting to light, glucose 5,5

• **E**: nothing special

Transport

TRAUMA SCENARIOS

3.

Call: Car accident, the car struck into the tree

Scene assessment: PPE, scene safe, one injured, no additional help needed, mechanism injury: mechanism of injury-significant

FIRST EXAM - SAMPLE (Symptoms,Allergies,Medications,Past history, Event)

Initial assessment

• general impression: sitting behind the steering wheel

• manual head and neck stabilization

• **AVPU: A**

second team member takes over head and neck (caring of cervical spine and airway)

• **A (airway)**: clear, applying cervical collar

• **B (breathing)**: 16/min, symmetrical, SpO2 98%

• **C (circulation)**: central/peripheral well filled, 80/min; skin:pink, warm,dry, no visible bleeding –

Decision: rapid exam (because of mehanism of injury)

Rapid exam:

Head: scratch on the forehead

Neck: no wounds, painless, trachea in midline, neck veins flat – cervicl collar if not under A

Chest: no wounds, painless to palpation, symmetrical breathing, breathing sounds normal as well as heart tones

Abdomen: no visible wounds, soft, painless to palpation

Extremities: legs – no injuries, motor/sensor function regular, arms – no injuries, M/S regular

Back: pain to palpation in lower back

Extrication with **KED to the long bord**

- D:** GCS 15, pupils symmetrical, equally reacting to light
- E:** nothing special

Transport

TRAUMA SCENARIOS

4.

Call: fall from the motor-cycle, crashed into the bridge fence

Scene assessment: PPE, scene safe, one injured, no additional help needed, mechanism of injury-significant

FIRST EXAM - SAMPLE (Symptoms,Allergies,Medications,Past history, Event)

Initial assessment

- general impression: lying on the back with the helmet on
 - manual head and neck stabilization
 - AVPU: A**
second team member takes over head and neck (caring of cervical spine and airway)
 - **taking off the helmet procedure**
 - A (airway):** clear, applying cervical collar
 - B (breathing):** 20/min, symmetrical, SpO2 85% - applying **100%O2** face mask with reservoir, from outside no visible wounds of chest,stable, normal breathing sounds, heart tones normal,
 - C (circulation):** central/peripheral weakened, 130/min; skin: pale, cold, wet, no visible bleeding – opening an **iv line**
- Decision:** rapid exam (because of mehanism of injury)

Rapid exam:

Head: no visible injuries, no pain and crepitation

Neck: no wounds, painless, trachea in midline, neck veins flat – cervicl collar if not under A

Chest: already chequed

Abdomen: no visible wounds, pain to palpation in the upper left quadrant

Extremities: legs – no injuries, motor/sensor function regular, arms – no injuries, M/S regular **roll on** to the healthy side

Back: pain to palpation in lower back

Imobilisation to the long board

- D:** GCS 15, pupils symmetrical, equally reacting to light
- E:** nothing special

Transport