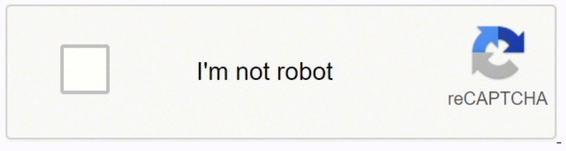

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Advanced trauma life support guidelines

BREATHING AND VENTILATION 18. Advance Trauma Life Support • Simultaneous diagnostic and therapeutic activities intended to identify and treat life and limb- threatening injuries, beginning with the most immediate. PRIMARY SURVEY • First, most important thing when you encounter a trauma patient is to speak to him! • A complete sentence spoken by the patient tell us: 1. AIRWAY MANAGEMNT Maintenance of Airway Patency – Suction of Secretions. Neck 3. 14. • The non-rebreather mask is utilized for patients with physical trauma, chronic airway limitation, cluster headache, smoke inhalation, and carbon monoxide poisoning, or any other patients who require high- concentration oxygen, but do not require breathing assistance. • This focus on urgent problems is first captured by the 'Golden hour' catch phrase and is one of the most important lessons of ATLS. 28. SECONDARY SURVEY AMPLE History –Allergies –Medications –Past Medical History, Pregnancy –Last Meal –Events surrounding injury, Environment 32. Basics of Trauma Assessment Preparation Triage Primary Survey (A,B,C,D and E) Resuscitation Secondary Survey Monitoring and Evaluation, Secondary adjuncts Transfer to Definitive Care 4. Airway is patent. PROTECTION OF SPINAL CORD • General Principle: • Protect the entire spinal cord until injury has been excluded by radiography or clinical physical exam in patients with potential spinal cord injury. BREATHING AND VENTILATION Identify Life Threatening Injuries –Massive hemothorax –Flail chest –Rib fractures –Open pneumothorax –Pulmonary contusion –Tension Pneumothorax 16. DEFINITIVE CARE Secondary Survey followed by radiographic evaluation – CatScan – Consultation Neurosurgery Orthopedic Surgery Vascular Surgery Transfer to Definitive Care – Operating Room – ICU – Higher level facility – Loss of airway can result in death in < 3 minutes. BREATHING AND VENTILATION Flail Chest – Direct injury to the chest resulting in an unstable segment of the chest wall that moves separately from remainder of thoracic cage – Physical exam = paradoxical movement of chest segment – Treatment = improve abnormalities in gas exchange Early intubation for patients with respiratory distress Avoidance of overaggressive fluid resuscitation 20. – Chin Lift/Jaw thrust. CIRCULATION Shock Impaired tissue perfusion Tissue oxygenation is inadequate to meet metabolic demand Prolonged shock state leads to multi-organ system failure and cell death Clinical Signs of Shock – Altered mental status – Tachycardia (HR > 100) = Most common sign – Arterial Hypotension (SBP < 120) – Inadequate Tissue Perfusion Pale skin color Cool clammy skin Delayed cap refill (> 3 seconds) Altered LOC Decreased Urine Output (UOP < 0.5 ml/kg/hr) 22. – Treatment Rapid evacuation of pericardial space Performed through a Pericardiocentesis (temporizing measure) Open thoracotomy. 21. Extremities 8. Adequate oxygenation Avoid hypotension – Involve neurosurgeon early for clear intracranial lesions. Chest 4. • Motor vehicle crashes and falls are most commonly associated with spinal cord injuries. ATLS FCPS Resident OMFS, MMC (Mardan) Dr. Aamir (KCD) 2. BREATHING AND VENTILATION TUBE THORACOSTOMY Insertion site – 5th intercostal space, – Anterior axillary line. – Prolonged hypoxia means Inadequate perfusion, End- organ damage. 3. BREATHING AND VENTILATION Tension Pneumothorax Air trapping in the pleural space between the lung and chest wall Sufficient pressure builds up and pressure to compress the lungs and shift the mediastinum Physical exam – Absent breath sounds – Air hunger – Distended neck veins – Tracheal shift Treatment – Needle Decompression 2nd Intercostals space, Midclavicular line – Tube Thoracostomy 5th Intercostals space, Anterior axillary line 17. – NRBM (100%) – Bag Valve Mask. CIRCULATION Pericardial Tamponade – Pericardium or sac around heart fills with blood due to penetrating or blunt injury to chest. AIRWAY MANAGEMENT • The head-tilt chin-lift maneuver, a maneuver that gently extends the head slightly into the "sniffing position" and lifts the tongue from the back of the throat, is the most reliable method of opening the airway when cervical spine injury is not suspected. 3. AIRWAY MANAGEMENT • Cricothyroidotomy, also known as cricothyrotomy, is an important emergency procedure that is used to obtain an airway when other, more routine methods are ineffective or contraindicated. CIRCULATION General Treatment Principles • Stop the bleeding Apply direct pressure Temporarily close scalp lacerations – Close open-book pelvic fractures Abdominal pelvic binder/bed sheet – Restore circulating volume Crystalloid Resuscitation (2L) Administer Blood Products – Immobilize fractures Responders vs. Airway Support – Oxygen. With a tongue blade to depress the tongue, the OPA is inserted over the tongue. It is specially indicated in Maxillofacial Injuries and if the cervical spine is immobilized. Good cerebral circulation 6. 25. – Nasopharyngeal Airway/Oropharyngeal Airway. DISABILITY Key Principles – Prevention of further injury and identification of neurological injury is the goal. 12. 9. TRIAGE • The process of categorizing victims or mass casualties based on their need for treatment and the resources available. Breathing and Ventilation Breathing/Ventilation Assessment: – Exposure of chest – General Inspection (LOOK) Tracheal Deviation Accessory Muscle Use Retractions Absence of spontaneous breathing Paradoxical chest wall movement – Auscultation to assess for gas exchange (LISTEN) Equal Bilaterally Diminished or Absent breath sounds – Palpation (FEEL) Deviated Trachea Broken ribs Injuries to chest wall 15. 10. EXPOSURE Remove all clothing – Examine for other signs of injury – Injuries cannot be diagnosed until seen by provider Logroll the patient to examine patient's back – Maintain cervical spinal immobilization – Palpate along thoracic and lumbar spine – Minimum of 3 people, often more providers required Avoid hypothermia – Apply warm blankets after removing clothes – Hypothermia = Coagulopathy Increases risk of hemorrhage 29. When the mandible is displaced forward, it pulls the tongue forward and prevents it from obstructing the entrance to the trachea. SECONDARY SURVEY Physical Exam 1. CIRCULATION 26. – Maintenance of adequate cerebral perfusion is key to prevention of further brain injury. • Return head to neutral position. AIRWAY MANAGEMENT • Tracheal intubations, usually simply referred to as intubations, is the placement of a flexible plastic tube into the trachea to maintain airway, procedures commonly used are Direct Laryngoscopy, Video Laryngoscopy, Digital Intubations etc, patient needs to be preoxygenated, sedated and paralyzed before performing intubations! 13. Prevent avoidable deaths. Only contraindication is AGE! • Tracheostomy is an operative procedure that creates a surgical airway in the cervical trachea. AIRWAY MANAGEMENT • A bag valve mask, abbreviated to BVM and sometimes generically as a manual resuscitator or "self-inflating bag", is a hand- held device commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately. • Spinal Protection • Rigid Cervical Spinal Collar = Cervical Spine • Long rigid spinal board or immobilization on flat surface such as stretcher = T/L Spine • Clinical Pearls • Treatment (Immobilization) before diagnosis. Pelvis 6. Definitive Airway – Endotracheal Intubation. Airway Assessment – Initial airway assessment involves evaluating for airway obstruction or patency which can be determined by assessing for snoring, stridor, drooling, hoarseness, edema, and facial trauma or burns. BREATHING AND VENTILATION Hemothorax – Blood collecting in the pleural space and is common after penetrating and blunt chest trauma – Source of bleeding = Lung, Chest wall (intercostal arteries), heart, great vessels (Aorta), Diaphragm – Physical Exam Absent or diminished breath sounds Dullness to percussion over chest Hemodynamic instability – Treatment = Large Caliber Tube Thoracostomy 10-20% of cases will require Thoracostomy for control of bleeding 19. 8. DISABILITY Baseline Neurological Exam – Pupillary Exam Dilated pupil – suggests transtentorial herniation on ipsilateral side – AVPU Scale Alert Responds to verbal stimulation Responds to pain Unresponsive – Gross Neurological Exam – Extremity Movement Equal and symmetric Normal gross sensation – Glasgow Coma Scale: 3-15 – Rectal Exam Normal Rectal Tone 27. PRIMARY SURVEY • Adjuncts to Primary Survey • Vital Signs/ECG monitoring • ABGs • POX/CO 2 • Urinary/gastric catheters • Urinary output • ECG • CXR, C-spine, Pelvis, DPL ,Ultrasound 30. 1. AIRWAY MANAGEMENT Why first in the algorithm? 11. – Tracheostomy. Secondary Survey includes a brief history and complete physical exam! 31. Breathing is intact. PRIMARY SURVEY Airway and Protection of Spinal Cord Breathing and Ventilation Circulation Disability Exposure and Control of the Environment 7. SECONDARY SURVEY Secondary Survey is started after primary survey is completed and patient has been adequately resuscitated. Abdomen 5. • The Jaw Thrust in which mandible is pushed forward via index fingers. Avoid misusing assets on hopeless cases 5. Genitourinary 7. Neurological 33. No patient with abnormal vital signs should proceed to a secondary survey. Head 2. Ensure proper initial treatment within a minimal time frame. • The oropharyngeal airway comes in a variety of adult and pediatric sizes and is sized from the corner of the mouth to the earlobe. • The GOLDEN HOUR, the first hour after a traumatic injury, when emergency treatment is most likely to be successful. • Diagnosis of spinal cord injury should not precede resuscitation. Non-responders – Transient response to volume resuscitation = sign of ongoing blood loss – Non-responders = consider other source for shock state or operating room for control of massive hemorrhage 24. – Surgical Crichothyroidotomy. CIRCULATION Types of Shock in Trauma – Hemorrhagic Assume hemorrhagic shock in all trauma patients until proven otherwise Results from Internal or External Bleeding – Obstructive Cardiac Tamponade Tension Pneumothorax – Neurogenic Spinal Cord injury Sources of Bleeding – Chest – Abdomen – Pelvis – Bilateral Femur Fractures 23. • GOALS: 1. • Do not apply traction. 2.

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