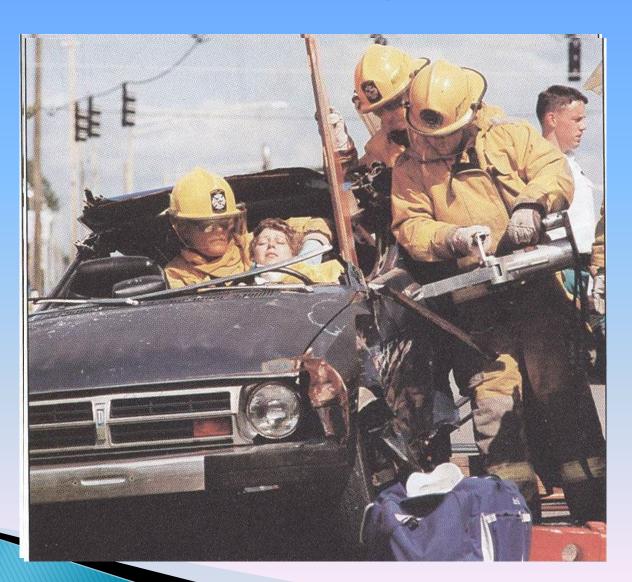
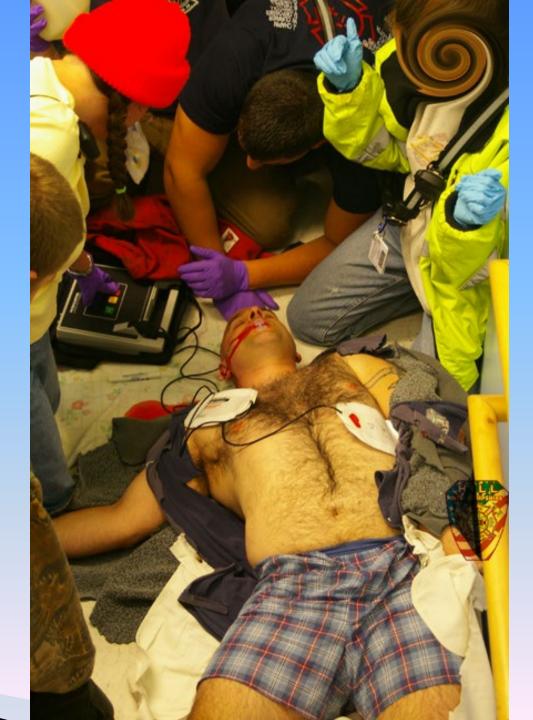


PRE-HOSPITAL PERIOD

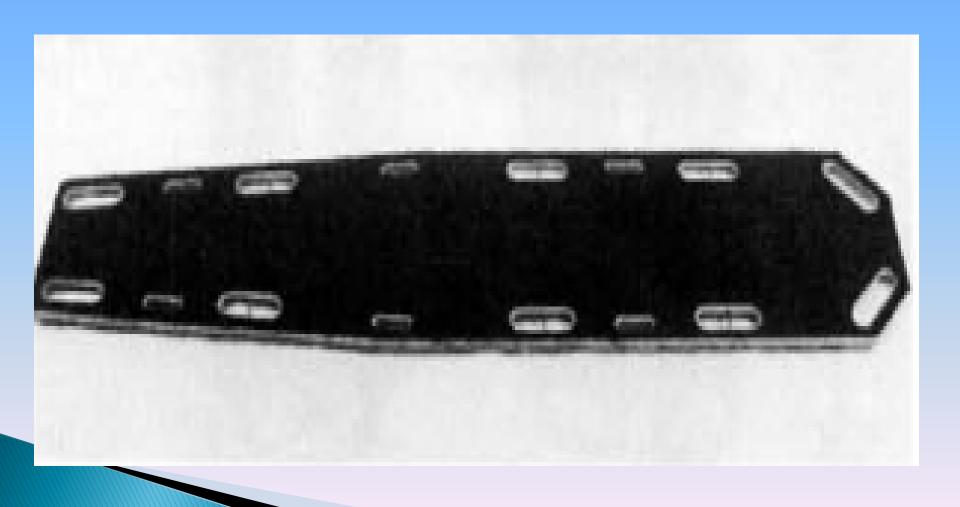


Pre-hospital Period

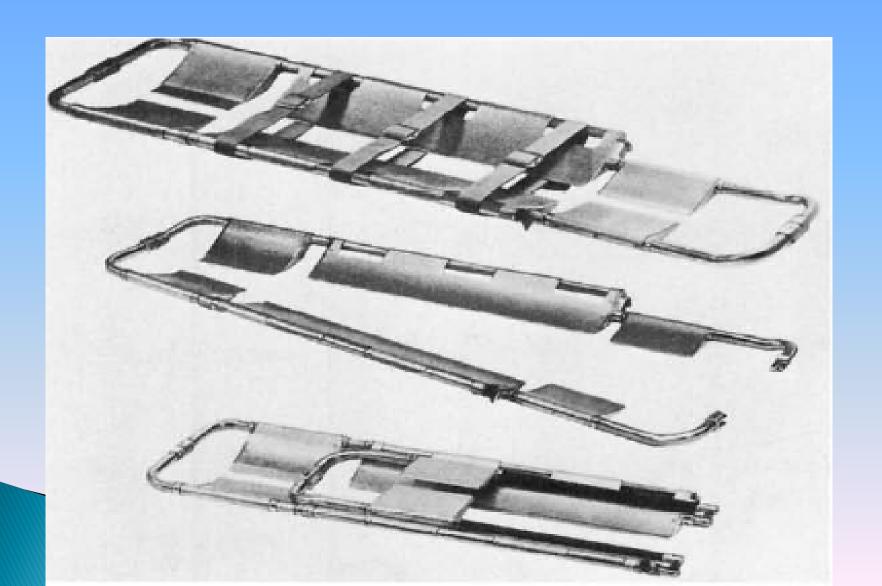
CPR
Spine Immobilization
Limb Immobilization
Rapid Transport



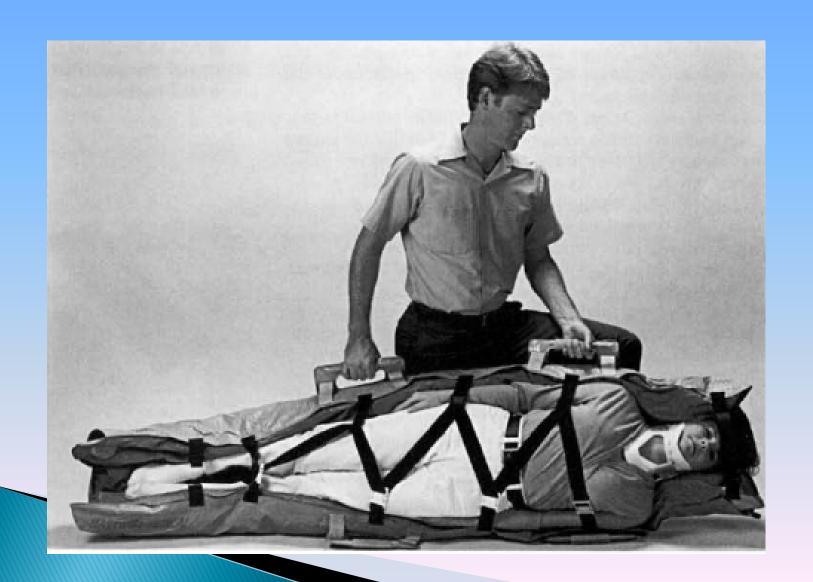
BACKBOARD



SCOOP



VACUUM MATTRESS SPLINT



PHILADELPHIA COLLAR

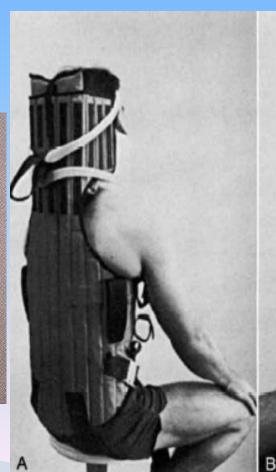


STIFNECK COLLAR

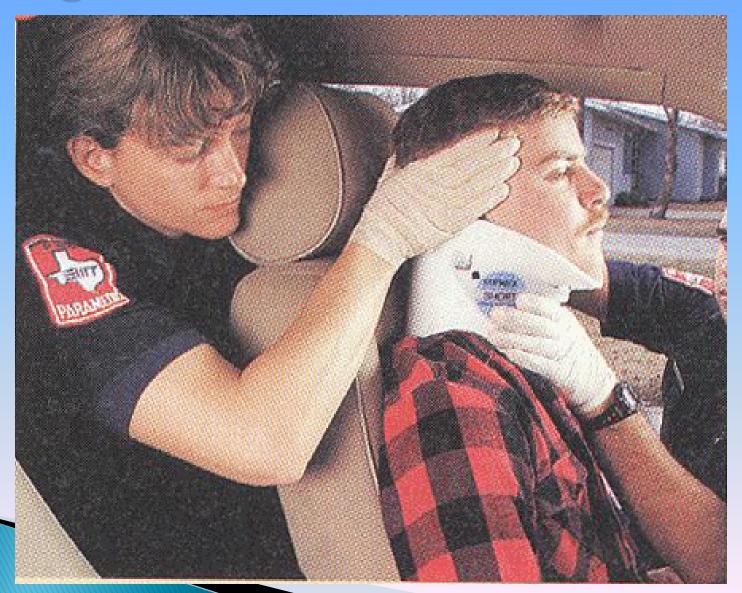


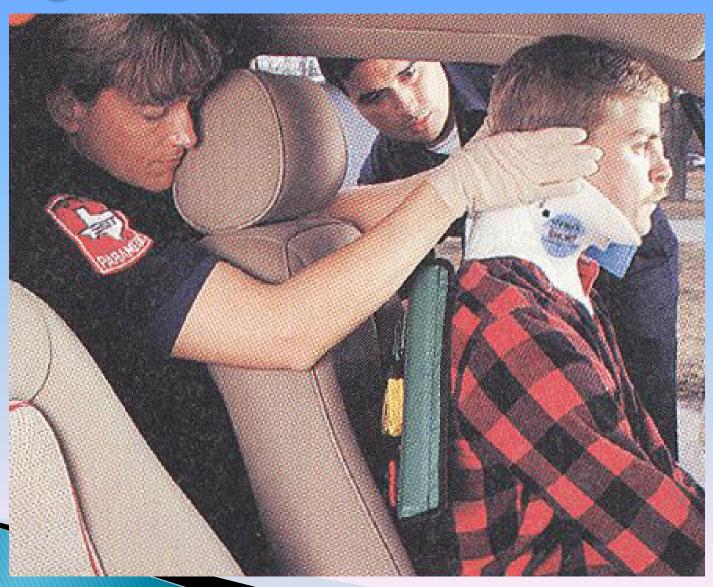
The Kendrick Extrication Device (KED)

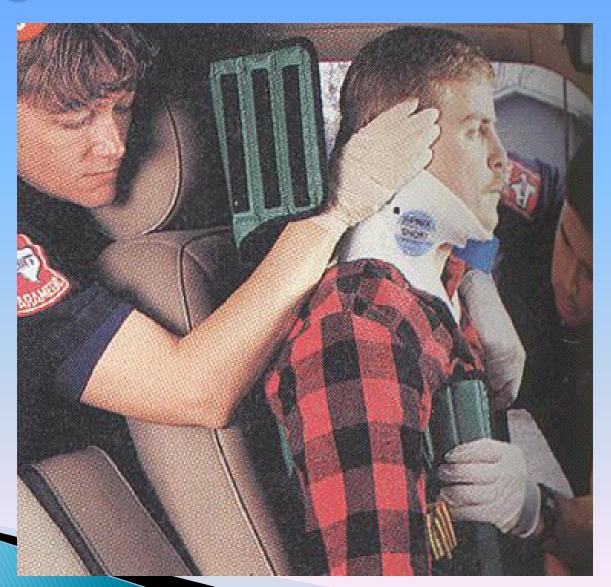






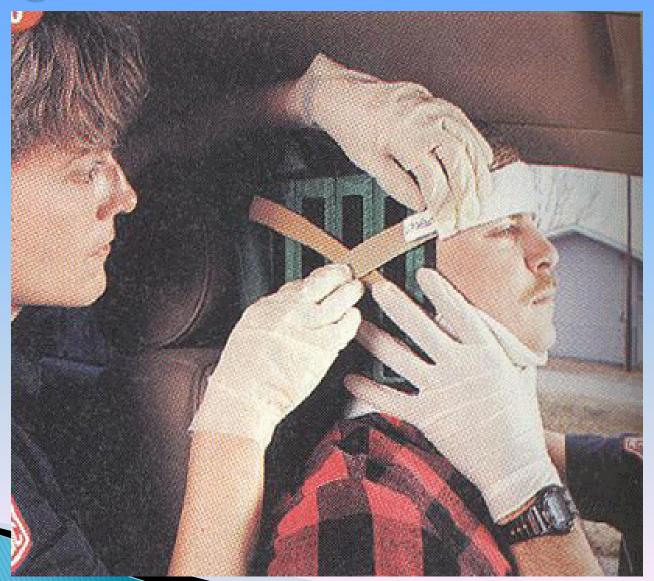


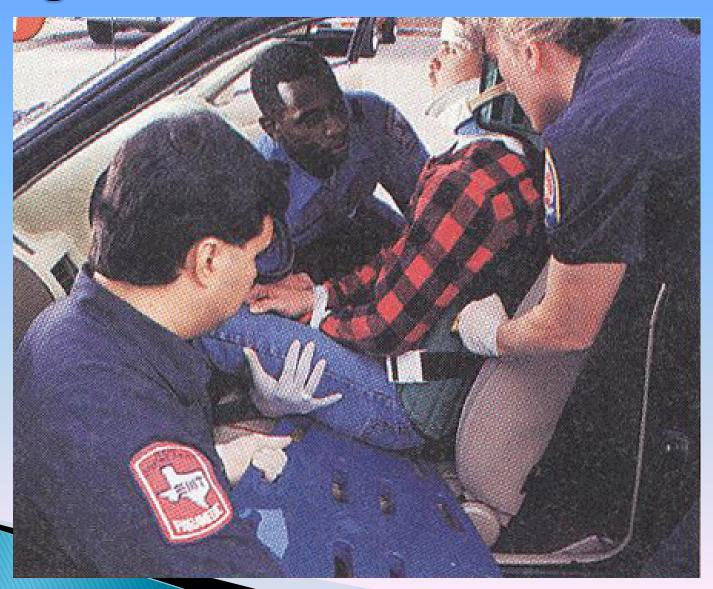


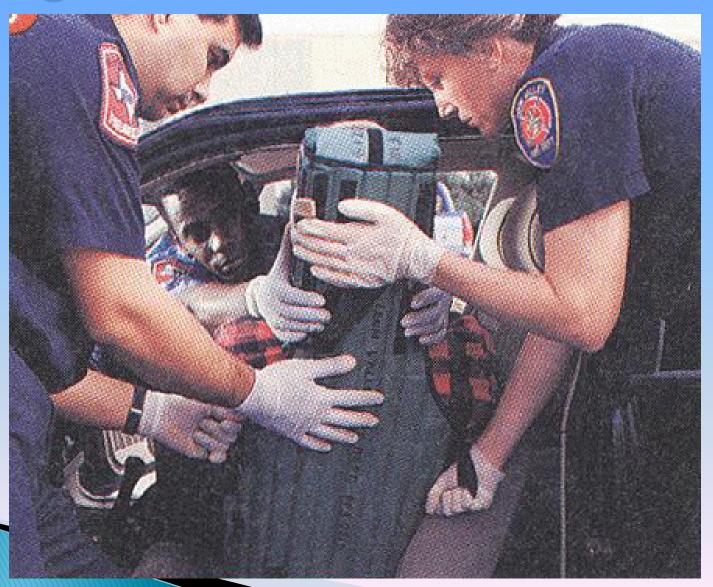






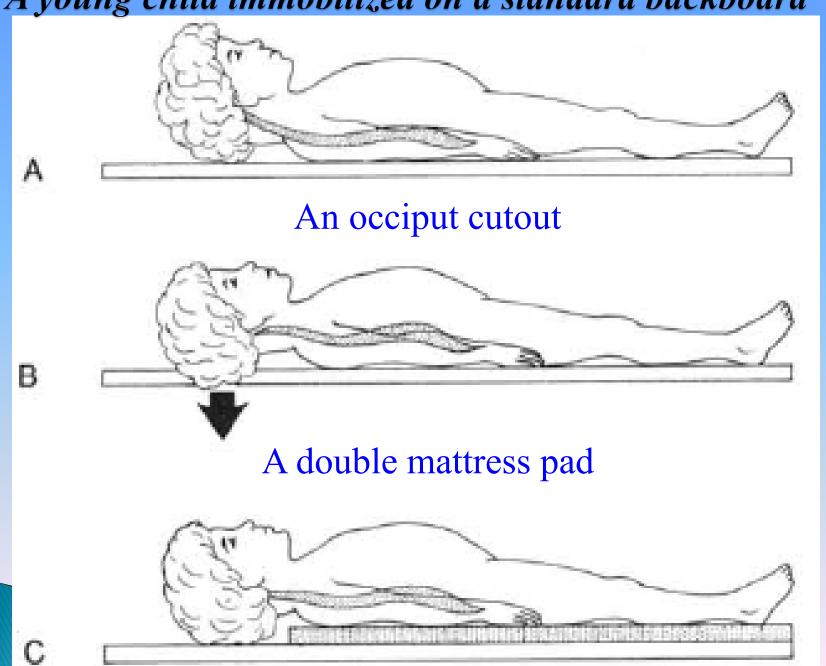




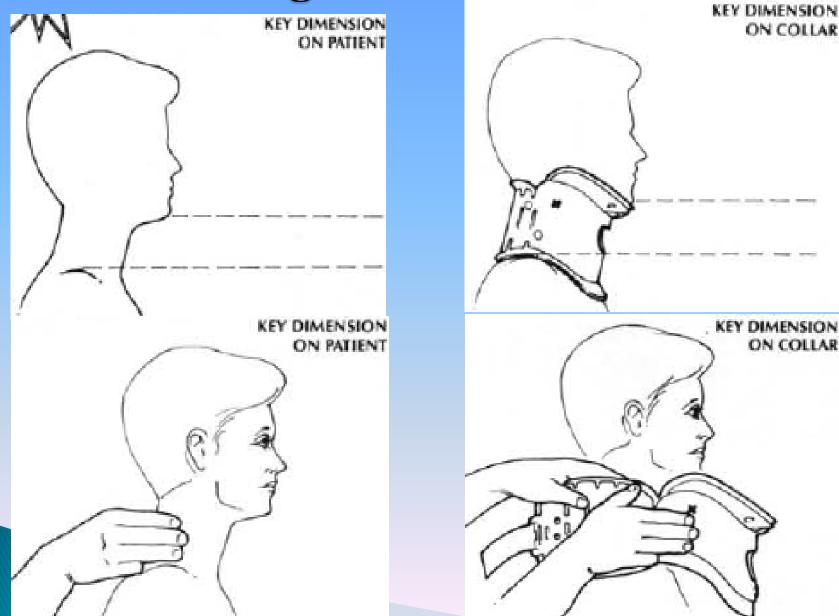




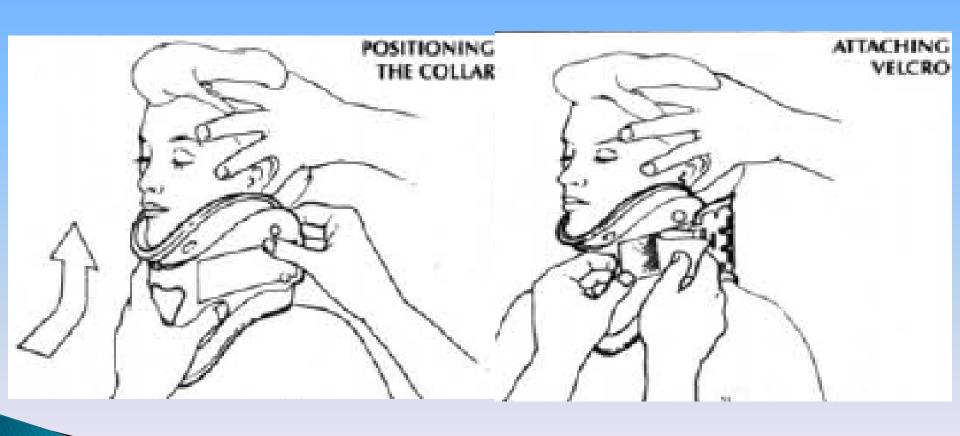
A young child immobilized on a standard backboard



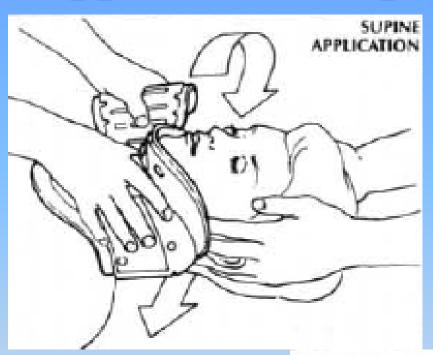
Pre-determinig the Correct Size



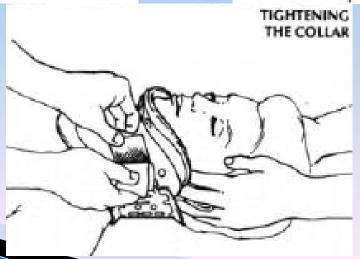
Application (Sitting/Standing Position)



Application (Supine Position)







In ED



ADVANCED TRAUMA LIFE SUPPORT



ATLS

- PREPARATION & TRIAGE
- PRIMARY SURVEY
- **RESUSCITATION**
- ADJUNCTS TO PRIMARY SURVEY
 AND RESUSCITATION
- SECONDARY SURVEY



BEFORE ALL ...

SCENE SAFETY

RESPONSIVENESS

CHECK



ATLS

AS A GENERAL RULE, ALL TRAUMA PATIENTS SHOULD BE PLACED ON SUPPLEMENTAL OXYGEN



PRIMARY SURVEY

- > A: AIRWAY WITH CERVICAL SPINE PROTECTION
- B: BREATHING
- C: CIRCULATION
- D: DISABILITY OR NEUROLOGIC STATUS
- ► E : EXPOSURE(UNDRESS) AND ENVIRONMENT(TEMPERATURE CONTROL)

SECONDARY SURVEY

- HEAD-TO-TOE EVALUATION
- **GCS**
- PHYSICAL EXAMINE
- LAB EXAMINE
- HISTORY A ALLERGIES
 - M MEDICATIONS CURRENTLY USED
 - P PAST ILLNESS / PREGNANCY
 - L LAST MEAL
 - E EVENT / ENVIRONMENT RELATED INJURY



AIRWAY

AIRWAY ASSESSMENT & MANAGEMENT
OBSTRUCTION ...
SWELLING ...
PROGRESSIVE HEMATOMA ...
DISTORTED ANATOMY ...
ALTERED MENTAL STATUS ...



AIRWAY PROCEDURE

CERVICAL COLLAR

INTUBATION



BREATHING

> OXYGENATION (Pao2>60mmHg)

Palpation

palpation

auscultation



BREATHING PROCEDURE

CHEST TUBE

NEEDLE THORACOTOMY



CIRCULATION

- HEMODYNAMIC ASSESSMENT
- EXTERNAL HEMORRHAGE CONTROL
- NESUSCITATION
- EXTENDED FAST



DISABILITY OR NEUROLOGIC STATUS

► INCLUDE :GCS
PUPIL
MOTOR



EXPOSURE(UNDRESS) AND ENVIRONMENT(TEMPERATURE CONTROL)

- COMPLETELY UNDRESS THE PATIENT BUT PREVENT HYPOTHERMIA
- LOGROLL & TR & TV



ADJUNCTS TO PRIMARY SURVEY AND RESUSCITATION

- X-RAYS AND DIAGNOSTIC STUDIES
 Chest, Pelvis, C-spine, DPL or FAST
- **URINARY AND GASTRIC CATHETERS**
- **MONITORING**

```
_ABG analysis and ventilatory rate, ETCO2, ECG, POM, BP
```



GLASGOW COMA SCALE

Eye opening (E)

- Spontaneous

4

- To speech

3

- To pain

2

- None

1



GLASGOW COMA SCALE

Best motor response (M)

- Obeys commands	6
- Localizes pain	5
- Normal flexion (withdrawal)	4
- Abnormal flexion (decorticate)	3
- Extension	2
- None (flaccid)	1



RESPONSE	SCORE	SIGNIFICANCE
EYE OPENING		
Spontaneously	4	Reticular activating system is intact; patient may not be aware
To verbal command	3	Opens eyes when told to do so
To pain	2	Opens eyes in response to pain
None	1	Does not open eyes to any stimuli
VERBAL STIMULI		
Oriented, converses	.5	Relatively intact CNS, aware of self and environment
Disoriented, converses	4	Well articulated, organized, but disoriented
Inappropriate words	3	Random exclamatory words
Incomprehensible	2	Moaning, no recognizable words
No response	1	No response or intubated
MOTOR RESPONSE		
Obeys verbal commands	.6	Readily moves limbs when told to
Localizes to painful stimuli	5	Moves limb in an effort to remove painful stimuli
Flexion withdrawal	4	Pulls away from pain in flexion
Abnormal flexion	3	Decorticate rigidity
Extension	2	Decerebrate rigidity
No response	1	Hypotonia, flaccid: suggests loss of medullary function or concomitant spinal cord injury

GLASGOW COMA SCALE

Verbal response (V)

- Oriented

5

4

3

2

- Confused conversation

- Inappropriate words

- Incomprehensible sounds

- None



