Focused History & Physical Examination of Trauma Patients

Lesson Goal

- Recognize MOI to predict injury in trauma patient

Lesson Objectives

- Discuss importance of considering MOI
- State reasons for performing rapid trauma assessment
- Give examples of situations calling for rapid trauma assessment and explain why it is appropriate in each case
Lesson Objectives

- Explain elements of a rapid trauma assessment
- Discuss when appropriate to change rapid assessment to allow for patient care
- Discuss reason for performing focused history & physical exam
- Discuss feelings patients might experience during assessment

Introduction

- Once initial assessment complete, perform further assessment, looking for any other injuries & medical conditions

Significant MOI

- MOI
  - Guides focused history & physical examination of trauma patient
  - Helps predict possibility of injuries that might not be evident from physical exam alone
Significant MOI

- Ejection from vehicle
- Death in same vehicle
- Falls >20 feet
- Vehicle rollover
- High-speed MVC
- Vehicle-pedestrian collision
- Motorcycle crash
- Altered mental status
- Penetrating injury of head, chest, or abdomen

Restraint System Injuries

- Unrestrained vehicle occupants are at high risk for injury
- Restraint systems prevent deaths & serious trauma
- Some injuries are associated with restraint systems

Restraint System Injuries

- Lap belt only
  - Compression injuries of abdomen & spine
  - Head, chest trauma
- Shoulder harness only
  - Neck, clavicle injuries
  - Lower extremity injuries
Restraint System Injuries

- Air bags
  - Frontal impact
    - Facial abrasions, burns, eye damage
  - Side impact
    - Abrasions, burns
  - Critical injuries in small adults & children
  - No protection from subsequent impacts

Pediatric Considerations

- MOIs that cause critical injuries
  - Falls >10 ft
  - Bicycle collisions
  - Medium-speed MVCs

Considerations after Scene Size-Up & Initial Assessment

- Determine patient priority for treatment & transport
  - Is patient stable enough for continued assessment on scene?
Considerations after Scene Size-Up & Initial Assessment

- Determine appropriate continued assessment
  - Rapid trauma assessment
  - Focused history & physical exam
  - Continue focus on initial assessment

Trauma Assessment

Who Needs Rapid Trauma Assessment?

- Significant MOI
- Altered LOC
- Actual or suspected trauma to:
  - Head
  - Chest
  - Abdomen
- Altered respiratory or pulse rates not responsive to earlier treatment
- Signs & symptoms of shock
Why Do Rapid Trauma Assessment?

- More detailed evaluation
  - Potential life threats
  - Assess injuries more specifically
  - Treat injuries
  - Determine who needs ALS/rapid transport

- Search for injuries not initially recognized
  - Head to toe
  - Inspection, palpation, auscultation

- Re-evaluate initial assessment findings

Reassess Mental Status

- Initial exam
  - AVPU

- Rapid trauma assessment
  - Glasgow Coma Scale
    - Eye opening
    - Verbal response
    - Motor response
Glasgow Coma Scale

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<thead>
<tr>
<th>Criteria</th>
<th>Patient Response</th>
<th>Score</th>
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<td>Eye opening</td>
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<td>Spontaneous</td>
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<td>To speech</td>
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<td>Verbal response</td>
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Inspection & Palpation

- Deformities
- Contusions
- Abrasions
- Punctures
- Burns
- Tenderness
- Lacerations
- Swelling

Assessing the Head

- Significant findings
  - Bleeding
  - Deformities or swelling
  - Contusions
    - Behind ears
    - Around eyes
  - Fluids
    - Mouth
    - Nose
    - Ears
  - Unequal/unresponsive pupils
Assessing the Neck

- Significant findings
  - Open wounds
  - Deformities
  - Tracheal deviation
  - Jugular venous distention
  - Neck muscle use

Skill 10-1: Spinal Immobilization

1. Apply and maintain manual stabilization of head & neck in neutral, inline position

2. Using your fingers, measure distance between patient’s lower jaw and shoulder (make sure your fingers are placed parallel to patient’s jaw)
Skill 10-1: Spinal Immobilization

3. Find C-collar that matches patient’s measurements or adjust collar to fit measurement

Skill 10-1: Spinal Immobilization

4. Apply C-collar; secure it

Skill 10-1: Spinal Immobilization

5. Maintain manual stabilization until patient is fully immobilized on long backboard
Assessing the Chest

- Assess for:
  - Open wounds
  - Bruising
  - Deformity
  - Unequal movement
  - Breath sounds
  - Crepitus

Assessing the Abdomen

- Assess for:
  - DCAPBTLS
  - Distention
  - Guarding

Assessing the Pelvis

- Assess for:
  - Contusions/abrasions
  - Instability
  - Bleeding from urethra
  - Crepitus
Assessing the Extremities

- Assess for:
  - DCAPBTLS
  - Distal pulses
  - Motor function
  - Sensation

Assessing the Back

- Failure to assess the back before spinal immobilization prevents assessment of the back until spine is cleared in ED

SAMPLE History

- Symptoms
- Allergies
- Medications
- Past medical history
- Last oral intake
- Events leading up to the situation
Focused Trauma Assessment

- Isolated extremity injury
- Normal mental status
- No significant MOI

Summary

- Assessment is required for decision making
- Determine MOI
- Initial assessment
  - Rapid trauma assessment
  - Focused trauma assessment
  - Focus on initial assessment