

## TRAUMA

ATLS guidelines should be followed.

Please refer to the Hospital Intranet – “Cluster and PWH Guidelines” to understand your role in the trauma team.

Also refer to the Hospital Intranet – “Cluster and PWH Guidelines” for “Head Injury Management in First 24 hours for multitrauma patients” and “Pelvic Fracture with Haematoma guidelines”

The following are a list of things to remind you in a trauma scenario:

### **Primary Survey**

- A Airway maintenance with cervical spine protection
- B Breathing and ventilation
- C Circulation with haemorrhage control
- D Disability: Neurological status
- E Exposure/Environmental control

Adjuncts to primary survey and resuscitation:

Blood pressure monitoring, ECG monitoring, pulse oximetry, ventilatory rate, end-tidal CO<sub>2</sub> monitor (if intubated), urinary and gastric catheters (if no contraindications), XRays, further imaging, laboratory and other investigations.

### **Secondary Survey**

After primary survey is completed and resuscitative efforts are established. Head to toe examination and reassessment of vital signs.

Since your primary role in the trauma resuscitation team is the “airway doctor”, you should familiarize the airway and ventilatory management in this setting (refer to ATLS course chapter 2).

Cervical Spine Clearance guideline can be obtained in ICU department protocol. High dose methylprednisolone for patients with nonpenetrating spinal cord injury within the first 8 hours of injury – 30mg/kg first 15 minutes  
- 5.4mg/kg per hour next 23 hours

Approximately 10% of patients with a C-spine fracture have a second associated vertebral column fracture and vice versa, hence keep log rolling the patient and complete radiographic screening of the spine will be required.