



# Trauma

Primary Survey of Pediatric Trauma Patients

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B  
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Assess	Life-Threatening Injuries	Management	Adjuncts
Airway & C-Spine Immobilization	◦ Obstruction	Open the airway Suction O2 100% via non-rebreather mask	<i>Note:</i> Activate Trauma Team if fulfilling criteria
	◦ Difficult Airway	Surgical Airway	
Breathing	◦ Tension Pneumothorax	Needle decompression	RR Pulse Oximeter ETCo2 CXR
	◦ Massive Hemothorax	Chest tube insertion	
	◦ Open Pneumothorax	3-sides occlusive dressing	
	◦ Flail Chest	BVM ventilation	
	◦ Impaired Oxygenation / Ventilation	RSI intubation	
Circulation & Hemorrhage Control	◦ External Hemorrhage	Control bleeding	E-FAST ECG ABG Pelvic Xray
	◦ Signs of shock	Secure 2 IV access, draw blood for labs & start fluid resuscitation. Keep in mind early blood administration in trauma patients.	
	◦ Cardiac Tamponade	Pericardiocentesis	
	◦ Absent circulation	CPR. Thoracotomy if witnessed arrest in blunt injuries.	<i>Note:</i> Activate MTP if fulfilling criteria
	◦ Pelvic Fracture	Wrap or bind pelvis	
Disability	◦ GCS ◦ Pupils exam ◦ Signs of laterization	Intubation if GCS $\leq$ 8 Initiate neuroprotective measures	
Exposure & Environmental Control	◦ Hypothermia	Remove clothes and start rewarming	
	◦ Obvious deformities	Splinting Then perform Log roll	
Foly's Cath	Contraindications: When urethral injury is suspected by the presence of blood at meatus or perineal ecchymosis.		Urinary Catheter
Gastric Decompression	Contraindications for NGT: Known or suspected fracture of the cribriform plate. Oral route is recommended.		Gastric Catheter
Help Your Patient	Assess & Check: Pain Open fractures Immunization status	Pain killers Antibiotic Tetanus vaccine	

