

PRIMARY SURVEY

Airway

- check while leaving the C-spine immobilized
- generally assume: **anyone with blunt injury above the clavicle is probably a C-spine fracture**
- **Talk to them**, ask them where they are.
- Not answering? **Hurt them.**
 - **Non-purposeful (eg. withdrawing or flexing) motor responses are a STRONG INDICATION FOR INTUBATION**
 - **Crude rule of thumb is a GCS of less than 8**
- This is the point where you should look for facial fractures, foreign bodies, vomit and facial burns
 - **When their ability to maintain an airway is at all in doubt, INTUBATE**

Breathing and Ventilation

- **expose the chest**
 - **watch** the chest wall excursion: is it symmetrical?
 - **Auscultate** it, high anterior – is air entry equal?
 - **Tension pneumothorax, open pneumothorax, flail chest- these should be identified during the primary survey**
 - **If you find a tension pneumothorax, it becomes your priority. DECOMPRESS THE TENSION PNEUMOTHORAX.**
 - **Get a valve over the open pneumothorax.**
- Auscultate apices for pneumothorax, bases for hemothorax**

Circulation with haemorrhage control

- HYPOTENSION is HYPOVOLEMIC in trauma until proven otherwise
- **3 elements which yield important information in seconds:**
 - **LEVEL OF CONSCIOUSNESS**
 - **SKIN COLOUR** – ashen gray?
 - **PULSE** – thready and fast?
- **BLEEDING:**
 - Control with pressure
 - Control with bone traction, reduction of fractures, pelvic braces, etc
 - Look in the chest abdomen and pelvis
 - **Two large-bore cannulas**
 - **At this point, someone should collect some bloods**
 - **Administer WARM fluids**
 - **Don't put blood products in the microwave.**