

Things you need to find and deal with during the primary survey

- Airway obstruction
- Tension pneumothorax
- Open pneumothorax
- Massive haemothorax
- Flail chest
- Cardiac tamponade
- Decompensating head injury

Other things you might do during the resuscitation phase

- Urinary catheter: only if they can't pass urine spontaneously or if there is a pressing need to measure urine output
- NG tube placement
- Analgesia: IV; no entonox if there is base of skull fracture or pneumothorax

Secondary survey

- "a simple but thorough search for the anatomical features of injury"
- Surface, orifice, cavity, extremity
- This is also where you do the log roll
- LOOK FOR
 - CSF leak
 - Inside and outside the mouth
 - Loose teeth
 - Otoscopy for haemotympanum
 - Ophthalmoscopy for retinal haemorrhage
 - Palpate the C spine
 - Inspect neck veins
 - Auscultate the chest
 - PR is only performed if it is going to change management
- Get CT scans
- Get an ECG

Repeat the ABCDE! **Especially if there is a deterioration.**

- ABG
- Hemodynamics, hemoglobin, hemostasis
- Urine output monitoring: 1-2ml/kg/hr

METABOLIC SURVEY: **EFGH**

- Electrolytes
- Fluid balance
- Gastrointestinal
- Hormones