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Casualty Care

Training Document

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Introduction

This document will talk through the steps to follow through a scenario at scenes, when it comes to injuries.

This can come through a METHANE job, RTC, ambulance assist or if ambulance are not on scene yet and you have to start doing casualty care.

Each scenario will be different, so different way of assessing the casualty will vary from job to job

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D - Danger

C - Catastrophic Hemorrhage

R - Response

Ac - Airway with C-Spine Considerations

B - Breathing

C - Cardiovascular

D - Disability

E - Environment, examine, everything else

Danger

- To be aware if safety considerations to be considered when approaching a scene
- To be able to conduct an initial assessment
- To gather information form scene survey

Initial scene assessment - S.M.A.R.T

- Scene safety & send for help
- Mechanism of injury
- Access and egress
- Resources Required
- Triage

Catastrophic Hemorrhage

- To understand the reason why catastrophic haemorrhage control takes priority over other interventions
- To treat catastrophic hemorrhage with urgency and without delay
- Become familiar with the equipment available to treat catastrophic hemorrhage

Catastrophic Hemorrhage

The reason why catastrophic haemorrhages take priority over other interventions before any other thing, if someone is bleeding very heavily as a result of a stabbing, shooting, or road traffic collision.

- Apply and maintain pressure to the wound with your gloved hand, using a clean pad or dressing if possible. Continue to apply pressure until the bleeding stops

- Use a clean dressing to bandage the wound firmly

- If bleeding continues through the pad, apply pressure to the wound until the bleeding stops, and then apply another pad over the top and bandage it in place, Do not remove the original pad or dressing, but continue to check that the bleeding has stopped

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Catastrophic Hemorrhage

Equipment available:

Tourniquet

A device for stopping the flow of blood through a vein or artery, typically by compressing a limb with a cord or tight bandage

Catastrophic Hemorrhage

Equipment available:

Gauze

Gauze forms an adhesive gel that seals the wound to stop the flow of blood, speeding up compression time.

Catastrophic Hemorrhage

Equipment available:

Dressing band-aid

A dressing is used to protect
a wound and prevent infection,
but also allows healing.
A dressing should be large
enough to totally cover the wound.

Airway with C-Spine Considerations

- To demonstrate how to assess the airways
- To demonstrate effective management if the airways
- Perform effective manual inline stabilisation of the S-Spine where required

Airway with C-Spine Considerations

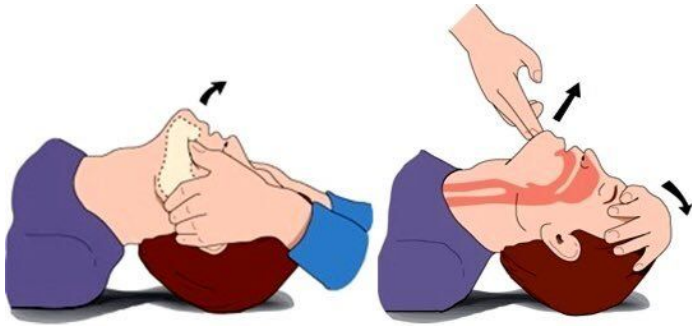
What to expect when airways are blocked

- Tongue
- Blood / Vomit
- Anaphylaxis
- Burns
- Swelling from trauma
- Foreign body
- Teeth

Airway with C-Spine Considerations

Interventions which can be used to open up the airways

- Suction and postural drainage - remember C-Spine when postural drainage
- Manual maneuver - Head tilt - chin lift for non C-Spine. Jaw thrust for C-Spine patients
- Airway Adjuncts



Airway with C-Spine Considerations

C-Spine considerations:

Mechanisms of injury would create a high suspicion of C-Spine damage

- Vehicle collisions
- Falls From Height
- Penetrating or blunt trauma
- Sport injuries
- Diving injuries

Breathing

Normal breathing - RVE

- Rate
- Volume
- Effort
- Put on oxygen
- 10-20/min & Regular
- Normal chest rise and fall
- Effortless, easy respirations

Age	Respiration rate
< 1 year	30 - 40
1 – 2 years	25 - 35
2 – 5 years	25 - 30
5 – 12 years	20 - 25
>12 years	12 - 20

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Breathing

Equipment available:

Bag and Valve mask (BVM)

A bag and Valve mask is use
for rescue breaths when unconscious

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Breathing

Equipment available:

Chest Seal

This is used for the compression of the lungs if it's a chest injury

Breathing

Pulse oximeters

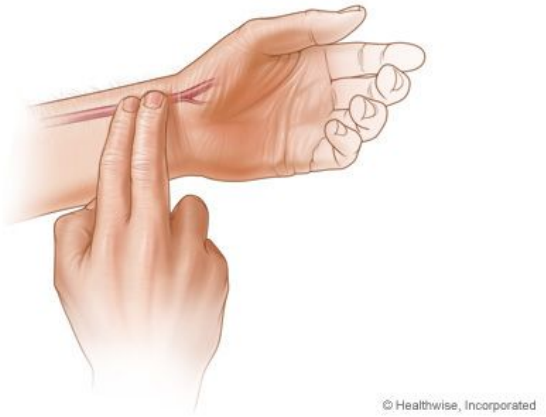
- Led probe shines light through the body towards the receiver which measures the intensity
- Oxygenated blood absorbs different amount of light compared to deoxygenated blood
- The percentage of of oxygenation is expressed on the machine.
- Normal range - 94 / 98 %

Circulation

- Where to check for a pulse
- How to recognise further bleeding and management with appropriate dressings
- How to assess the chest, abdomen, pelvis and long bones for internal bleeding or fractures

Circulation

Taking a pulse and where to take a pulse



radial artery

carotid artery

Circulation

Blood on the floor and 4 more:

- Control of bleeding- Reassess your catastrophic haemorrhage interventions, then control more minor external bleeding with bandages.
- 1) Chest
- 2) Abdomen
- 3) Pelvis- A pelvic binder should be applied if a fracture is obvious or suspected.
- 4) Long bones- Splinting controls bleeding.

Circulation

Equipment available:

Pelvic Binder

A pelvic Binder is a device used to compress the pelvis in people with a pelvic fracture in an effort to stop bleeding

Disability

- We need to reassess the patients level of consciousness

- Checking the pupils and a basic understanding of conditions that cause abnormal results

- Perform a FAST test and recognize Stroke

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Disability

Recognising a stroke

Diabetes can often be mistaken for stroke or alcohol intoxication, however, without a blood glucose monitor you should air on the side of caution. Ask the patient if they are diabetic

Examine / Extricate

- Use Documentation to record a SAMPLE history if possible
- Use Documentation to record an ATMIST handover

Handover Tool (ATMIST):

This information can be crucial
for ambulance or hospital workers
as it gives them all the information
they need to further treat the patient

A.T.M.I.S.T. Handover

Age	Age and Sex of casualty	5 Seconds
Time	Estimated time of arrival and the time of incident	10 Seconds
M.o.i	Mechanism of Injury. -The Gross mechanism of injury (Crash, stab etc) - Known Factors associated with major injuries E.g. entrapment, rollover, ejected	20 Seconds
Injuries	Seen or Suspected	25 Seconds
Signs	-Vital signs, Heart Rate, Blood Prssure, Respitary Rate, SP02, GCS/AVPU -An indication to whether the patient has improved or deteriorated since arrival	35 Seconds
Treatment	Treatment Given	45 Seconds

Examine / Extricate

History Taking Tool (SAMPLE)

- Signs and Symptoms
- Allergies
- Medication
- Past medical history
- Last meal
- Events of incident

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