PRIMARY SURVEY

X – Exsanguinating hemorrhage
  - Tourniquet life-threatening extremity bleeds
  - Direct pressure, wound pack & pressure dress junctional wounds
  - Apply pelvic stabilization if needed

A – Airway
  - Allow conscious casualty to maintain patent airway in position of choice
  - Unconscious casualty initially receives jaw-thrust
  - Determine if basic adjunct (NPA or OPA) is appropriate
  - Consider extraglottic airway (King LTD, iGel, Combitube, LMA Supreme) or ETI for unresponsive casualties without gag reflex
  - Prep for cric (surgical or needle) for casualties with maxillofacial trauma, inhalation burns or chemical ingestion

B – Breathing
  - Assess torso neck to beltline for signs of internal hemorrhage, work of breathing, flail segment, penetrating injuries, blunt trauma to torso
  - Support oxygenation & ventilation (SpO2 94-99% & PETCO 35-45mm Hg)
  - PPV flail segments for internal splinting & apply trauma dressing externally
  - Apply occlusive seals to penetrating injuries neck to beltline
  - Assess for tension pneumothorax (MOI, increasing dyspnea & JVD)
    - Burp seal(s) or needle decompress if tension presents

C – Circulation
  - Evaluate mentation & quality of radial pulse to rapidly assess for shock
  - Establish vascular access (IV or IO)
  - Fluid resuscitation for hypotensive patients
  - TXA administration for internal bleeds, massive blood loss, severe TBI, significant amputations

D – Disabilities
  - Assess AVPU
  - Capture POC glucose & treat if indicated
  - Prevent secondary injuries (hypoxia, hypotension, hypothermia, hypo/hypercapnia)
  - If TBI with S/S of herniation ventilate to maintain PETCO 30-35mm Hg
    - Elevate casualty’s head >30 degrees
    - 250mL bolus of 3% or 5% hypertonic saline or give mannitol

E – Exposures
  - Prevent or treat hypothermia
  - Assess head-to-toe for other trauma signs
SECONDARY SURVEY

Repeat primary survey to evaluate effectiveness of treatments, assess for missed wounds and trend vitals (RR, SpO2, PETCO, HR, BP, GCS, BGL, temp).

BURNS

X - Remove from source and completely stop the burning.
A - Treat inhalation burns that are compromising airway.
B - Circumferential torso burns may impede respirations. Support oxygenation & ventilations.
C - Dress/bandage burns with dry sterile dressings & calculate TBSA burned.
D - Fluid resuscitation based on TBSA using Rule of 10s.
E - Prevent or treat hypothermia.
Transport to burn center if >20% TBSA