

## **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, AuraGain) or ETI for unresponsive casualties without gag reflex
- Prep for surgical cric for casualties with maxillofacial trauma, inhalation burns or chemical ingestion  $\geq 10$  yoa

### **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 (SpO<sub>2</sub> 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)
  - o Burp seal(s), needle decompress, finger thoracostomy or chest tube if tension presents

### **C – Circulation**

- Evaluate mentation & quality of radial pulse to rapidly assess for shock
- Establish vascular access (IV or IO)
- Warm 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
  - o Elevate casualty's head ~30 degrees
  - o 30mL bolus of 23.4% hypertonic saline *or*
  - o 250mL bolus of 3% or 5% hypertonic saline *or*
  - o Administer 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 (HR, BP, RR, SpO<sub>2</sub>, PETCO, 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 & ventilation.
  - Consider escharotomy
- 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  $\geq 20\%$  TBSA