Trauma Assessment

REFRESHER

RECOGNIZE IT

- Start with scene safety and BSI; evaluate MOI, number of patients, and need for resources
- Then ABCs and LOC — BLS and ALS pathways run from the same primary survey

ASSESS

- Significant MOI: ejection, fall more than three times the patient's height, MVC with a death, vehicle vs pedestrian or biker
- Also significant: high-speed collision, rollover, penetration of head, chest, or abdomen, unresponsive or altered mental status
- Significant MOI should be an ALS patient if available
- Rapid assessment: quick head-to-toe looking for and treating life threats as you find them — airway/C-spine, breathing, circulation

ACT — FIRST MOVES

1. No significant MOI: focused trauma assessment, baseline vitals, SAMPLE, transport decision, focused assessment of the identified injury (while evaluating for others)
2. Significant MOI: rapid trauma assessment, baseline vitals, SAMPLE, transport decision
3. Then a detailed assessment, and treat per the appropriate protocol(s)

PEARLS

- The pathway forks on MOI significance — everything downstream (focused vs rapid, ALS vs BLS) follows that call

Take Home Message:

Scene, ABCs, then the MOI call decides the pathway: focused assessment without significant MOI, rapid assessment with it — ALS if available.