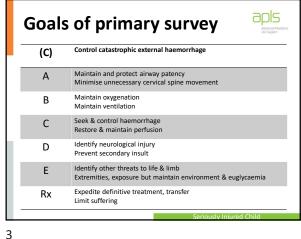


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**Activity 2** apls Pre arrival preparation Stop exsanguinating haemorrhage - compression, suture, binder Airway equipment Minimise unnecessary neck movement ICC for Tension PTx, Massive Htx, Open Ptx . Ventilation for Flail chest/lung contusion CXR IVC x2, warmed IV crystalloid 10 ml/kg +/- 5ml/kg O-ve blood, ? TXA ?MTP . ?FAST. Pelvic Xray Rapid neuro assessment , AVPU. GCS, Pupils, Limb movement D Secondary brain and spinal protection – avoid hypotension, hypoxia Extremity RV, Exposure - log roll to assess posterior and T-L spine Environment - Keep warm & Check BSL Trauma page, Bloods , XM, trauma imaging, consider analgesia, O-ve Rx Blood, Notify surgeon, anaesthetist, Inter-facility transfer?

Re-assessment - Possible diagnoses	
(C)	
А	Airway threatened, may become obstructed secondary to diminished LOC (CHI, opiates, shock)
В	Tension pneumothorax, Massive haemothorax Flail chest & pulmonary contusions ? Diaphragmatic hernia
С	Intra peritoneal haemorrhage - Ruptured spleen Retro-peritoneal haemorrhage – pelvis +/- kidney Cardiac tamponade/contusion. BP 90 = large blood loss
D	Progressive head injury – raised ICP, lateralising signs. Progressive spinal injury needs consideration
E	Hypothermia, hypoglycaemia, hidden injuries

**Treatment and** apls investigation (C) HFO NRB, suction, OPA ? NPA maintain cspine immobilization - BVM, prepare for RSI Left ICC – before or after RSI? CXR before/after? Pelvic binder + Xray. FAST. 5ml/kg warmed blood, 10ml/kg crystalloid until available, TXA, Surgeon A  $\underline{\underline{\mathsf{V}}}$ PU – likely ICH – secondary brain protection D Avoid hypotension, hypoxia. Hyperventilate. Mannitol/HTS? Exposure, look for injuries, keep warm, euglycaemia Ix, Meds Cspine Xray, CXR, Pelvic Xray – CTB, CT Abdo. Surgical and Neurosurgical RV

5 6