INTRODUCTION

DDx

Resus cubicle, Team approach, Continuous monitoring

STABILISATION

Airway patent and protected – airway maneuvers, consider ett + cervical Spine
Breathing – supplemental O2, SaO2, BVM
Circulation – IV access x 2 take blood for... (peads 2 attempts of 90 sec I/O)
Disability – Neuro AVPU

HISTORY

Event and Ample

Examination

In trauma- tip to toe- ‘bruising, laceration, deformity’

Identify and treat life threatening emergencies

In head injury prevent secondary head injury by preventing

-hypoglycaemia, hypovolaemia, hypoxia

In TOX – toxidromes, odours, eye findings, abdo, co-ingestion

Investigations

Definitive Treatment

G – GONT
R – Refer
A – antiemetics, analgesia, antiarrhythmics, antibiotics
F – Fracture- analgesia, splint elevate, fast patient
T – Tetanus, treat the cause, temperature control

Supportive Care

V – Vitals
I – Isolation
L – Lines- arterial, CVC
A – Analgesia

I – IDC
N – NGT

T – Tube care, tape eyes, pressure care, suction, sedation
R – Relatives informed
E – Electrolyte and fluid disturbance treatment
E – Exclusion from school, driving, swimming, etc..
S – Supports – social work, child care

DISPOSITION

T – Transfer/transport
R – Report – NAI, infectious disease
E – Educate and prophylaxis
A – Admit
D – Debrief Staff

Phrases to remember and to actually perform

-gain rapport, non-judgemental, pleasant, non-confrontational, respectfull, empathy, compassion