

SAQ ANSWER

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... (paeds 2 attempts of 90 sec I/O)

Disability – Neuro AVPU

-In paeds consider growth, immunization, milestones

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, respectful, empathy, compassion