

Emergency Evaluation

The Athletic Trauma Survey



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Emergency Evaluation

The Athletic Trauma Survey

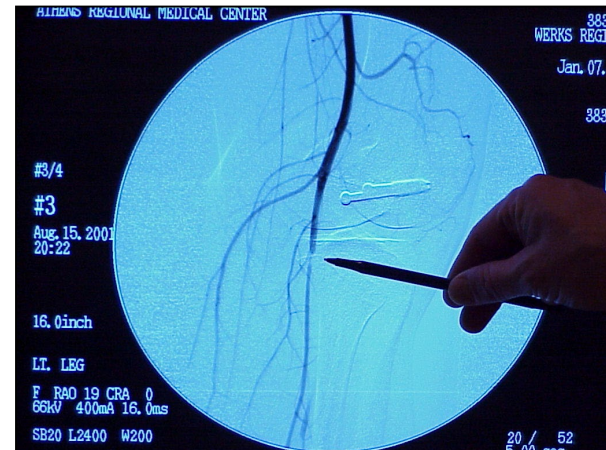
Based upon assessment, decisions made regarding:

1. extent and seriousness of injuries
2. treatment options
3. packaging
4. transportation



“TIME”

- Definitive care cannot be provided for the critical trauma patient in field
- **Time is of essence**
- Pre-hospital care, stabilization in ED, and surgical intervention must all be provided as soon as possible post-insult



“Load and Go” vs. “Stay and Play”



“Load and Go”

- Patients exhibiting difficulty with:
 - respiration,
 - circulation, and/or
 - decreased LOC



Athletic Trauma Survey

Evaluation and management plan for assessing athletic emergencies

- 1. Scene Survey**
- 2. Primary Survey**
- 3. Secondary Survey**



Scene Survey

- Scene safe and controlled ?
- PPE needed ?
- Mechanism of injury ?
- C-spine stabilization required ?
- # of athletes injured ?
- Additional help needed ?



Primary Survey: LOC-ABC

- General impression
- Chief complaint; apparent life threats
- LOC
- Identify priority athlete(s)
- Transport?



Level of Consciousness

- AVPU

- Alert
- responds to Verbal
- responds to Pain
 - sternal rub
 - modified jaw thrust
 - pinch web space
- Unresponsive



Primary Survey

Airway

- Open? patent ?
- Maintain by jaw thrust
- Airway management as appropriate, suction
- Consider adjunct



Primary Survey

Breathing

Rate, Quality, Distress

- Is it adequate?
- Oxygen therapy?
- BVM



Primary Survey

Circulation – Rate Rhythm Character

- cardiac arrest
- major bleeding
- vascular compromise
- shock



Primary Survey

Circulation

- Assess pulse at radial and carotid arteries
- Assess for and control major bleeding
- Assess skin (color, temperature, and condition)
- Assess capillary refill



Secondary Survey

- Baseline vital signs
- Head-to-toe survey
- SAMPLE history
- Focused exam
- Manage secondary injuries
- Reassess LOC/mental status and vital signs



Baseline Vital Signs

- **Absolute**

- pulse
- blood pressure
- Respiration
- SpO₂

- **Relative**

- peak expiratory flow rate (PEFR)
- Petco₂
- temperature
 - oral, tympanic, rectal



Head-To-Toe Survey

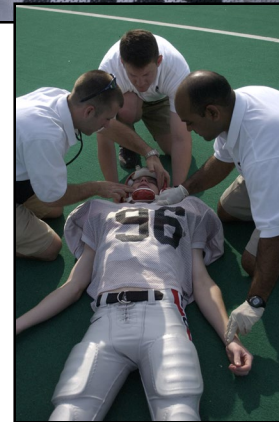
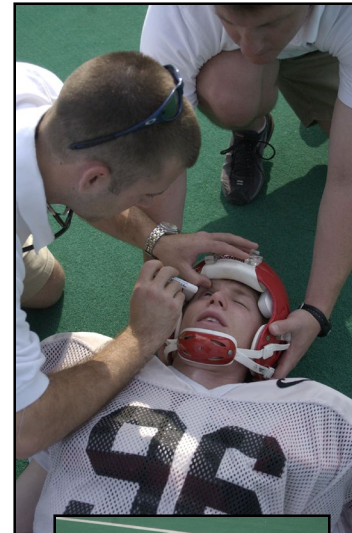
- Areas of injury should be inspected both visually and by palpation
- **DCAP-BTLS**
 - Deformities
 - Contusions (bruising)
 - Abrasions
 - Punctures/Penetrations
 - Burns
 - Tenderness
 - Lacerations
 - Swelling



Head-To-Toe Survey

Head

- inspect head
 - eyes: PERRL
 - discharge from ears, nose, mouth
 - deformity
 - discoloration/ecchymosis
 - Battle's sign, raccoon eyes
- palpate head



Head-To-Toe Survey

Neck

- palpate neck
- inspect neck
 - jugular vein distension (JVD) and/or tracheal deviation
 - tension pneumothorax
 - pericardial tamponade



Head-To-Toe Survey

Chest

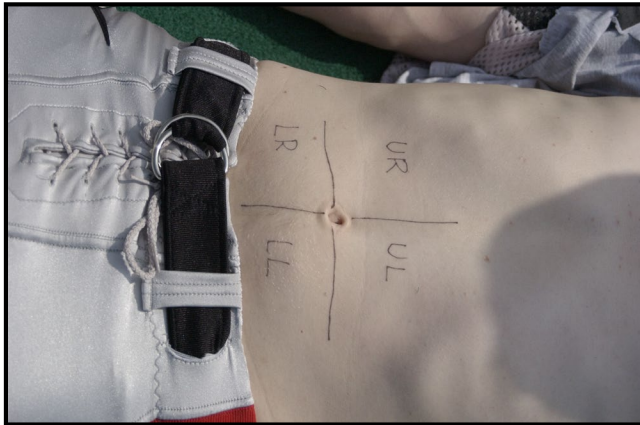
- inspect
- Palpate
- auscultate



Head-To-Toe Survey

Abdomen

- inspect
- Palpate
- TRD



Head-To-Toe Survey

- Pelvis
- Genitalia/perineum
 - assess as appropriate



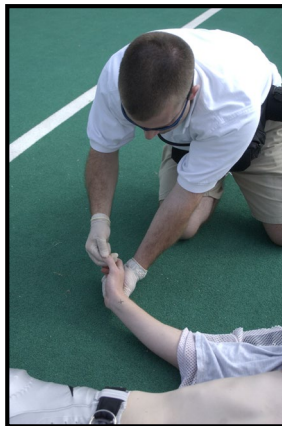
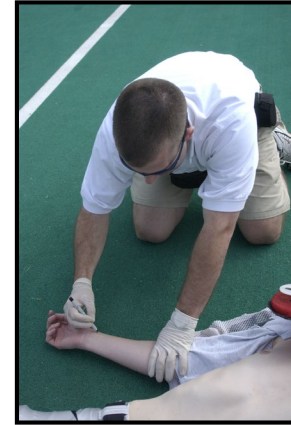
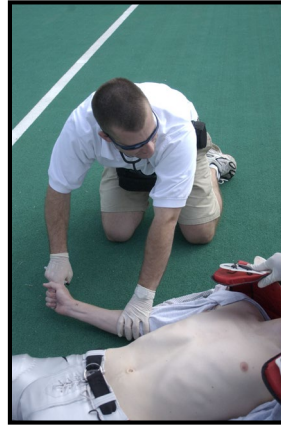
Head-To-Toe Survey

Extremities

- tenderness/deformity
- PMSC
 - Ppse
 - Motor
 - Sensation
 - Capillary refill



Head-To-Toe Survey



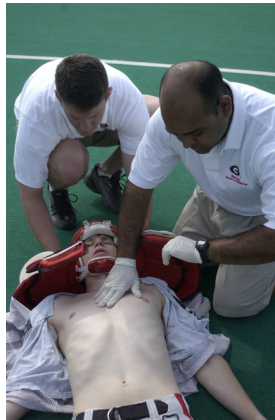
Head-To-Toe Survey

Back

- inspect
- palpate



Secondary Survey

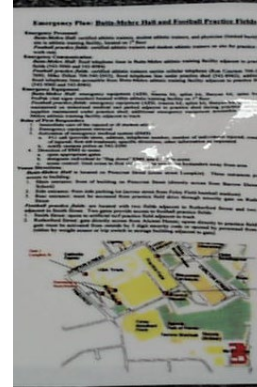


- **Focused examination on areas identified in secondary survey**
- **Manage secondary injuries**
- **Reassess LOC/mental status and vital signs**



SAMPLE History

- Symptoms
- Allergies
- Medications
- Past medical history
- Last oral intake
- Events preceding accident



Packaging



Emergency Transportation



Athletic Trauma Survey



- Assessment and management of an injured athlete demands a systematic approach
- **Follow steps in orderly and progressive manner to ensure a comprehensive assessment**
- Requires rapid and precise thinking under pressure

