Chapter 10
Assessment of the Trauma Patient
U.S. DOT Objectives are covered and/or supported by the PowerPoint™ Slide Program and Notes for Emergency Care, 11th Ed. Please see the Chapter 10 correlation below.

*KNOWLEDGE AND ATTITUDE*

- **3-3.1** Discuss the reasons for reconsideration concerning the mechanism of injury. Slides 7-21
- **3-3.2** State the reasons for performing a rapid trauma assessment. Slide 21
- **3-3.3** Recite examples and explain why patients should receive a rapid trauma assessment. Slide 21
- **3-3.4** Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. Slides 22-52
- **3-3.5** Differentiate when the rapid assessment may be altered in order to provide patient care. Slides 48-52
- **3-3.6** Discuss the reason for performing a focused history and physical exam. Slides 5-6
- **3-3.7** Recognize and respect the feelings that patients might experience during assessment. Slide 47

(cont.)
**U.S. DOT Objectives Directory**

*KNOWLEDGE AND ATTITUDE*

- **3-5.1** Discuss the components of the detailed physical exam. Slides 56-69
- **3-5.2** State the areas of the body that are evaluated during the detailed physical exam. Slide 57
- **3-5.3** Explain what additional care should be provided while performing the detailed physical exam. Slides 54-55
- **3-5.4** Distinguish between the detailed physical exam that is performed on a trauma patient and that of the medical patient. Slide 54
- **3-5.5** Explain the rationale for the feelings that these patients might be experiencing. Slide 47

(cont.)
**SKILLS**

- **3-3.8** Demonstrate the rapid trauma assessment that should be used to treat a patient based on mechanism of injury.
- **3-5.6** Demonstrate the skills involved in performing the detailed physical exam.
Focused History and Physical Exam
May be called the *secondary assessment* or *secondary survey.*

This exam takes a somewhat different path for trauma vs. medical patients.
Assessing the Trauma Patient

Is there a significant mechanism of injury?

Yes

No

rapid assessment

focused assessment
Mechanism of Injury
Significant Mechanism of Injury
Significant Mechanism of Injury

- Ejection from vehicle
- Death in same passenger compartment
- Fall of greater than 15 feet or 3 times the patient’s height
Significant Mechanism of Injury

- Rollover of vehicle
- High-speed vehicle collision
- Vehicle-pedestrian collision
Significant Mechanism of Injury

- Motorcycle crash
- Unresponsive or altered mental status
- Penetrating injury of head, chest, or abdomen

(cont.)
Significant Mechanism of Injury

* Infants and children
  - Falls greater than 10 feet
  - Bicycle collision
  - Vehicle in medium-speed collision

(cont.)
Mechanism of Injury

Interior of vehicle

- Deformities to a vehicle’s interior may show where a person struck the surface and reveal a mechanism of injury.
Bent Steering Wheel
Distorted Pedals
Broken Mirror
Spider-Webbed Windshield
Deformed Dashboard
Deployed Airbags
If Significant Mechanism of Injury…

- Reconsider mechanism of injury.
- Assess mental status.
- Continue spine stabilization.
- Perform a rapid trauma assessment.
Rapid Trauma Assessment
Inspect and Palpate for DCAP-BTLS

D = Deformities
C = Contusions
A = Abrasions
P = Punctures/ Penetrations

B = Burns
T = Tenderness
L = Lacerations
S = Swelling
Deformities
Contusions
Abrasions
Punctures/Penetrations
Burns
Tenderness
Lacerations
Swelling
Rapid Trauma Assessment

- Head
- Neck
- Chest
- Abdomen
- Pelvis
- Extremities
- Posterior
Head: DCAP-BTLS + Crepitation
Neck: DCAP-BTLS + Jugular Vein Distention and Crepitation
Chest: DCAP-BTLS + Crepitation and Breath Sounds (Presence and Equality)
Listen to both sides of the chest. Is air entry present? Absent? Equal on both sides? Compare left side to right side.
Abdomen: DCAP-BTLS + Firmness and Distention
Pelvis: DCAP-BTLS (Compress Gently)
Extremities: DCAP-BTLS + Distal Pulse, Sensation, Motor Function
Posterior: DCAP-BTLS
Significant Mechanism of Injury

- Assess baseline vital signs.
- Obtain SAMPLE history.
- Consider requesting ALS.
- Reconsider transport decision.
Transport
If No Significant Mechanism of Injury…

- Reconsider mechanism of injury.
- Determine chief complaint.
- Perform focused physical exam based on:
  - Chief complaint
  - Mechanism of injury
If No Significant Mechanism of Injury…

* Use DCAP-BTLS on focused area of assessment.
* Assess baseline vital signs.
* Obtain SAMPLE history.
Vital Signs

- Respirations
- Pulse
- Skin color, temperature, condition
- Pupils
- Blood pressure
SAMPLE History

S = Signs and symptoms
A = Allergies
M = Medications
P = Pertinent past history
L = Last oral intake
E = Events leading to injury or illness
Rules of Assessment

* Explain to the patient what you are doing.
* Expose areas before assessing.
* Assume spinal injury.
Cervical Collar Sizing and Application
Cervical Collars

STIFNECK™ Rigid Extrication Collar

Philadelphia Cervical Collar™
Sizing a Cervical Collar

1 Measure the patient’s neck.

2 Measure the collar.
Collar-Seated Patient
Collar-Supine Patient
Detailed Physical Exam
Who Needs a Detailed Physical Exam?

* Determined by the patient’s condition:
  - After critical interventions for a patient with significant MOI
  - Occasionally for a patient with no significant MOI
  - Rarely for a medical patient

(cont.)
Who Needs a Detailed Physical Exam?

You may never have time to perform a detailed exam on a patient with critical injuries.

Click [here](#) to view a video on the detailed physical exam.
Steps in the Detailed Physical Exam
Assess areas examined in rapid trauma assessment plus:

– Face
– Ears
– Eyes
– Nose
– Mouth
The Detailed Physical Exam

- Examination is more detailed than the rapid trauma assessment.
- It is often done during transport.
- Reassess vital signs.
DCAP-BTLS

D = Deformities
C = Contusions
A = Abrasions
P = Punctures/ Penetrations

B = Burns
T = Tendernessness
L = Lacerations
S = Swelling
Head DCAP-BTLS
Ear DCAP-BTLS + Drainage
Eyes

DCAP-BTLS +

- Discoloration
- Unequal pupils
- Foreign bodies
- Blood in anterior chamber
Nose and Mouth

DCAP-BTLS + *

Teeth

Obstructions

Swollen or lacerated tongue
Nose and Mouth

DCAP-BTLS +

* Odors
* Discoloration
* Drainage
* Bleeding
Neck: Assessment Limited by Cervical Collar
Chest: Reassess Breath Sounds Presence and Equality
The abdomen, pelvis, and extremities may have already been assessed during rapid trauma assessment.

If not yet done, assess these areas thoroughly.
Extremities: Reassess Distal Pulse, Sensation, and Motor Function
Reassess Vital Signs

- Respirations
- Pulse
- Skin color, temperature, condition
- Pupils
- Blood pressure
Review Questions

1. Explain why it is important to reconsider the mechanism of injury at the beginning of the focused history and physical exam of a trauma patient.

2. Explain how the focused history and physical exam of a trauma patient with a significant mechanism of injury differs from that of a trauma patient with no significant mechanism of injury.

(cont.)
Review Questions

3. Name the signs and symptoms for which the letters DCAP-BTLS stand.

4. List the steps of the rapid trauma assessment and describe the kind of patient for whom the rapid trauma assessment is appropriate.
Review Questions

5. What are the additional areas that you assess in the detailed physical exam that you did not evaluate in the rapid trauma assessment?

6. List the areas covered in the detailed physical exam. What do you look and feel for as you assess each of these areas?
Street Scenes

★ What is the priority of this patient?
★ What should be done next?
★ When should vital signs be taken?
What should you do next?

What should be done for the detailed physical exam if there is time before reaching the trauma center?

How will DCAP-BTLS help with the assessment?