

Multiple Trauma



History

- Time and mechanism of injury
- Damage to structure or vehicle
- Location in structure or vehicle
- Others injured or dead
- Speed and details of MVC
- Restraints / protective equipment
- SAMPLE
- Medications

Signs and Symptoms

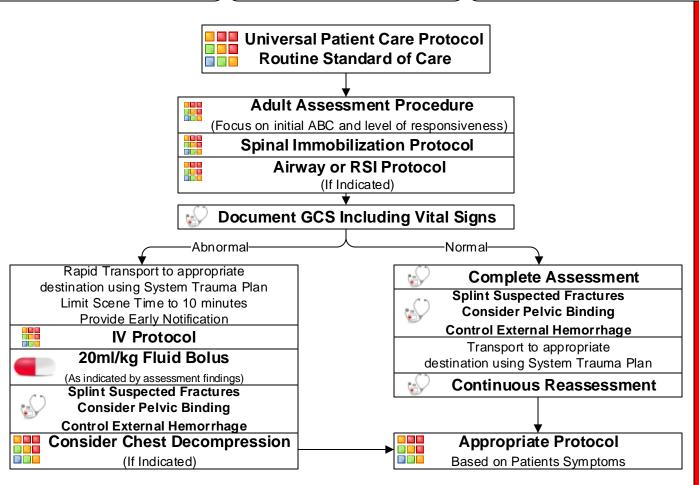
- Pain, swelling
- Deformity, lesions, bleeding
- Altered mental status or
- unconscious
- Hypotension or shock
- Arrest

Differential (Life threatening)

• Chest Tension pneumothorax
Flail chest
Pericardial tamponade

Open chest wound Hemothorax

- Intra-abdominal bleeding
- Pelvis / Femur fracture
- Spine fracture / Cord injury
- Head injury (see Head Trauma)
- Extremity fracture / Dislocation
- HEENT (Airway obstruction)
- Hypothermia



Pearls

- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- Transport Destination is chosen based on the System Trauma Plan with pre-arrival notification.
- Geriatric patients should be evaluated with a high index of suspicion. Often occult injuries are more difficult to recognize and patients can decompensate unexpectedly with little warning.
- Mechanism and compensatory vital signs are the most reliable indicator of serious injury.
- Do not overlook the possibility of associated domestic violence or abuse.
- Scene times should not be delayed for procedures. These should be performed en route when possible. Rapid transport of the unstable trauma patient is the goal.