

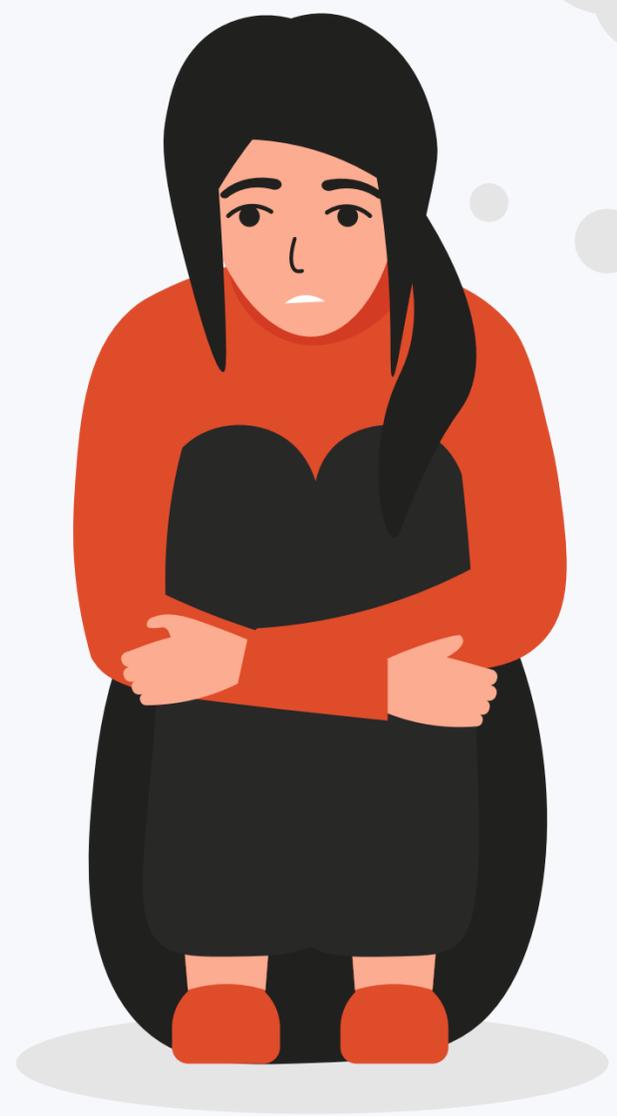


# Trauma and Burns For CHO/SN





# PART 1- TRAUMA





# TRAUMA AND ACCIDENTS

- Most common type of emergency
- Provide stabilization
  - Immobilisation
  - Control of bleeding
- Check victim's level of consciousness- **AVPU**
- Check for **(H) ABCDE**





# REMEMBER DRS

- **Danger-** check the scene for danger
- **Response-** check for victim's consciousness
- **Send-** someone to call for help
- Moving the victim
  - Keep yourself safe
  - Immobilization, bleeding
  - Careful transfer of the victim
  - Support injured part
  - Do not remove any objects lodged in the body
  - Carefully remove the victim from the stretcher
  - Gather information



# LOOK FOR THESE INJURIES AND MANAGE

- Bleeding wounds
- Minor wounds
- Head trauma
- Spinal injury
- Chest and abdomen injury
- Fractures



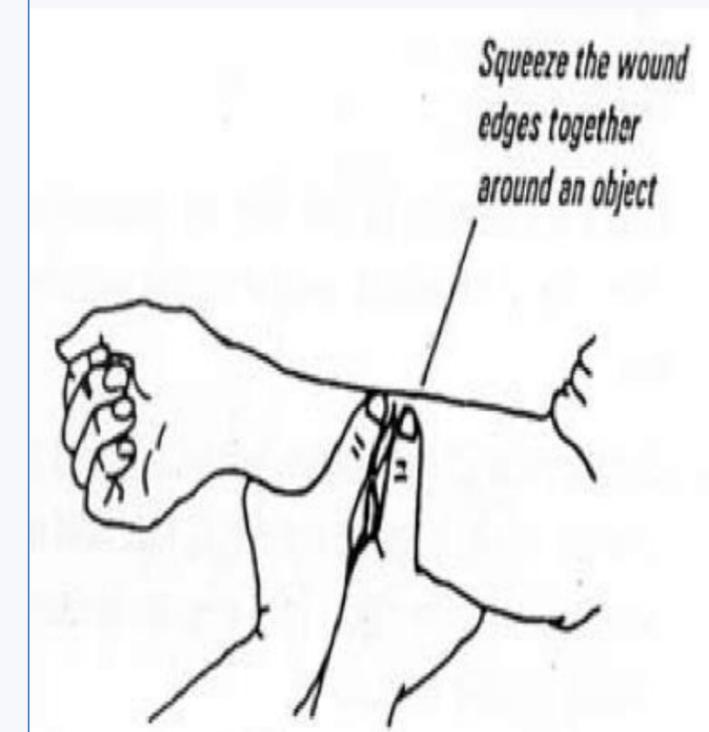
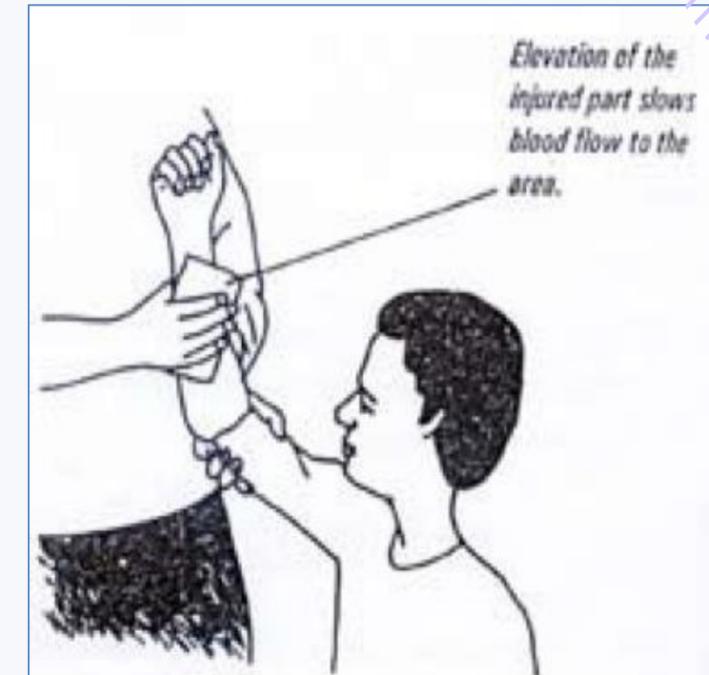


# MANAGEMENT



# BLEEDING WOUNDS

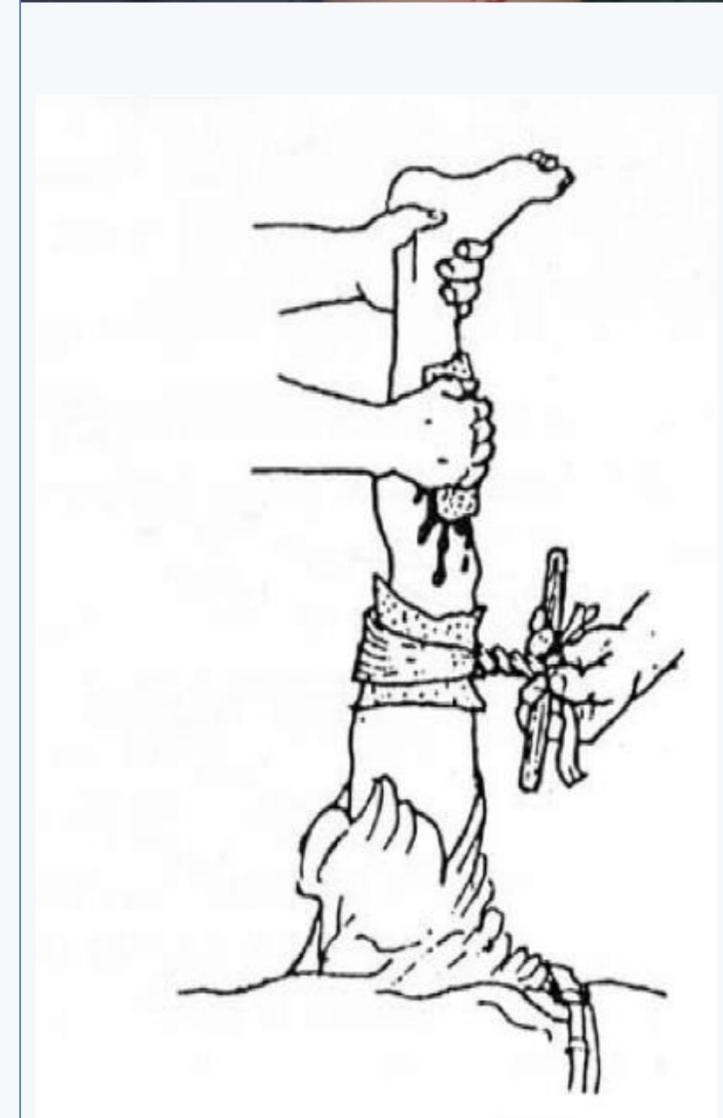
- Find the source- prevent airway blockage
- Expose the area and check
- Control bleed – direct pressure, pressure bandage, elevation above level of heart, pressure over major arteries
- Use sterile dressing/ clean piece of cloth
- Add more material if needed
- Immobilize- if fractures
- Apply dressing- if bleeding stops, secure IV access, fluids



# MINOR WOUNDS

## Minor cuts/ wounds

- Ensure safety- victim and yourself
- Wash hands
- Dirty wounds- wash and apply pressure for 5 mins
- Elevation of wound, clean the area with antiseptic lotion when bleeding stops, keep dry
- TT injection





# MINOR WOUNDS

- Amoxicillin 500mg 8 hourly for 5 days (if needed)
- Suturing- for deep gaped or jagged wound with exposed fat or muscle
- Adhesive strips or butterfly tape
- Refer- if needed, as soon as possible

## Extensive injuries

- Stabilize and refer



# HEAD TRAUMA AND SPINAL INJURY

- Prompt stabilization, immobilization and refer to higher facilities
- Check for AVPU
- Always assume that a person has spinal injury unless proven otherwise



# CHEST AND ABDOMEN INJURY



- Difficulty in breathing- assist for breathing
- Secure IV access and monitor respiratory rate and SP02 level continuously
- Monitor and assess the victim over 3-4 hour time period- condition worsening Immediate referral
- Patient with rib fracture → tension pneumothorax → needs monitoring and referral





# FRACTURES- FOLLOW RICER PROTOCOL

- Stabilize the patient and referral
- **RICER** Protocol
  - Rest
  - Ice/ Immobilization- splinting can be done
  - Compression
  - Elevation
  - Referral



# FRACTURES

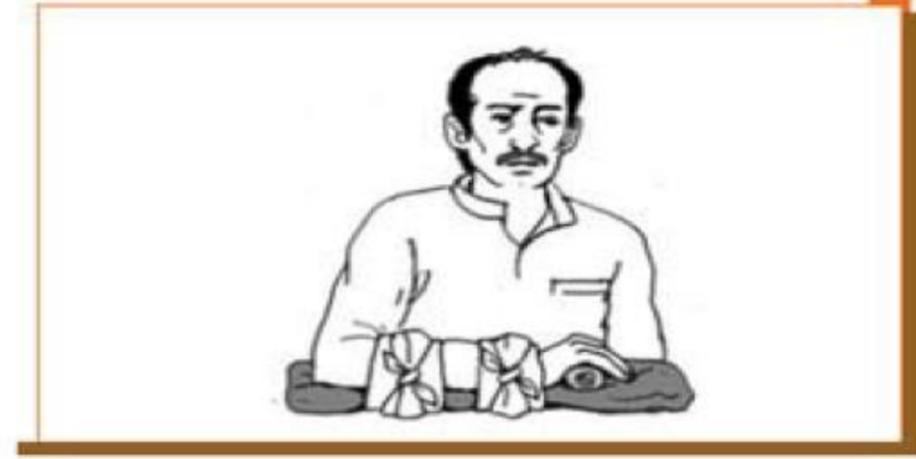
- Injury that causes break in the bone

## Fractures:

Upper arm



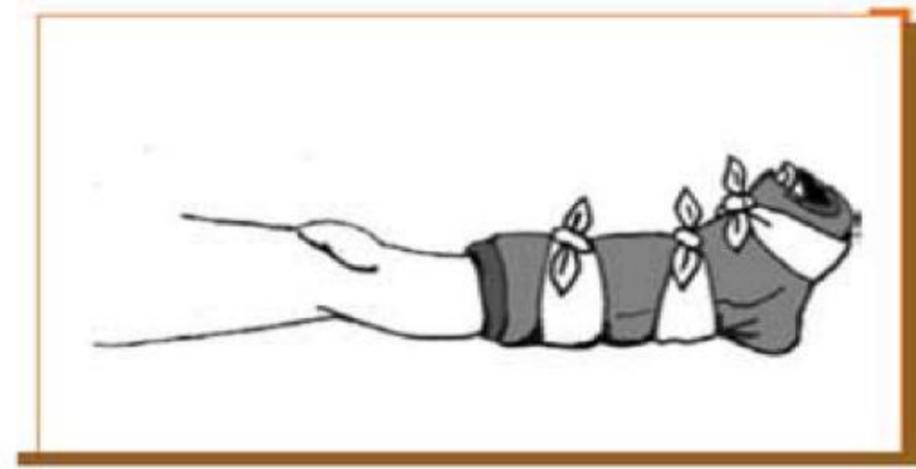
Lower arm



Upper leg



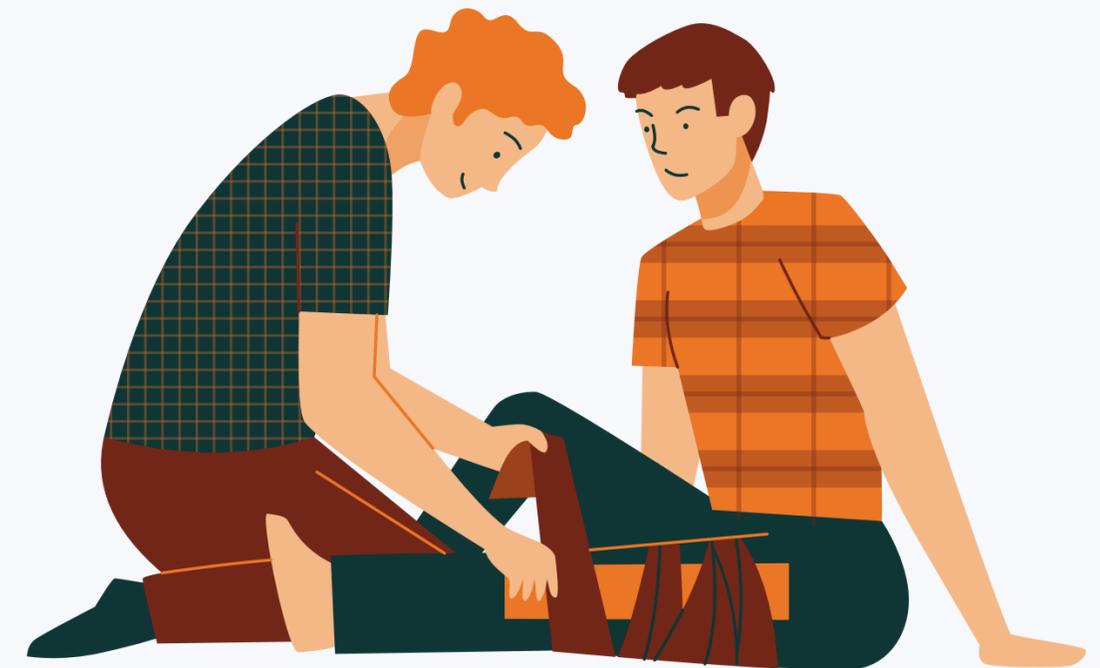
Lower leg





# STABILIZATION OF VICTIM

- Secure IV access
- Administer IV fluids, if blood loss
- Analgesics
- Stop bleeding- applying direct pressure, elevate the injured site
- RICER protocol





- Massage the affected area
- Apply ointment like iodex in the open wound
- Straighten the broken bone
- Move the injured part or limb
- Move the joints above and below the fracture
- Attempt to set the fracture
- Try to push a protruding bone back



**DON'TS**



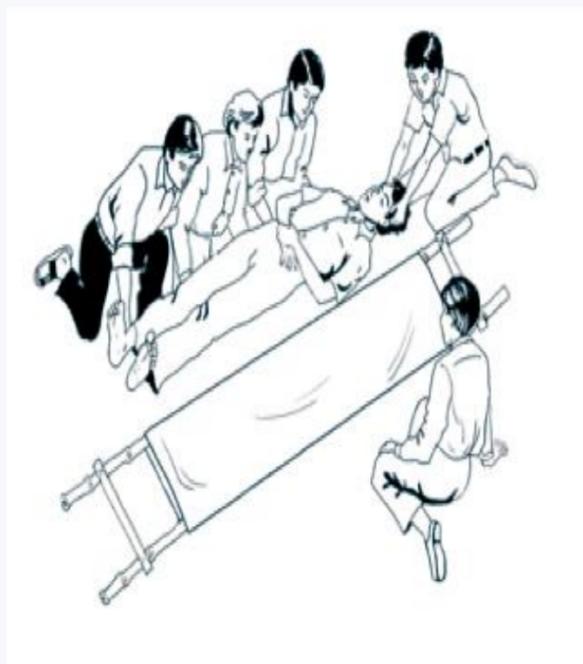
# SPLINTING AND BANDAGING





# REFERRAL OF VICTIM OF FRACTURED SPINE

- Spine must not bend when moving or lifting the patient
- Do not turn the patient, if necessary turn in whole
- Stretcher must be rigid. Use board, door, shutter etc
- Always transport the patient lying flat





# PART 2- BURNS



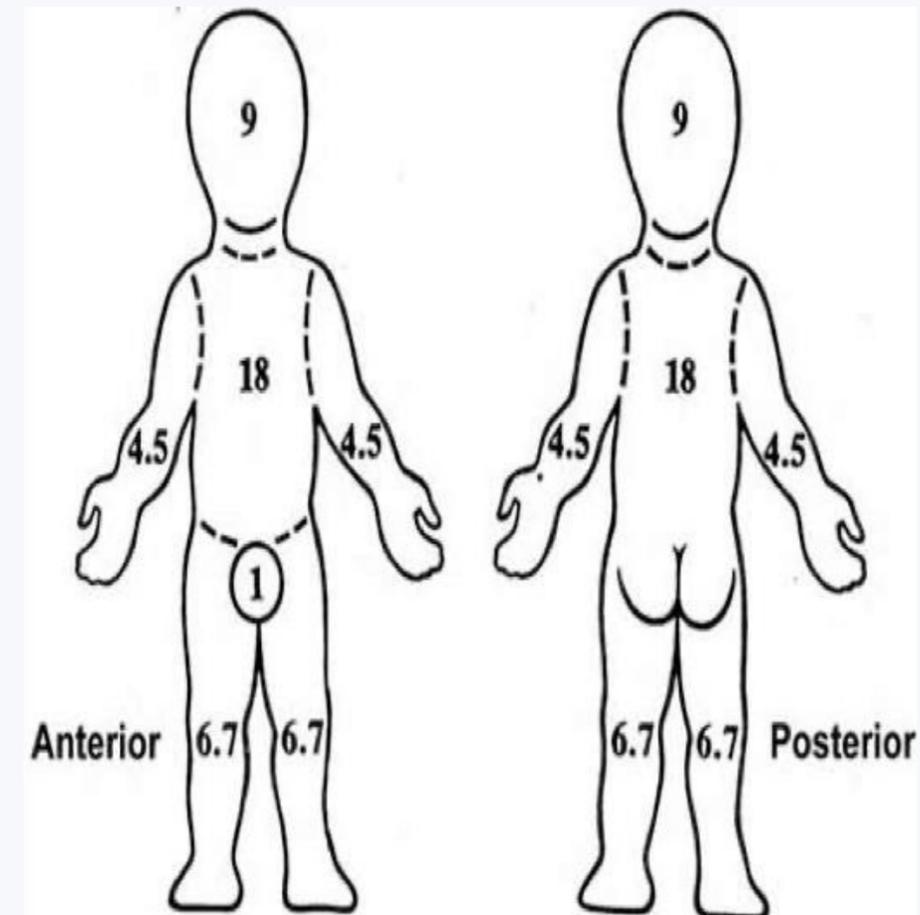
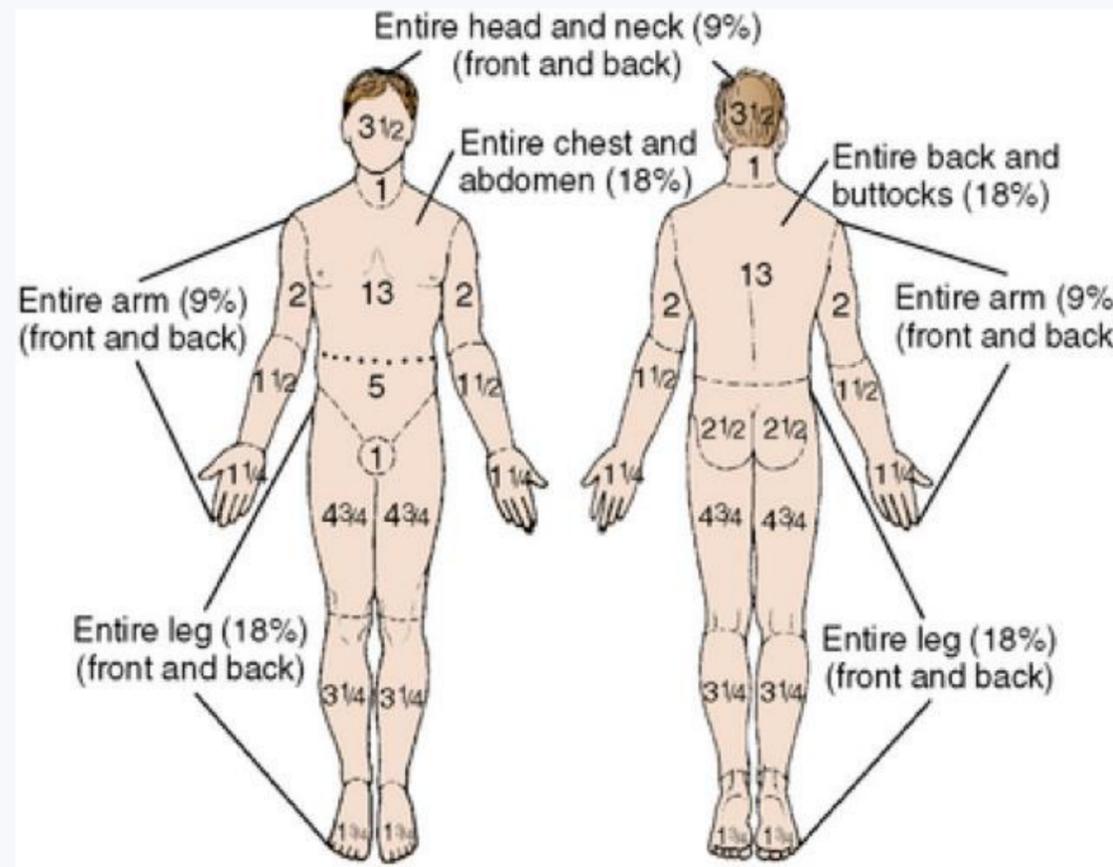


# INTRODUCTION

- Leading cause of accidental and suicidal deaths
- Preventable and treatable at primary care level

# SEVERITY ASSESSMENT

- Total Body Surface Area Assessment
  - Rule of Nine- for adults
  - Lund and Browder chart in children



# SEVERITY ASSESSMENT

## Depth of burn

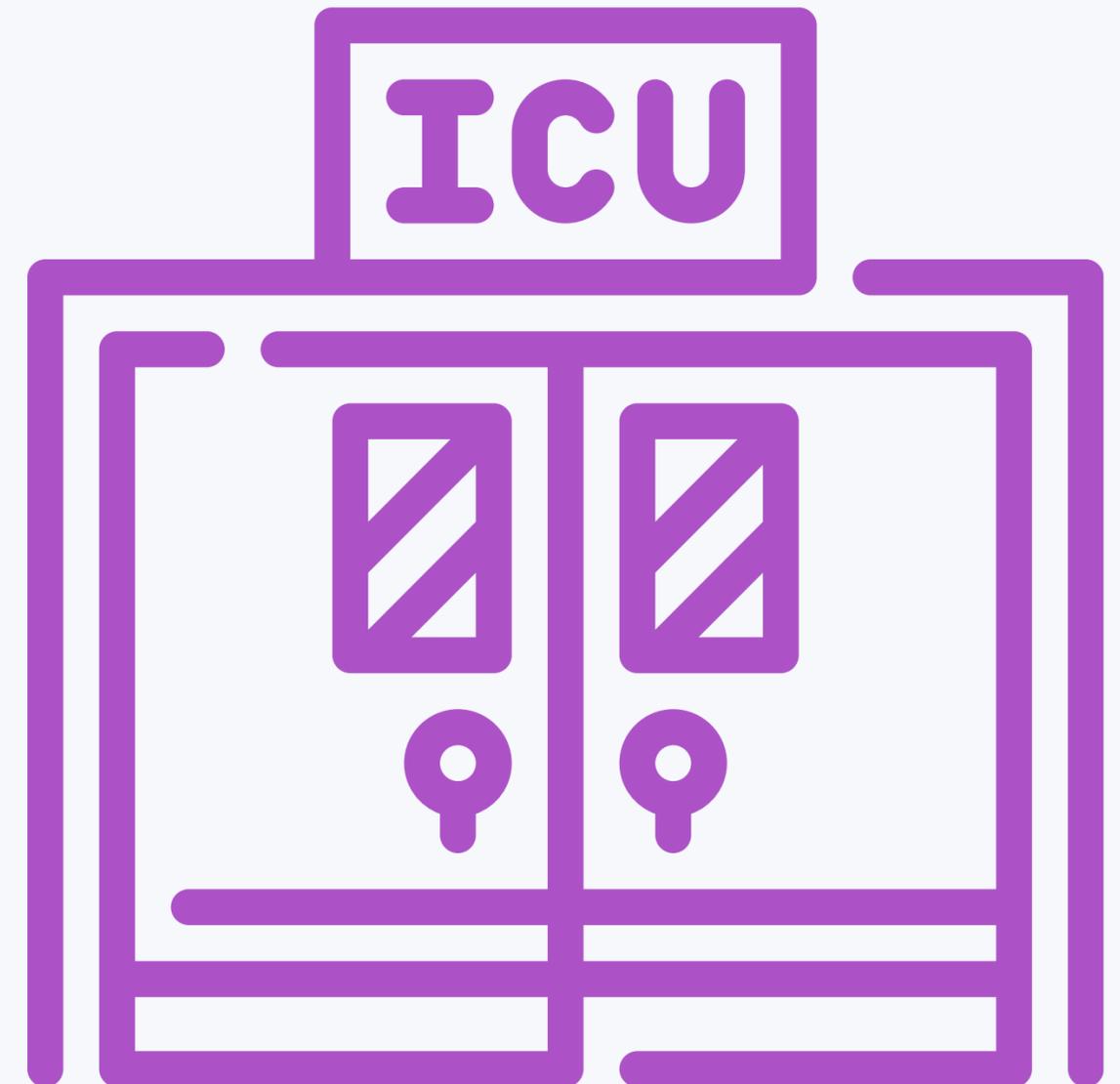
- **1st degree** - epidermal loss, superficial layer of skin involved
  - Burn wound pink, blanches on pressure, very painful
- **2nd degree** - dermis involved, white to dark red
  - Less painful or painless, no blanching on pressure, hair follicles can be pulled out
- **3rd degree**- full thickness skin burn, deeper tissues, no pain



# CRITERIA FOR ICU ADMISSION



- Burns of 20 percent or greater of total body surface area
- Any burn accompanied by inhalation injury
- Any electrical contact or chemical injury; elderly patients with burns; or burns to vital areas-face, hands, feet or perineum





# BURN WOUND CARE

- Clean and wash with antiseptic and dry
- Topical antibiotic ointment
- Biological dressing on superficial burn
- Deep burn- dress the wound with non-adherent layer and then Gamgee pads and bandage
- Systemic antibiotics- penicillin group (for superficial) and cephalosporins and aminoglycosides in deep burn





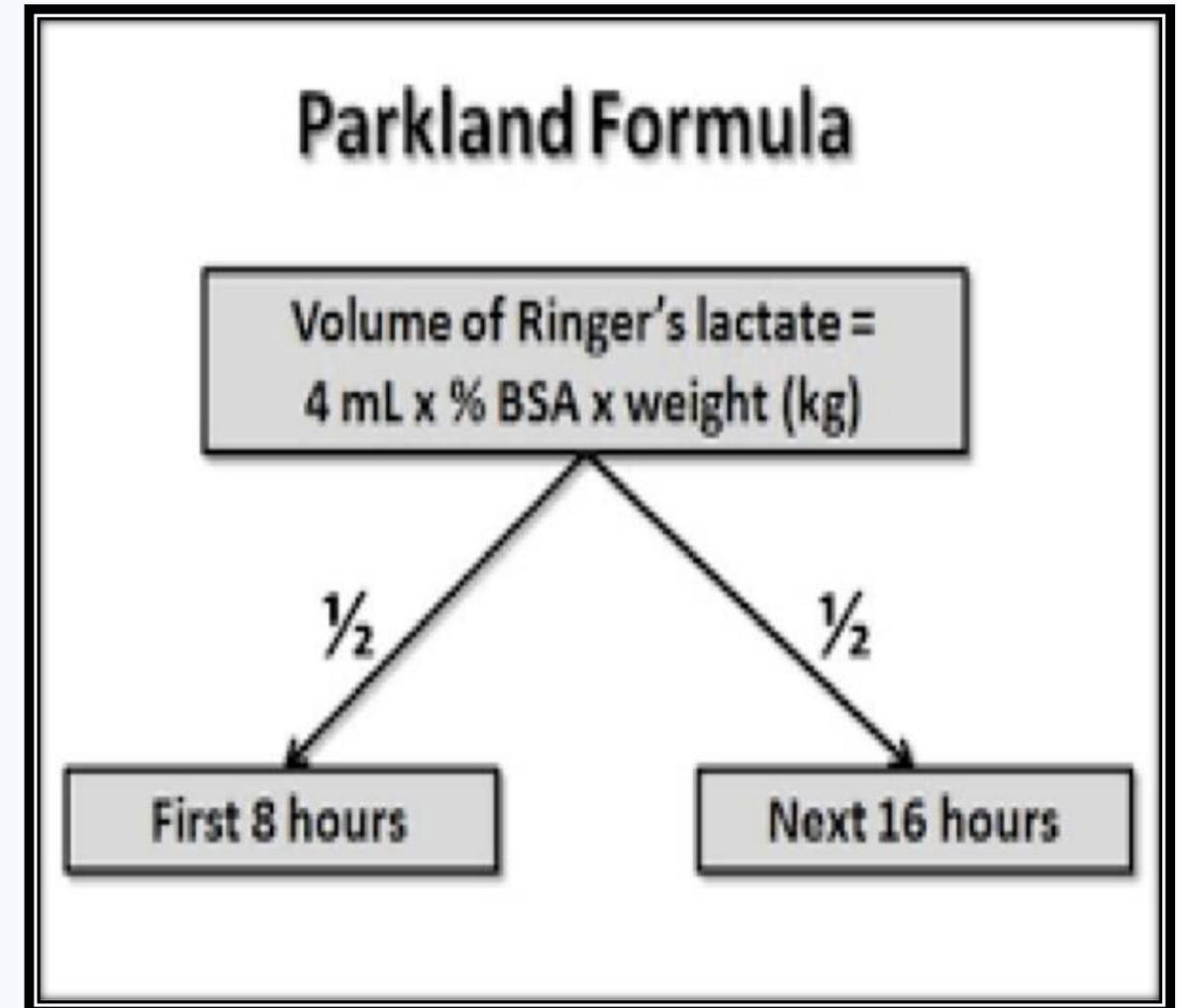
# RESUSCITATION

- Restore A-B-C
- 100% O<sub>2</sub> if required
- CPR, if necessary
- Secure IV line and administer IV fluids (1 lit. of fluid bolus initially, for shock, if required, then maintenance fluid)
- Send for relevant tests

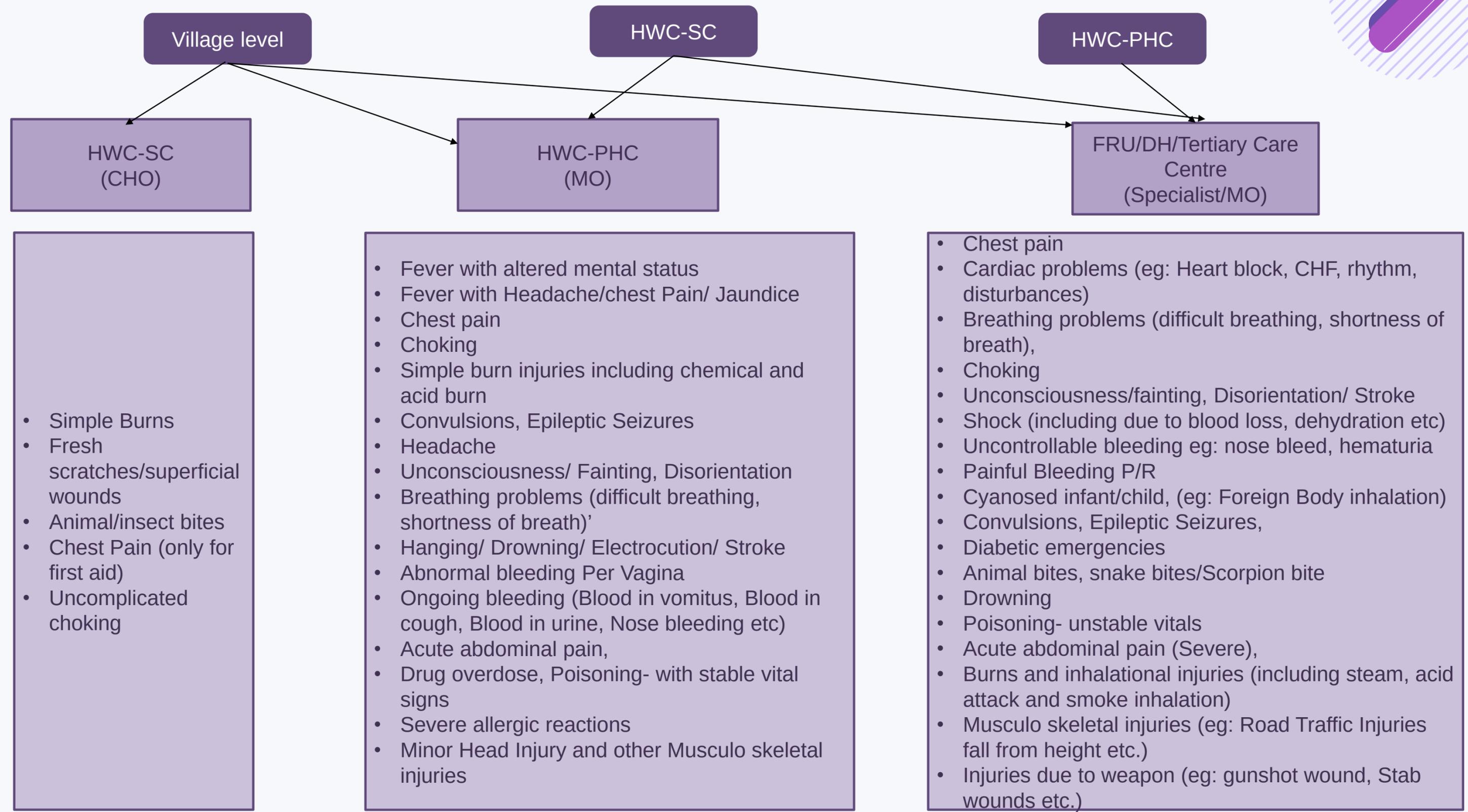


# RESUSCITATION

- Ringer lactate in 1st 24 hrs
- Parkland formula
- Assessment of adequacy of fluid
  - BP, Pulse
  - Hourly urine output
  - 0.5ml/kg/hr (adult)
  - 1ml/kg/hr (children)



# FACILITY REFERRAL PATTERN



- Simple Burns
- Fresh scratches/superficial wounds
- Animal/insect bites
- Chest Pain (only for first aid)
- Uncomplicated choking

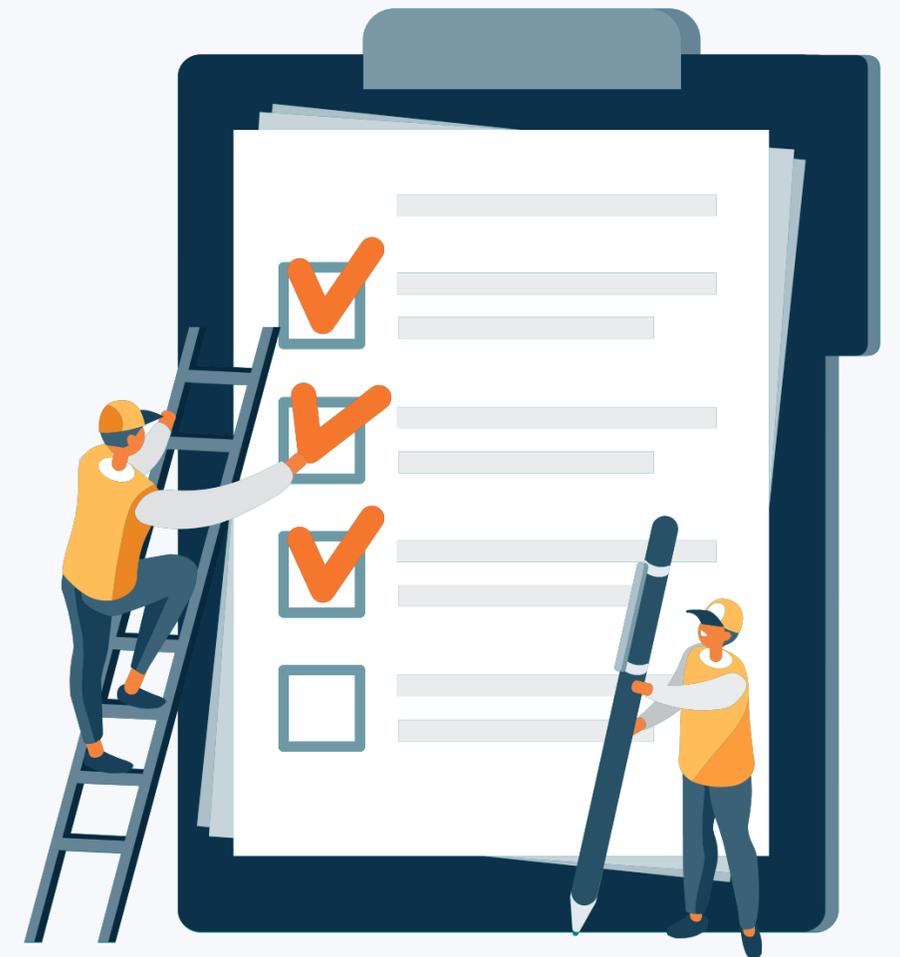
- Fever with altered mental status
- Fever with Headache/chest Pain/ Jaundice
- Chest pain
- Choking
- Simple burn injuries including chemical and acid burn
- Convulsions, Epileptic Seizures
- Headache
- Unconsciousness/ Fainting, Disorientation
- Breathing problems (difficult breathing, shortness of breath)
- Hanging/ Drowning/ Electrocutation/ Stroke
- Abnormal bleeding Per Vagina
- Ongoing bleeding (Blood in vomitus, Blood in cough, Blood in urine, Nose bleeding etc)
- Acute abdominal pain,
- Drug overdose, Poisoning- with stable vital signs
- Severe allergic reactions
- Minor Head Injury and other Musculo skeletal injuries

- Chest pain
- Cardiac problems (eg: Heart block, CHF, rhythm, disturbances)
- Breathing problems (difficult breathing, shortness of breath),
- Choking
- Unconsciousness/fainting, Disorientation/ Stroke
- Shock (including due to blood loss, dehydration etc)
- Uncontrollable bleeding eg: nose bleed, hematuria
- Painful Bleeding P/R
- Cyanosed infant/child, (eg: Foreign Body inhalation)
- Convulsions, Epileptic Seizures,
- Diabetic emergencies
- Animal bites, snake bites/Scorpion bite
- Drowning
- Poisoning- unstable vitals
- Acute abdominal pain (Severe),
- Burns and inhalational injuries (including steam, acid attack and smoke inhalation)
- Musculo skeletal injuries (eg: Road Traffic Injuries fall from height etc.)
- Injuries due to weapon (eg: gunshot wound, Stab wounds etc.)



# EVALUATION

- RICER protocol?
- Parkland formula?
- Assessment of burn in Adult- Rule of ?





# Thank You

