

## PRIMARY SURVEY

# Structured assessment in trauma

# C

## Catastrophic haemorrhage

Rapidly assess, control haemorrhage

**Immediate management:** Application of direct pressure, consider tourniquet application, do not remove penetrating foreign objects, initiate large bore IV access and rapid fluid resuscitation.

**Life threats:** Exsanguinating external haemorrhage, blunt/penetrating thoracic and/or abdominal injury.

# A

## Airway/C-spine

Rapidly assess, maintain or secure airway and C-spine

**Life threats:** Airway obstruction, blunt/penetrating neck injury.

# B

## Breathing/ventilation

Rapidly assess, support ventilation/oxygenation

**Life threats:** Tension pneumothorax, massive haemothorax, open pneumothorax, flail chest, ruptured diaphragm.

# C

## Circulation with haemorrhage control

Rapidly control, assess and support haemodynamics

**Life threats:** Exsanguinating external haemorrhage, cardiac tamponade, penetrating cardiac injury.

# D

## Disability

Rapidly assess and protect neurological status

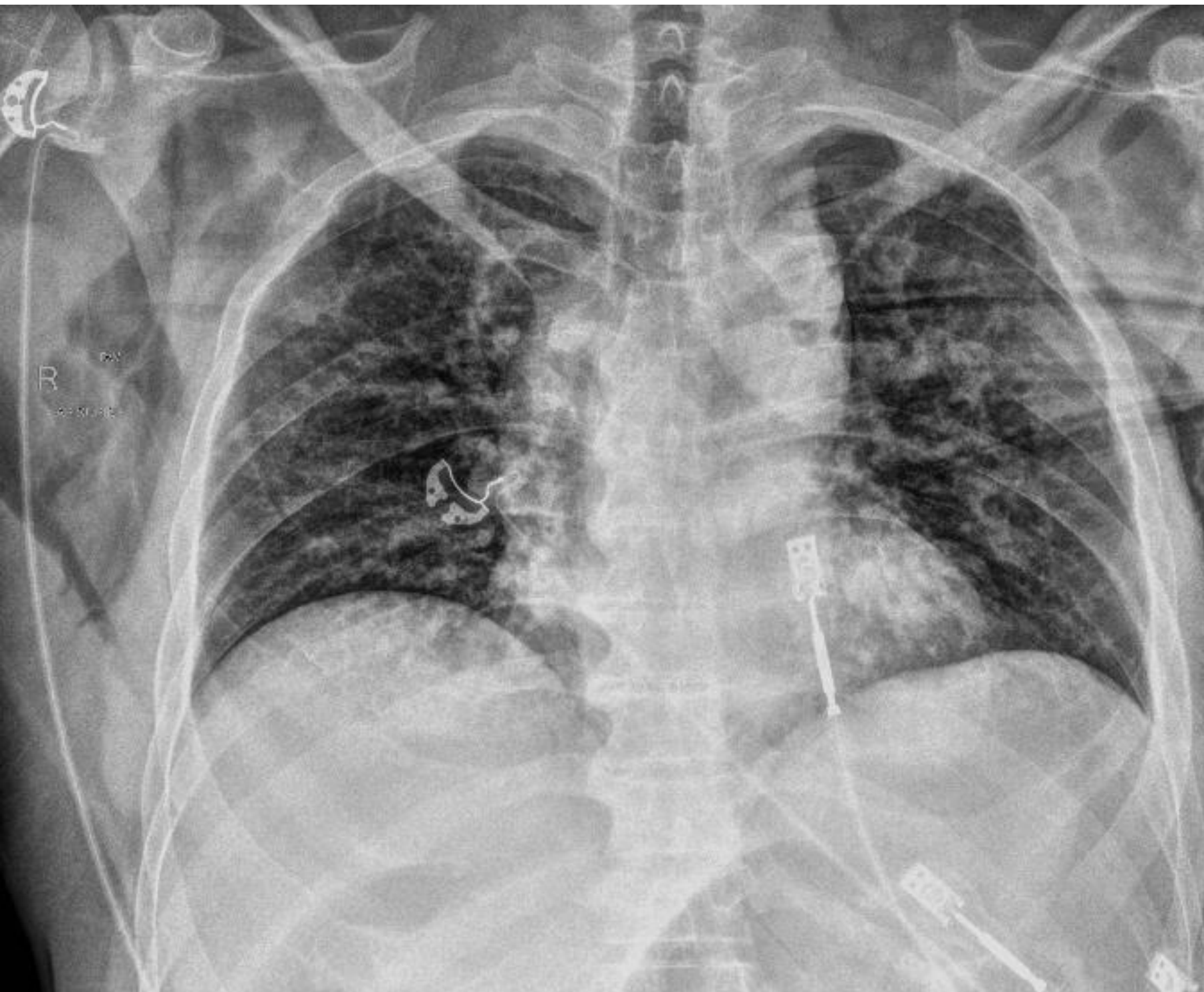
**Life threats:** Catastrophic cerebral haemorrhage.

# E

## Exposure

Expose patient, assess for further injuries, maintain normothermia

CXR



Pelvic Xray



L Femur Xray Anteroposterior



R Ankle Xray Lateral



R Ankle Xray Anteroposterior





16.2 cm

**SonoSite**

C60xp/5-2 Abdomen

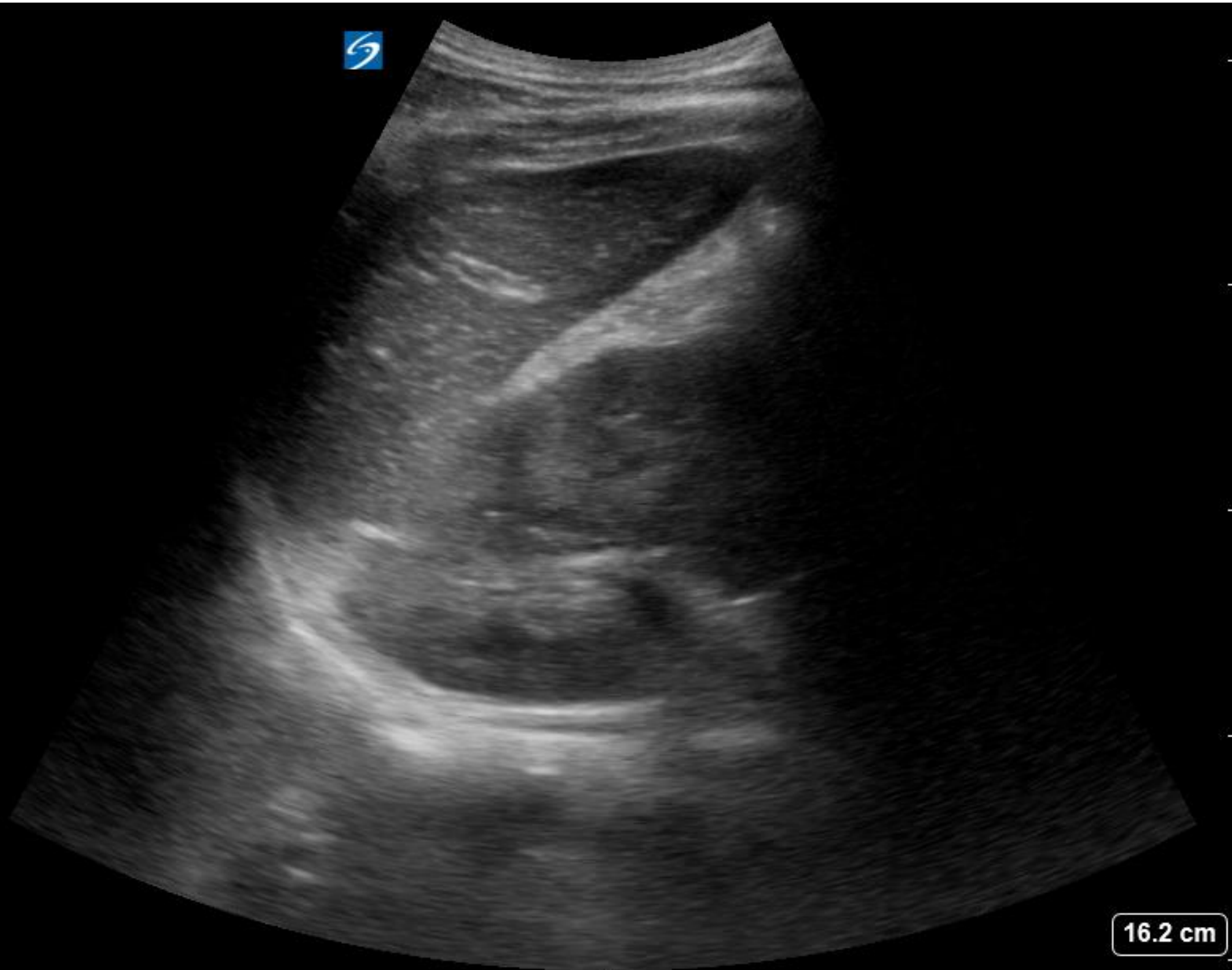
MI: 0.9 TIS: 0.2

2D: G: 50

Gen DR: 0

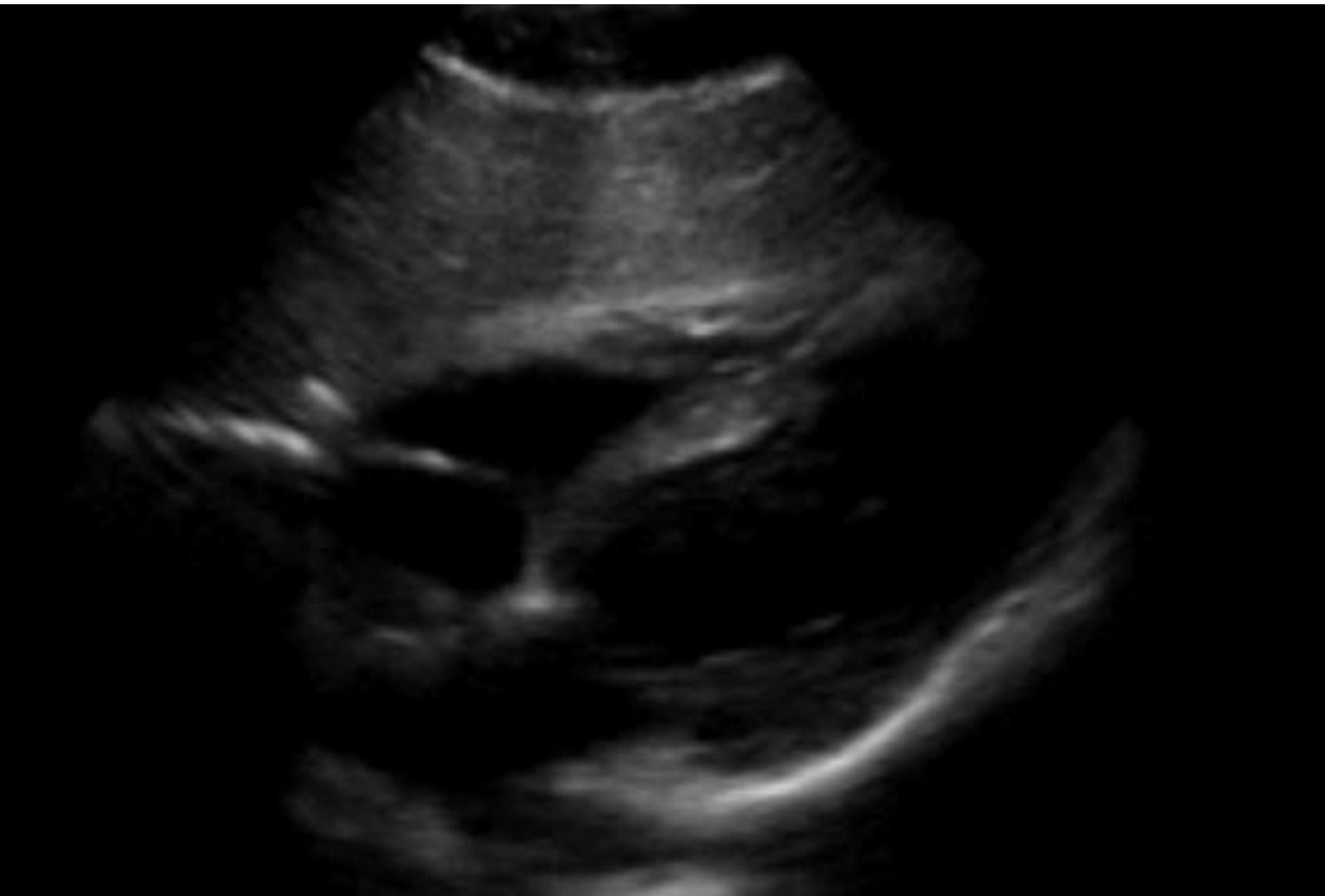
MB

THI



16.2 cm







11.2 cm

**SonoSite**

C60xp/5-2 Abdomen

MI: 1.1 TIS: 0.2

**2D:** G: 50  
Gen DR: 0  
MB  
THI

# Pre-simulation briefing

Establishing a safe container for learning in simulation



## 1 Clarify objectives, roles and expectations

- Introductions
- Learning objectives
- Assessment (formative vs summative)
- Facilitators and learners' roles
- Active participants vs observers

1

## 2 Maintain confidentiality and respect

- Transparency on who will observe
- Individual performances
- Maintain curiosity

2

## 3 Establish a fiction contract

- Seek a voluntary commitment between the learner and facilitator:
- Ask for buy-in
  - Acknowledge limitations

3



## 4 Conduct a familiarisation

- Manikin/simulated patient
- Simulated environment
- Calling for help

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## 5 Address simulation safety

- Identify risks:
- Medications and equipment
  - Electrical or physical hazards
  - Simulated and real patients

5

Note: Adjust the pre-simulation briefing to match the demands of the simulation event, contexts or the changing of participant composition.