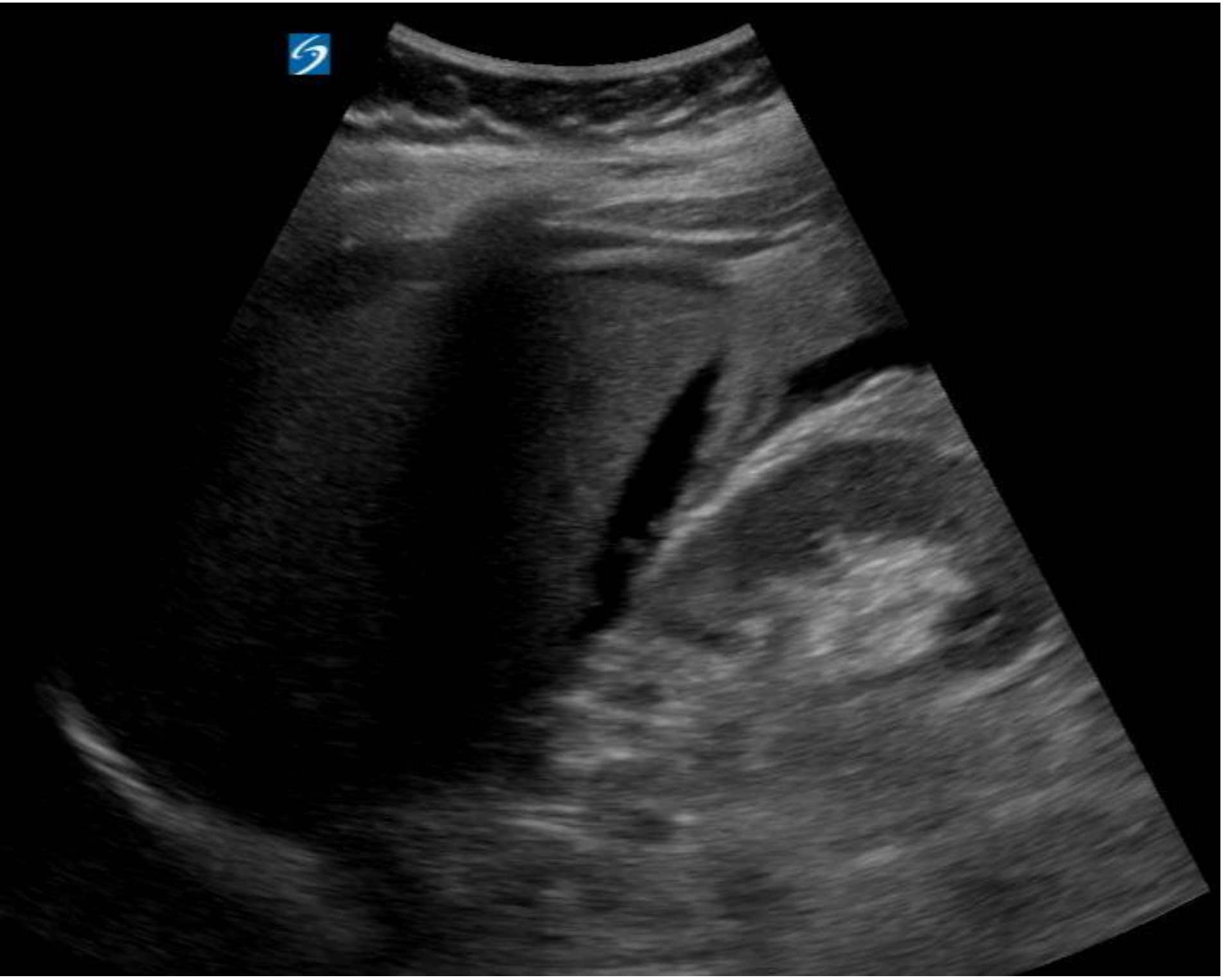
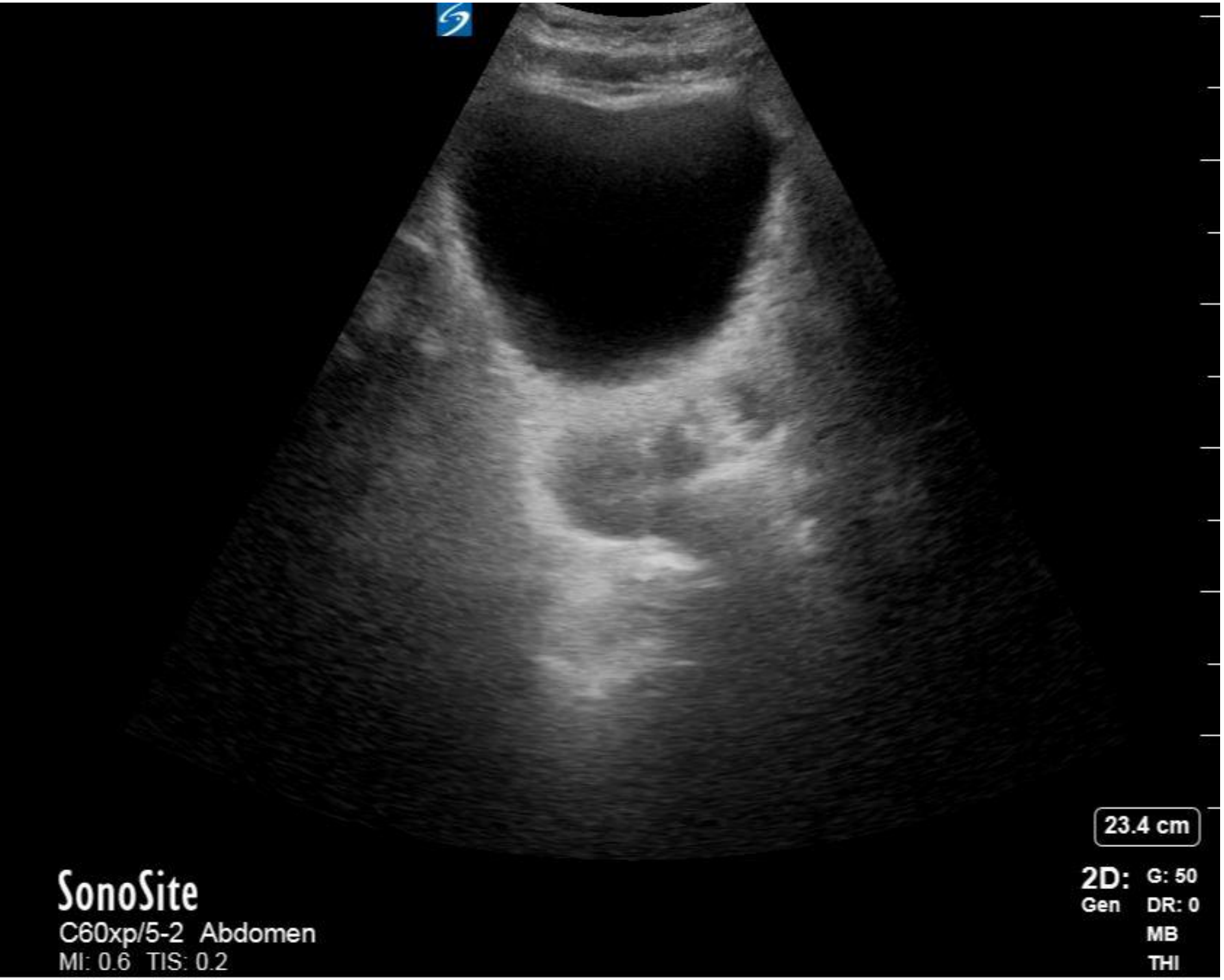
EFAST LUQ



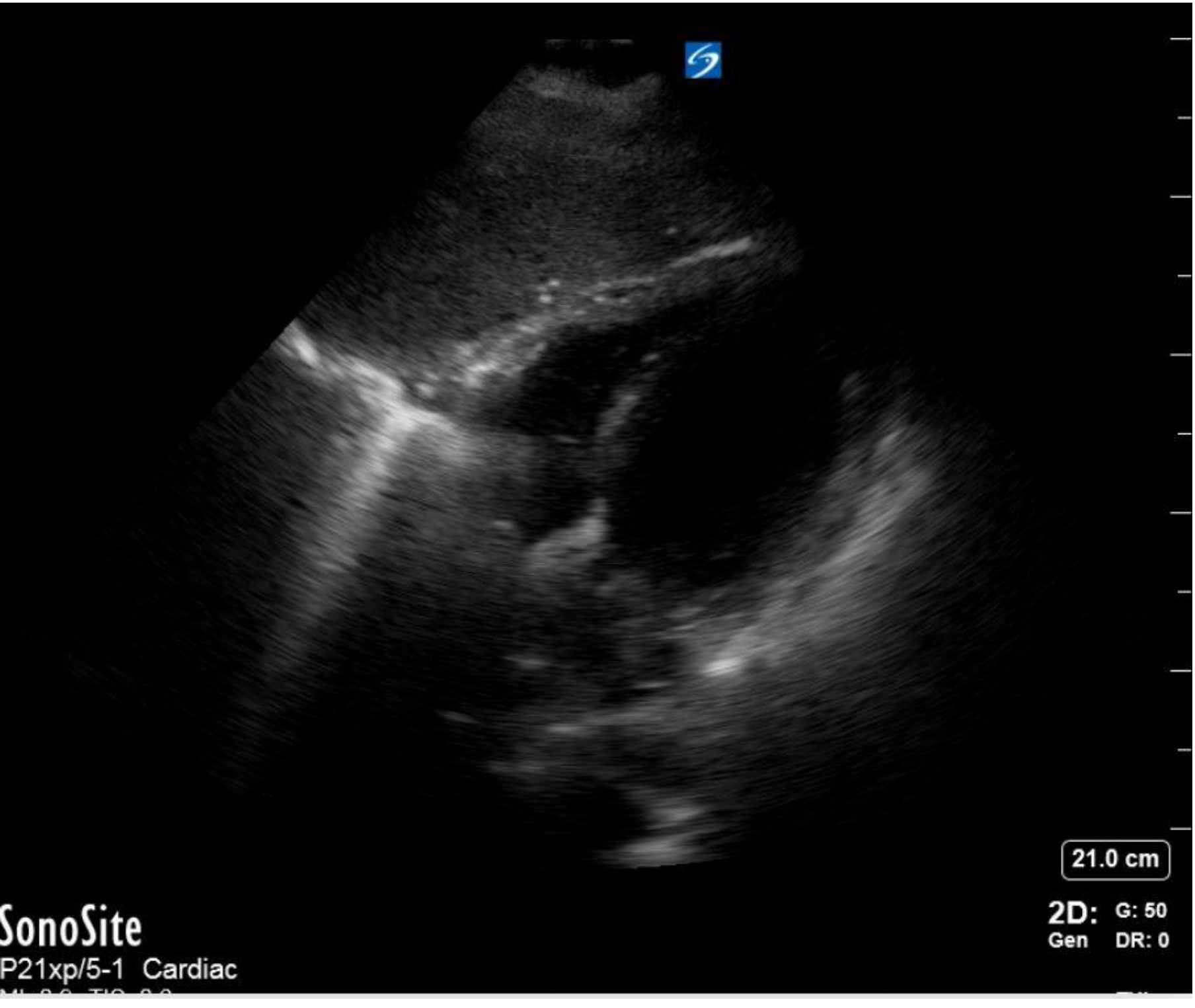
EFAST RUQ


16.2 cm
SonoSite
C60xp/5-2 Abdomen
MI: 0.9 TIS: 0.2
2D: G: 50
Gen DR: 0
MB
THI

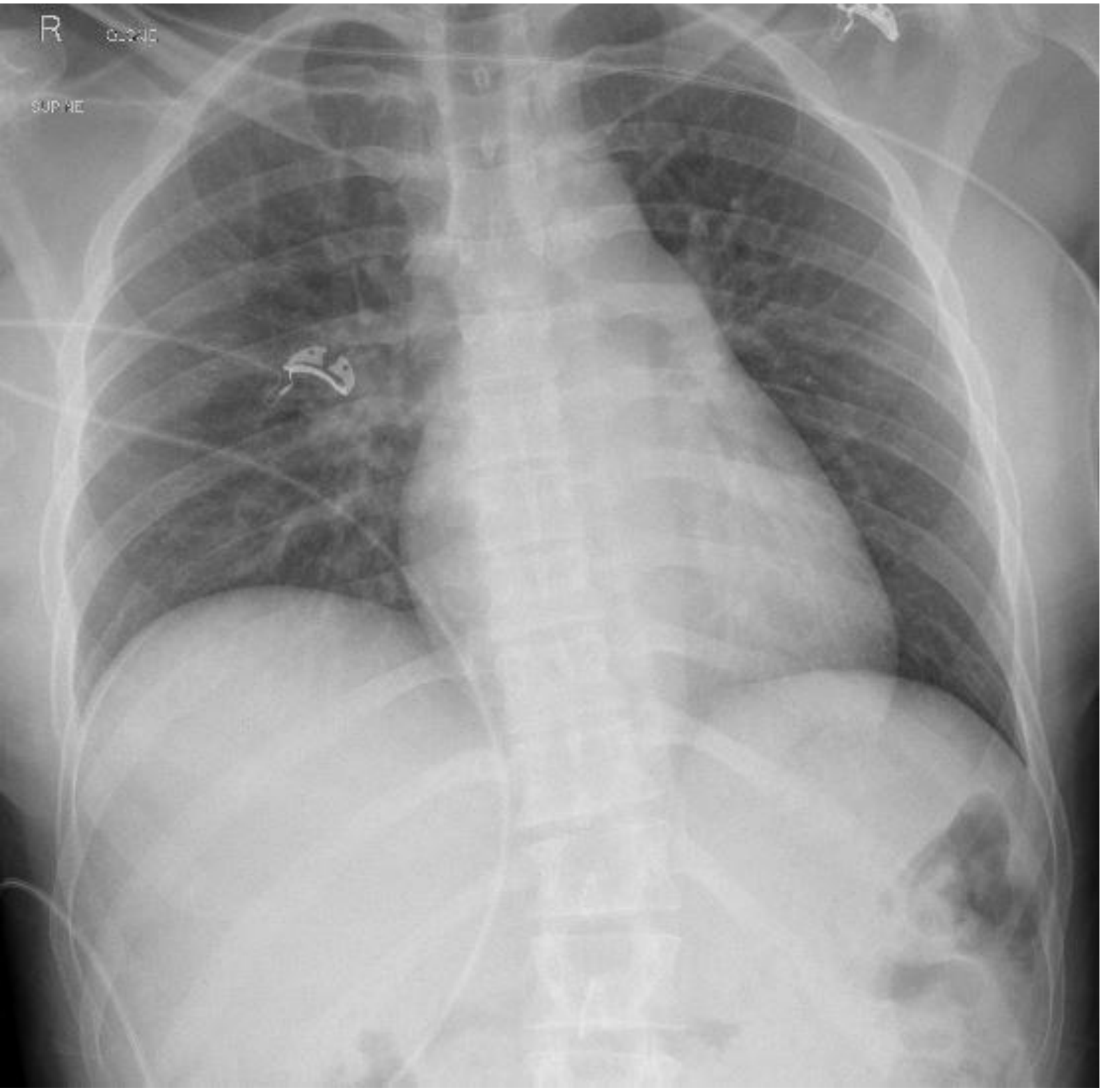
EFAST PELVIS



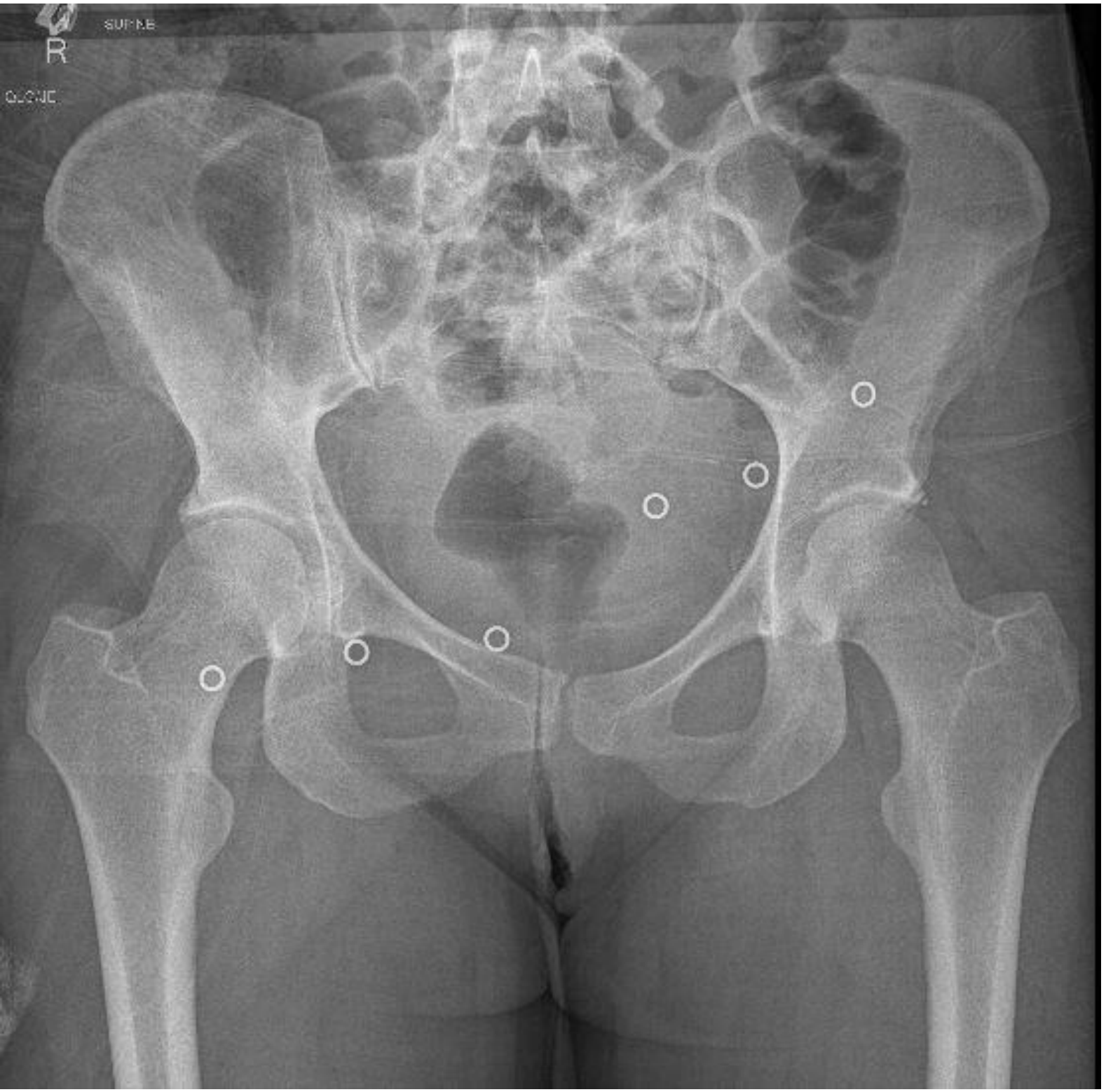
EFAST SUBXIPHOID



CXR



PXR

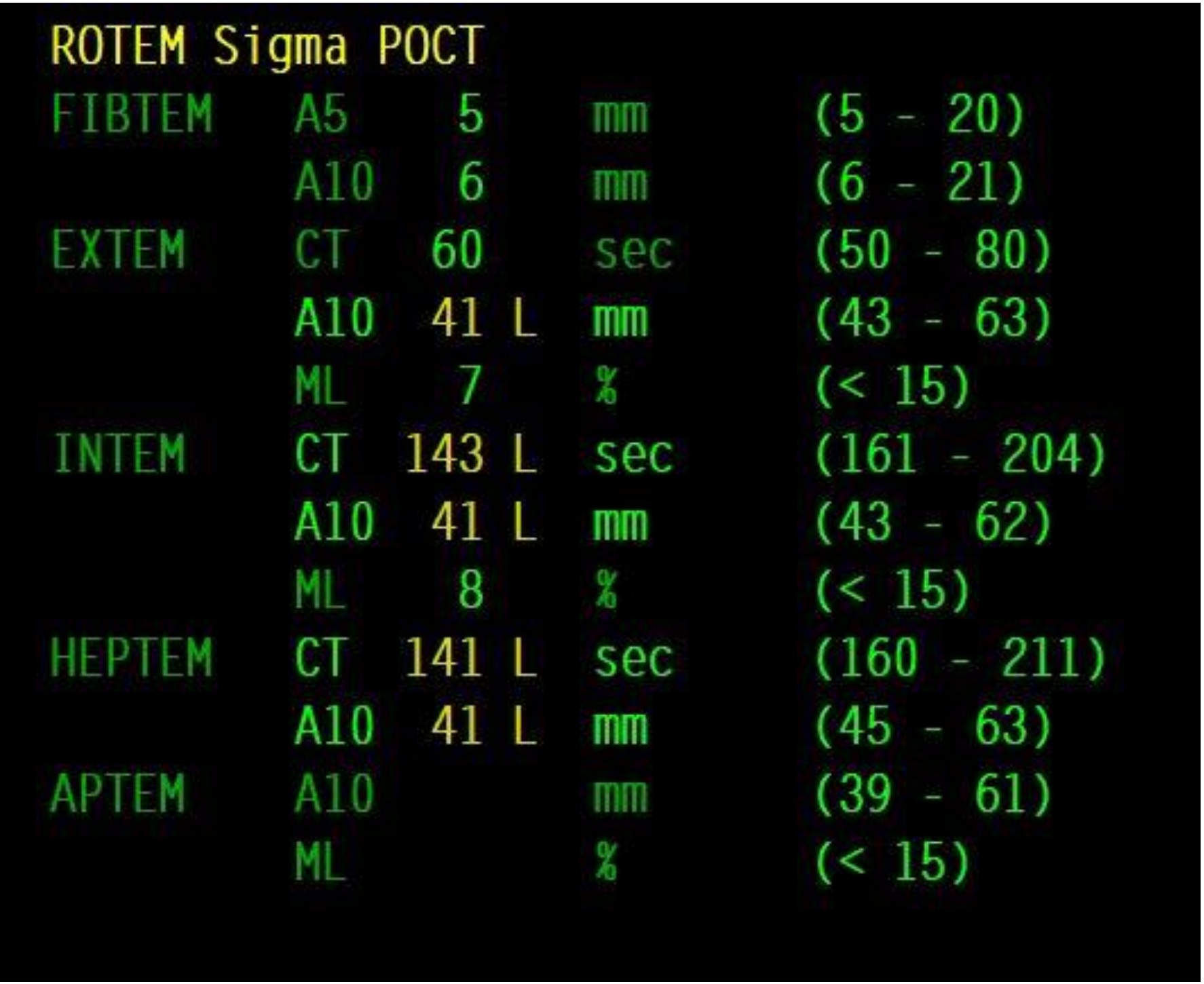


R FEMORAL XRAY

VENOUS BLOOD GAS

Venous			Temp.	37.0	Degree C	Na	135	mmol/L
Airway			Corr pH	7.28		K	4.2	mmol/L
FIO2	0.45		Corr pCO2	45	mmHg	Cl	112 H	mmol/L
pH	7.28 L		Corr pO2	41	mmHg	Anion Gap	2 L	mmol/L
pCO2	45	mmHg	Total Hb	125	g/L	Creatinine		umol/L
pO2	41 C	mmHg	Oxy Hb	68	%	Ca (Ionised)	1.17	mmol/L
O2 Sat.	68	%	Carboxy H	0.3	%	Glu	10.0 H	mmol/L
p50	31.4 H	mmHg	Met Hb	0.5	%	Lact	3.0 H	mmol/L
HCO3-	20 L	mmol/L	Sulph Hb					
ABE	-5.7 L	mmol/L				Bili (Total)		umol/L
						Fetal Hb		%
Comp. Val.	Yes		MODE 1			MODE 2		

ROTEM


ROTEM Sigma POCT
FIBTEM A5 5 mm (5 - 20)
A10 6 mm (6 - 21)
EXTEM CT 60 sec (50 - 80)
A10 41 L mm (43 - 63)
ML 7 % (< 15)
INTEM CT 143 L sec (161 - 204)
A10 41 L mm (43 - 62)
ML 8 % (< 15)
HEPTEM CT 141 L sec (160 - 211)
A10 41 L mm (45 - 63)
APTEM A10 mm (39 - 61)
ML % (< 15)

Queensland
Trauma Education

Queensland Government

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

V2 Effective: 19 July 2021 | csels.qld.edu.au/ote

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

2 Maintain confidentiality and respect

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

3 Establish a fiction contract

Seek a voluntary commitment between the learner and facilitator:

- Ask for buy-in
- Acknowledge limitations

4 Conduct a familiarisation

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

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

5 Address simulation safety

Identify risks:

- Medications and equipment
- Electrical or physical hazards
- Simulated and real patients

V2 Effective: 1/7/2021. Adapted from Rudolph, J., Raemer, D. and Simon, R. (2014). Establishing a Safe Container for Learning in Simulation. Simulation in Healthcare: Journal of the Society for Simulation in Healthcare, 9(6), pp.339-349.

CSDS Clinical Skills Development Service

Queensland Government