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INITIAL ASSESSMENT / Primary Survey

Scene Safety ⇒ Adjust measures accordingly (Active threat ? ⇒ Cover/Rescue) Gut feeling!

Impression Consciousness (AVPU) / critical? SITREP: more casualties than personnel? ⇒ initial radio

control critical bleeding: Tourniquet! Consider direct pressure on wound

Kinematics / MOI (if possible, avoid moving patient) c-Spine? / pelvis?

Airway

Inspect mouth and throat, clear if required check airway (look, listen, feel)

Unconscious: place NPA or OPA and establish recovery position

• re-evaluate airway

• if apnea: CPR if possible (30:2 • 100/min • 5-6cm) & laryngeal mask or tube

Breathing

inspect larynx and jugular veins (shifted / distended?) expose thorax and inspect entirely

• injuries/bleeding? ⇒ place chest seal on all thoracic wounds!

Inspect ⇒ CAVE: tension pneumothorax

(Auscultate) both lungs/ watch thoracic movement synchronous?

Palpate thorax (respiratory excursions, stability, emphysema)

Check the back (back & buttocks) place mylar blanket/litter

• suspected tension pneumothorax: immediate decompression

• re-check airway (2. ICR MCL / 5. ICR AAL) ⇒ CAVE MOI

Circulation

• Radial pulse quickly / alt. capillary refill time

• Blood sweep Head, arms, abdomen, pelvis, groin ↗ urine? ↘ legs ⇒ check for further injuries

Stop bleeding! Tourniquet, pressure dressing, hemostyptics, pelvic binder

• count pulse frequency (15") (regular/stable? Re-evaluate frequently)

• re-check airway

Disability

neurological deficits

• AVPU (Alert, Verbal, Pain, Unresponsive) / GCS

• Pupils round & isochoric? • consider quickly applicable analgetics

Exposure

Hypothermia prevention and evacuation

Further Measures ⇒

All measures should be completed within 3 minutes!
Transport decision: critical patient = evacuation

Emergency call / radio report ⇒

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Emergency call / Report

What happened where? If relevant: When did it happen?

⇒ Dangers (for reinforcements) e.g. fire, suspects/enemies, potential of collapsing structures or explosions?

⇒ Special equipment (e.g. personal protective equipment, hydraulic tools) or specialized forces (e.g. fire department, EOD, psychological care) required?

⇒ Coordinates if necessary/ mark potential HLZ

How many casualties?

What kind of injuries?

Who is reporting?

Wait for further questions!

If stabilization of the casualty is impossible on scene (critical condition) initiate transport of the patient (RVP / capable hospital)

Mechanism of injury, (main) Injuries, Symptoms, Treatment

REASSESSMENT & treatment (Only if delayed after initial Check vital signs and all previous measures:

A

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D

Check airway (protection) and respiration (frequency)

Auscultation of both lungs/thoracic movements synchronous? Check chest seals/tension pneumothorax? ⇒ repeat decompression If available: apply oxygen + monitoring

Check pulses A. radialis (> 80mmHg = Recap < 2s), A. femoralis (> 70), A. carotis (> 60) Check dressings

Check tourniquets (if possible, keep TQ time < 2h and convert TQ to pressure dressing) i.v. line whenever possible, TXA / fluids if required (consider i.o.), if possible measure blood pressure

AVPU

Drugs ⇒ apply (Analgetic) medication (docu!) before further measures if necessary

!! Prevent hypothermia during entire treatment !!

Further care and optimization of interventions

patient positioning (lean forward position; shock position; abdominal decompression; recovery position ⇒ according to patient preference and

Immobilization of fractures

Communication with patient / care

i.v. / i.o. line? Medication? Measure blood pressure

Documentation !!! Of all findings and measures

Continuous re-evaluation including safety!

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