

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
- (**A**uscultate) 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, ^{stool?}
- ⇒ 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 / radio report ⇒

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 Check airway (protection) and respiration (frequency)

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

C 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

D **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!

Emergency call / Report

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