**Trauma scenario 5 – head injury (2 pages)**

An elderly man has fallen from standing onto his face and presents with a large wound to his forehead. He is unconscious when he is brought in on a stretcher.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ASSESSMENT** | **FURTHER INFORMATION** | **KEY POINTS** | **YES** | **NO** |
| A | Snoring  Snoring improves with airway adjunct | Suctions secretions |  |  |
| Jaw thrust |  |  |
| NPA or OPA with correct technique |  |  |
| C-spine risk | Immobilises C-spine |  |  |
| B | Respiratory rate: 10 | Counts respiratory rate for 30 seconds and x2 |  |  |
| Oxygen saturations: 91% | Recognises oxygen is required |  |  |
| Inspection: no injury | Asks about bruising, wounds, deformity |  |  |
| Auscultation: chest clear | Correct auscultation technique |  |  |
| Percussion: Normal | Correct percussion technique |  |  |
| Palpation: normal | Correct palpation technique |  |  |
| C | Hands: well perfused | Hands assessed correctly |  |  |
| Skin Temperature: warm | Skin temperature assessed correctly |  |  |
| Radial pulse: strong, regular | Radial pulse palpated |  |  |
| HR 85 | Pulse assessed for 30 secs x 2 |  |  |
| BP 122/67mmHg | BP assessed correctly |  |  |
| CRT: 2 seconds | CRT assessed correctly |  |  |
| Skin turgor (sternum): normal | Skin turgor assessed correctly |  |  |
| Abdo: soft, non-tender, no bruising | Inspects and palpates abdomen |  |  |
| Pelvis: symmetrical | Inspects pelvis |  |  |
| Long bones: no bruising or deformity | Inspects and palpates long bones bilaterally |  |  |
| External bleeding: none | Asks about external bleeding |  |  |
|  | IV access |  |  |
| Blood tests including cross-matched blood |  |  |
| D | AVPU: Unconscious | Determines correct AVPU score |  |  |
| Glucotest: 7mmol/l | Determines blood sugar |  |  |
| E | Temperature 36.7 | States will keep patient warm |  |  |
| No posterior injuries | Log rolls patient |  |  |
| Plan | Needs discussion with surgical referral centre & centre capable of airway mangement | Close monitoring of vital signs including AVPU  C-spine protection  Discusses with senior healthcare practitioner +/- suggests referral via NEMS |  |  |

**Diagnosis: Head injury with reduced level of consciousness and airway obstruction**

**Equipment (if available)**

* Mannequin
* Stethoscope
* Sphygmomanometer
* Oxygen mask

**Learning objectives:**

* Confident primary trauma survey conducted using an ABCDE approach
* Recognition of obstructed airway and immediate intervention
* Reassessment after any intervention
* Recognition of requirement for C-spine immobilisation and log roll
* Recognition of reduced level of consciousness, correct use of the AVPU scale
* Recognition of need for escalation to senior healthcare professional for consideration of further management

**Debrief:**

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers. Reflect on this discussion for your logbook.

1. How do you think that went?
2. What did you think was happening with the patient?
3. Do you think your interventions were helpful? Describe how. If not, explain why.
4. Did the team members communicate effectively with each other? Provide examples.
5. Did the team members communicate effectively with the patient? Provide examples.
6. What aspect of this scenario can you apply in your clinical practise?