**Trauma scenario 2: crush injury femurs (2 pages)**

A patient is brought in by NEMS. They were a pedestrian hit and run over by a truck. They have crush injuries to both femurs.

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| **ASSESSMENT** | **FURTHER INFORMATION** | **KEY POINTS** | **YES** | **NO** |
| A | Airway: patent | Airway correctly assessed |  |  |
|  | C-spine risk | Immobilises C-spine  |  |  |
| B | Respiratory rate: 22 | Counts respiratory rate for 30 seconds and x2 |  |  |
| Oxygen saturations: 96% | Recognises oxygen is not required |  |  |
| Inspection: bruising to the left anterior (front) chest. | Asks about bruising, wounds, deformity |  |  |
| Auscultation: chest clear  | Correct auscultation technique  |  |  |
| Percussion: resonant throughout (normal) | Correct percussion technique  |  |  |
| Palpation: tender to left anterior (front) of chest. | Correct palpation technique  |  |  |
| C | Hands: Pale | Hands assessed correctly |  |  |
| Skin Temperature: Cool | Skin temperature assessed correctly |  |  |
| Radial pulse: weak, regular | Radial pulse palpated |  |  |
| HR 110 | Pulse assessed for 30 secs x 2 |  |  |
| BP 95/67mmHg | BP assessed correctly |  |  |
| CRT: 4 seconds  | CRT assessed correctly |  |  |
| Skin turgor (sternum): normal | Skin turgor assessed correctly |  |  |
| Abdo: no bruising  | Inspects abdomen  |  |  |
| Pelvis: symmetrical | Inspects pelvis |  |  |
| Long bones: deformed, tense and bruised bilateral femurs | Inspects and palpates long bones bilaterally |  |  |
| External bleeding: none | Asks about external bleeding  |  |  |
|  | IV access |  |  |
| Blood tests including cross-matched blood |  |  |
| Gives blood, or if not available, gives 500mls crystalloid and reassesses for response |  |  |
| D | AVPU: Alert | Determines correct AVPU score |  |  |
| Pain: severe | Gives analgesia  |  |  |
| E | Temperature 35.8 | States will keep patient warm |  |  |
| Bruising and grazes to posterior chest, nil significant other | Log rolls patient |  |  |
| Plan | Requires transfer to surgical centre for blood transfusion + definitive surgical management  | Correctly identifies need for definitive managementSuggests referring to NEMS for transfer |  |  |
| Close monitoring of vital signs |  |  |

**Diagnosis: hypovolaemia secondary to crush injuries to bilateral femurs.**

**Equipment (if available)**

* Mannequin
* Stethoscope
* Sphygmomanometer
* Oxygen mask

**Learning objectives:**

* Confident primary survey conducted using an ABCDE approach
* Recognition of requirement for C-spine immobilisation and log roll
* Recognition of traumatic injury causing hypovolaemia
* Immediate treatment of hypovolaemia
* Recognition of need for transfer for definitive care (blood transfusion + surgical 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?