

Case scenario .

Group A.

* 32y. mcs. presented to ER with left side chest &

Abd Crushed.

tender.

+ Bowel sound.

hair entry

hyperresonance in percussion.

* patient - anxious - puls 115 - $\frac{90}{60}$ BP

1- what primary management you should do?

A - airway open + C spine.

B - Breathing

tension pneumothorax

C - circulation

pneumothorax

D Disability.

hypotension due to blood loss - (give 2 liter fluid + if need blood O Group).

E - exposure.

Control Bleeding.

F - FAST -> check Abd.

neurological assessment.

G - Glucose. Girl (pregnancy test).

H - large Antibiotic to prevent sepsis.

Focused assessment with sonography for trauma.

I - IV cannula.

Hypothermia management.

* patient chest trauma:

① open airway. ② place patient in semi flower position.

③ high flow O₂. ④ give fluid.

⑤ Remove clothes.

⑥ Cover chest wound.

⑦ management of flail chest.

⑧ tape kerlixial across flail chest.

primary survey + 2ry survey.

① normalized vital signs.

② complete history & ex.

③ XR chest / CT.

④ laboratory examination.

⑤ Ample history -> last meal.

allerg. -> medications. -> past medical event related to injury.

* NGT: to prevent aspiration.

* look for Bleeding site: thoracic -> chest tube.

abd.

-> give blood -> >1500cc.

pelvic

if patient hemodynamic unstable.

Base.

thoractomy.

- IV ~~each~~ 4hr >200cc. if still bleeding → Thoracton 7.

- FAST. of foley's catheter & NGT.

↓ not do

if pelvic fracture.

↓ not do if

skull fracture.

• Splenic Injury:

* laparotomy - midline incision. xploid to symphysis pubic.

if patient stable → observation.

if unstable → splenectomy.

* give vaccine.

• most important complications: op ST post splenectomy infections.

• give vaccine to avoid it: agent: strepto - pneumococcal - Hib.

①

if elective surgery → before 2 week.

if emergency → within 2 week.

② give antibiotic.

③ antiplatelet. (aspirin).

④ Care.