

FIRE-POLICE-MEDICAL

EMERGENCY

DIAL 911

**TRAMATIC
EMERGENCIES**

SOFT TISSUE
INJURIES/WOUNDS



TREATMENT

P

Protect

Protect the injured part by keeping it still.

R

Rest

Rest the affected joint for 24 to 48 hours.

I

Ice

Ice the injured part to reduce swelling and pain .

C

Compress

Compress the injured area by wrapping it.

E

Elevate

Elevate the injured part above the level of the heart .



**INCISIONS
CUT WITH CLEAN EDGES**



**AVULSION
SKIN REMOVED IN
CHUNKS/TRY TO FOLD
SKIN BACK OVER IF
ABLE/WRAP IN
STERILE COVERING**



**PUNCTURES
POINTED OBJECT
STUCK IN SKIN**



**ABRASIONS
SCRAPING AWAY OF ONLY OUTER
PORTION OF SKIN**



**LACERATIONS
JAGGED EDGES CAUSED BY
OBJECT TEARING OR RIPPING
SKIN**

IMPALED OBJECTS



AMPUTATION



TREATMENT
ACTIVE EMS
TREAT FOR SHOCK
CONTROL BLEEDING
MONITOR
AIRWAY/BREATHING

AMPUTATION

**IF POSSIBLE, RETRIEVE AMPUTED BODY
PART/WRAP IN STERILE COVERING/PLACE
ON TOP OF ICE IN CONTAINER IF ABLE/
TRANSPORT BODY PART WITH VICTIM**

**IMPALED OBJECT
TREATMENT**



DO NOT REMOVE OBJECT

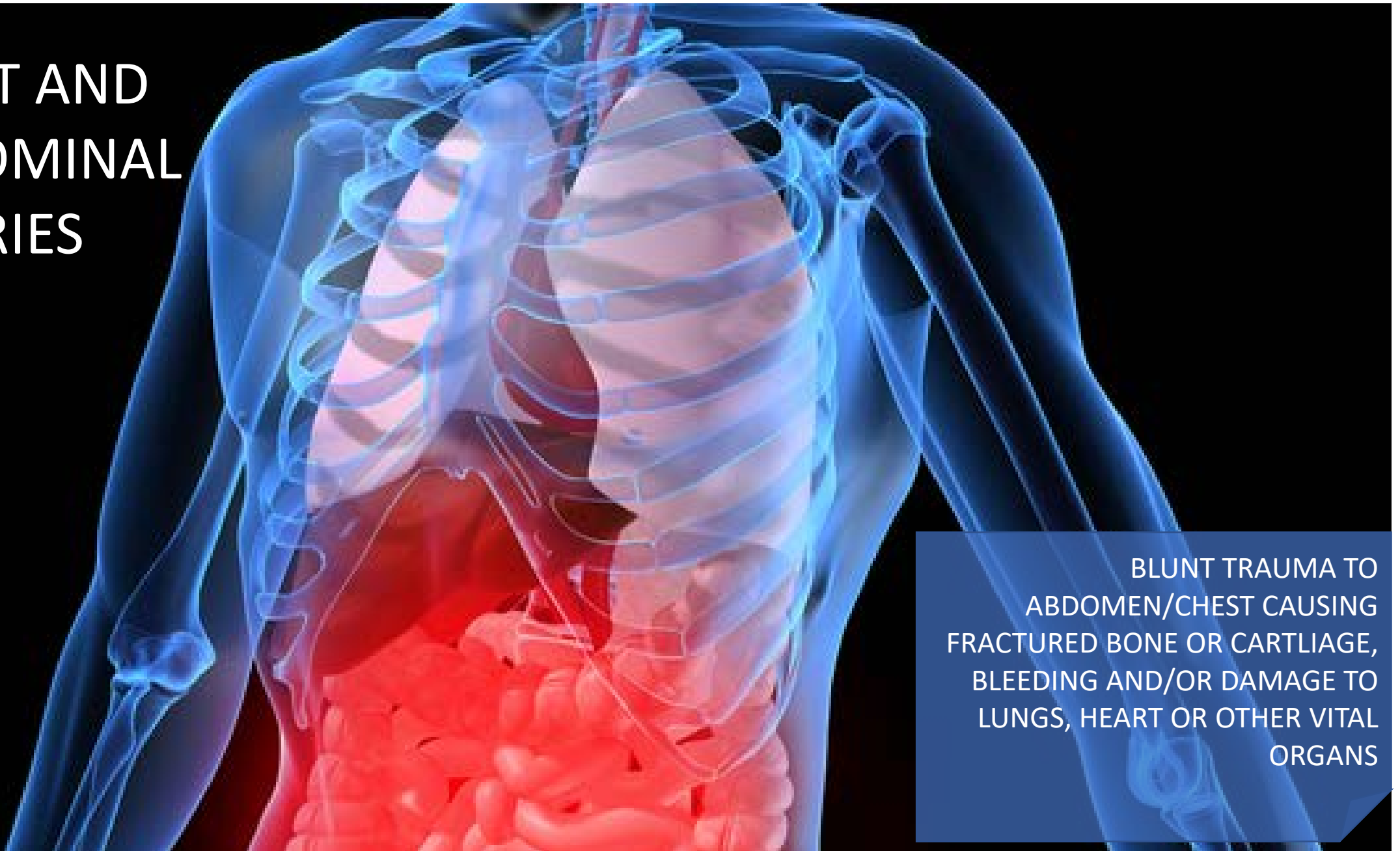
**CONTROL BLEEDING BY APPLYING
PRESSURE ON BOTH SIDES OF THE
OBJECT**

**DO NOT PUT PRESSURE ON THE
OBJECT ITSELF**

**IF AN OBJECT IS EMBEDDED IN AN
EYE PLACE A PROTECTIVE CUP
OVER THE INJURY**

**ACTIVATE EMS
TREAT FOR SHOCK**

CHEST AND ABDOMINAL INJURIES



BLUNT TRAUMA TO
ABDOMEN/CHEST CAUSING
FRACTURED BONE OR CARTLIAGE,
BLEEDING AND/OR DAMAGE TO
LUNGS, HEART OR OTHER VITAL
ORGANS



CHEST/ABDOMINAL
INJURIES CAN BE
POTENTIALLY DANGEROUS.
LOOK FOR THE
MECHANISM OF INJURY TO
ASSIST YOUR ASSESSMENT

FLAIL CHEST

**ACTIVE EMS
TREAT OF SHOCK
MONITOR CABs**

**PLACE VICTIM IN RECOVERY
POSITION**

**PLACE ON INJURED SIDE WITH
SUPPORT FOR THEIR BACK OR
FLAT ON BACK WITH “SOFT”
OBJECT OVER THE INJURED
AREA**





ABDOMINAL INJURY

INDICATORS

Victim lying in a fetal position

Rapid, shallow breathing

Rapid pulse

Rigid or tender abdomen with
or without swelling

Pain or tenderness to the touch

FIRST AID MEASURES

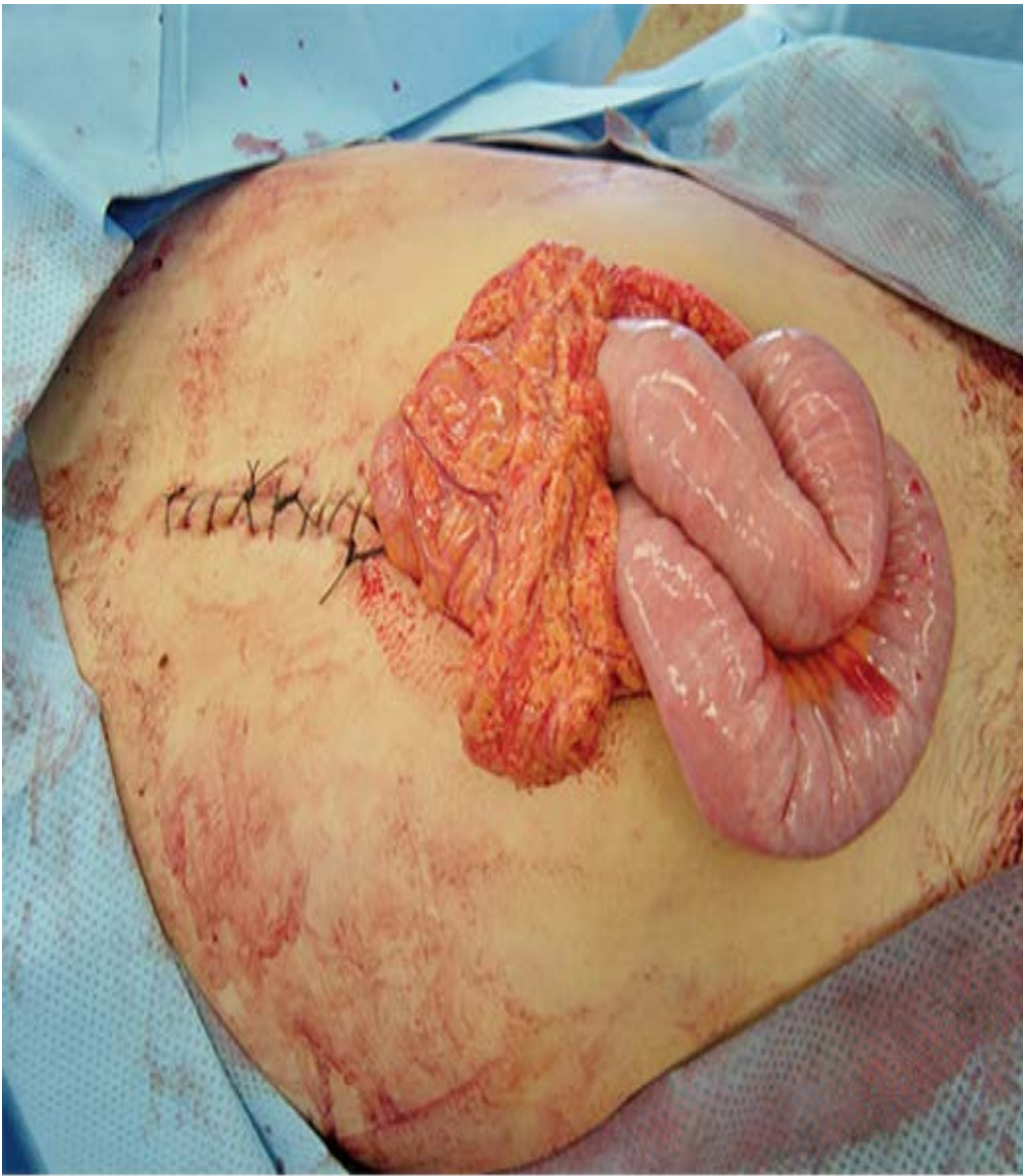
Active EMS

Place victim in a comfortable
position, if appropriate (flat on back
with knees bent up).

Treat for shock

Monitor Airway/Breathing

Be prepared for vomiting



Source: Ernest E. Moore, David V. Feliciano,
Kenneth L. Mattox: Trauma, Eighth Edition
www.AccessSurgery.com
Copyright © McGraw-Hill Education. All rights reserved.

EXPOSED INTERNAL ORGANS

Evisceration

Activate EMS

Do not attempt to push organs back in

Place victim (if possible) on victim's
back with knees up if limbs not injured

Apply sterile dressing over wound to
control bleeding

Monitor for shock/airway/breathing

CHEST SEAL

**PUT CHEST SEAL OVER
THE HOLE/WOUND**

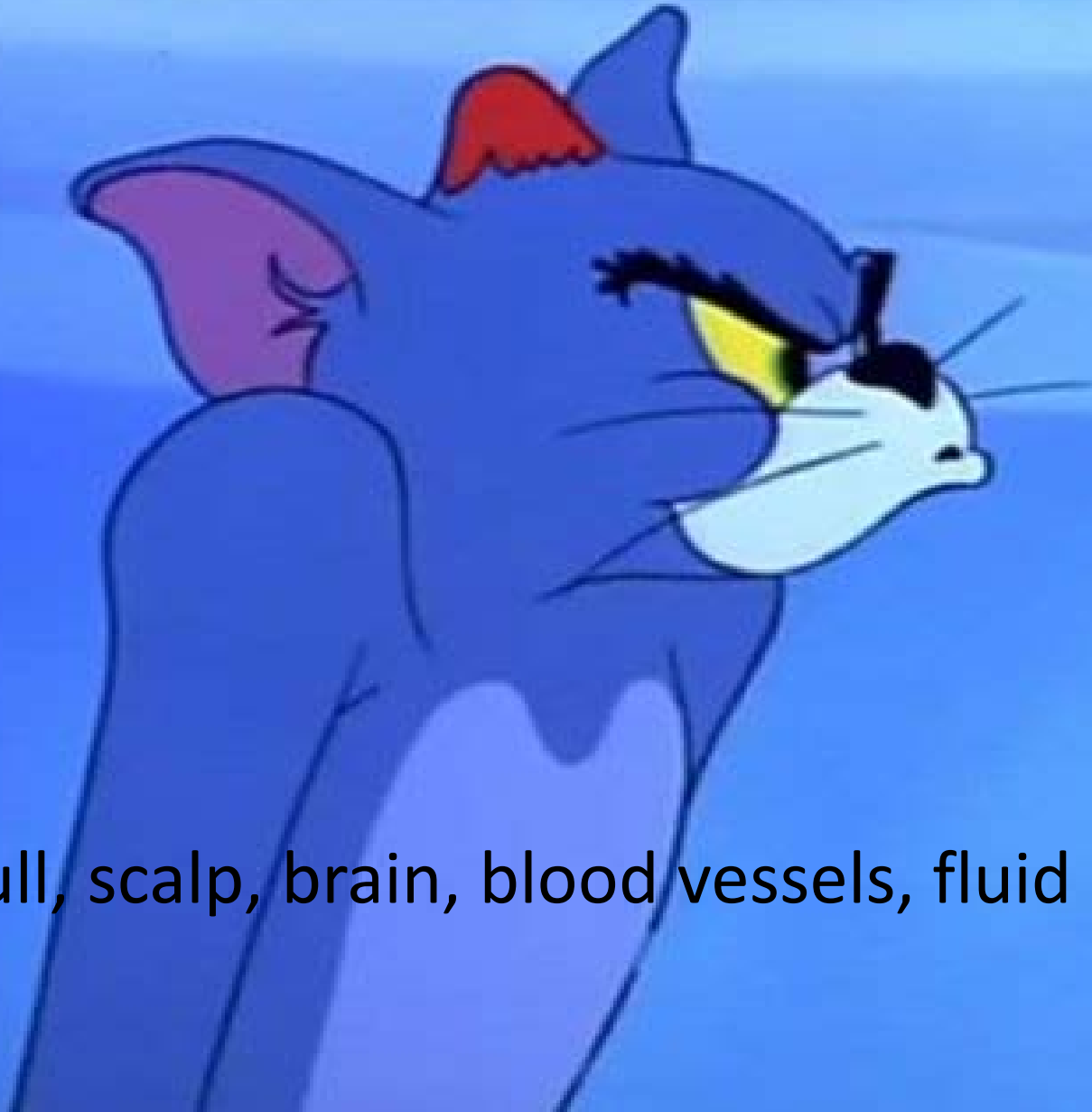
**OR TAPE DOWN
BANDAGE ON THREE
SIDES (OCCLUSIVE
DRESSING)**

**WATCH FOR SIGNS OF
COLLAPSED LUNG**

**SEVERE SHORTNESS OF BEATH
UNEQUAL RISE/FALL OF CHEST
BULGING NEVK VEINS (JVD)
BLUE LIPS/FINGERNAILS
UNEQUAL BREATH/LUNG SOUNDS**



HEAD INJURIES



Injuries involving skull, scalp, brain, blood vessels, fluid around the brain and/or neck

HEAD INJURY

SYMPTOMS

PROJECTILE VOMITING

BLURRED VISION

HEADACHES

TEND TO BLEED MORE

INSIDE/OUTSIDE OF HEAD

UNEQUAL PUPIL SIZE

DARK SPOTS UNDER EYE

(RACCOON EYES) OR

BEHIND EARS (BATTLE

SIGNS)



HEAD INJURY TREATMENT

Stabilize and do not move head or neck
Leave victim where they are if scene safe
Determine victim's level of consciousness
Conduct an initial and focused survey
If you need to open or clear the victim's
airway, use the jaw-thrust technique

TREATMENT

ACTIVATE EMS

CONTROL BLEEDING

LOOSELY BANDAGE HEAD/EARS TO
DRAIN *CEREBROSPINAL* FLUID

DO NOT APPLY DIRECT PRESSURE TO
ANY HEAD/SKULL DEFORMITY

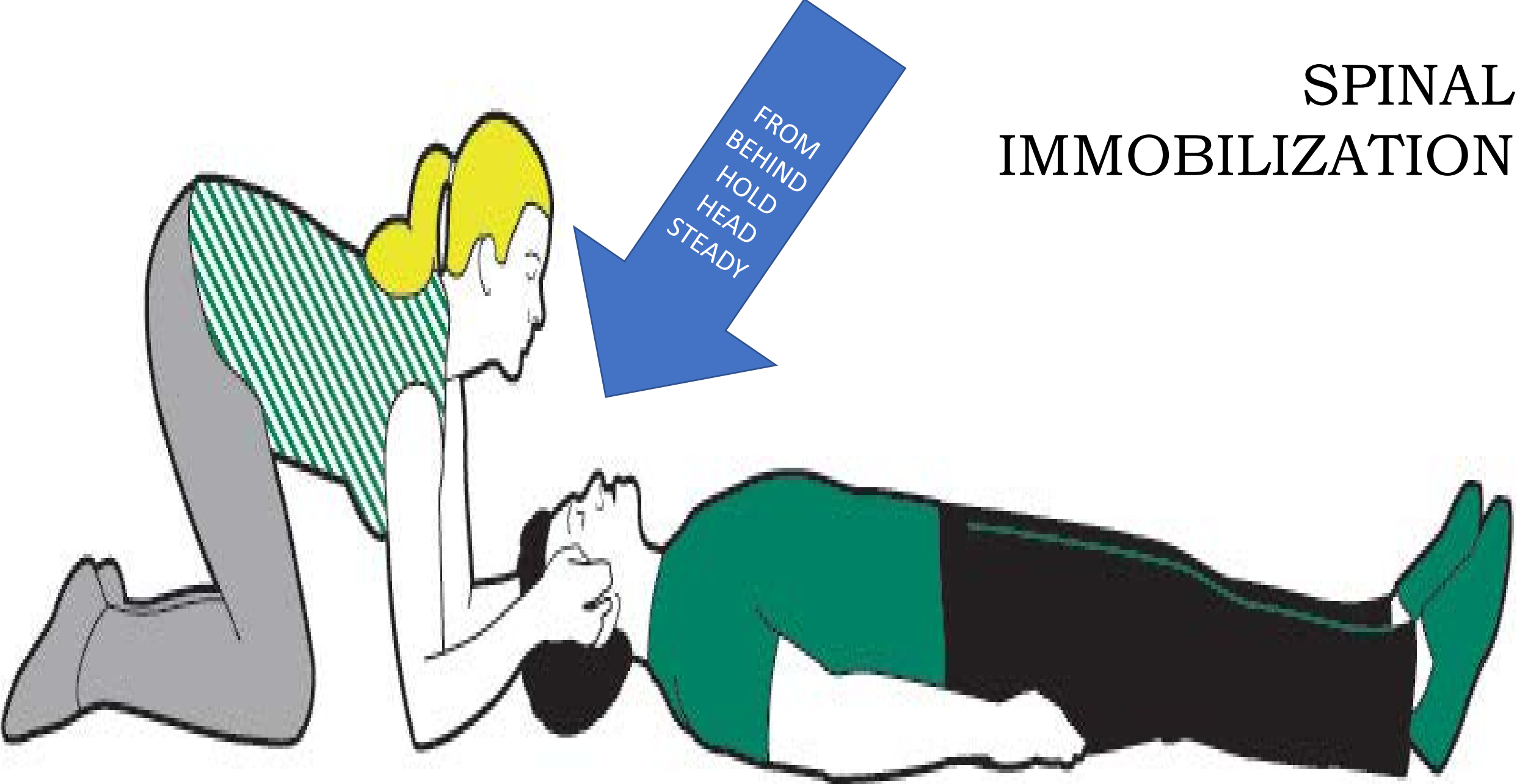
TREAT FOR SHOCK

BUT DO NOT ELEVATE LEGS

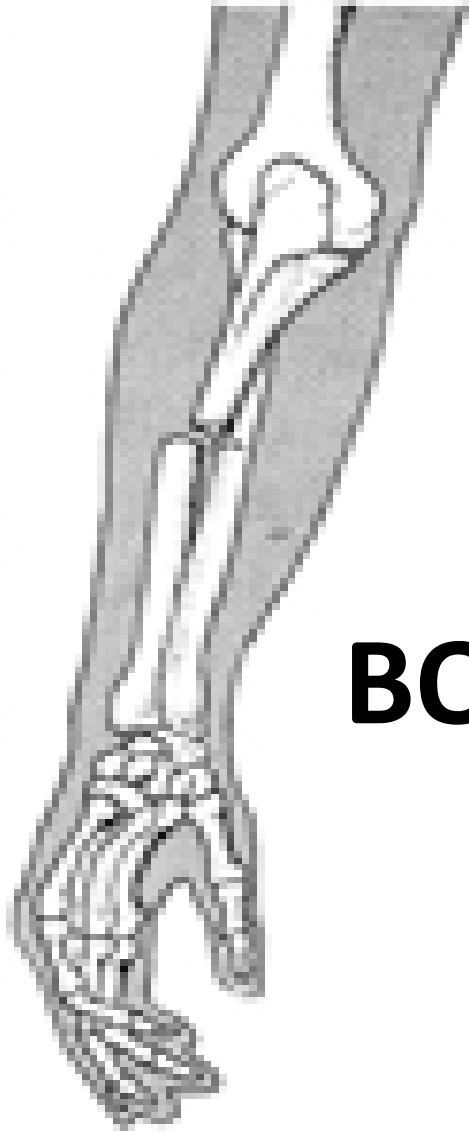
MONITOR AIRWAY/BREATHING



SPINAL IMMOBILIZATION



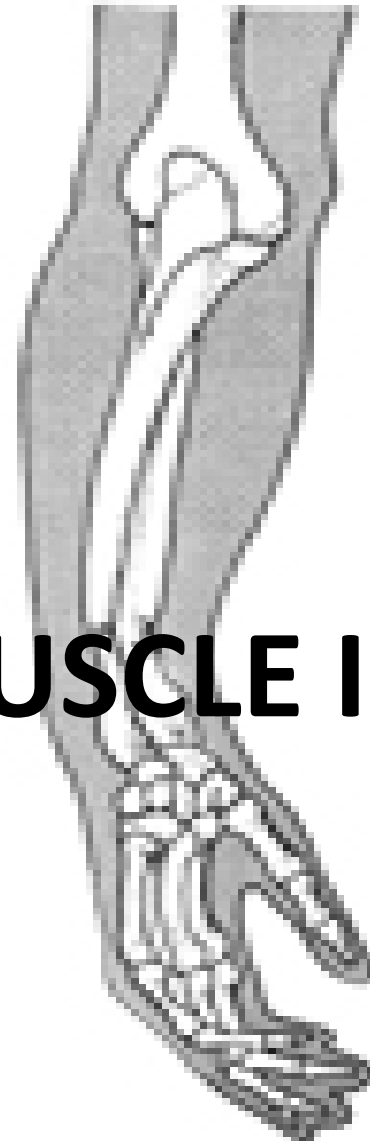
Types of Bone Fractures



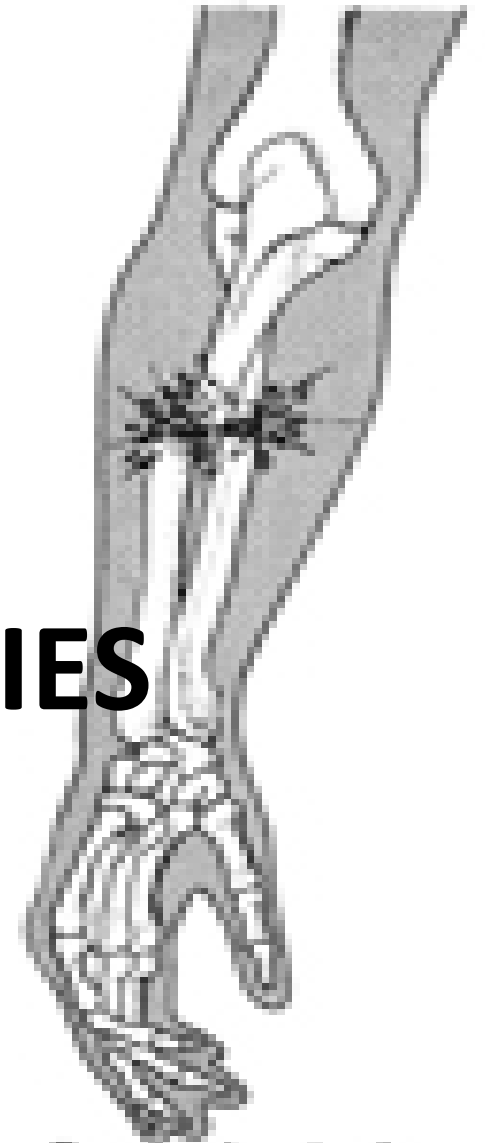
Closed fracture



Open fracture

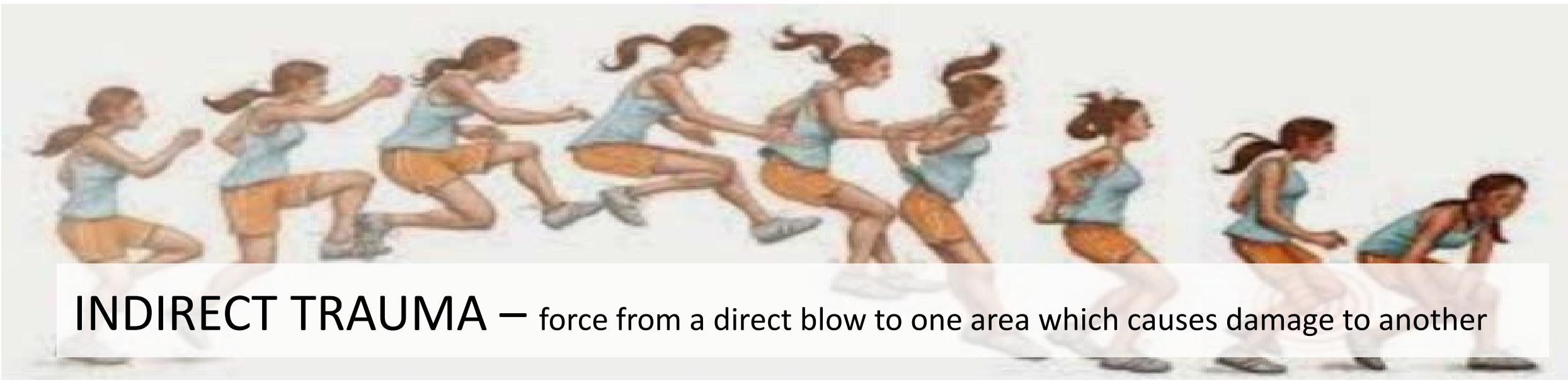


Greenstick fracture



Comminuted fracture

BONE, JOINT & MUSCLE INJURIES



Look
for

OBVIOUS
DEFORMITIES
SKIN BREAKS
EXPOSED BONES

ASSESSMENT

TREATMENT

ACTIVE EMS

EXPOSE INJURY (REMOVE CLOTHING)

DO NOT MANIPULATE OR STRAIGHTEN OUT INJURY

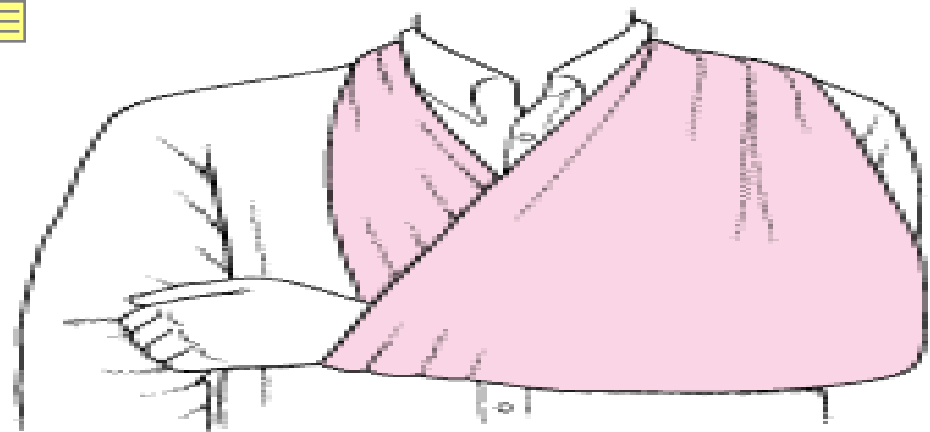
DO NOT ELEVATE BROKEN LEG

CONTROL BLEEDING IF PRESENT/CHECK PULSE, MOTOR, SENSORY

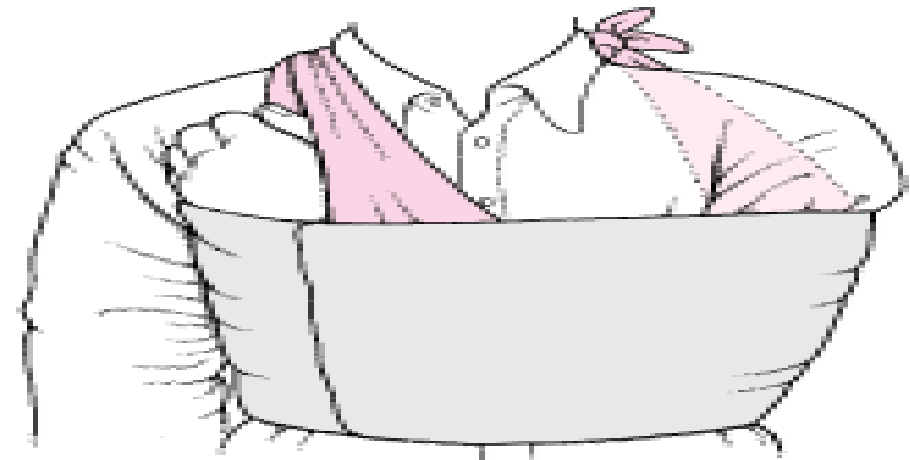
STABILIZE INJURY /SPLINT ARM OR LEG IF ABLE TO SAFELY TO DO SO

CHECK CAPILLARY REFILL/WARMTH OF AFFECTED LIMB

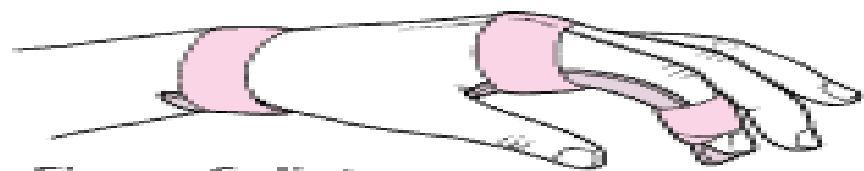
TREAT FOR SHOCK/REASSESS AFTER ARM OR LEG SPLINT APPLIED



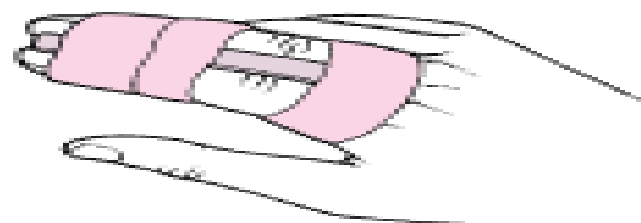
Sling



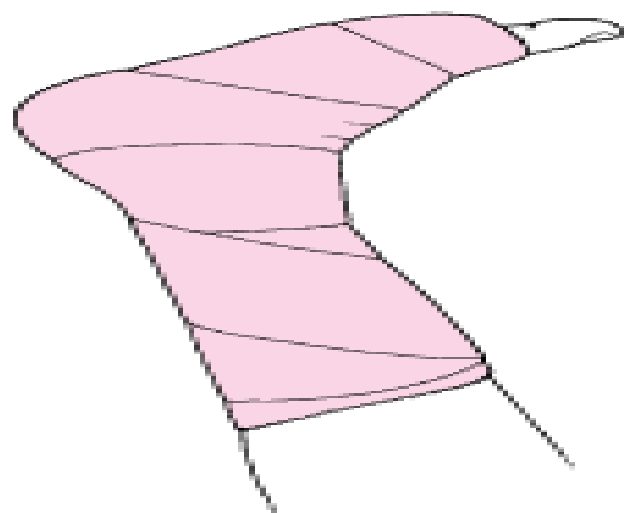
Sling and Swathe



Finger Splint



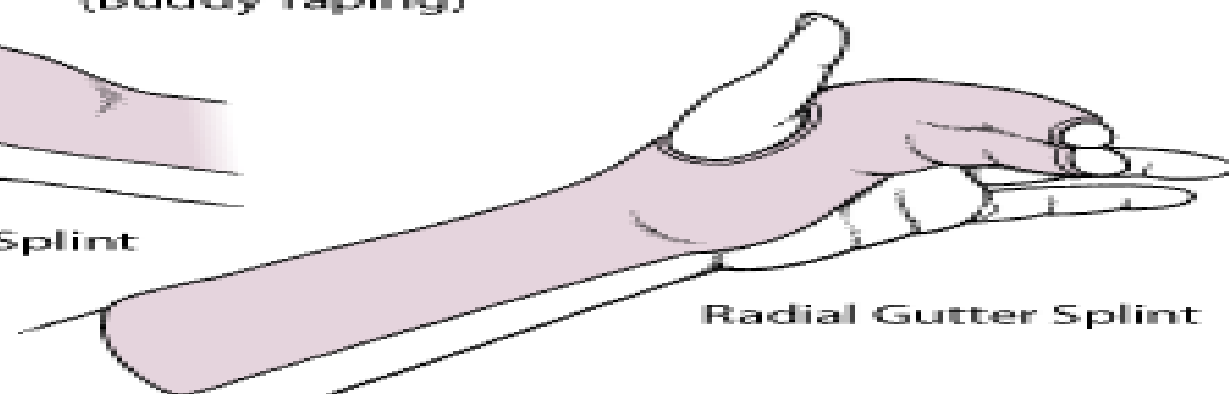
Dynamic Finger Splint
(Buddy Taping)



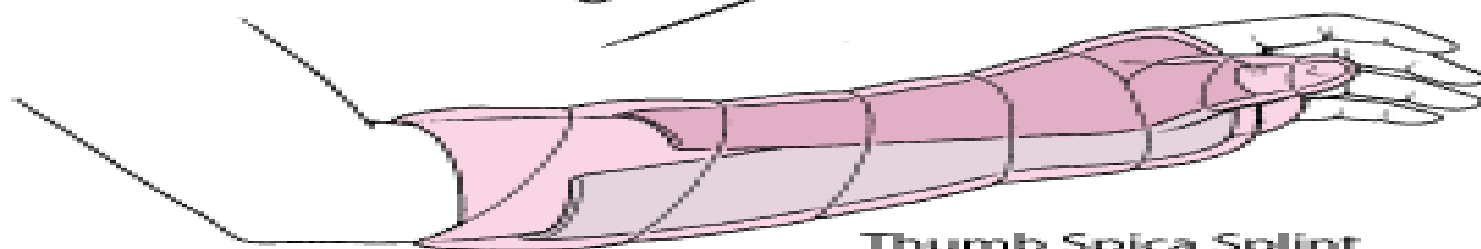
Posterior Ankle Splint
(3-Sided Short Leg Splint)



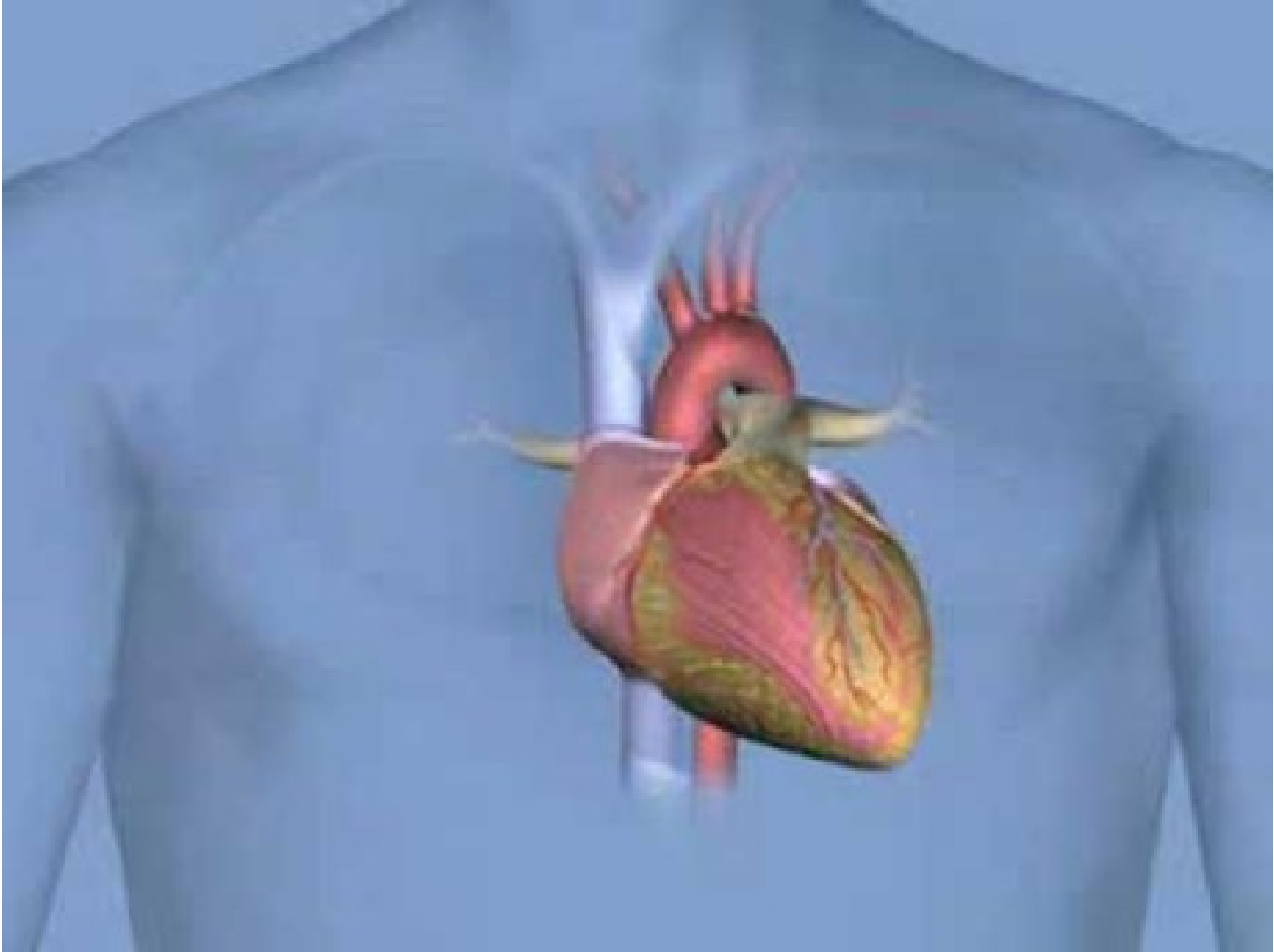
Ulnar Gutter Splint



Radial Gutter Splint



Thumb Spica Splint





INDICATORS of SHOCK

Altered mental state

- Confusion
- Anxiety
- Restlessness
- Combativeness
- Sudden unconsciousness

Physical symptoms

- Pale, cool, clammy skin
- Profuse sweating
- Thirst, nausea, vomiting
- Blue/grey lips, nail beds or tongue
- Dull eyes, dilated pupils
- Rapid pulse rate
- Weak or “thready” pulse
- Abnormal respiratory rate
- Shallow, labored breathing

CAUSES of SHOCK

Oxygen deficiency to the brain

Diversion of blood to the vital organs

Heart's attempt to pump more blood

Body's attempt to get more oxygen

- Place the victim in shock position
- Keep the person warm and comfortable
- Turn the victim's head to one side if neck injury is not suspected

**TREAT INJURIES – REASSURE VICTIM – MAINTAIN BODY TEMPERATURE (DO NOT OVERHEAT)
DO NOT GIVE ANYTHING TO DRINK – THEY MAY VOMIT**



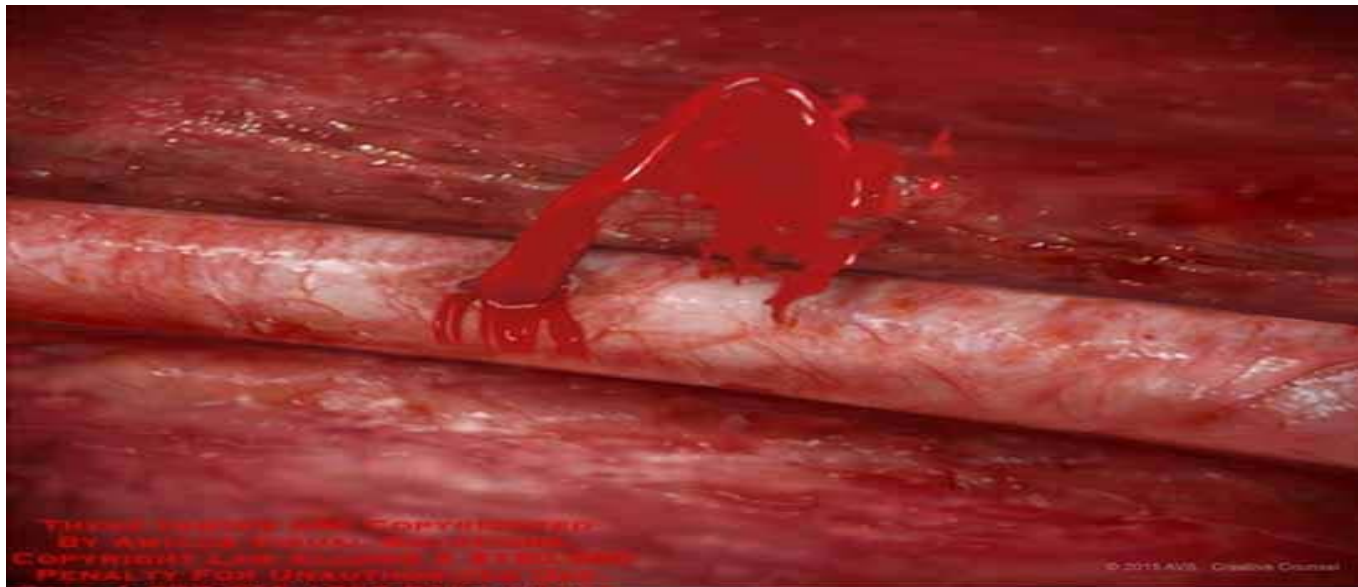
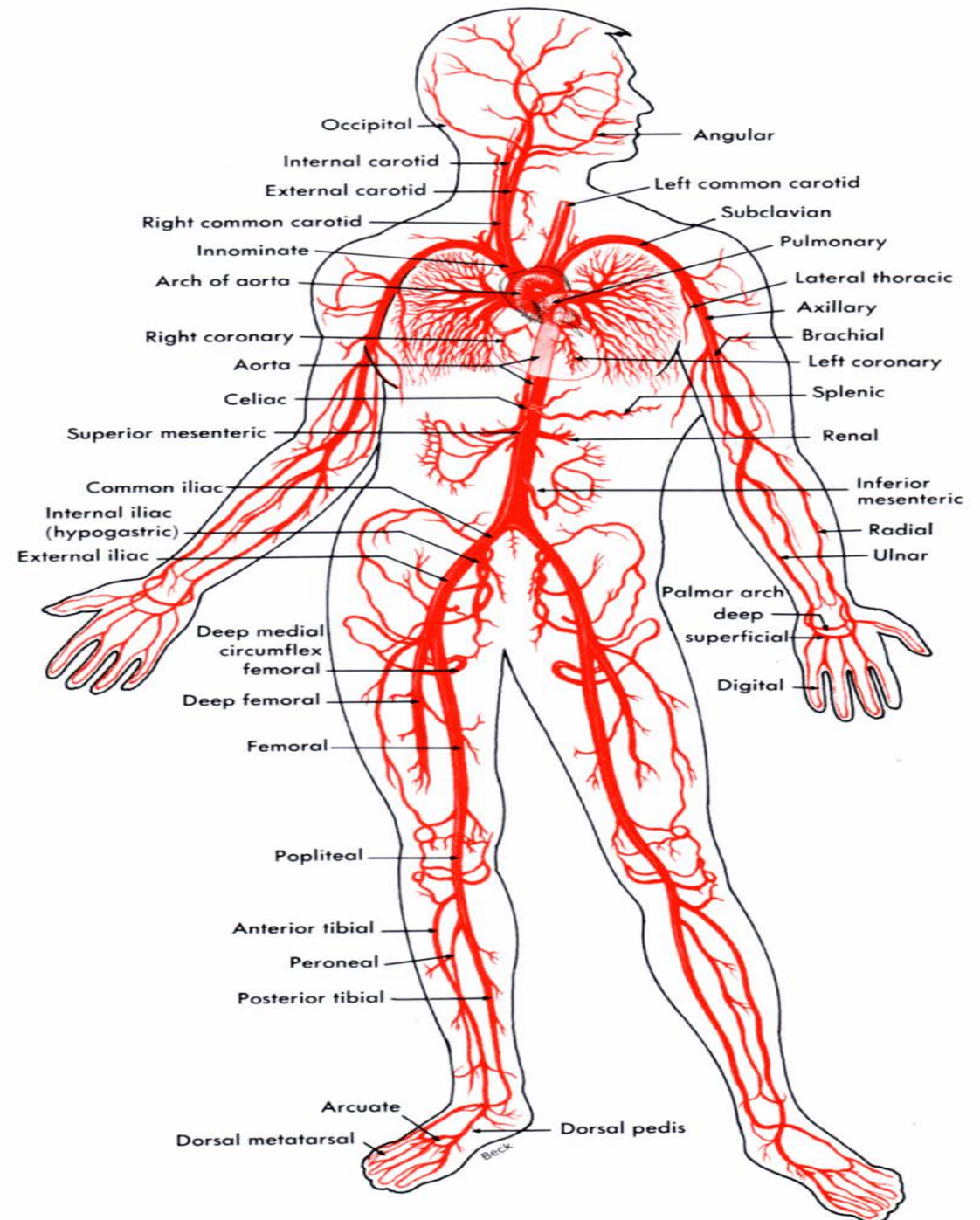


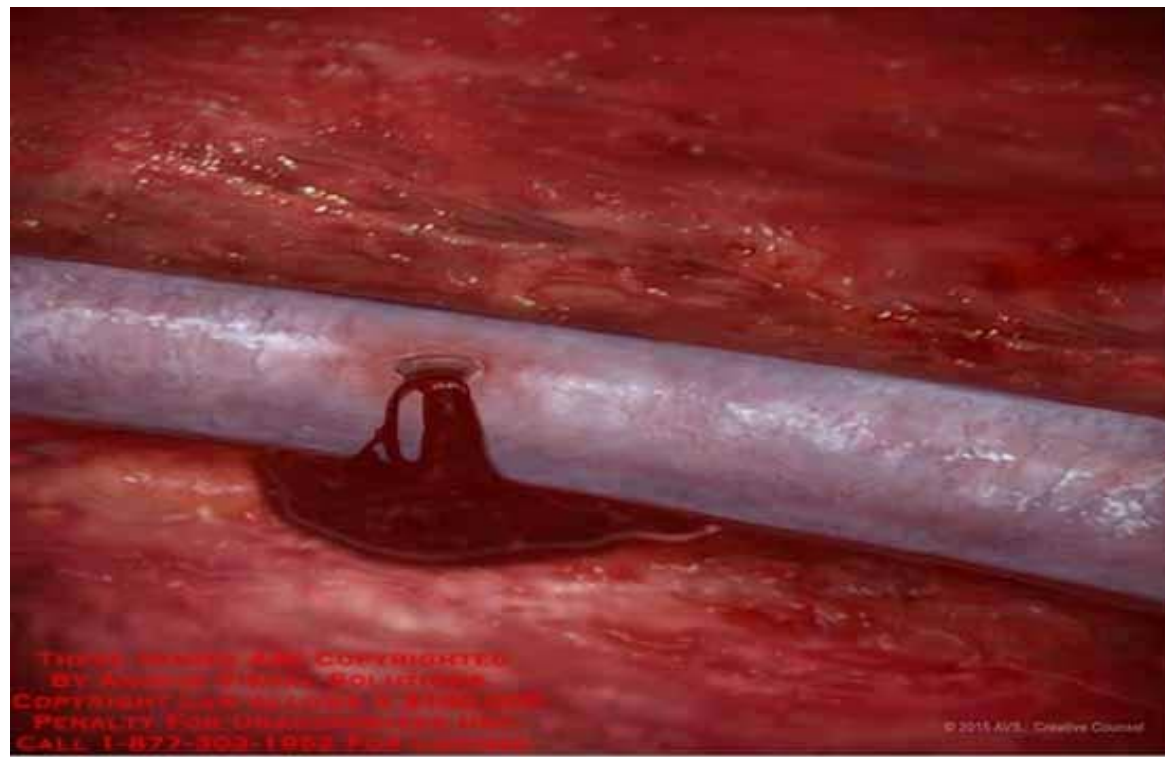
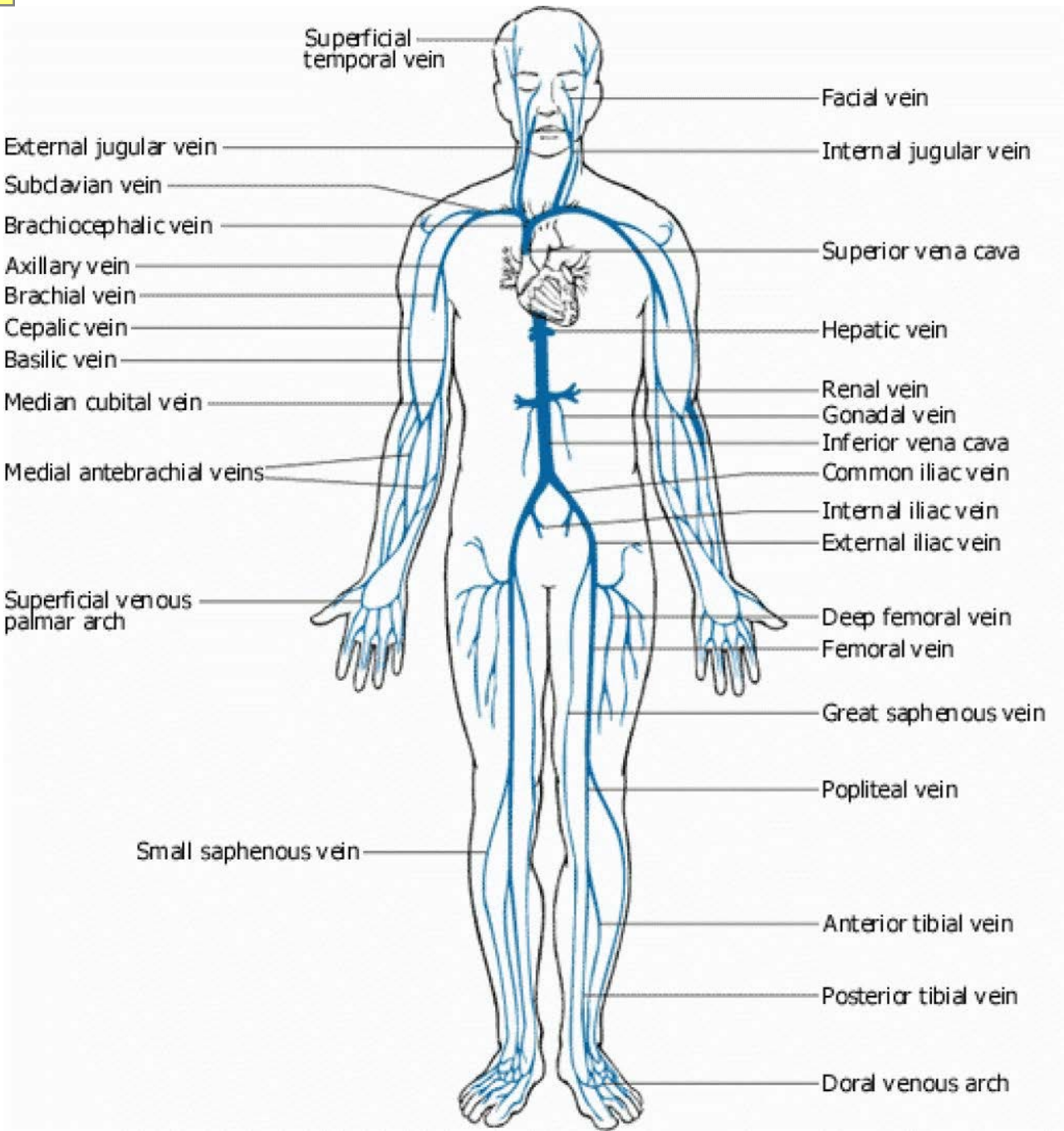
STOP
THE BLEED[®]

SAVE A LIFE

ARTERIAL BLEEDING

Most serious type of bleeding
Bright red profusely spurting blood





VENOUS BLEEDING

- Can be life threatening
- Blood will be very dark
- Tends to bleed slower or ooze



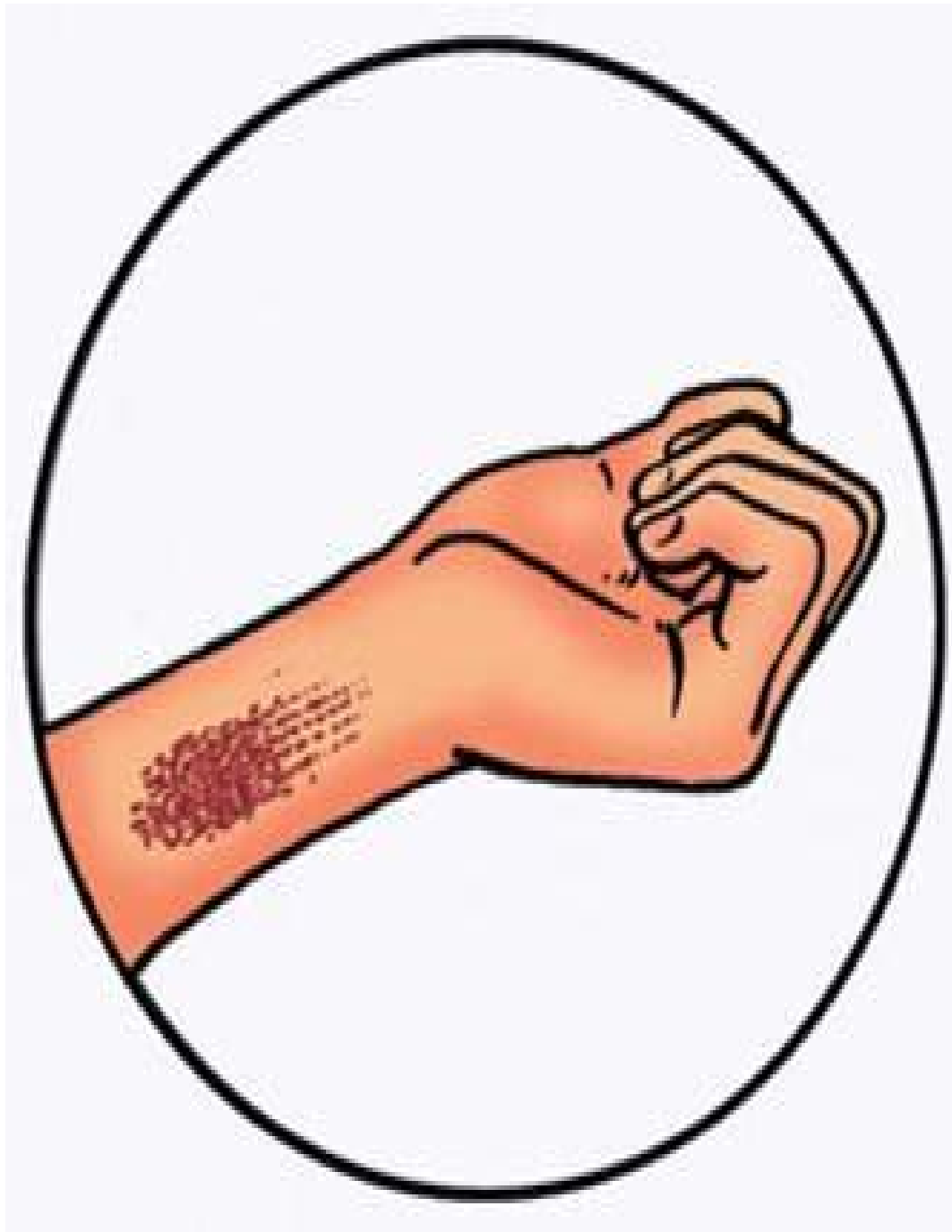
Capillary Bleeding

Least serious

Bleeding

Minor skin
scrapes

Basic
care/cleaning
/bandage/
infection
control



Bleeding Control

TOURNIQUET
Stops flow of blood
Place above wound

DIRECT PRESSURE

Firmly apply pressure over the bleeding site
Can use dressing or gloved hand

PRESSURE DRESSING

Absorbent layer/stretchable adhesive
Use with direct pressure

Monitor pulse below injury site

Check capillary refill (press down on tips of fingernails/toenails/release pressure/note whether or not color returns to fingertips/toenails after several seconds)

QuikClot®

Bleeding Control Dressing

For Temporary External Use to Control Bleeding

Rolled Hemostatic Dressing

One (1) Sterile Strip 3 in x 4 ft (7.5 cm x 121.9 cm)

Hemostatic dressing

Has clotting agent in dressing

Apply to pressure to wound/monitor bleeding for several minutes/if needed apply a new dressing over old dressing



Remember!

**NEVER REMOVE DRESSING
IF BLOOD SOAKS THROUGH
APPLY NEW DRESSING ON TOP
OF OLD**