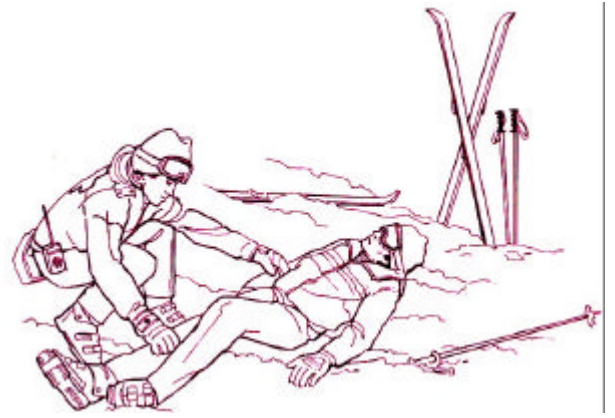




# Approach to the Casualty



## Objectives

At the end of this module the participant will be able to:

- Categorise safety hazards and manage them appropriately.
- Assess a casualty for injuries.
- Perform a primary survey.
- State the principles of examination.
- Assess and manage a casualty using a trauma management model.
- Manage several casualties with injuries, through a triage process.
- State the signs of injury to the head, spinal column, chest, abdomen and pelvis.
- Use a 'Pass or Fail' rapid assessment method called TOTAPS.
- Identify a casualty placed in the Lateral Recovery Position.
- Obtain information and history using the AMPLE method.

## Study Guide

### Incident Scene Evaluation

- Danger to self, bystanders and the casualty

### Individual Casualty Incidents

- Ask permission
- Mechanism of injury
- Witnesses
- Establishing priorities



Medic-Alert Bracelets

### Mass Casualty Incidents

- Triage
- Bystander assistance
- Scene Management

### Casualty Assessment

- Primary Survey - Danger, Response, Airway, Breathing, Circulation
- Vital Signs Survey - Level of Consciousness - Glasgow Coma Scale
- Secondary Examination
  - Principles of Examination - TOTAPS - talk, observe, touch, active movement, passive movement, Specific examination methods for head, eyes, spinal column, chest, abdomen, pelvis, limbs, one-sided weakness, medical alert identification

### Lateral Recovery Position

- Application and reasons for use

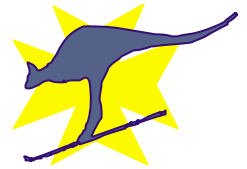


### Transport of the unconscious casualty

- Position of the casualty in relation to slope, airway maintenance, confirmation of condition

Assessment Flow - D R A B C D E F G H I

## Sample Questions



1. Which of the following conditions would be treated first?
  - a. Cessation of heart beat.
  - b. Severe spurting bleeding from the upper leg
  - c. Cessation of breathing
  - d. Unconsciousness
  
2. You are the first to arrive at the scene of motor vehicle accident where a bus has skidded off an icy road down an embankment. There are at least ten people that you can see in various states of injury. Do you:
  - a. Treat the first person you come to who has severe bleeding
  - b. Quickly assess the casualties, then treat the most severe injuries first
  - c. Call for assistance on your radio giving a report of the scale of the incident
  - d. Mark the road to stop further vehicles sliding off it
  
3. What are the elements of the 'Primary Survey'? (How are they applied?)
  
4. Who is normally in charge of an incident? (Why?)
  
5. List 3 examples of medical information that could be found on a Medic-Alert bracelet.
  
6. When examining the abdomen, what signs would indicate intra-abdominal trauma?
  
7. How often should you recheck vital signs during an extended examination?
  
8. What are the three elements of the Glasgow Coma Scale? (What are the measures?)
  
9. What priority should be applied to issues of circulation, breathing, airway management and personal danger in treating a casualty?
  
10. Why should a casualty with a lowered level of consciousness be placed in a lateral recovery position for transport?

## References

Primary Reference: ASPA First Aid Manual - Chapter 3

Head injuries and unconscious casualty treatment: ASPA First Aid Manual - Chapter 7

Glasgow Coma Scale: ASPA First Aid Manual - Chapter 7.4

### TOTAPS

Talk to the patient: establish their response to person, place time and event; ask for symptoms

Observe the entire casualty: look for signs; lack of movement, swelling, deformity, bleeding

Touch after permission is given: feel for tenderness, change in contour, crepitus

Active movement: can the casualty move the affected body parts?

Passive movement: on gentle movement by the patroller of the body part; is there pain, guarding, apprehension?

Skill test: can the casualty perform skills test; stand up, move the limb, rotate joints

### AMPLE

When asking about the patient's history, include:

**A**llergies, **M**edications and when last taken, **P**revious illnesses or injuries, **L**ast meal time, **E**vent related history