

3.5 Approach to the Casualty – Summary Flowchart

PRIMARY SURVEY

D DANGER

- Danger to self, bystanders and the casualty
- Gloves on

R RESPONSE

- Seek a RESPONSE (using C.O.W):
 - Tap and talk.
 - “**C**an you hear me?”
 - “**O**pen your eyes.”
 - “**W**hat is your name?”
- Report position/call for assistance according to local protocols

Coherent response

- Obtain consent to assist “Can I help you?”, “May I examine you for injuries?”
- Note time
- Mark the incident site (crossed skis uphill)
- Keep gloves on

Nil or incoherent response

- Implied consent, state “I am going to examine you for injuries.”
- Note time
- Mark the incident site (crossed skis uphill)
- Keep gloves on

A AIRWAY

- Casualty response indicates clear airway
- Open mouth, check and clear airway (if small or fluid obstructions present, carefully roll casualty into lateral position to effectively clear airway – casualty to remain in this position unless Rescue Breathing/CPR is required)
 - Jaw thrust
 - Chin lift
 - Head tilt (last resort)

B BREATHING

- “Can you take a deep breath?”
- Look for painful or abnormal breathing
- Note rate, strength and rhythm of breathing
- “Can you take a deep breath?”, repeat question if necessary
- Look for cyanosis and chest movement
- Listen for obstructions (noisy breathing indicates this)
- Feel diaphragm and exhaled air on the side of your face
- Radio for specialist assistance according to local protocols
- If breathing is absent, give 2 **Rescue Breaths**
- If breathing is present, check rate, strength and rhythm. Carefully roll the casualty into lateral position if not already in that position

C CIRCULATION

- Locate the most convenient pulse
- Note rate, strength and rhythm of pulse
- Control any obvious life-threatening bleeding
- If signs of life are present, attempt to locate the carotid pulse by palpating each side separately for a maximum of 10 seconds. If located, note rate, strength and rhythm of pulse
- If signs of life are absent, commence **CPR**
- Control any life threatening bleeding



VITAL SIGNS SURVEY

D

LEVEL (DEGREE) OF CONSCIOUSNESS

- After the first assessment, re-assess the Airway, the strength, rate, and rhythm of Breathing and Circulation, and the Level of Consciousness (A-B-C-D) at subsequent checks
 - Use either AVPU or GCS methods to assess level of consciousness (Refer to Section 7.4.1 **Assessing level of consciousness** and the explanation on the right hand side of this page)
 - Re-check Vital Signs at 2 minute intervals while in the care of the patroller
 - Record Vital Signs status and time at 10 minute (maximum) intervals, or when significant change occurs
- After the first assessment, re-assess the Airway, the strength, rate, and rhythm of Breathing and Circulation, and the Level of Consciousness (A-B-C-D) at subsequent checks
 - Use either AVPU or GCS methods to assess level of consciousness (Refer to Section 7.4.1 **Assessing level of consciousness**)
 - GCS – Glasgow Coma Score
 - Score Eye opening response
1 (none) – 4 (spontaneous)
 - Score Verbal response
1 (none) to 5 (oriented)
 - Score Motor response
1 (none) to 6 (obeys)
 - AVPU
 - Alert: responds and is alert
 - Vocal: response to command/vocal stimuli
 - Pain: response to gentle touch to the eyelashes, painful stimuli at ears, arms, legs
 - Unresponsive: does not respond to any of the above
 - Re-check Vital Signs at 2 minute intervals while in the care of the patroller
 - Record Vital Signs status and time at 10 minute (maximum) intervals, or when significant change occurs



SECONDARY SURVEY

E

EXAMINATION

- Continue to reassure and explain – to casualty and bystanders
 - Use either detailed examination sequence (described at right), or:
 - **TOTAPS Examination**
 - **Talk**
 - Person – “What is your name?”
 - Place – “Do you know where you are?”
 - Time – “Can you tell me the time?”
 - Event – “Can you tell me what happened?”
 - **Observe** – bleeding, lack of movement, posture, swelling, deformity
 - **Touch** – noting pain or tenderness
 - **Active movement** – “Can you move your injured area for me?”
 - **Passive movement** – Gently assist to move the injured area
 - **Skills test** – stand up, fine motor skills, balance and continue activity.
 - Examination **must include whole body:** head, neck, back, chest, abdomen, pelvis and limbs
 - Swap to detailed examination if any stage is failed on a body part
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- Treat major bleeding as it is found
 - Assess for one-sided weakness during examination
 - Look for medic-alert bracelets and necklaces
 - Check pockets for medication
 - Check wallet, bumbag etc.
 - Ask bystanders/casualty
 - Make a note of the time
 - Make a mental assessment of the injuries
 - Call for resources and assistance
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- Continue to reassure and explain – to the casualty and bystanders
 - Use detailed examination sequence:
 - Suspect spinal injury until proved
 - **Head**
 - Pupillary reaction to light – ‘equal and reactive’ or otherwise
 - Inside mouth
 - Facial bones
 - Check for CSF leakage, bruising to base of skull or behind ears, bleeding from ear canals
 - Scalp
 - **Spinal Column** (Neck and spine)
 - Feel down the length of the spine
 - Check the back for bleeding or other injury
 - **Upper Torso**
 - Shoulders, clavicles, sternum, ribs
 - Check ribs for crackling/air leakage
 - Feel 2 or 3 breaths for painful or abnormal breathing
 - Spring the ribs
 - Check for tracheal deviation
 - **Lower Torso**
 - Check the 4 quadrants for signs or symptoms of injury
 - Spring the pelvis (once only)
 - Check the groin for wetness, bleeding
 - Re-check **Vital Signs A-B-C-D** (if not already done)
 - **Limbs** (in any order)
 - Look for deformity, abnormal position, etc, comparing sides
 - Feel gently for tenderness, deformity, dampness (bleeding)
 - Feel firmly for less severe injury
 - Gently move joints one at a time and check for pain, etc
 - Treat major bleeding as it is found
 - Assess for one-sided weakness during examination
 - Re-check **Vital Signs A-B-C-D** (if not already done)
 - Look for medic-alert bracelets and necklaces
 - Check pockets for medication
 - Check wallet, bumbag, etc
 - Ask bystanders/casualty
 - Make a note of the time
 - Make a mental assessment of injuries
 - Call for resources and assistance

SECONDARY SURVEY (CONT)

F TREAT FRACTURES AND OTHER INJURIES

- Treat fractures first
- Treat other injuries as required
- Continue to monitor vital signs regularly
- Reassure and keep the casualty warm and comfortable

G GET INFORMATION AND HISTORY

- If it has not already been done, ask the casualty and/or bystanders about:
 - **Symptoms**
 - **Allergies**
 - **Medication**
 - **Past medical history**
 - **Last meal**
 - **Events leading up to the incident (history)**

H TRANSPORT TO HOSPITAL OR MEDICAL CARE

- Stabilise the casualty and prepare for transport
- Continue to reassure the casualty and reassess vital signs
- Transport quickly but gently – head downhill/injury uphill as required

I INFORMATION HANDOVER TO MEDICAL CARE AND DISCHARGE

- Medical centre or ambulance handover of casualty
- Complete relevant incident documentation
- Return equipment and stores ready for next use

