ONE-PAGE CHEAT SHEET

Trauma: the primary survey

<C>ABCDE: treat as you find

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<C>ABCDE

- **<C>** Catastrophic haemorrhage: direct pressure, tourniquet
- **A** Airway with cervical spine protection
- **B** Breathing and ventilation
- **C** Circulation with haemorrhage control
- **D** Disability: GCS, pupils, glucose
- **E** Exposure: log roll, prevent hypothermia

AIRWAY

- Talking = patent airway
- Jaw thrust, suction, adjuncts; **GCS 8 or less** → definitive airway
- Failed intubation: surgical cricothyroidotomy

BREATHING: LIFE THREATS

- **Tension pneumothorax**: decompress (4th or 5th intercostal space, just anterior to the mid-axillary line, in adults), then chest drain
- Open pneumothorax: three-sided dressing, then drain
- **Massive haemothorax**: over 1500 mL or over 200 mL/h → thoracotomy
- Flail chest; **cardiac tamponade** (Beck's triad)

CIRCULATION

- Bleeding: **floor and four more** (chest, abdomen, pelvis, long bones)
- Two large-bore lines; warmed blood early; balanced 1:1:1 transfusion
- **Tranexamic acid** within 3 hours: 1 g over 10 min, then 1 g over 8 h
- Pelvic binder; eFAST; permissive hypotension (not with head injury)

CLASSES OF SHOCK

- I: under 15% blood loss, normal vital signs
- II: 15–30%, tachycardia, narrow pulse pressure
- III: 30–40%, **blood pressure falls**, confused
- IV: over 40%, life-threatening

EXAM PEARLS

- Lethal triad: hypothermia, acidosis, coagulopathy → damage-control surgery
- Then the secondary survey: AMPLE history, head-to-toe examination
- Children: needle decompression in the 2nd intercostal space, mid-clavicular line

Full page: **palsurgery.com/learn-history-writing/blunt-abdominal-trauma/** · Test yourself: **palsurgery.com/mcq/trauma/**

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