

Traumatic Medical Emergencies – TCCC

First Aid/CPR/AED Refresher Module 6

Head, Neck, and Spine Injury

Suspect a head, neck or spine injury with:

- Vehicular accident
- Fall from height greater than standing
- Violence
- Electrical shock/lightning
- Diving accident
- Contact sports
- Unresponsive for unknown reasons*





Signs of head, neck or spine injury:

- Head Trauma Bleeding, bruising, swelling, soft spots
- Headache
- Nausea, vomiting
- Confusion, memory loss
- Slurred speech

- Impaired movement or sensation
- Blurred vision, unequal pupils
- Ringing in the ears
- Bleeding of fluid from nose, ears, eyes
- Seizures, unresponsiveness



Care for Head, Neck, and Spine Injury

- Activate EMS
- Stabilize the head and neck together in the position found
- Treat the condition found –
 Control bleeding
- Calm & reassure patient

- Monitor for changes in response, breathing, & appearance
- Focus on preventing further injury by keeping person still
- Do not move unless:
 - ✓ Imminent danger
 - ✓ Cannot perform CPR
 - ✓ Airway management

Chest Injuries

Blunt Trauma with Compression: Ex. Car Accident

- Fractured bones / cartilage
- External/Internal bleeding
- Ruptured lungs, spleen and other organs

Penetrating Injury/Open Chest Wound: Ex. Gunshot

- Impaired breathing
- Vital organ damage
- Place victim on recovery positon if appropriate.
 - On injured side or flat on their back
 - Treat for shock and monitor CAB's



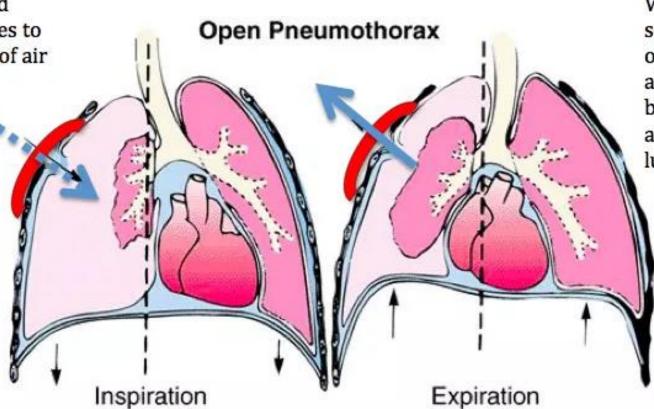


Chest Seals





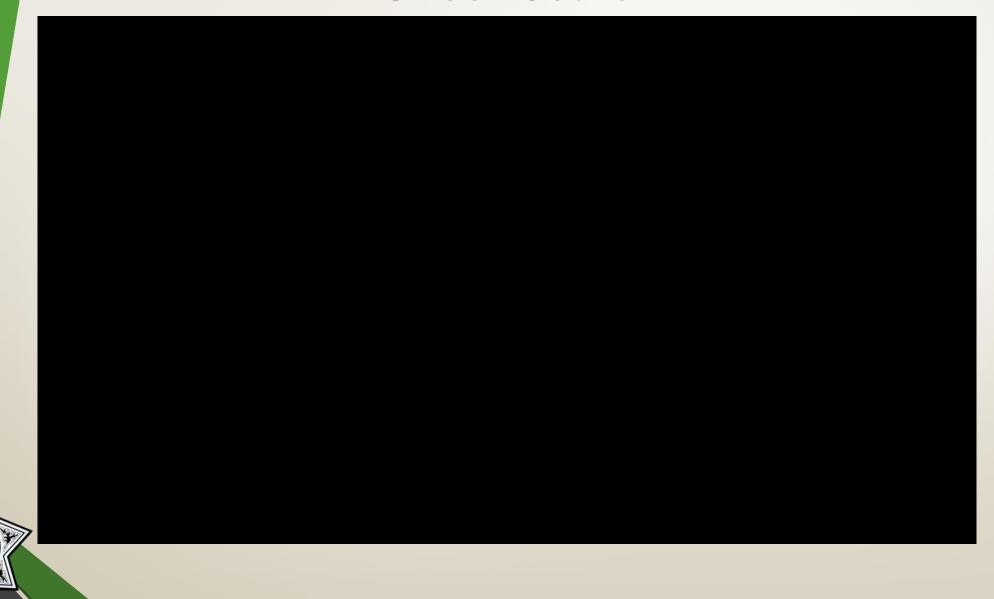
Valve in vented chest seal closes to prevent entry of air into chest on inspiration



Valve in vented chest seal is pushed open on expiration allowing air and blood to drain from around the damaged lung



Chest Seals



Abdominal Injuries

Closed: No external bleeding

- Possible Internal Bleeding
- Recovery position if appropriate
- Place victim on their back with knees up if appropriate
- Treat for shock and monitor CAB's

Open: Bleeding – Exposed organs

- Recovery position if appropriate
- Place victim on their back with knees up if appropriate
- Apply a moist, sterile dressing over the wound
- Seal with an airtight bandage
 Treat for shock and monitor CAB's







Soft Tissue Injury & Wounds

TYPES OF BLEEDING:

• Arterial: Bright red & spurts

• Venous: Dark red & steady flow

• Capillary: Dark red & "oozes"

OPEN WOUND:

Abrasion

Puncture

Incision

Avulsions

Laceration

Amputations



Wounds: Abrasion

Scraping of the outer skin





Wounds: Incision

Smooth straight cut by sharp object





Wounds: Laceration

Jagged-edged wound caused by tearing/ripping of skin





Wounds: Puncture

Deep wound through the skin and other tissue





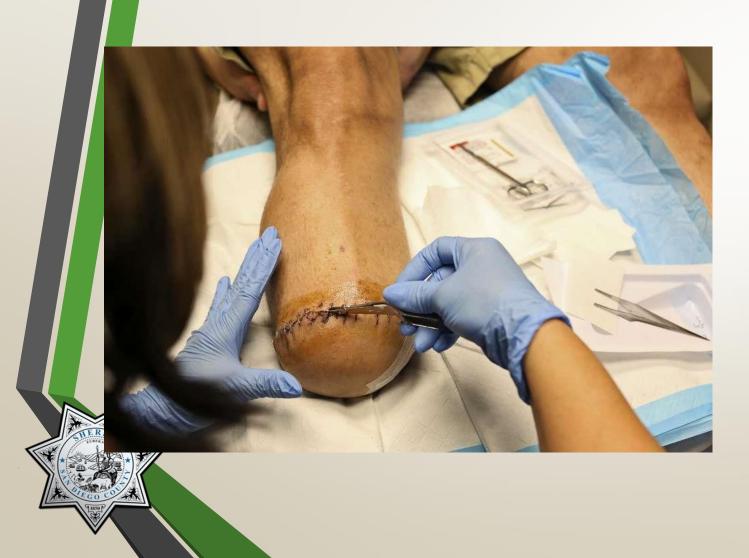
Wounds: Avulsions

Part of the body that has been forcibly torn or cut away



Wounds: Amputations

Surgical or traumatic removal of a body extremity





Avulsions / Amputations

- Place partially separated skin or tissue back in proper position before applying a dressing
- Attempt to locate any amputated extremity
- DO NOT immerse, pack in ice, or freeze separated part/extremity

Transport parts with victim for possible surgical replacement



Wounds: Impaled Objects

Do not attempt to remove the object, unless it is obstructing the airway. Remove each dressing as it becomes soaked with blood. After bleeding is controlled, leave the wound exposed without dressing. A blood soaked dressing can be fatal.





Open Wound Care

- In all cases, monitor pulse below the injury site.
- Check capillary circulation by pinching fingertips or toes.
- If circulation is impaired, loosen bandage until circulation improves (DO NOT remove).
- Maintain pressure on the wound (if applicable).
- Reassure the victim and treat for shock.



Shock

A state of not having enough blood flow to the tissues of the body as a result of problems with the circulatory system

TYPES OF SHOCK:

Electric

- ✓ Electrical current passing through body causing organ damage/SCA ✓ Symptoms: Difficulty breathing, unconsciousness, cardiac arrest

2. Toxic

- ✓ Bacterial: Antibiotics & Drainage of abscess
- ✓ Symptoms: Fever, chills, headache, fatigue, red rash

3. Cardiogenic/Hemorrhagic

- ✓ Cardiogenic: Inadequate blood flow to ventricles (lower chambers in the heart)
- ✓ Hemorrhagic: Mass hemorrhage injury
- ✓ Rapid breathing, loss of consciousness, weak pulse, sweating, clammy skin

Septic

- Organ injury/damage leading to infection Chills, confusion, fever or low body temp, rapid heartbeat



Life-Threatening Bleeding Blood spurting out of a wound





Life-Threatening Bleeding

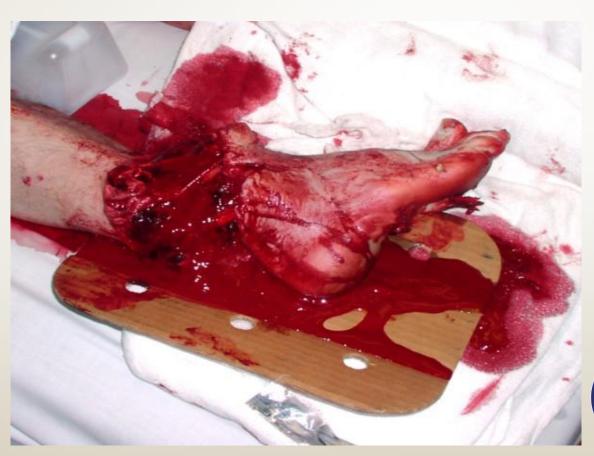
Blood soaking the sheet or clothing





Life-Threatening Bleeding

Loss of all or part of an arm or leg







STOP THE BLEED!



1. Direct Pressure

✓ Typically applied by hand, elbows, and/or knees

2. Pressure Bandage/Dressing ✓ If direct pressure does not work ✓ Start furthest from heart

3. Tourniquet

- ✓ If pressure bandage alone does not work
- ✓ Constricts blood vessels against the bone

4. Hemostatic Dressing

- ✓ If tourniquet is not available or cannot be applied
- ✓ Only on junctional hemorrhages: Base of neck, shoulder, armpit, groin, butt
- ✓ Pack the dressing directly into the wound & wrap with pressure bandage





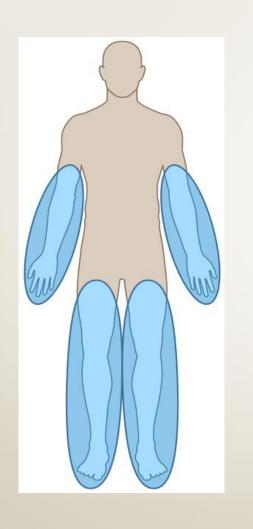


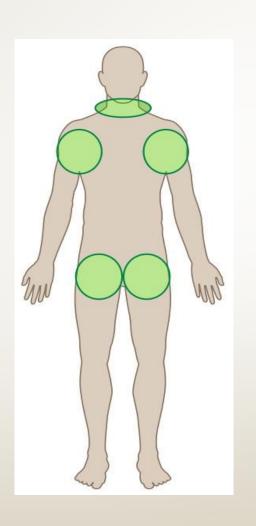
ULINE S-25331
BLEED CONTROL KIT

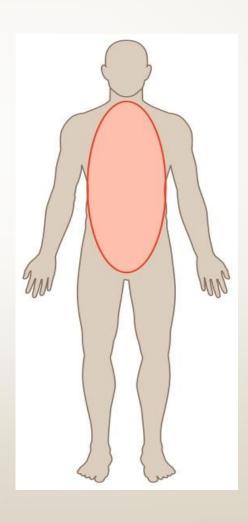
CONTENTS LIST

REORDER MODEL NO.	DESCRIPTION	SIZE	QTY.
_	Bleed Control Guide	_	1
_	Elastic Band Tourniquet	1 x 18"	1
S-23360	Emergency Blanket	52 x 84"	1
S-12699BL	Marker	_	1
S-12549L	Nitrile Exam Gloves	Large	1 Pr
S-24330	Scissors	_	1
_	Trauma Dressing	8 x 10"	1
_	Trauma Pad	5 x 9*	2
_	Windlass Tourniquet	_	1

Wounds That Can Lead to Death











NORTH AMERICAN RESCUE®

Presents



WARNING GRAPHIC CONTENT

THE VIDEO YOU ARE ABOUT TO WATCH MAY CONTAIN CONTENT THAT IS DISTRUBING AND UNSUITABLE FOR SOME VIEWERS

VIEWER DISCRETION IS ADVISED





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Learning Activity #4

