Priority Topic: **TRAUMA**

### Key Features:

The best resource is the ATLS Manual, although it is long (the PDF is clickable and searchable). You can also do the ATLS Course to learn this topic.

<table>
<thead>
<tr>
<th>1. Assess and stabilize trauma patients with an organized approach, anticipating complications in a timely fashion, using the <strong>primary and secondary surveys</strong>.</th>
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<tbody>
<tr>
<td><strong>What you should study:</strong></td>
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<tr>
<td>✓ Primary &amp; Secondary Survey QAS 2016</td>
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<tr>
<td>✓ Secondary Survey ATLS</td>
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<th>2. <strong>Suspect, identify, and immediately begin treating</strong> life-threatening complications (e.g., tension pneumothorax, tamponade).</th>
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<td><strong>What you should study:</strong></td>
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<tr>
<td>✓ Chest Tube Insertion NEJM 2017 Video</td>
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<tr>
<td>✓ Needle Aspiration of Pneumothorax NEJM Video Discusses treating spontaneous pneumo, but procedure is similar</td>
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<td>✓ Acute Cardiac Tamponade NEJM 2003</td>
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<th>3. When faced with several trauma patients, <strong>triage</strong> according to resources and treatment priorities.</th>
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<td>✓ Triaging of Trauma Patients BMJ 2014</td>
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</table>
4. In trauma patients, **secure the airway appropriately** (e.g., assume cervical spine injury, use conscious sedation, recognize a difficult airway, plan for back-up methods/cricothyrotomy).

**What you should study:**
- ATLS Manual Edition 9  
  Chapter 2: Airway and Ventilatory Management

5. In a patient with signs and symptoms of shock:
   a) Recognize the shock.
   b) Define the **severity** and **type** (neurogenic, hypovolemic, septic).
   c) Treat the shock.

**What you should study:**
- Shock Severity ATLS
- Khan Academy: Diagnosis and Treatment, Types of Shock
- Septic Shock: The First 6 Hours AAFP 2013
- Sepsis Rivers Trial (Early Dx & Tx) NEJM 2001

6. In trauma patients, **rule out hypothermia** on arrival and subsequently (as it may develop during treatment).

**What you should study:**
- Hypothermia AAFP 2004

7. Suspect certain medical problems (e.g., seizure, drug intoxication, hypoglycemia, attempted suicide) as the precipitant of the trauma.

**Just do it!**

8. **Do not move potentially unstable patients** from treatment areas for investigations (e.g., computed tomography, X-ray examination).

**Just do it! (or... DON’T do it!)**
9. **Determine when patient transfer is necessary** (e.g., central nervous system bleeds, when no specialty support is available).

*What you should study:*

✓ Transfer trauma patients CJEM 2008

10. **Transfer patients in an appropriate manner** (i.e., stabilize them before transfer and choose the method, such as ambulance or flight).

*What you should study:*

✓ Transport of the Trauma Patient BJA 2015

11. Find opportunities to offer advice to **prevent or minimize trauma** (e.g., do not drive drunk, use seatbelts and helmets).

*What you should study:*

✓ Improving Injury Prevention 2015

✓ See Rourke Baby Record or ABCdaire recommendations for anticipatory guidance on injury prevention for children

✓ Anticipatory Guidance AAP Guideline *(excellent overview!)*

✓ Prevention of Childhood injury AAFP 2013

12. **In children with traumatic injury, rule out abuse.** (Carefully assess the reported mechanism of injury to ensure it corresponds with the actual injury.)

*What you should study:*

✓ EM Cases Ep 108 Pediatric Physical Abuse Recognition and Management

✓ Diagnosis and Management of Physical Abuse in Children AAFP 2013

Also Important:

✓ Trauma in Pregnancy AAFP 2017