

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.

1. Assess and stabilize trauma patients with an organized approach, anticipating complications in a timely fashion, using the [primary and secondary surveys](#).

What you should study:

- ✓ [Primary & Secondary Survey QAS 2016](#)
- ✓ [Secondary Survey ATLS](#)

2. [Suspect, identify, and immediately begin treating](#) life-threatening complications (e.g., tension pneumothorax, tamponade).

What you should study:

- ✓ [Chest Tube Insertion NEJM 2017 Video](#)
- ✓ [Needle Aspiration of Pneumothorax NEJM Video](#)
Discusses treating spontaneous pneumo, but procedure is similar
- ✓ [Acute Cardiac Tamponade NEJM 2003](#)

3. When faced with several trauma patients, [triage](#) according to resources and treatment priorities.

What you should study:

- ✓ [Triage of Trauma Patients BMJ 2014](#)

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:

- Recognize the shock.**
- Define the **severity** and **type** (neurogenic, hypovolemic, septic).
- 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.

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

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](#)