

PHTLS

Prehospital Trauma Life Support

NINTH EDITION

LESSON 6

Secondary Survey

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Lesson Objectives

- Explain the purpose and sequencing of performing a secondary survey.
- Choose the most appropriate secondary survey tool or tools to obtain pertinent physical findings.
- Identify transport options for a trauma patient based on assessment findings.

Presentation/Dispatch

- 40-year-old male who has fallen off a roof
- Saturday morning in early November
- The patient lost his balance and fell approx 12 ft (3.6 m) from roof.



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Scene Size-Up and General Impression

- Scene size-up
 - Ladder lying on the grass
- General impression
 - Patient lying on the grass beside the ladder

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Primary Survey

- Primary survey
 - X—No visible signs of hemorrhage
 - A—Patent, you see no airway obstruction; your partner is holding manual cervical spine
 - B—Shallow with diminished lung sounds; 28 breaths/min, unable to take a deep breath due to upper back pain
 - C—Skin is pink, cool, and dry; pulse 138 beats/min, SpO₂ 94%, ETCO₂ 35 mm Hg
 - D—Patient is conscious, confused to fall, GCS 14 (E4, V4, M6), pupils 3 mm and equal bilaterally
 - E—Outside temp is cool 42°F (5.5°C). Patient's temp is 98.4°F (36.8 °C).

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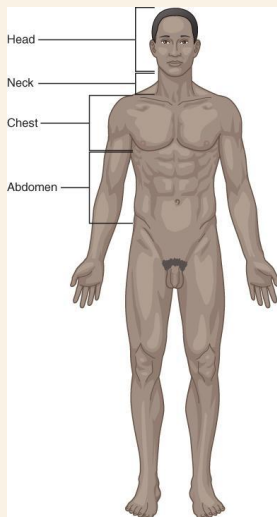
Determining Your Focus Within the Secondary Survey

- For this patient, is secondary survey performed in the field or during transport?
 - Vital signs
 - SAMPLE history
 - “See, hear, feel”

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Secondary Survey: Anatomic Regions of the Body (1 of 2)

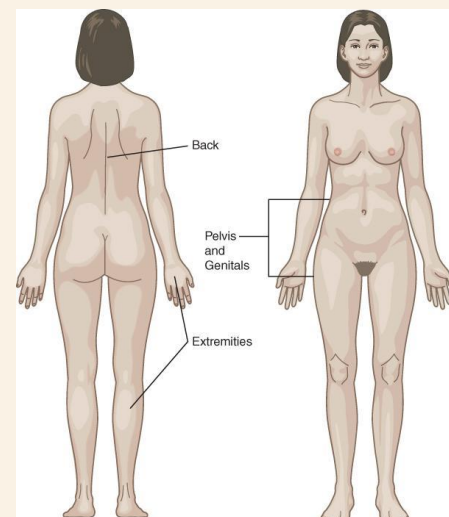
- Head
- Neck
- Chest
- Abdomen



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Secondary Survey: Anatomic Regions of the Body (2 of 2)

- Pelvis
- Genitals
- Back
- Extremities



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Discussion

- What type of clues can be “heard” during the secondary survey?
- What could be “heard” that would indicate an injury to the neck?
- Could a patient’s lung sounds lead you to hidden injuries?

Discussion

- When “feeling” for injuries on the head, what are your hands telling you?
- Can you assess (“feel”) the patient’s neck during the secondary survey?
- How important is it to “feel” the patient’s chest expand during the secondary survey?

Discussion

- What injuries may be hidden in the abdomen?
- Why should palpation of the pelvis be done with caution?
- What injuries might we find while “feeling” the extremities of this patient?

Discussion

- When and how frequently should you calculate the patient’s GCS?
- What can you tell from “looking into someone’s eyes”?
- How often should you assess the patient’s motor and sensory function?

Review of Vital Signs (1 of 2)

- Manual blood pressure
- Pulse rate and quality
- Ventilatory rate (including breath sounds)



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Review of Vital Signs (2 of 2)

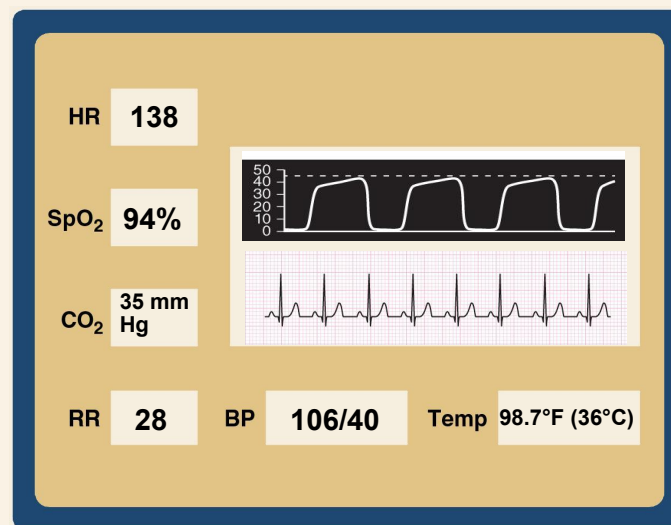
- Oxygen saturation
- ETCO₂
- Blood glucose

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SAMPLE History

- S—Symptoms
- A—Allergies
- M—Medications
- P—Past medical and surgical history
- L—Last meal
- E—Events

Secondary Survey



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Secondary Survey

- The secondary survey shows that the patient has upper and lower back pain.
- An unstable pelvis was found, which could be causing his lower back pain.
- The patient's neurologic exam is within normal limits.

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Case Summary

- Secondary survey completed en route to hospital after primary survey completed on scene
- EMS unit transported to level II trauma center
- Patient was found to have a minimally displaced pelvic fracture, concussion, and contusions to his upper back.
- He spent 4 days in the hospital and a week in rehab before going home for continued recovery.

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Critical Actions

- Pelvic binder
- Spinal motion restriction device
- Provide oxygen
- Analgesia for pain management
- Cover with blanket to prevent further heat loss

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Wrap-Up

- The secondary survey is a “search” for underlying injuries.
- Use the “see, hear, feel” approach for the secondary survey.
- Obtain “exact numbers” for your vital signs.
- Obtain a SAMPLE History.

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