

OBJECTIVES:

- **Determine extent of injuries & Types of treatment/s** needed, after triage is completed
- **Document:** Name &/or description, time, date, location. Notes on each injury, observations; child's responsible person. Ensure record kept with patient/designated place. (May assign scribe).

FIRST:

1. **Safe environment?** Look for causes of injury -harmful to you/others?
2. **PPE's** (change non-latex gloves per patient; can sterilize in 1/10 parts Clorox/water)
3. **Check for & treat life-threatening symptoms 1st:** Airways/ Severe Bleed/ Shock
4. **Introduce yourself;** reduce anxiety. Are they with others? Med. Bracelet/ pendant?
5. **Ask permissions.** Unconscious: implied permission

PROCESS:

- **Perform entire assessment before initiating treatment**, unless life-threatening
- **Ask** what they feel; where painful & possible cause.
- **Describe what you're doing** as you go.
- **Look, listen, feel.** Protect your body's back, posture.
- **PMS:** Pulse (before and after treatment)/ **Movement-** control?/ **Sensitivity-** feel touch?
- **Blood-** Check your hands periodically
- **May remove clothing** to reveal suspected injuries, w/permission
- **If unconscious, suspect & treat as spinal injury**

CATEGORIES OF INJURIES:

DCAP-BTLS =

- **Deformities** (alignments)
- **Contusions** (bruising, discoloration)
- **Abrasions** (surface scraping; embedded contaminants?)
- **Punctures** (don't dislodge impalements; stabilize them)
- **Burns** (avoid touching if chemical burn)
- **Tenderness** (patient will help ID that...)
- **Lacerations** (laceration/s. If great blood loss, treat right away)
- **Swelling** (compare same part on other side of body)

ORDER OF EXAM:

1. **Head** -start from behind. Minimize head movement to avoid harm. Check cheek bones with thumbs, stabilizing with fingers -concern for airways if broken, cracked bones.
 - **Closed head wound, e.g., concussion**: Nausea or vomiting. Vision problems. Confusion. Blood or clear cerebral-spinal fluid from ears/nose. Uneven pupils. Seizures. 'Raccoon' eyes. Tingling, numbness in extremities.
2. **Neck** -check that spine, trachea and head in line; not off-center. Avoid pressure on tender throat. For suspected injury in these areas, create in-line stabilization:
 - Alternative sturdy stretcher materials, as needed: e.g., door, building materials.
And padding: towels, clothing snugly tucked to secure head alignment
 - Only transport to increase safety, or to receive medical treatment
3. **Shoulders** -cup hands around- equal?
4. **Arms, hands** -squeeze to check bones in line; check cap refill. PMS: motion, sensitivity in hands, wrists? Work your way around to other side. (Don't lean; protect your back)
5. **Chest** -gently press on clavicle (collar bone), sternum ("breastbone"), ribs. (pre-alert female)
6. **Abdomen** -one hand over the other, press down w/fingertips to palpate. For reference in notes, refer to 4 thoracic quadrants: e.g., 'upper left'. Rigidity, masses, distension (filled w/blood?)
7. **Pelvis** -on either side & on top of ridge to check structural integrity (will rock some)
8. **Legs** -enough pressure to feel bones are in place; cap refill on toes; can wiggle?
9. **Back** -worried for neck/back injury?- reach under to feel; to see any blood on hands. Or: Roll-over to see: Seek 2nd or 3rd person to stabilize the spine. Put closer arm out (if uninjured), further leg bent up & slightly over body (if no leg/hip injury), put further arm across body, roll shoulder & hip over just enough to assess back. May retain recovery position, or return to most comfortable position on back.
10. **Leave them comfortable**. Padding, warmth, needs. Let them know what to expect, that while you are leaving, others know they're there. Leave Record securely with patient or where recommended by Medical area.