

WORKSTATIONS

Discussion of pre-course material (15 minutes)

The instructor will lead a discussion group of up to four candidates. The discussion will centre around the two trauma scenarios circulated to candidates with other pre-course material.

Directed Case 1 (blunt trauma)

This case is based on a true casualty.

A 35-year old male motorcyclist has collided with a four-wheel drive vehicle 10 kilometres West of Yullara, NT. It is 1400 hours on Saturday.

At the scene he is alert, complaining of pain in both of his arms, his lower back, and his hips. On examination his respiratory rate is 20/minute, pulse 105/minute, BP 120/85. Chest movement is equal, with equal air entry. He has clinical fractures of both forearms, compound on the right. His pelvis is very painful on minor springing.

Question 1.1

What treatment is appropriate at the scene?

The patient is transported by road to the medical facility at Yullara. On arrival his observations are:

Airway	Clear
Breathing	Respiratory Rate 22/minute
Circulation	Pulse 110/minute, BP 120/90

His cervical spine is immobilised and he is given high concentration oxygen. Intravenous access proves difficult because:

- he has bilateral forearm fractures that are splinted
- the cervical collar prevents access to the neck
- there is a boggy swelling over the front of the pelvis, with impalpable femoral vessels

Question 1.2

How can intravenous access be achieved?

What fluid should be given?

The air retrieval service is warned that an urgent CASEVAC is required to Alice Springs. X-rays are taken and show:

- Normal C-spine down to C6 vertebral body
- Normal chest x-ray
- Open book fracture of the pelvis (symphyseal disruption with wide displacement)

Observations at this point are:

- | | |
|---|----------------------------|
| A | Clear |
| B | RR 25 |
| C | Pulse 120/minute; BP 90/60 |

Question 1.3

Why is this man deteriorating?

What can be done to improve his condition?

Question 1.4

What monitoring and treatment will be important during the evacuation?

What information should be passed to the base hospital?

Directed Case 2 (penetrating trauma)

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A 25 year old man is involved in an argument outside a bottle shop in Alice Springs and is stabbed in the left side of the chest, just medial to the nipple. The police are on scene within two minutes and find the casualty sitting, able to talk, but slightly short of breath. On arrival of the ambulance 5 minutes later his observations are:

- | | |
|-------------|--|
| Airway | Clear |
| Breathing | RR 18/minute; reduced air entry on the left; trachea central |
| Circulation | Pulse 90/minute; BP 110/70 |

Question 2.1

What treatment is appropriate pre-hospital?

During transport to hospital the patient deteriorates and on arrival in the Emergency Department his observations are:

Airway	Clear
Breathing	RR 28/minute; absent breath sounds on the left; dull to percussion on the left; trachea central
Circulation	Pale; pulse 125/minute; BP 95/60; neck veins NOT distended

Question 2.2

What is the likely diagnosis?

What other diagnoses should be considered?

What actions should be taken immediately?

Within ten minutes of arrival at hospital, and while waiting for group compatible blood, the patient has a sudden cardiac arrest (electromechanical dissociation).

Question 2.3

What are the potential causes?

What actions would you take?

The patient responds almost immediately to a fluid challenge.

Question 2.4

What would you do now?