



ThinkAskLearn
Health Professional Education

Dealing with the seriously injured child

David Corkill
Emergency Nurse Educator
MEmergN, MAdvPrac (Hth Prof Edu), BN, Dip App Sc


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1

Overview


- Primary survey
- Resuscitation
- Secondary survey
- Emergency treatment
- Continuing stabilisation and definitive care
- **A**irway
- **B**reathing
- **C**irculation
- **D**isability
- **E**xposure



2

Secondary Survey

- Head to Toe
- **A** – Allergies
- **M** – Medications
- **P** – Past History
- **L** – Last Ate/Drank
- **E** – Event – MOI etc
- **T** – Tetanus



3

Communicating with Ambo/ED

- **I** – Introduction
- **M** – Mechanism of Injury
- **I** – Injuries Sustained
- **S** – Signs and Symptoms
- **T** – Treatment commenced



4

Specific Cases

- Eye care
- Burn management



5



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Burns Management

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6

Hot Thong

- 24 year old male
- Cooking in kitchen
- Spilt Hot Oil onto foot
- Could have been worse



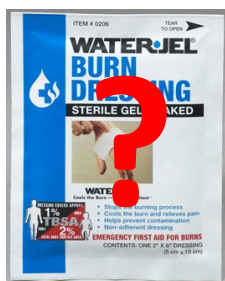
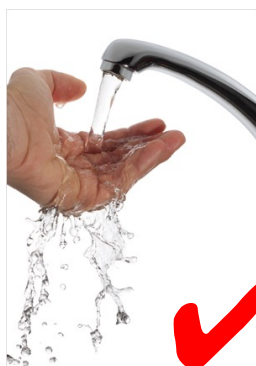
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First Aid for Burns

- Remove wet or burnt clothing if able
- Remove rings and other jewellery
- Run under cool tap water for 20 mins
 - Should be done immediately
 - Is useful up to three hours after event
 - Avoid ice
 - Reduces soft tissue damage, hastens wound re-epithelialisation and reduces scarring.



8




9



10

First Aid For Burns


- Caution over large area of burns
 - Hypothermia
- Provide analgesia
 - IN Fentanyl
 - Nitrous
- Clean the wound
 - Can be done in conjunction of cooling



11

First Aid For Burns

- Blister Management
 - To pop or not to pop
 - De-roofing – allows visual inspection, releases pressure
 - Leaving blister intact provides protective barrier from infection
- Apply dressing
 - Dependent on tertiary service
 - Clean dressing – saline soaked for larger areas
 - Gladwrap



12



13

Assess Extent of Burn

- Rule of Nine
- Lund and Browder Chart
- Hand Surface (Inc fingers) ~1%
- Ignore superficial burns

14

Lund and Browder Chart

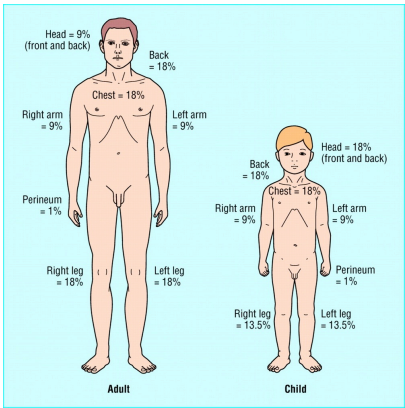
% Total Body Surface Area Burn
Be clear and accurate, and do not include erythema (Lund and Browder)

REGION	PTL	FTL
Head		
Neck		
Ant. trunk		
Post. trunk		
Right arm		
Left arm		
Buttocks		
Genitalia		
Right leg		
Left leg		
Total burn		

AREA	Age 0	1	5	10	15	Adult
A = % OF HEAD	9%	8%	6%	5%	4%	3%
B = % OF ONE THIGH	2%	2%	4%	4%	4%	4%
C = % OF ONE LOWER LEG	2%	2%	2%	3%	3%	3%

15

Rule of Nines



16



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Eye Trauma

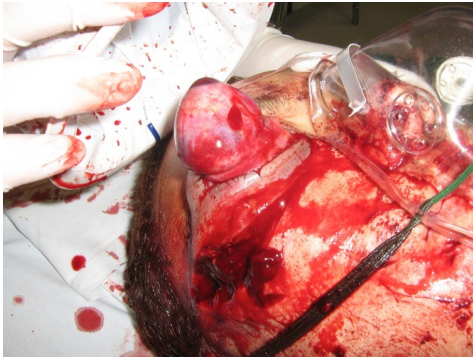
Gory Picture Ahead!!!!

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17

Gory Picture Ahead



18

Most eye complaints.....

- Not dramatic
- With the following exceptions
 - Penetrating
 - Chemical
 - Acidic/Alkali
 - Vision Loss



19

Check History....

- Proximity to chemicals
- High velocity projectiles (particularly lawn-mowers, power tools, hammering or motor vehicle accidents)
- Prolonged contact lenses use
- Pain, foreign body sensation, tearing or photophobia
- Visual disturbance, either temporary or persisting, including flashes (retinal detachment) or floaters (intra-ocular) in vision
- Eye discharge
- First aid provided



20



- Usually undertaken at 6 metres
- Can read to the lowest line
- Must get at least half right
- Good eye first
- Cover other eye, no pressure
- Wear glasses if used

• 6/6⁻¹



21

Eyes

Table 4.2: Summary of ophthalmic emergency predictors for the ATS

Category 1 Immediate	Category 2 10 minutes	Category 3 30 minutes	Category 4 60 minutes	Category 5 120 minutes
	<ul style="list-style-type: none">• Penetrating eye injury• Chemical injury• Sudden loss of vision with or without injury• Sudden onset severe eye pain	<ul style="list-style-type: none">• Sudden abnormal vision with or without injury• Moderate eye pain, e.g.<ul style="list-style-type: none">– blunt eye injury– flash burns– foreign body	<ul style="list-style-type: none">• Normal vision• Mild eye pain, e.g.<ul style="list-style-type: none">– blunt eye injury– flash burns– foreign body	<ul style="list-style-type: none">• Normal vision• No eye pain



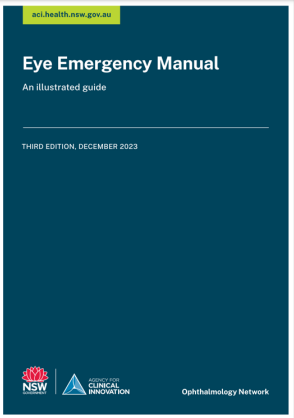
22

Management of Chemical Burns

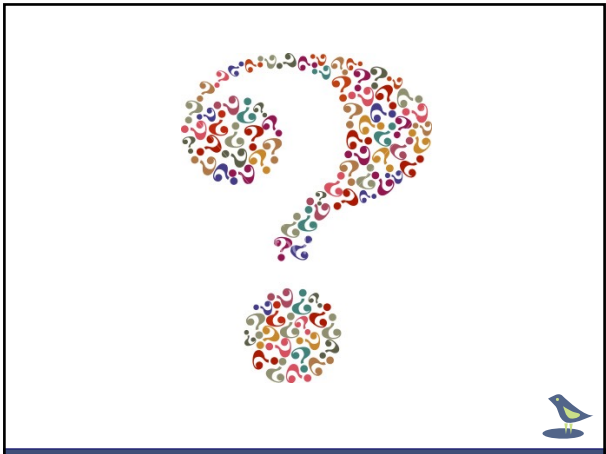
- Urgent, copious irrigation, after local anaesthetic, including under top lid.
- 3 litres of N. saline over about 15 minutes
- Until pH normal (6-8)
- Sedation or urgent GA may be required



23



24



25
