



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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Overview

- Primary survey
- Resuscitation
- Secondary survey
- Emergency treatment
- Continuing stabilisation and definitive care


- **A**irway
- **B**reathing
- **C**irculation
- **D**isability
- **E**xposure



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Secondary Survey


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



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Communicating with Ambo/ED


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



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Specific Cases

- Eye care
- Burn management



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Burns Management

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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.



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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



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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



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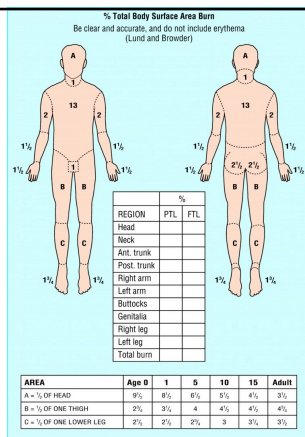
Assess Extent of Burn

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



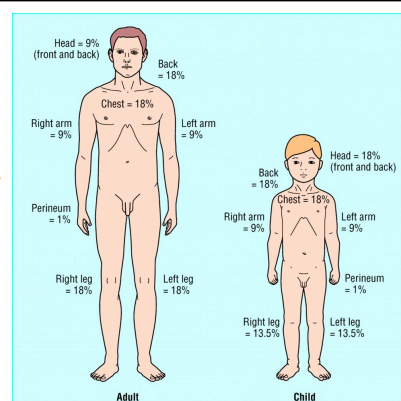
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Lund and Browder Chart



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Rule of Nines



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Eye Trauma

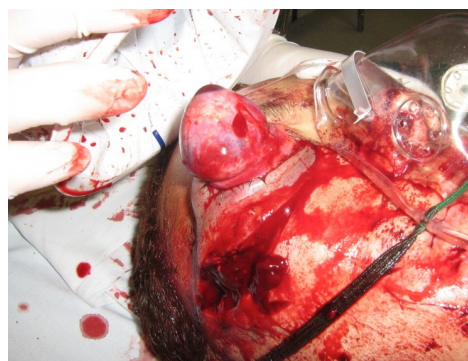
Gory Picture Ahead!!!!

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Gory Picture Ahead



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Most eye complaints.....

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



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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



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- 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
- $6/6^{-1}$



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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



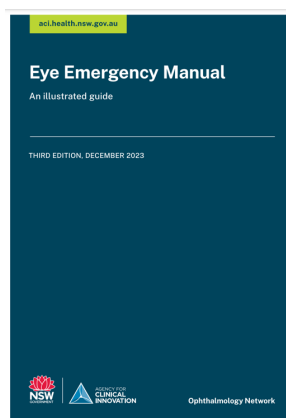
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Management of Chemical Burns

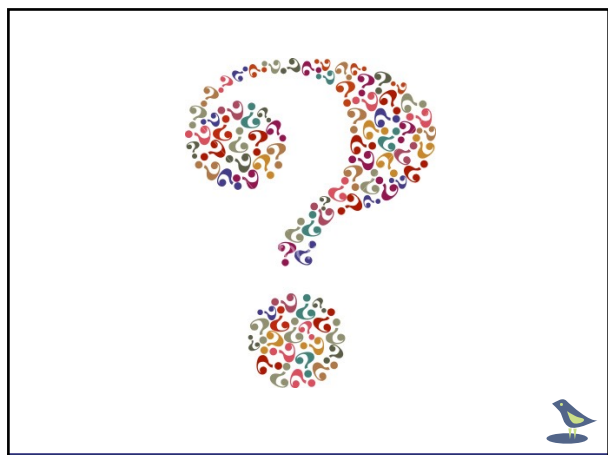
- Urgent, copious irrigation, after local anaesthetic, including under top lid.
- 3 litres of N. saline over about 15 minutes
- Until pH normal (6-8)
- Sedation or urgent GA may be required



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