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Oral Presentation

Primary and Secondary Survey in Pediatric Trauma

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Abstract

During the primary survey life-threatening or limb-threatening conditions are identified and management is instituted simultaneously. Priorities for the care of Adult, Pediatrics & Pregnancy women are all the same. You should do Rapid sequential way to assess the patients in 10 seconds Treat as you find life threatening condition and Repeat if at any time unstable Vital signs should be repeated every 5 minutes during the primary survey and every 15 minutes thereafter until the patient is considered stable. The primary survey for pediatric trauma patients can be remembered by A, B, C, D, E, F. Airway & cervical spine protection, breathing & ventilation, circulation with haemorrhage control, disability (Neurologic Status) exposure/environmental control, family serves to identify any potentially life-threatening cardiopulmonary injuries that were not immediately evident in the primary survey. This assessment is a complete examination of the patient from top to toe, both front and back .Imaging prior to secondary survey CXR (AP only) Pelvis (AP only), C-spine: lateral, AP and odontoid if cooperative. Ample history is like blowe: A allergies, M medications, P previous medical/surgical history, E events/environment surrounding the injury, L last meal (time). In the Head we should search for: lacerations, contusions, fractures, burns, face: maxillofacial fractures, battle signs, look in mouth, carbonaceous sputum, soot, singed hairs, nose for CSF leak, eyes: pupil size and reactivity, hemorrhage, racoon eyes, ears: battle signs, hemotympanum, CSF leak, corneal reflex. In the neck: inspect for blunt injury, penetrating injury, palpate for deformity, tenderness, swelling, sub Q emphysema, symmetry of pulses, listen to carotids palpate C-spine. In chest: blunt or penetrating trauma, acc muscle use, chest expansion, JVD ,breath sounds and heart sounds, tenderness (AP and lateral compression), rib tenderness, crepitation, subcutaneous emphysema, percuss for dullness. In abdomen: blunt or penetrating trauma (look closely at sides hepatic and splenic injury may be suspected by lower rib cage lateral abrasion), bowel sounds, palpate for tenderness, guarding, rebound; percuss for tenderness, DPL, AB//US, ABCT, pelvic xrays as appropriate.

Keywords: Pediatric Trauma, Ventilation, Hemorrhage, Crepitation.

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