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Subject

1st

الموافق

Date: / /

Case Scenario

Surgery 2

موضوع الدرس
التاريخ

Early assessment and management of trauma

A 32 years-old man with no significant PMH presents to the emergency room with H/o RTA, patient complaining of pain in his Lf side of the chest and abdomen as he crashed on Lf side door by another car, patient was anxious, dyspnic, his pulse rate was 115/min, and BP 90/60 mm/hg.

On chest examination he has decrease air entry on Lf side, hyper resonance on percussion in same side, and distended neck veins.

His abdomen was tender, more on Lf side, with sound bowel positive.

① What is the primary management you should do?

- ABCD

① Airway assesment must be done + spine stability.

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② Breathing (as the case is clear its Pneumothorax do)

- Needle decompression (5 inter costal space)
- chest tube
- chest X-ray

③ Circulation - Bleeding

2 large bore cannulas

- one for IV fluid
- one for tests (CBC sampling)

urine catheter for output assess

NGT (Prevent aspiration)

if severe bleeding (stop it)

④ After ~~your primary~~

- Till now the patient have cardiogenic shock due to pneumothorax compression on the heart and all the symptoms mentioned in the case are happed

Shock is managed by preffer

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② After your primary management, the pt improved, and then his pulse rate and BP ↓ again what is your next step?

- Here pt enter hypovolemic shock
- Do FAST for internal bleeding
(Focused assessment with sonography for trauma)
if you find splenic injury and bleeding grade it

grade 1-2 (splenorrhaphy)

grade 3-4-5 (splenectomy)



③ If there is splenic injury what is the next step?

- here patient is treated for bleeding and hypovolemic shock