

LMU trauma room workflow guided by ABCDE priorities (Airway, Breathing, Circulation, Disability, Environment)

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PROBLEM
Traumatic cardio-respiratory arrest?
Esophageal intubation? Airway obstruction? C-spine control? Tension pneumothorax? Pericardial tamponade? External bleeding?
Respiratory distress?
<i>FACTT scan</i>
Pneumo-/ Hemothorax? Hypotension?
Critical ICP elevation?
Head trauma? Thoracic trauma? Abdominal trauma? Pelvic trauma? Dislocations? Fractures?
Head trauma and need for respirator therapy?
Additional findings?
Intracranial pathology?
Transfer to OR or ICU?

INTERVENTION
Vital signs assessment
Tube repositioning Emergency intubation C-spine immobilisation Pleural decompression Pericardial decompression Direct bleeding control Large caliber venous lines Blood sampling
Emergency intubation
Tetanus vaccination
<i>FACTT scan</i>
Chest tubes Infusions, transfusions Arterial line Central venous line
Head-to-toe examination
Bronchoscopy
Foley catheter Closed reduction and immobilisation

IMAGING
FAST
Chest radiograph
<i>FACTT</i>
<i>FACTT</i> assessment
MPR assessment
Cysturethrography
Specific imaging
CCT repetition 60 min after FACCT
FAST before transfer

SURGERY
Resuscitative thoracotomy
Surgical airway
Surgical bleeding control
<i>FACTT scan</i>
Emergency thoracotomy Aortic balloon occlusion Emergency laparotomy Pelvic stabilisation Emergency craniotomy
Neurosurgical operation Thoracic operation Abdominal operation Pelvic operation Reduction and external or internal fixation (all as indicated)
ICP catheter

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