

Significant fall with extremity fractures, head trauma, paralysis, poss. punctured lung, rib fracture.

Scenario	A co-worker has fallen about 30' from a scaffold onto the dirt floor of a large open air pit. You respond with the ERT. As you approach you find him laying his back with obvious deformity to the right arm and blood on pants at right femur. He is not moving or moaning. It appears that his chest is rising and falling.	
Equipment	BSI Equipment Run Sheet O ₂ Tank w/Liter flow regulator Bag Valve Mask Suction – Hard/soft catheters Scoop Stretcher Backboard – Straps, CID Blocks	Stethoscope Non-Rebreather Mask BP Cuff Splinting Materials Cravats for splinting Bandaging

Your Actions		Findings - Unconscious
Scene Size-up:	• Scene Safety	Check overhead for loose equipment/scaffolding; check for tripping hazards, electrical wires, energized tools, spilled chemicals, confined space, ...
	• BSI	Minimum of gloves
	• Mechanism of Injury/Illness	Significant – Fall of approximately 30 feet – cause unknown
	• Additional Resources (beyond normal response)	Yes -Patient is accessible, but will need to be “extricated” from pit as there is no defined access
	• Number of patients	1
	• Advanced care required	YES (MOI)
Initial Assessment	• General Impression/Chief Complaint	Poor Adult Patient, not moving, obvious deformities, apparent significant trauma. Fell 30” landed on dirt/loose boards. Currently on right side/back, there is a lumber scrap on ground under his legs.
	• Assess Mental Status (AVPU) (PPT)	Stabilize head Unresponsive No response to verbal/painful stimuli
	• Assess airway	Patient “snoring”, “Gurgling”, red-tinged frothy sputum Open Airway - Use Jaw Thrust Suction
	• Assess breathing	Breathing at rate of approx 6 breaths/min. Begin rescue breathing with BVM with O ₂ and airway Assist with high flow O ₂ /non-rebreather, adjuncts when adequate
	• Assess circulation	Check Pulse: Yes (breathing, so has pulse) Rapid, weak Check Major bleeding – None Obvious Skin Temperature/Color/Condition – cool/clammy/pale (Shock?)
	• Determine priority	HIGH – Unconscious, significant trauma

Trauma Patient Significant Mechanism of Injury Focused History / Physical Exam	<ul style="list-style-type: none"> • Reconsider the MOI 	Significant – 30’ fall from scaffold onto dirt						
	<ul style="list-style-type: none"> • Continue spine stabilization 	Maintain head stabilization						
	<ul style="list-style-type: none"> • Consider ALS 	YES –MOI - significant trauma						
	<ul style="list-style-type: none"> • Reconsider your transport decision/Priority 	Still High Priority						
	<ul style="list-style-type: none"> • Reassess mental status 	Improving – responsive to pain						
	<ul style="list-style-type: none"> • Perform Rapid trauma physical 	<ul style="list-style-type: none"> • Head: Bleeding - right ear • Neck: Nothing found (Apply Collar) • Chest: Diminished sounds & Paradoxical movement – right side; Labored breathing • Abdomen: Normal • Pelvis: Normal • Extremities: Obvious deformity - Right arm at elbow, (Immobilize when possible); Laceration and bruising at right femur. PSM: pulses all extremities, no movement/response in legs • Posterior: Nothing Found 						
	<ul style="list-style-type: none"> • Obtain Baseline Vitals BP, Pulse, Respr, Pupil, Skin 	<table border="1"> <tr> <td>B/P: 118/80</td> <td>Pupils: unequal – right sluggish</td> </tr> <tr> <td>Pulse: 120</td> <td>Skin: cool/clammy (shock? use blankets/may elevate feet)</td> </tr> <tr> <td>Resp: 12</td> <td></td> </tr> </table>	B/P: 118/80	Pupils: unequal – right sluggish	Pulse: 120	Skin: cool/clammy (shock? use blankets/may elevate feet)	Resp: 12	
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<ul style="list-style-type: none"> • Load/Prepare for Transport 	<ul style="list-style-type: none"> • Backboard CID//Straps: Remove lumber from under legs, use scoop stretcher to move to backboard (Possible paralysis) 							
From Others: <ul style="list-style-type: none"> • Obtain a SAMPLE history 	Signs and Symptoms: Unc/unresp Allergies: Unkn. Medications: Unkn. Pertinent Past history: Unkn. Last Oral Intake: Just finished lunch Events leading up to injury or illness: Saw him trip on the scaffold and slip under rail – no fall protection							
Trauma Patient Detailed Physical Exam	<ul style="list-style-type: none"> • Repeat Initial Assessment 	LOC Improved - responsive to verbal commands						
	<ul style="list-style-type: none"> • Complete All Critical Interventions, others as time permits 	Oral Airway removed - gagging, Arm/leg Splinted, Dressing/Bandage applied to leg, found/dressed laceration to ear						
	<ul style="list-style-type: none"> • Re-Do Hands On Assessment 	<table border="1"> <tr> <td> <ul style="list-style-type: none"> • Head: Lac to right ear • Neck • Chest/lungs • Abdomen </td> <td> <ul style="list-style-type: none"> • Pelvis • Extremities no Movement • Posterior as possible </td> </tr> </table>	<ul style="list-style-type: none"> • Head: Lac to right ear • Neck • Chest/lungs • Abdomen 	<ul style="list-style-type: none"> • Pelvis • Extremities no Movement • Posterior as possible 				
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Ongoing Assessment	<ul style="list-style-type: none"> • Repeat Initial assessment 	No new Life threats – All interventions in place						
	<ul style="list-style-type: none"> • Reassess Vitals 	Some improvement						
	<ul style="list-style-type: none"> • Repeat Physical Assessment 	No New Findings						
	<ul style="list-style-type: none"> • Check Interventions 	O ₂ -OK, Airway-OK, Splinting-OK, Check-CID/Straps						