Seed GLOBAL HEALTH

Project ECHO

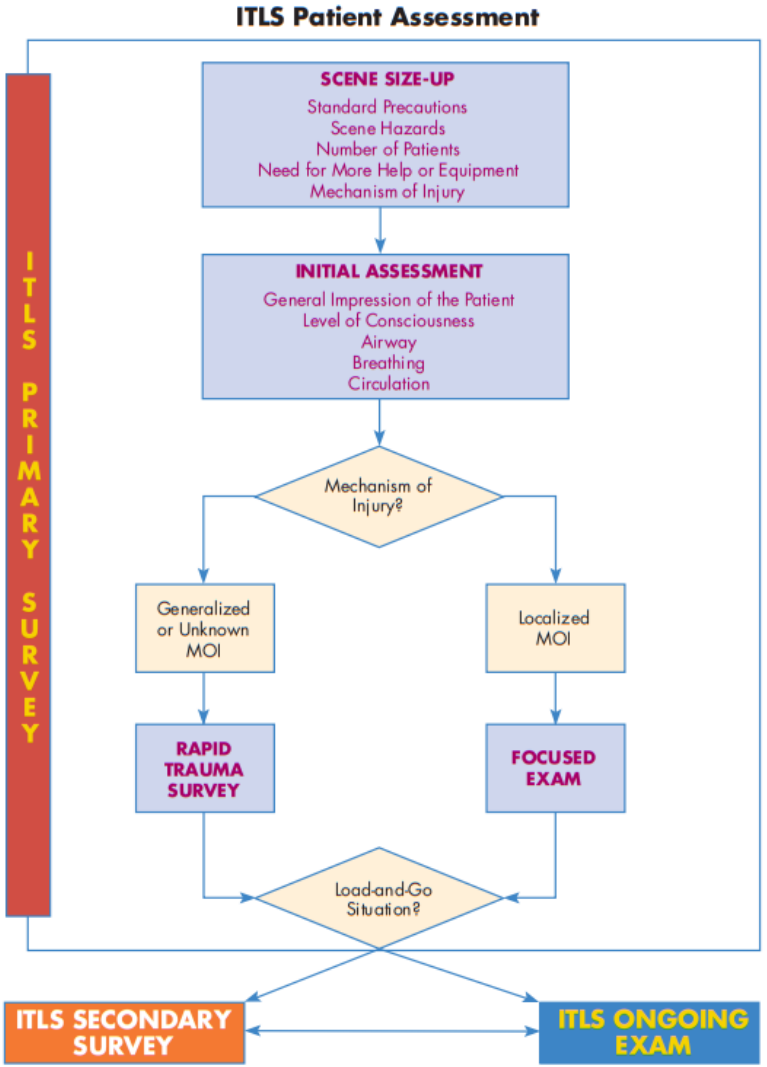
EMS ECHO 108 Patient Case

Pre-hospital Approach

My Approach……

ITLS International Trauma Life Support

ECAU EMERGENCY CARE ASSOCIATION OF UGANDA



Scene Size-up

Scene Size-up

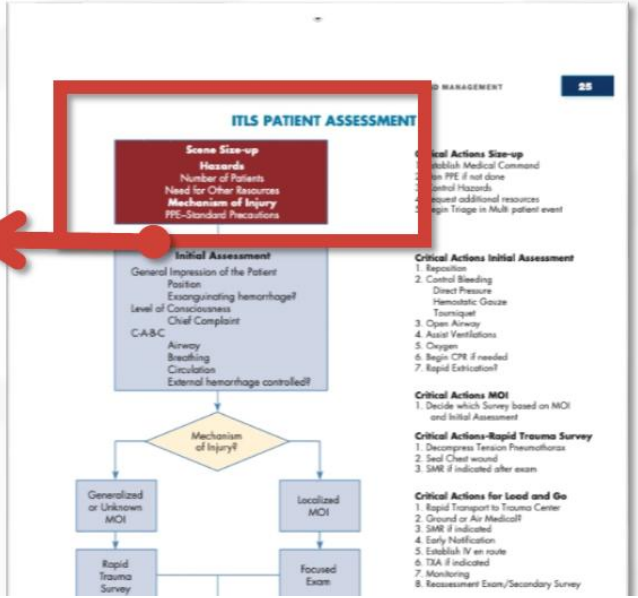
Hazards

Number of Patients

Need for Other Resources

Mechanism of Injury

PPE–Standard Precautions



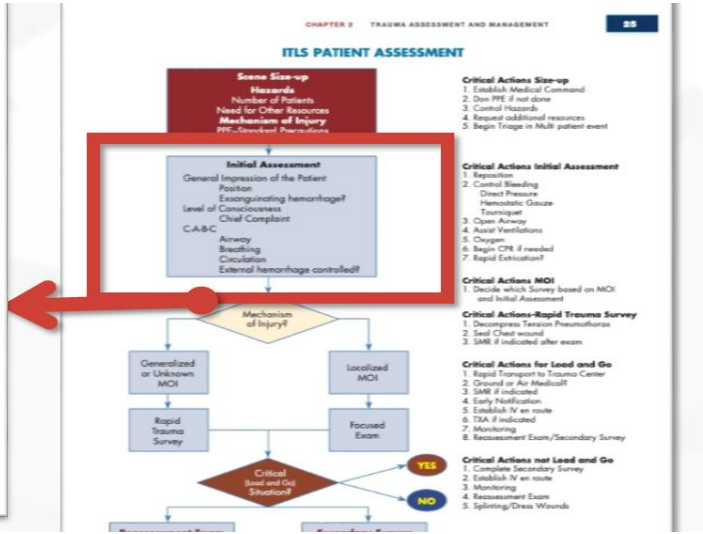
- Smoke, Heat, People, Powerline and trees, explosion from gas …etc
- 01 patient Female , 26yrs
- Fire police, UDCEL etc..
- Acute Burns from House fire
- Heat resistant uniform, mask, googles, double gloves, aprone etc

Initial Assessment

General Impression of the Patient
- Position
- Exsanguinating hemorrhage?

Level of Consciousness
- Chief Complaint

C-A-B-C
- Airway
- Breathing
- Circulation



- **STOP BURNING PROCESS!!!... Cool burns…… remove burning clothes**
- **A**- Look and Listen: for inhalation injuries, soot , burnt nasal hair, Listen for strider, hoarse voice (Early airway protection in the case of risks like swelling)
- **B**- Respiratory function: Look,Listen,Feel: Rate, Tidal volume and Effort (consider high flow oxygen & Assisted/ controled ventilation if indicated)
- **C**- Early signs of shock (Extremity temp, skin color, cap refil , Pulse-rate-Quality) keep shock in mind, watch out for Cardiac Arrest

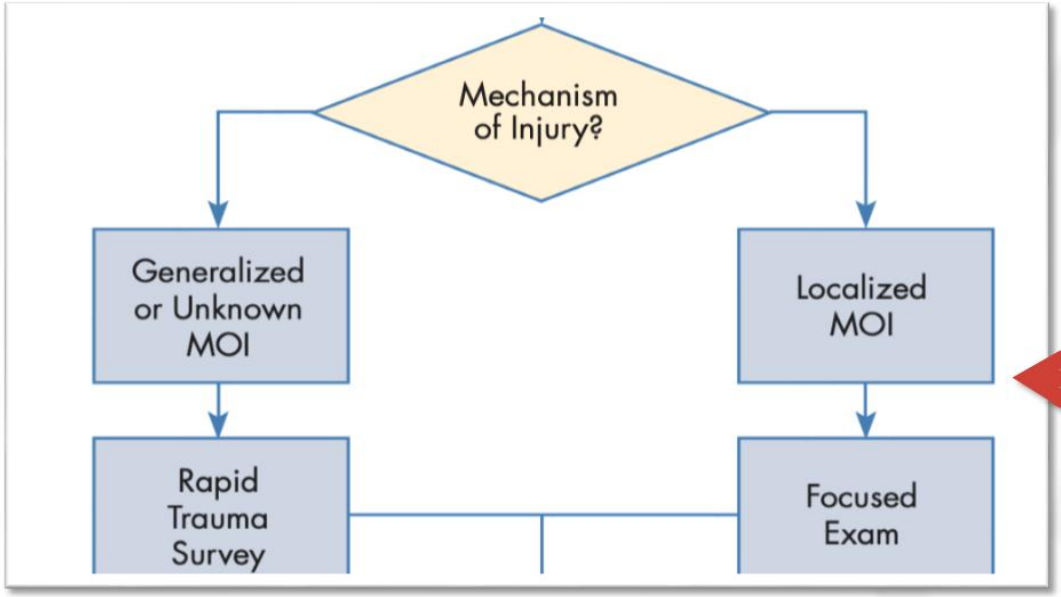
Is our patient stable or unstable?

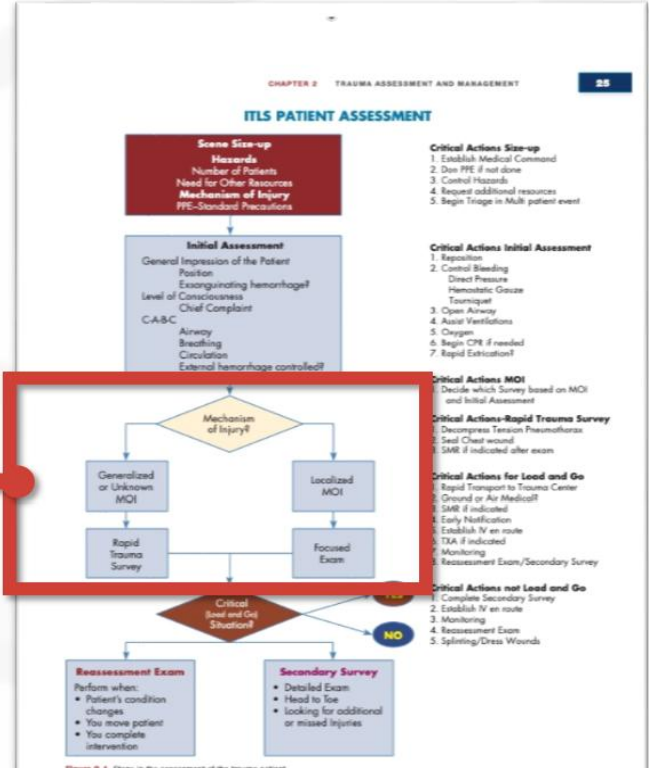
Our patient is UNSTABLE !

Abnormalities in the initial assessment

- Loss of consciousness
- Risky Airway
- Difficulty in Breathing
- Signs of Shock
- Significant Mechanism of Injury

Decision Making !





- Its generalized MOI
- **RAPID TRAUMA SURVEY…..**unknown MOI, Generalized & unconscious trauma patient

RAPID TRAUMA SURVEY

Goal is to identify life threating injuries

- Head to back examination
- Transfer patient to transport medium
- SAMPLE –Medical History
- Load-go-and-treat= initiate transport and disposition plan

What we know! This patient has burns to the face, neck, chest, the entire back and both upper and lower limbs.

Rapid Transport

- 70% burns require urgent transfer to a burn center.
- Minimize scene time. Basics save life
- Pre-alert receiving facility.

In the Ambulance/ Enroute

- Priotize Vital signs assessment and monitoring (BP, ECG, SPO2 ,Glucose etc)
- Consider analgesia – (strong)follow protocol ….also tetanus !
- Consider wound bandaging …..burn gauze, cling film, etc
- Protect patient from Hypothermia….warm blankets, shock/space blanket
- Neurological exam if indicated
- Reassess every 5 mins

HANDOVER

I – Identification
"This Ssenkumba Joseph , an EMT from AAPU. I'm handing over a 26yr old **S.J burn patient**

S – Situation
"The patient sustained **extensive burns involving approximately 70% of total body surface area** following a house fire that occurred about 2hours ago and she is in **critical condition**."

B – Background
"No known medical history available.
No medications or allergies known at this time.
Patient was found at the scene conscious with burns to the **face, chest, abdomen, back, and limbs** .Possible **smoke inhalation** suspected due to facial burns and soot around airway."

A – Assessment
Airway: Patent / threatened. Soot in mouth and singed nasal hairs noted. High-flow oxygen given.
Breathing: Respiratory rate 24b/m, SpO_2 98% on oxygen. Chest burns present / equal chest rise
Circulation: Pulse 94b/m, BP 150/95, cap refill normal. Signs of burn shock present. Two large-bore IV lines inserted.
Fluids: Ringer's Lactate started given slow!
Disability: Patient alert but confused/restless with an RBS 6.8mmol/L
Exposure: Burns cooled briefly with clean water, then covered with sterile dry dressings. Patient kept warm.
Pain: Analgesia given: ketamine?? protocal.

R – Recommendation
"This patient requires **immediate advanced airway assessment**, **continued monitoring for shock**, **pain management**, and **urgent transfer to ICU**.

- Identify
- Situation
- Background
- Assessment
- Recommendation

THE REPUBLIC OF UGANDA MINISTRY OF HEALTH
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Thank you