



Title Trauma Chief Complaint Selection	Date April 13, 2021
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I verify that I read and am familiar with the contents of this document.

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CHIEF COMPLAINT SELECTION WITH TRAUMA PATIENTS

KNOW HOW TO SELECT THE CORRECT PROTOCOL AND WHAT
PATIENT CARE INSTRUCTIONS TO GIVE

MEDICAL OR TRAUMA? TRAUMA OR MEDICAL?

When taking calls, we want to make informed decisions on what patient care instructions to give as well as what Protocol to go with.

Sometimes we assume we are getting the full story, but are we? Determining if the patient is having a medical issue or if the injury was a traumatic event will alter our instructions so it is extremely important to understand the full situation.

Callers reporting that their Grandma fell or their Dad is bleeding from his head, but we want to make sure we are addressing what occurred to cause these issues. If Grandma got dizzy and fell, this is a medical issue and we want to address it on the proper medical Protocol. Why is their dad bleeding from his head? Did he have a seizure and hit his head while falling to the ground or did something fall from the cabinet and hit him in the head? In both scenarios, if we do not clarify, we could be on the wrong Protocol and not giving the proper patient care. This is why it is extremely important to get a clear picture during "Tell me exactly what happened" We do not want to make assumptions or guesses about how the

patient was injured, we want the caller to explain to us exactly what occurred.

If callers are being vague, we want to use clarifying questions to try and get better information from them. Best practices would be to repeat the question, "Okay, tell me exactly what happened." If the caller is still not giving us enough information, we can ask more clarifying questions to get a better idea of what is occurring.

"I understand your grandma fell, but tell me exactly what happened." To get a better picture of why their dad's head is bleeding we can ask, "How did your dad's head get injured?"

Hopefully this will get us better information about what occurred to ensure that we are following the correct Protocol and addressing what caused them to call for help. If a medical issue caused the patient to fall (mom had a seizure and fell to the ground, dad grabbed his chest and collapsed) we want to address the primary complaint which is the medical issue. If a traumatic event occurred, we want to address the mechanism of injury.

Making the Right Decision

Chief Complaint Selection Rules (Case Entry)

Remember to
apply the
Chief
Complaint
Selection
Rules

In order to know what Protocol we are going to select, we need to remember our Rules. These can be found in Case Entry as well as on individual Protocols.

- Rule 1: If the complaint description includes scene safety issues, choose the Chief Complaint Protocol that best addresses those issues.
- Rule 2: If the complaint description suggest TRAUMA, choose the Chief Complaint Protocol that best addresses the mechanism of injury.

Rule 5: When cardiac arrest appears to be TRAUMATIC in nature, choose the Chief Complaint Protocol that best fits scene safety concerns and the mechanism of injury



MECHANISM OF INJURY

What is mechanism of injury?

Understanding how a person was injured is a very important part of knowing what Protocol to follow. In order to do this, we want to ask, "Tell me exactly what happened." This will help to determine the mechanism of injury.

Mechanism of injury, or MOI, refers to the method by which damage (trauma) to skin, muscles, organs, and bones occurs. Health care providers use MOI to help determine how likely it is that a serious injury has occurred.

Chief Complaints need to be selected based off of MOI when trauma is involved.



Mechanism of Injury addresses how the patient was injured



I ASKED ALL THE QUESTIONS, NOW WHAT?

With trauma calls, there are specific instructions when it comes to patient care.

Some questions that come up with trauma patients are:

- When should I remove a patient's helmet?
- Do we use the head-tilt to open a trauma patients airway?
- What happens if we are trying to do CPR, but there is large wound to the patient's chest?

Luckily we have rules and axioms that address these issues.

If the patient is not breathing effectively and is not alert, we want to open their airway.

If they are wearing a helmet, we want to remove the helmet because we will be tilting the patient's head back in these situations.

The head-tilt is the only recognized method of airway control in the PAI environment. When presented with a TRAUMA patient described as not alert with INEFFECTIVE BREATHING, the EMD should protect life over limb and open the airway. (Rule in all TRAUMA Protocols)

If we have a trauma patient who is breathing effectively, we can leave the patient's helmet on and/or omit the head-tilt instructions.

If a spinal injury is suspected in a breathing patient and PAIs are not necessary, PDIs may be enhanced by encouraging the patient not to move and by advising the rescuer to use his/her hands to stabilize the patient's head and neck. (Rule found in all TRAUMA Protocols.)

When TRAUMA patients have a SERIOUS Hemorrhage and are in cardiac arrest, we want to try to control the bleeding while also doing CPR. This is done when there is a second person on scene that can control the bleed while the other person performs CPR. This is not always possible based on the situation.

In cases of traumatic arrest involving SERIOUS hemorrhage, direct pressure on external wounds by a second rescuer, while CPR is initiated by a primary rescuer, may increase patient survival. (Axiom on TRAUMA Protocols)

THINGS TO REMEMBER:



The first step with any call is to determine exactly what happened to the patient. This will give us a clear picture on if this is a MEDICAL call or TRAUMA call. With trauma calls we want to go with the mechanism of injury when selecting a Chief Complaint in Protocols. If someone has fallen off a bike, we are on Protocol 17: Falls. If a person is unconscious because they were hit by a car, Protocol 29: Traffic Collision/ Transportation Incident is the most appropriate pathway as it addresses scene safety issues as well as mechanism of injury. Remembering all of our Rules and Axioms throughout Protocol will make it easier to know what pathway to take when it comes to selecting a Chief Complaint.

If you have any questions you can e-mail us at:
911training@elpasoteller911.org

For more CDEs or to suggest a CDE please visit us at:
www.elpasoteller911.org/CDE



Pick a Protocol

Read the scenarios, and use ProQA to find answers to the questions
(This CDE is worth 1 hour of CDE credit)

My dad was mowing the lawn and cut his ankle with the lawnmower blade:

He is 63, Awake, Breathing, Completely Alert
His breathing is labored because of the pain,
The bleeding is spurting out

The correct Protocol is: _____

The final code is: _____

What Chief Complaint Selection Rule (case entry) applies?

I was clearing leaves out of my gutters on the second story of my house, my foot slipped and fell off the ladder:

I am 26 years old/female, I am alone
Fell 24 ft/Hurt my back, head, and ankle
No bleeding at all, I am completely alert

The correct Protocol is: _____

The final code is: _____

This person jumped off the bridge and broke their back:

Unknown age male, Not awake, They are breathing every 6 seconds at first
This is a Suicide attempt, Bridge is over 30 ft. high, there is some bleeding
Breathing rate changes to every 4 seconds on the 2nd Breathing Diagnostic

The correct Protocol is: _____

The final code is: _____

What DLS Link do we select: _____

Do we open this patient's airway? Yes No

What is the definition of a PERIPHERAL wound?

Should we apply direct pressure if a fractured bone is visible? Yes No

