Pre-Hospital Trauma Life support

Single patient protocol
Why is that important?

- The PHTLS is built for 2 or more rescuers and a single patient.

- 50% deaths will occur within minutes
- 30% within hours
- 20% within days
The golden TEN

• The Golden Ten minutes, optimally include:
  Arrival of EMS
  Extraction
  The Start of Treatment

• That means – **No time to waste!**
Objectives

- Assess the patients life threatening injuries as fast as you can.

- Work by the order of P.H.T.L.S.

- What ever kills first will be treated first.

- Check before treat.
SAFETY FIRST

Need I say more?
• Safety
Safety of Team, Safety of Scene, Safety of Patient's
Remember, injured rescuer can not treat patients!
• Survey
Evaluation of LOC
Analyze the scene:
  • Kinematics (Speed)
  • Mechanism (Shooting, Explosion, Stabbing, MVA, Fall)
Report to Dispatch if not with Ambulance (number and severity of injured, mechanism)
Consider redirecting walking injured to a safer location
• Stop Major Bleeding
Arrest of bursting hemorrhages only
Primary Survey

Primary Assessment of the patient and his injuries, Primary Treatment of life threatening conditions.

- Secure Airway and C-Spine
- Breathing
- Circulation
- Disability
- Exposure
- T&T

What kills them first, gets our attention first.
Airway

- Secure C-Spine manually until properly fixated
- Check Airway
- Open Airway (Jaw thrust)
- צוואר
- Remove Helmet
Breathing

- Check the chest, if needed expose and apply Asherman to any punctures
- Is he breathing spontaneously? If not, ventilate.
- Estimate breathing (Rhythm, Depth, Symmetry, Quality of speech)
- If breathing is impaired – Supply Oxygen
- Above 30 or beneath 10 bpm assist with Ambu
Circulation

- Stop serious hemorrhage
- Pulse (Assessment Only)
- Quick Abdomen Check
- Capillary filling >2 sec = Decreased perfusion = Shock
- Skin — Color, Temperature, Moistness
Disability

- AVPU
- PEARL: Pupils Equal Alert and Reactive to Light
- Check Sensory Response and movement of limbs
Exposure

• Expose Torso and extremities to reveal hidden hemorrhage
• Full body check
• Cover patient
  – Avoid Hypothermia and Indecent Exposure.
• Treat or Transport
• Rules for immediate transport:
  – Stopped Major Bleed (assume vast loss of blood)
  – Problem with A,B,C,D (Bleeds, AVPU, not breathing, etc.)
  – Kinematics (mechanism, dead at the scene, fall from more than 3 times your height, children, old, pregnant)
Otherwise-Treat on scene
If transporting now:
  • לוח גב
  • צוואר (If not on already)
Secondary Survey

• Reassessment
  A  Check Head, Neck, apply neck brace if you haven’t yet.
  B  Check Chest. Monitor Breathing. O2
  C  Recheck Pulse, C. Refill, Skin
     Check BP, Abdominal check, IV if needed. Minor bleeds
  D  AVPU, PEARL, Dress wounds/ Fixate fractures
  E  Prepare to Evacuate with backboard