

April 2016 Safety Article - The ABCs of "Oops!": Part IV

Scene Safety, Airway, Breathing, Circulation, Arterial Bleeding - These are all items we have covered over the last few months in the series of articles about caring for a person experiencing a medical emergency, particularly in relation to a motorcycle accident. It can be a lot to remember during a time when emotions, anxiety and adrenaline are running high. Drama and trauma rhyme with each other, but they don't belong together. Prioritizing care and managing life threatening injuries help reduce the drama, and is exactly why we have "SLABCAB".

The final "B" in the acronym can be amusing to many, but to "Bare the Chest" is only part of a full assessment that emergency responders are taught. Injuries aren't always immediately identified by the patients who have suffered them. They may simply be in denial that there is anything wrong and be more concerned about the condition of their motorcycle or the fact that their riding day is over. As their friend, their riding partner, and a care provider, it is important to help them identify any threats before they become real problems. If your patient is awake and alert, please create a level of comfort with your patient by asking their permission to look them over. If available, having someone of the same gender to assess is usually best. If they are not comfortable doing the assessment, have them observe.

This assessment does not give license for anyone and everyone to start cutting all the clothes off of people with medical emergencies. The reason emergency care providers bare the chest of their patients is because most of everything that is important to sustain life is inside the chest area. The high level of energy impacted on a body in a motorcycle accident necessitates a high level of suspicion of injury. It is exceedingly difficult to determine whether broken ribs may have punctured a lung and caused a potential life threat when wearing a heavy leather jacket. If possible, remove the jacket without causing excessive movement of the head and torso.

A comprehensive head-to-toe trauma assessment, literally, begins at the top of the head and the body is checked all the way down to the toes. Learning how to identify and treat many conditions you may observe in a head-to-toe assessment takes months, if not years, of schooling in an EMS education program. However, using your vision and sense of touch, much can be learned about a person's condition. While not comprehensive, here are a few concepts that most people should be able to integrate into providing care:

- *When touching someone else to assess for injury, you may encounter something wet, sticky, and not yours. This could be blood or other body fluids. Make sure you protect yourself by using appropriate gloves and eyewear.

- *If you do encounter something wet, sticky, and not yours, then find the leak!
If it is bright red and spurting, or pouring out, then plug the leak!

- *If others are around to help, make sure someone is holding their hands on each side of the head/helmet, to keep it still, and reduce the risk of neck or upper spine injury. If nobody else is around, find something to lay around or against the head/helmet to help stabilize while you continue with care, something like a leather jacket or clothing rolls.

- *Humans have a left side and a right side. They usually match and feel the same. If they don't, make note of what is different (examples include pupils not round or equal in size, wounds to the skin, lumps, depressions, or a crackling-sensation under the skin).

*Use both hands to surround extremities to assess for injury or instability. On larger, flat areas like the back, abdomen, and chest, lay your palm and fingers flat to feel for abnormalities as you pat your way around them.

*When your patient says "Ouch!", or pulls away, or reacts in a way that senses discomfort, stop what you are doing that causes that to happen and make a note of what you felt and observed.

*Continue working down the body from head-to-toe, stopping only if there is a change in the safety of the scene, level of consciousness, airway, breathing, circulation or you uncover an arterial bleed. (Remember: bright red and spurting!)

*If it moves and is not supposed to (like a long bone), stabilize it.
If it doesn't move and is supposed to (like a knee or elbow), stabilize it.

Lastly, if there is a place on your body you would not want to be touched or observed by another, even in a time of medical emergency, then extend that same courtesy. A person's dignity and creating privacy for the patient is just as important in care of your patient. Care isn't only about treating your patient, it is also about how you treat your patient.

There is a lot of information and care activities packed into the acronym of SLABCAB. Remembering it, and what it means, can help create calm in the middle of chaos. It organizes actions and prioritizes care by managing the risks that could otherwise lead to tragedy. That is why it is important to remember to just "Keep Calm and SLABCAB On!"

"...and, HEY! Let's be CAREFUL out there!"

- by Matt Thomason