Module 7

Assessment of a Casualty

Online Module Overview

This document has been provided for participants completing a Revive2Survive First Aid Training course.

Please use this material to complete the Course Pack and answer the online multiple-choice theory assessment.

There are no assessments in these module packs, please use the link and attachment provided in your course confirmation email.

This information is to be used as a learning tool and while information contained in this online learning is frequently updated, medical advice should be sought from a practitioner in an emergency.

Module 1- CPR Resuscitation & the Airway

Module 2- Medical Emergencies

Module 3- Bleeds, Burns & Wounds

Module 4- Environmental Emergencies

Module 5- Anaphylaxis

Module 6- Asthma

Module 7- Assessment of a Casualty

Please note-

**HLTAID009 Provide CPR is recommended to be renewed every 12 months

**HLTAID011 Provide First Aid is recommended to be renewed every 3 years

Module 7 Overview

- Primary Survey/Assessment
- Chain of Survival
- Head-to-Toe Assessment
- Pain Assessment
- Medical History Assessment
- Triage

Primary Survey/Assessment

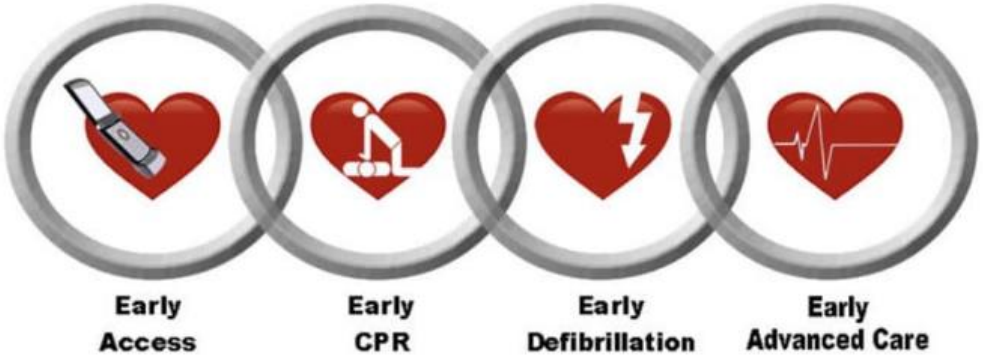
Primary Survey is a quick assessment method to identify life-threatening conditions and assess them in a succinct priority order.

DRSABCD should be used in all first aid situations, not just when assessing the need for CPR, danger should always be assessed to keep the first responder/s safe.

D	**Danger :** Fire / people / bleeding
R	**Response :** Responsive / unresponsive
S	**Send for help :** Emergency - 000 Poisons - 13 11 26
A	**Airways :** Clear solids and fluids
B	**Breathing :** Yes - Recovery position No - Start CPR
C	**Compressions :** 30 : 2 Breaths
D	**Defibrillator :** AED - Follow prompts

Primary Assessment
Chain of Survival

Chain of survival – Effective way to have best possible outcomes for a casualty.



- Out of hospital cardiac arrest (OHCA) occurs to 19 Victorians every day
- 80% of OHCA happen in the home
- 10% will survive an OHCA
- Every minute that passes, the survival rate drops by 7-10%
- You can dramatically change this statistic, if you can call 000, start CPR and shock using a defibrillator, those survival rates increase to **72%.**

Secondary Survey
Head-to-Toe Assessment

If the casualty is breathing, further assessment is required to gather more information to pass on to the emergency services. A Head-to-Toe Assessment is a succinct assessment for gathering data.

If unresponsive and breathing the casualty should be in the recovery position for this assessment.

Head to Toe Assessment

- This is a visual assessment
- The assessment begins at the head, in order of priority of organs eg; brain, heart, lungs, and then abdominal organs.
- Keep an eye out for medical alert tags, medication patches, any devices under the surface of the skin and any other alerts as you asses.

Head

- Look for bleeding or deformity of skull
- Are they able to speak clearly?
- Check eyes for equal pupil sizes and if you have a torch (phone torch) shine briefly in each eye to check for response of pupils changing size
- Check ears for bleeding or fluid
- Check nose for bleeding or deformity
- Check mouth for missing teeth and if responsive, can they clench teeth together and smile?

Head to Toe Assessment continues on next slide...

Secondary Survey
Head-to-Toe Assessment

Head to Toe Assessment continued...

Neck
- Look for deformity, bleeding or bruising
- Look for accessory muscle use in the neck

Chest
- Look for equal rise and fall of chest when breathing. Be sure to check that rise is on inspiration and fall is on exhalation, the reverse may indicate a chest injury
- Check for use of accessory muscles in chest
- Look for bleeding or bruising

Abdomen
- Look for penetrating injuries, bleeding or bruising
- Check for abdominal distention or swelling
- Check if the casualty is protecting or guarding their abdomen or any rigid movements

Pelvis
- Look for bruising, bleeding and deformity
- Assess for tenderness or difficulty moving at the pelvis

Back
- Check for bleeding, bruising or deformity and feel for pain

Arms/hands & legs/Feet
- Check for bleeding, bruising or deformity of upper and lower limbs
- Check for range of motion
- Feel for sensation & skin temperature

Secondary Survey
Pain Assessment

When assessing for pain try following the OPQRST method below for a quick, accurate assessment.

Onset

Ask when the pain started and what they were doing prior to the pain starting. Check if this came on suddenly, gradually or relates to a chronic condition.

Provocation

Ask what makes it better or worse, this could be position, activity or rest.

Quality

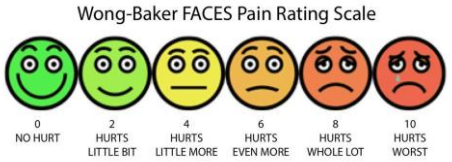
Ask what type of pain it is eg. sharp, dull, crushing, stabbing, burning. Check if the pain in constant, intermittent or comes in waves.

Radiation

Ask the casualty to point to where the pain is and ask if it spreads elsewhere/radiates

Severity

Check on a scale of 0 to 10 (0 being no pain, 10 being worst possible pain they could imagine). For children, the Wong-Baker faces scale can be used as an indicator for pain severity



Treatment

Ask if they have had this before and what treatment they used. Check if the casualty has taken any medication themselves or have done anything to help themselves with the pain.

Secondary Survey
Current Medical History

Medical history in First Aid can be obtained by following SAMPLE acronym:

S- Signs and Symptoms

Perform head-to-toe assessment, ask questions of how they feel & assess for signs of current condition.

A- Allergies

Check for any allergies as this is useful information to handover to the paramedics.

M- Medications

Current medications they take & ask what medications they have taken so far today.

P- Past medical history

Any current conditions or anything important for the injury they have sustained. Check for past mental health concerns and any recent procedures or surgery.

L- Last intake and output

When they last ate & drank. When they last urinated & used bowels & any abnormalities with this. When they last had alcohol and/or illicit drugs.

E- Events leading up to the event

Check what the casualty was doing in the immediate timeframe prior to the incident. Ask if anything was different over a longer period (days/weeks) leading up to the event.

Triaging

Triaging is the process of sorting and organising casualties to gain an order of priority for treatment.

- Triaging is a dynamic and free flowing process, with changes in priority needed as conditions improve or deteriorate and as more first responders arrive.
- Triaging allows medical resources and assistance to be used for the greatest benefit to the largest number of casualties and therefore giving the best chance of survival.

Triaging

Triaging of casualties is prioritised into 4 key categories:

1st Minor-

- Conscious and injuries appear to be minor.
- Multiple minor casualties may be able to be assisted or assist each other while first responders focus on high categories

2nd Urgent-

- Casualty is unwell/injured but communicating with first responder and able to answer questions

3rd Critical-

- Has signs of life but exhibiting potentially critical injuries eg; difficulty breathing, severe bleeding, burns

Deceased-

- No signs of life

Module 7 Complete

We look forward to seeing you at your course.

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