ITLS Patient assessment Training the FIX-IT way as shown in the ITLS 7th edition

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History of FIX-IT

• Four years studying the outcome of student training
• The systematic training of FIX-IT led into better on scene patient care
• Introduced to my Co-authors of the Trauma Assessment Chapter, JT Stevens and Dr. Campbell.
Training Students Using FIX-IT

- Students are easily side tracked by the sight of visible injuries
- This is a good training tool to keep the student on track
- It’s similar to using mnemonics
In order to ensure an uninterrupted/organized patient assessment, the patient assessor must rely on their partner's treatment steps while patient assessment is conducted.
“Your Treatment is Only as Good as Your Patient Assessment.”
Patient Assessment
Introducing

FIX-IT Process
PATIENT ASSESSMENT

MEDICAL Vs. TRAUMA

The SAME? Yes or No.*
What’s the Difference?

• **Scene Size-up**

• **Medical O.P.Q.R.S.T.**

• **Trauma** Rapid Trauma Survey/Focused Exam.*
Trauma Assessment

• Let’s Talk about Trauma
The Patient Assessment Process Includes:

- Primary Survey
- Secondary Survey
- Ongoing Exam
Primary Survey Includes:

- Scene size up
- Initial Assessment
- Focused Exam or Rapid Trauma Survey
Secondary Survey Includes:

- Baseline, Vital signs, SAMPLE History
- Head to Toe detailed exam
- Identify Load-n-Go’s that have not already been identified.
- Assign duties to other team members
Ongoing Exam Includes Reassessment of:

- LOC (Level of Consciousness)
- ABC’s (Airway Breathing Circulation)
- Any Changes (From Previous Assessment)
Each patient assessment step requires the thought of resolving the issues of that step as the next step is reached.

The FIX-IT Process

(Remember your partner does the FIX-IT)
All Patient Assessment Must Start With……
Scene Size-Up

Standard Precautions

You must ask yourself these questions:
1. Is the scene safe?
2. What’s the mechanism of injury?
3. How many patients do I have?
4. Do I need more help or equipment?
Essential Equipment (FIX-IT Tools)

- Personal protective equipment
- Backboard, straps, and head motion-restrictor
- Cervical collar
- Oxygen and airway equipment
- Trauma box

Bring essential equipment with you when you make your patient contact
Initial Assessment Includes…
(What’s Your General Impression)

– Cervical Spine control
– L.O.C.
– AVPU (Alert, Verbal, Pain, Unresponsive)
– Airway – patent yes or no?
– Breathing – rate & quality
– Circulation – rate & quality
– Skin color, condition
– Control bleeding

Did you find a load & go?
It is Important that you use the:

“FIX-IT” Process

The FIX-IT is done by your partner
FIX-IT Process
For General Impression

• LOC: Altered Mental Status – “Think” D stick/medical alert tags and medication patches (Fentanyl patch)

• As soon as you say: Airway/breathing – tell your partner to “FIX-IT” without stopping your patient assessment (O2, NRB, 15 LPM)

• As soon as you say: Circulation – Think “FIX-IT” (Is your IV equipment ready? Treat for SHOCK in route)
Do Not Interrupt Initial Assessment

Except for:
• Airway obstruction
• Cardiac arrest
• The scene becomes unsafe
Remember what is a Load and Go?

- Altered mental status
- Abnormal respiration
- Abnormal circulation
- Major chest trauma
- Tender abdomen
- Pelvic instability
- Bilateral femur fractures
When the Initial Assessment Is Completed,

IT’S...
Time To Make A Decision!

Rapid Trauma Survey

or

Focused Exam.

Which way to go?
Scene Size Up
Primary Survey
Initial Assessment

Multi Trauma
Rapid Trauma Survey

Isolated Trauma
Focus Exam

Now Is It

Detailed Exam/Secondary Survey
On Going Exam
Focused Exam

Isolated Injury:

- Hand closed in car door
- Shot self in foot

(The Focused Exam is used when there is no chance for multi-trauma)
Rapid Trauma Survey
(Priority Patients)

Dangerous mechanism of injury

History reveals

• Loss of consciousness
• Difficulty breathing
• Abnormal initial assessment

Poor general impression
Rapid Trauma Survey Begins
Check the Head
DCAP / BTLS

Deformities
Contusions
Abrasions
Penetration

Burns
Tenderness
Lacerations
Swelling

(Partner “THINK” FIX-IT)

Your partner’s FIX-IT at this point would possibly be control head bleeding
Check the Neck

(DCAP /BTLS)

• Trachea deviation
  - Yes or no

• Jugular Vein Distention (JVD)?
  - Yes or no

If YES, “Think” chest trauma

The FIX-IT here is when you apply C-collar

(Partner “THINK” FIX-IT)
Check the Chest

(DCAP / BTLS / TIC-Tenderness, Instability, Crepitation)

• Breath sounds – 2 fields only
• Heart sounds

Your partner’s FIX-IT here could be to fix the:
- Stab wound
- Flail chest
- Sucking chest wound

Did you find a load & go?

(Partner “THINK” FIX-IT)
Check the Abdomen

(DCAP / BTLS)
- Is it tender?
- Is it distended?

Your partner (s) FIX-IT here would be:

Are the IV’s ready? (Partner “THINK” FIX-IT)
Treat for SHOCK in route
Check the Pelvis

(DCAP /BTLS)

• Check the pubis
If unstable do not check again

Your partner’s FIX-IT would be:
If unstable secure the pelvis and use scoop stretcher

Did you find a load & go?

(Partner “THINK” FIX-IT)
Stabilize the Pelvis; FIX-IT Tools

With a Sheet

Styles of scoop stretchers

Sam Splint
Check the Lower Extremities

(DCAP /BTLS )
P.M.S. - (Pulse/ Motor/Sensory)
Bilateral femurs
- Load & go
Your partner’s FIX-IT here may be:
Think traction splint and/or
P.A.S.G. for stabilization

(Partner “THINK” FIX-IT)
Check the Upper Extremities

(DCAP / BTLS)

P.M.S. (Pulse / Motor / Sensory)

If any fractures, “Think FIX-IT” after you are in the ambulance.
Move to Backboard

• Once pelvic is stabilized:
  • Scoop
  • Log roll stable pelvics only
  • Check the back
  • S.M.R.D. (Spinal Motion Restriction Device)
Interventions / FIX-ITs That May Be Done On-Scene

- Initial airway management
- Oxygen/breathing assistance
- CPR
- Control major bleeding
- Seal sucking chest wounds
- Chest decompression

All interventions could possibly be done by your partner during the team leader’s assessment
Move to Ambulance
1st Thing Inside:

Baseline Vital Signs
(Includes LOC, Airway, Breathing, Circulation)
(Consider P.A.S.G.)
(Consider D-Stick)
Sample History

- Symptoms
- Allergies
- Medications
- Past medical problems
- Last oral intake
- Events preceding the emergency
Assign Duties To Other Team Members

- IV monitor
- Pulse ox
- Bandaging/splinting, etc.
Secondary Survey

Begins in ambulance unless circumstances apply for instance, awaiting helicopter. Ect.
Scenario Using the FIX-IT process
Practice, Practice, Practice

Remember, your patient is not your practice
Remember:
“Your Treatment of Your Patient is Only as Good as Your Assessment”.
Any Questions?

Thanks for being a great audience!

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