

EMT Basic Scenario – Penetrating Abdominal Injury - Abdominal Injuries

Dispatch: You are dispatched to a private residence for a patient with an abdominal injury. Upon arrival, you are met by a frantic wife who leads you to the backyard. Lying next to a tree and a fallen ladder is a middle-aged man with a tree branch sticking out of his right side. His wife tells you that he was trimming the trees when she heard a crash and ran outside to find her husband lying on the ground.

Takes, or verbalizes, body substance isolation precautions	Scene is Safe
Determines the mechanism of injury/nature of illness	Penetrating abdominal trauma
Determines the number of patients	1
Requests additional help if necessary	Yes
Considers stabilization of spine	Yes
Verbalizes general impression of the patient	Middle-aged man lying supine on the ground with a large tree limb protruding from the upper right quadrant of the abdomen
Determines responsiveness/level of consciousness	Responsive to verbal stimuli only; answers questions slowly but appropriately
Determines chief complaint/apparent life threats	Penetrating trauma to upper right quadrant of the abdomen
Assesses airway and breathing Opens and assesses airway Inserts adjunct if indicated Indicates appropriate oxygen therapy Assures adequate ventilation Manages any injury which may compromise breathing/ventilation	Airway is Open and Patent 20 breaths/min (Oxygen via NRB mask at 15 L/min)
Assesses circulation Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature, and condition) If indicated, begins shock management	Moderate bleeding seen coming from the branch Wound Radial pulse rapid and thread Cool, pale, and diaphoretic (prevent shock)
Identifies priority patients/makes transport decisions based on calculated GCS	High Priority
SAMPLE history	S—Penetrating trauma to upper right abdomen A—NKA M—Lopressor, Vytarin, aspirin P—Hypertension and high cholesterol L—Breakfast of toast and coffee about 1 hour ago E—Trimming tree branches
Head assessment – DCAP-BTLS Inspects mouth, nose, and assesses facial area Inspects and palpates scalp and ears Assesses eyes for PERRL	No injury noted

<p>Neck Assessment – DCAP-BTLS</p> <p>Checks position of trachea</p> <p>Checks jugular veins</p> <p>Palpates cervical spine</p>	<p>No JVD or tracheal shift; no obvious injury</p>
<p>Chest Assessment – DCAP-BTLS</p> <p>Inspects chest</p> <p>Palpates chest</p> <p>Auscultates chest</p>	<p>No injury noted; breath sounds are clear and equal</p>
<p>Abdomen Assessment – DCAP-BTLS</p> <p>Inspects and palpates abdomen</p> <p>Assesses pelvis</p> <p>Verbalizes assessment of genitalia/perineum as needed</p>	<p>Tree limb protruding from upper right abdomen, with moderate bleeding; otherwise, normal findings</p>
<p>Lower Extremities Assessment – DCAP-BTLS</p> <p>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</p>	<p>No injuries noted; PMS present in extremities</p>
<p>Upper Extremities Assessment – DCAP-BTLS</p> <p>Inspects, palpates, and assesses motor, sensory, and distal circulatory functions</p>	<p>No injuries noted; PMS present in extremities</p>
<p>Posterior Thorax, Lumbar, and Buttocks Assessment – DCAP-BTLS</p> <p>Inspects and palpates posterior thorax</p> <p>Inspects and palpates lumbar and buttocks area</p>	<p>No injuries noted</p>
<p>Vitals (obtains/directs baseline vital signs)</p>	<p>Blood pressure—100/56 mm Hg</p> <p>Pulse—130 beats/min</p> <p>Respirations—20 breaths/min</p> <p>SaO₂—96% on room air</p> <p>PEARRL</p>
<p>Manages secondary injuries and wounds appropriately</p>	<p>Abrasions to right abdomen</p> <p>Maintain manual c-spine; apply cervical collar; place patient on a long backboard; apply cervical immobilization device; place bulky dressing around the branch for stabilization</p> <p>High-flow oxygen via NRB mask at 15 L/min; monitor vital signs for signs of shock</p>
<p>Reassesses Patient</p>	<p>Every 5 minutes during transport</p>