Scans

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Applying a Cervical Collar
STIFNECK® SELECT™ ©
Laerdal Medical Corporation
Philadelphia Cervical Collar™ Patriot
Adult and Pediatric.
© Philadelphia Collar Corporation
WIZLOC Cervical Collar. © Ferno Corporation
NEC-LOC™ rigid extrication collar, opened. Rigid cervical collars are applied to protect the cervical spine. DO NOT apply a soft collar.
Sizing a Cervical Collar
(1) Measure the patient's neck.
(2) Measure the collar. The chin piece should not lift the patient's chin and hyperextend the neck. Make sure the collar is not too small or tight, which would make the collar act as a constricting band.
Applying an Adjustable Collar to a Seated Patient
(1) Stabilize the head and neck from the rear.
(2) Properly angle the collar for placement.
(3) Position the collar.
(4) Begin to secure the collar.
(5) Complete securing the collar.
(6) Maintain manual stabilization of the head and neck.
Applying an Adjustable Collar to a Supine Patient
(1) Kneel at the patient's head and stabilize the head and neck.
(2) Set the collar in place.
(3) Secure the collar.
(4) Continue to manually stabilize the head and neck.
Physical Examination of the Trauma Patient
Rapidly determine what happened to the patient to cause injury.
HEAD: Check for WOUNDS, TENDERNESS, AND DEFORMITIES plus crepitation.
FACE: Check for WOUNDS, TENDERNESS, AND DEFORMITIES.
**EARS:** Check for WOUNDS, TENDERNESS, AND DEFORMITIES plus drainage of blood or clear fluid.
EYES: Check for WOUNDS, TENDERNESS, AND DEFORMITIES plus discoloration, unequal pupils, foreign bodies, and blood in the anterior chamber.
NOSE: Check for WOUNDS, TENDERNESS, AND DEFORMITIES plus drainage of blood or clear fluid.
MOUTH: Check for WOUNDS, TENDERNESS, AND DEFORMITIES plus loose or broken teeth, objects that could cause obstruction, swelling or laceration of the tongue, unusual breath odor, or discoloration.
NECK: Check for WOUNDS, TENDERNESS, AND DEFORMITIES plus jugular vein distention and crepitation.
APPLICATION OF COLLAR: Once the neck has been examined, apply the cervical collar.
CHEST: Inspect and palpate for WOUNDS, TENDERNESS, AND DEFORMITIES plus crepitation and paradoxical motion.
CHEST: Auscultate for BREATH SOUNDS (presence, absence, and equality).
ABDOMEN: Check for WOUNDS, TENDERNESS, AND DEFORMITIES plus firm, soft, and distended areas.
PELVIS: Check for WOUNDS, TENDERNESS, AND DEFORMITIES using gentle compression for tenderness or motion.
UPPER EXTREMITIES:
Check for WOUNDS, TENDERNESS, AND DEFORMITIES.
UPPER EXTREMITIES:
Check for CIRCULATION, SENSATION, AND MOTOR FUNCTION.
LOWER EXTREMITIES: Check for WOUNDS, TENDERNESS, AND DEFORMITIES.
LOWER EXTREMITIES:
Check for CIRCULATION, SENSATION, AND MOTOR FUNCTION.
POSTERIOR: Check for WOUNDS, TENDERNESS, AND DEFORMITIES. (To examine posterior, roll patient using spinal precautions.)
Assessing Breath Sounds
Listen at the mid-clavicular line.
Listen at the mid-axillary line.
Listen at the mid-clavicular and the mid-axillary lines on both sides of the chest. Is air entry present? Absent? Equal on both sides?
Listen at the mid-clavicular and the mid-axillary lines on both sides of the chest. Is air entry present? Absent? Equal on both sides?
Assessing Distal Function
(1) Assess distal circulation in the upper extremities by feeling for radial pulses.
(2) Assess distal motor function by checking the patient's ability to move both hands.
(3) Assess strength in the hands by asking the patient to squeeze your fingers.
(4) Assess distal sensation to the upper extremities by asking the patient, “Which finger am I touching?” (Be sure the patient cannot see which finger.)
If the patient is unresponsive, check distal sensation in the upper extremities by pinching the back of the hand. Watch and listen for a response.
(5) Check distal circulation in the lower extremities by feeling the posterior tibial pulse just behind the medial malleolus of the ankle, or . . .
feel the dorsalis pedis pulse at the top of the foot.
(6) Assess distal motor function by checking the patient's ability to move his feet.
(7) Assess strength in the feet and legs by asking the patient to push against your hands.
(8) Assess distal sensation in the lower extremities by asking the patient, “Which toe am I touching?” (Be sure the patient cannot see which toe.)
If the patient is unresponsive, check distal sensation in the lower extremities by pinching the top of the foot. Watch and listen for a response.