

NMIH202 notes

Primary Survey Lecture:

Primary Survey

Airway maintenance with cervical spine protection
Breathing assessment and ventilation
Circulatory assessment with haemorrhage control
Disability: neurological assessment
Exposure/Environmental control

A

Patent? Yes → vocalising
No → open airway Position
Chin lift
Jaw thrust

Look, listen, feel
Inspect FB, secretions, swelling, trauma, drooling, burns

Listen Snoring, stridor, hoarseness, inability to speak in sentences

Feel
Clear airway Manual
Suction

Maintain patency

B

Present? Yes
No → BVM

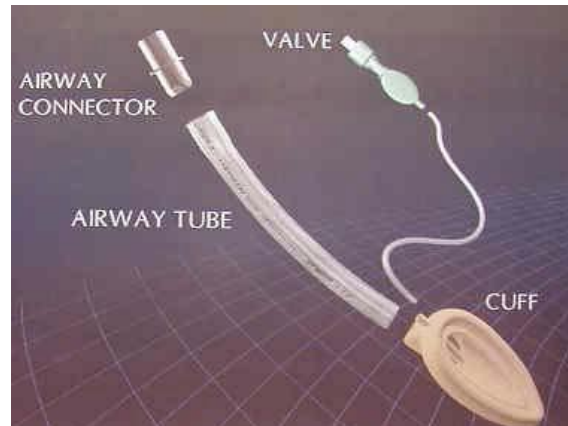
Effective Inspect
Auscultate
Palpate

Apply oxygen Appropriate for presentation

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Laryngeal Mask Airway

- Positioned into pharynx, seals laryngeal inlet
- Inserted without visualisation equipment, insert deflated
- Spontaneous breathing, also mechanical ventilation
- Short duration surgery



Intubation

- Usual first preference = orotracheal intubation (Nasotracheal intubation slower).
- Surgical Airway if orotracheal intubation is unsuccessful
 - Surgical Airway as primary method Major Maxillo-Facial Injury
 - Oral Burns
 - Fractured Larynx.

Indications for intubation

- Respiratory failure, decreased LOC
- Definitive airway
 - Precautions Vocal cord trauma
 - Endobronchial /
 - oesophageal intubation

