

Polytrauma CBD

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Scenario

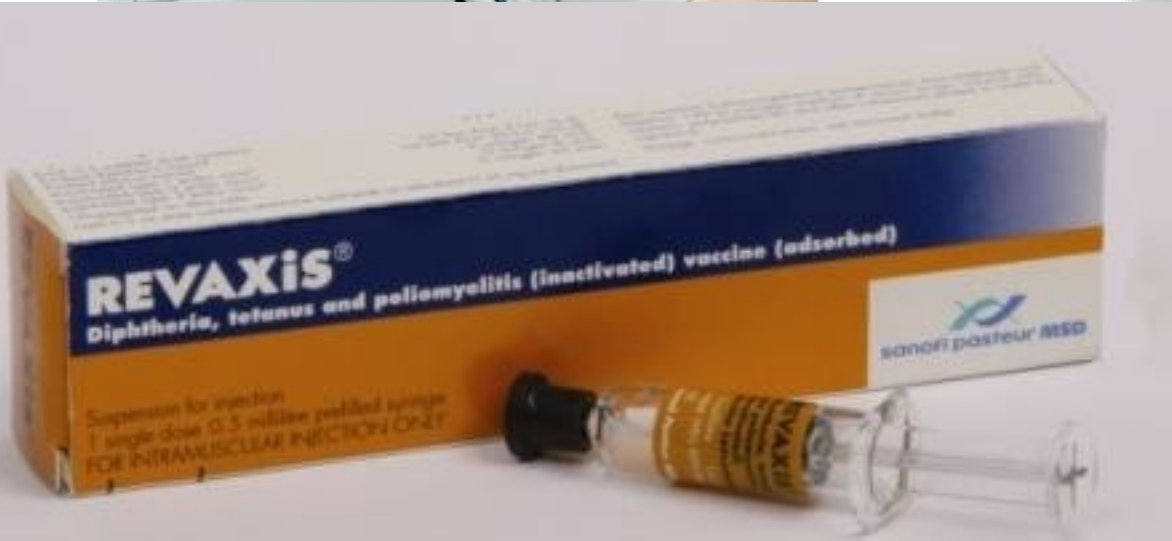
- 45 y.o
- High speed car crash combined speed 100mph
- Prolonged extraction at scene >1hr
- Hypotensive @ scene 80 systolic
- ? Chest/Pelvic injury
- Open femur fracture

Arrival at hospital

- Handover
- 1 g Tranexamic acid at scene
- Has had Abx (Augmentin), Morphine analgesia, antiemetic.
- In collar and blocks
- Left leg splinted and bloodstained
- In pelvic binder

What now?

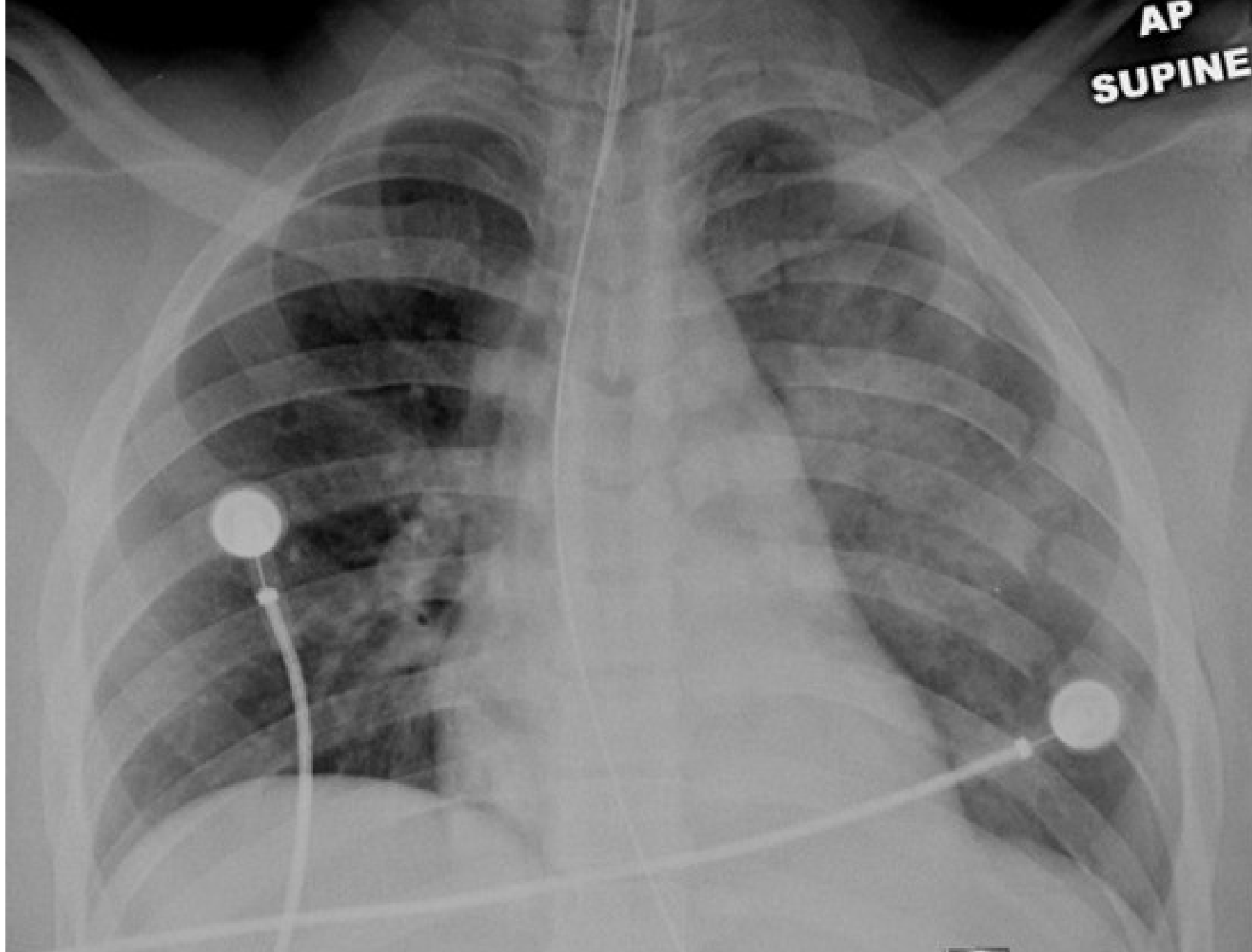
- ATLS
- A – patent, collared and blocked
- B – Good A/E Sats 100% 15L L sided chest wall tenderness
- C – BP 75/40, HR 120, cool and clammy, pelvic tenderness
- D – GCS 14 (V3)
- E – Left splinted leg – blood around thigh but no ongoing haemorrhage



Radiography

Initial trauma radiographs whilst in resus

**AP
SUPINE**



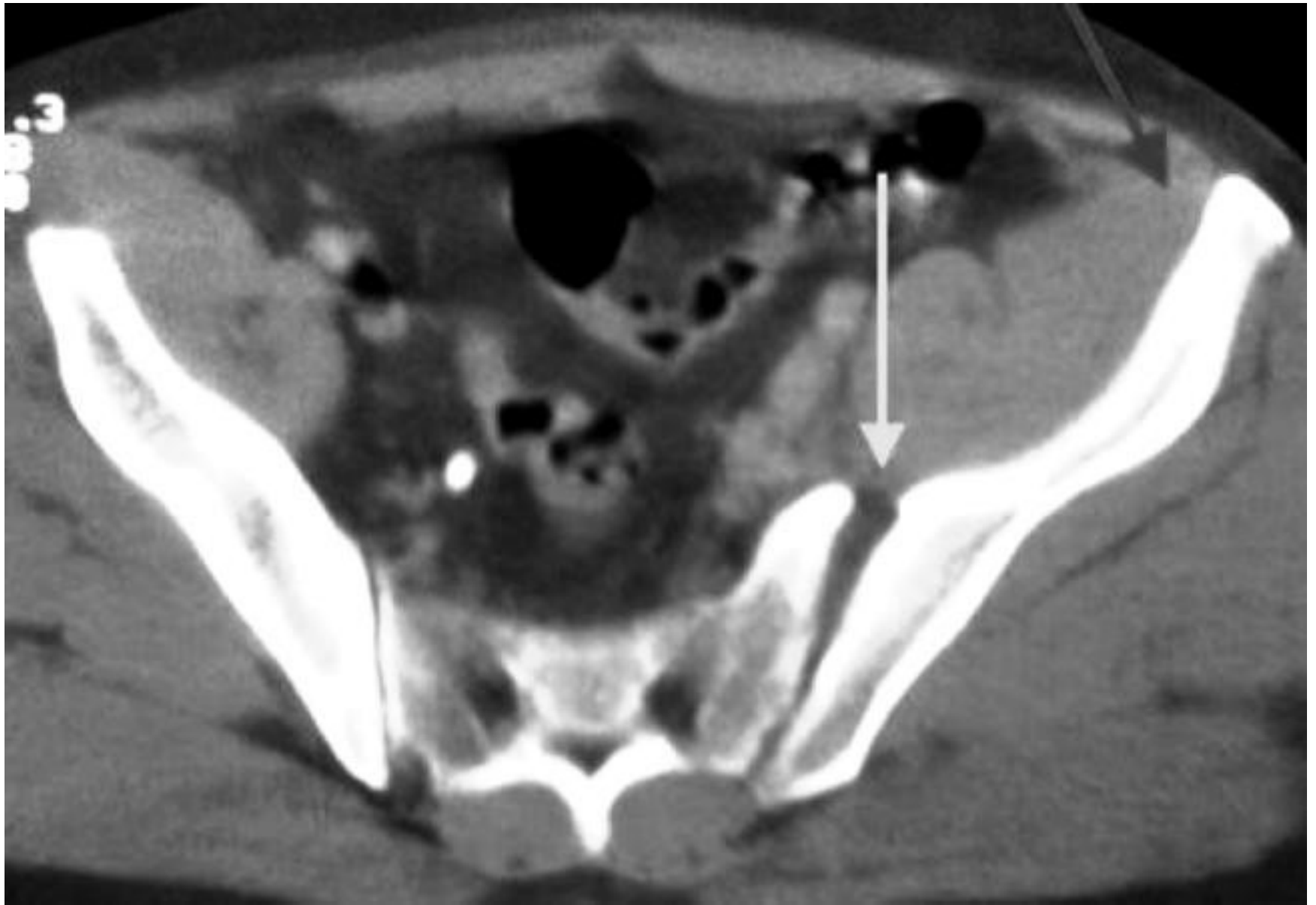


Update

- 6 units blood
- BP now 95mmHg systolic, HR 90
- GCS 15
- Sats 100%

- Plan...







[R]

[L]

Open fracture management





Operative plan

- After resuscitation
- Temp – 36.5
- BP 95mmHg HR 95
- Lactate 3.5 (5 on admission)
- Sats 95% 5L

- ETC? DCO? Early appropriate care?

Thank You!