




**apls**  
Advanced Paediatric  
Life Support

Review of  
Seriously Injured Child

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**Format**

3 activities

1. General aims of trauma primary survey
2. Preparation for life threatening injury and initial actions based on ambulance triage
3. Primary survey findings - likely diagnoses  
Specific investigation and treatment for likely diagnoses

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**Goals of primary survey**

(C)	Control catastrophic external haemorrhage
A	Maintain and protect airway patency Minimise unnecessary cervical spine movement
B	Maintain oxygenation Maintain ventilation
C	Seek & control haemorrhage Restore & maintain perfusion
D	Identify neurological injury Prevent secondary insult
E	Identify other threats to life & limb Extremities, exposure but maintain environment & euglycaemia
Rx	Expedite definitive treatment, transfer Limit suffering

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**Activity 2**  
**Pre arrival preparation**

(C)	Stop exsanguinating haemorrhage - compression, suture, binder
A	Airway equipment Minimise unnecessary neck movement
B	ICC for Tension PTx, Massive Htx, Open Ptx . Ventilation for Flail chest/lung contusion CXR
C	IVC x2, warmed IV crystalloid 10 ml/kg +/- 5ml/kg O-ve blood, ? TXA ?MTP . ?FAST. Pelvic Xray
D	Rapid neuro assessment , AVPU. GCS, Pupils, Limb movement Secondary brain and spinal protection – avoid hypotension, hypoxia
E	Extremity RV, Exposure - log roll to assess posterior and T-L spine Environment - Keep warm & Check BSL
Rx	Trauma page, Bloods , XM, trauma imaging, consider analgesia, O-ve Blood, Notify surgeon, anaesthetist, Inter-facility transfer ?

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**Re-assessment**  
**- Possible diagnoses**

(C)	
A	Airway threatened, may become obstructed secondary to diminished LOC (CHI, opiates, shock)
B	Tension pneumothorax, Massive haemothorax Flail chest & pulmonary contusions ? Diaphragmatic hernia
C	Intra peritoneal haemorrhage - Ruptured spleen Retro-peritoneal haemorrhage – pelvis +/- kidney Cardiac tamponade/contusion. BP 90 = large blood loss
D	Progressive head injury – raised ICP, lateralising signs. Progressive spinal injury needs consideration
E	Hypothermia, hypoglycaemia, hidden injuries

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**Treatment and investigation**

(C)	
A	HFO NRB, suction, OPA ? NPA maintain cspine immobilization - BVM, prepare for RSI
B	Left ICC – before or after RSI? CXR before/after?
C	Pelvic binder + Xray. FAST. 5ml/kg warmed blood, 10ml/kg crystalloid until available. TXA. Surgeon
D	A VPU – likely ICH – secondary brain protection Avoid hypotension, hypoxia. Hyperventilate. Mannitol/HTS?
E	Exposure, look for injuries, keep warm, euglycaemia
Ix, Meds	Cspine Xray, CXR, Pelvic Xray – CTB, CT Abdo. Surgical and Neurosurgical RV

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