



Chest and Abdominal Trauma Quick-Cases

Quick-Case 1

A 22 y/o ♂ presents CAOx4, GCS = 15, in his dorm room c/o chest & abd pn. Pt states he was playing football with his friends yesterday, was “tackled hard” and experienced acute onset of CP c̄ deep inspiration. Pt experienced increasing dizziness with exertion overnight, now experiences near-syncope with exertion. ØPMH, ØMeds. NKDA. PE reveals: large bruise on lat R chest extending from about the 5th ICS to his R hip. ⊕ pn c̄ palp and crepitus over R lat chest. LS diminished at R base. ⊕ guarding, ⊕ pn c̄ palp of UR & LRQs of abd. Skin cool, pale, slightly diaphoretic. VS: HR = 102/min regular, BP = 92/50 mmHg, RR = 18/min GTV, SpO₂ = 94% RA.



Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Is the patient in shock? If so, what type and what stage?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- What specific injury(s) has the patient sustained?

Quick-Case 2

A 51 y/o ♂ presents CAOx4, GCS = 15, in NAD c/o a stab wound to his LRQ. Ø PMH, Ø Meds, NKDA. PE reveals: (see picture to right), skin warm/dry/good color. HR = 82/min regular, BP = 132/90 mmHg, RR = 16/min GTV, SpO₂ = 98% RA.



Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Is the patient in shock? If so, what type and what stage?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- What specific injury(s) has the patient sustained?

Quick-Case 3

A 22 y/o M presents CAOx4, GCS = 15, in obvious pn and resp distress after an assault. Pt states he was kicked repeatedly about head and chest while he was on the ground. ØPMH, ØMeds, NKDA. PE reveals: 3-4 cm diameter wound to scalp on top of head (see picture), LS extremely diminished on L, (see video). Skin cool, pale, dry. HR = 102/min regular, BP = 122/80 mmHg, RR = 24/min shallow TV, SpO₂ = 90% RA.



Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Is the patient in shock? If so, what type and what stage?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- What specific injury(s) has the patient sustained?

Quick-Case 4

A 31 y/o ♂ presents CAOx4, GCS = 15, in resp distress \bar{c} GSW x 2 to anterior chest. Primary exam reveals a patent airway, tachypnea with GTV, and a strong and rapid radial pulse. Skin is cool, slightly pale, and slightly diaphoretic. LS diminished on L. HR = 106/min regular, BP = 112/70 mmHg, RR = 24/min GTV, SpO₂ = 95% RA.



Stop! Discuss, then continue!

During your PE the patient rapidly becomes increasingly dyspneic, anxious, and then altered with a decreased level of consciousness. GCS = 2/4/4. You note absent LS on the L, diminished LS on the R, \oplus JVD, a rapid and weak carotid pulse \bar{c} absent radial pulses, and cool, cyanotic, and moist skin.

Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Is the patient in shock? If so, what type and what stage?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- What specific injury(s) has the patient sustained?

Quick-Case 5

27 y/o M presents responsive to painful stimuli, GCS = 1/2/4, c snoring respirations, supine on the ground with a knife impaled in his anterior chest. Knife is located just to L of sternum in 5th ICS. ⊕JVD, ∅ trach dev. LS clear/= ⊥. A weak, rapid radial pulse is present, and his skin is cool, pale, and moist. VS: HR = 118, BP = 90/74, RR = 10 and shallow, SpO₂ = 80% RA.



Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Is the patient in shock? If so, what type and what stage?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- What specific injury(s) has the patient sustained?

Quick Case 6

32 y/o ♂ presents CAOx4, GCS = 15, in mild distress c/o chest pn. Pt states he was “run over” by a friend on a dirtbike. PE reveals a horizontal contusion across the upper chest, crepitus on the L, decreased lung sounds on the L, and ⊥ subconjunctival hemorrhage. A strong radial pulse is present and his skin is cool, slightly pale, and dry. VS: HR = 118, BP = 126/78, RR = 20 and shallow 2° to pn ⊥ inspiration, SpO₂ = 94% RA.



Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Is the patient in shock? If so, what type and what stage?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- What specific injury(s) has the patient sustained?

Case 7

A 24 y/o M presents CAOx4, GCS = 15, c/o chest pn \bar{p} being kicked in the chest by a horse. You note no gurgling, snoring, or stridor. He is breathing at a normal RR and TV. A weak, irregular radial pulse is present and his skin is cool, slightly pale, and diaphoretic. PE reveals a horseshoe-shaped contusion over his sternum. LS clear/= \perp . \emptyset JVD, \emptyset trach dev. VS: HR = 102/min irregular, BP = 100/60 mmHg, RR = 20/min GTV, SpO₂ = 96% RA.

Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- Is the patient in shock? If so, what type and what stage?
- What specific injury(s) has the patient sustained?

Case 8

A 32 y/o ♀ presents CAO sitting on a couch c/o back pn. You hear no gurgling, snoring, or stridor. She is breathing at a normal RR and TV. She has a strong, rapid radial pulse and her skin is cool, slightly pale, and dry. Pt states she was “hit hard” from behind while playing football with friends yesterday, today is experiencing pn \bar{c} ambulation and palpation to R flank & back. Pt also rpts frank red blood in her urine and dizziness with exertion. PE reveals large contusion over her R flank and back at the costal margin, \oplus crepitus and pn \bar{c} palp to ribs 11 & 12 on R. LS clear/= \perp HR = 96/min & reg, BP = 124/86 mmHg, RR = 12/min GTV, SpO₂ = 97% RA.

Discussion:

With your group members, please discuss the following:

- What BSI would you wear?
- How would you describe the patient's ABC status?
- Is the patient in shock? If so, what type and what stage?
- Are any interventions required at this time? If so, list them.
- Does the patient meet trauma triage criteria? If so, which specific parts?
- Is this patient stable or unstable, and what is your transport priority (rapid versus delayed)?
- What specific injury(s) has the patient sustained?