

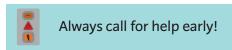
# **ABCDE Assessment**

Don't forget to re-assess and treat as you go!

|             | Examine  | Investigate  | Intervene  |
|-------------|--|--|--|
| Airway      | Are they talking? Do they respond to pain? Is there any: - Stridor/gurgling - Cyanosis - Visible obstruction Look/feel/listen for breathing                                |  | Head-tilt chin-lift Jaw thrust Suction/forceps BVM OPA/NPA LMA/I-Gel Endotracheal intubation Surgical airway   |
| Breathing   | Dyspnoea, accessory<br>muscle use, cough, tripod<br>position<br>Tracheal deviation, chest<br>wall abnormalities, chest<br>expansion, percussion,<br>abnormal breath sounds | Oxygen saturation Respiratory rate Peak flow ABG/VBG Chest X-ray   | Sit the patient upright Oxygen 15L/min via NRB Consider other treatments for suspected aetiology - e.g. nebulisers such as salbutamol  |
| Circulation | Pallor, oedema, sweating,<br>blood loss<br>Feel pulse for rate, rhythm<br>and character<br>Assess JVP<br>Listen to heart sounds  | HR / BP / CRT Fluid balance Temperature Relevant blood tests 12-lead ECG Bedside echo/POCUS  | IV Cannulation! (x2) Fluid resuscitation Blood transfusion Vasopressors/inotropes Anticoagulant reversal   |
| Disability  | AVPU / GCS Pupillary response Toxins and medications Neurological signs (e.g. hemiplegia, seizures, sensory loss, visual loss) Could they be pregnant?                     | DEFG - Don't Ever Forget<br>Glucose!<br>Urine pregnancy test<br>Review medications - have<br>they had too much/not<br>enough?<br>CT Head criteria? | Can they maintain their airway?  Correct glycaemic and electrolyte abnormalities  Consider other treatments for suspected aetiology - e.g. benzodiazepines in status epilepticus       |
| Exposure    | Assess head to toe, front to back Preserve body heat Any pain? Skin inspection - wounds, rashes, swelling etc Inspect any indwelling lines (e.g. IVs, catheters)           | Any relevant tests for findings, e.g.:  - Well's score with D-Dimer/USS for suspected DVT  - Swabs/cultures for wounds                             | Maintain temperature with warm blankets and provide clean/dry clothes Consider other treatments for suspected aetiology - e.g. anticoagulation for DVT, blood products for haemorrhage |



# **ABCDE Assessment**



### Next steps...

Take a focussed SAMPLE history from the patient

- Symptoms/Signs
- Allergies
- Medications
- Past medical history/pregnancy status
- Last meal/drink/menstrual period/opened bowels and bladder
- Events leading up to deterioration

Take a collateral history where possible (e.g. friends, family, staff)

Review the patient's notes and recent laboratory or radiological investigations

Record what you've done and the patient's response

Refer for further investigations/reviews from specialists and handover to the next team on shift - use the SBAR technique

## **Glasgow Coma Scale (GCS)**

| Eye opening                                 |    |
|---|----|
| Spontaneously                               | 4  |
| To speech                                   | 3  |
| To pain                                     | 2  |
| No response                                 | 1  |
| Best verbal response                        |    |
| Oriented to time, place and person          | 5  |
| Confused                                    | 4  |
| Inappropriate words                         | 3  |
| Incomprehensible sounds                     | 2  |
| No response                                 | 1  |
| No response                                 | '  |
| Best motor response                         |    |
| Obeys commands                              | 6  |
| Moves to localised pain                     | 5  |
| Flexion withdrawal from pain                | 4  |
| Abnormal flexion (decorticate)              | 3  |
| Abnormal extension (decerbrate)             | 2  |
| No response \( \)                           | 1  |
|   |    |
| Best response = 15/15                       |    |
| Totally unresponsive = 3/15                 |    |
| Consider need for intubation = $8/15$ or le | SS |

# **Some Important Emergency Drugs**

#### Adrenaline

Resuscitation - IV 1mg of 1:10,000 Anaphylaxis - IM 500µg of 1:1,000

#### **Aspirin**

ACS/CVA - PO 300mg

#### **Atropine**

Bradycardia - IV 500µg

#### **Calcium Gluconate**

Cardioprotection - IV 30ml of 10%

#### Clopidogrel

ACS - PO 300mg loading, then 75mg

#### Diazepam

Status epilepticus - IV/PR 10mg

#### **Hydrocortisone**

Angioedema/adrenal crisis - IV 100mg

#### Lorazepam

Status epilepticus - IV 4mg

#### Morphine

ACS - IV 5-10mg

#### Salbutamol

Asthma - nebulised via O2 5mg