L.W.E.M.S. LEICESTER WILDERNESS AND EMERGENCY MEDICINE SOCIETY

Leicester Wilderness and Emergency Medicine Society

ABCDE Assessment

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

	Examine	Investigate	Intervene
A 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
B Breathing	Dyspnoea, accessory muscle use, cough, tripod position Tracheal deviation, chest wall abnormalities, chest expansion, percussion, 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
C Circulation	Pallor, oedema, sweating, blood loss Feel pulse for rate, rhythm and character Assess JVP 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
D 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 Glucose! Urine pregnancy test Review medications - have they had too much/not enough? 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
E 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

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ABCDE Assessment

Always call for help early!

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
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 less

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

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