

## SECTION 4

### MANAGEMENT ALGORITHMS

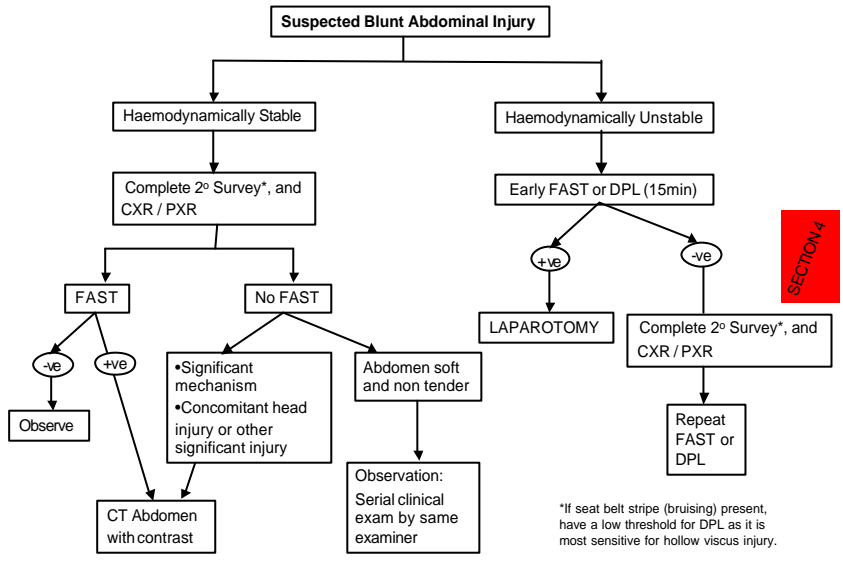
	Page
Blunt Abdomen <i>S. D'Amours</i>	107
Penetrating Abdomen <i>S. D'Amours</i>	108
Widened Mediastinum <i>S. D'Amours</i>	109
Penetrating Chest <i>S. D'Amours</i>	110
Moribund Penetrating Chest <i>M. Sugrue</i>	112
Penetrating Extremity <i>S. D'Amours</i>	113
Penetrating Neck <i>M. Sugrue</i>	114
Pelvic Fractures – Haemodynamic Instability <i>M. Heetveld / I. Harris / G. Schlaphoff</i>	115

SECTION 4

**SECTION 4****MANAGEMENT ALGORITHMS (continued)**

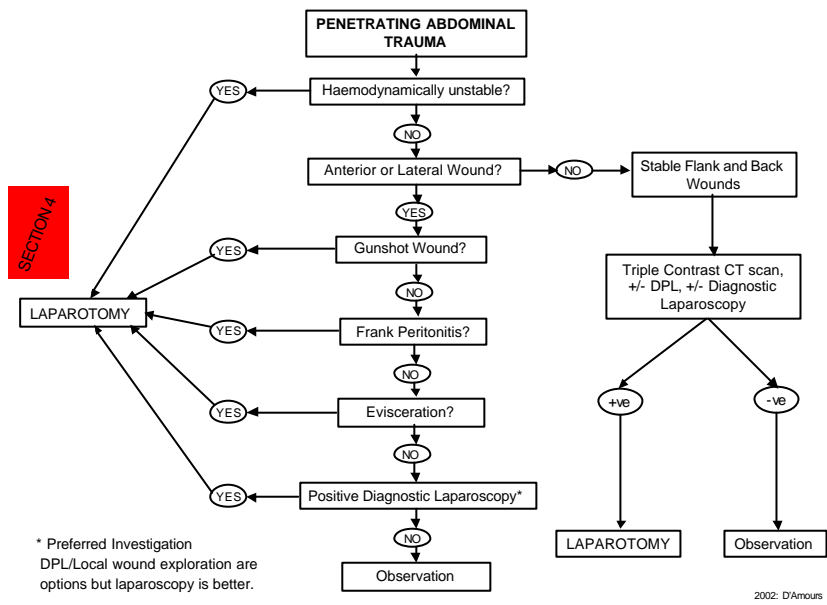
	<b>Page</b>
Cervical Spine Clearance <i>S. D'Amours / M. Sheridan</i>	116
Suspected Spinal Cord Injury <i>S. D'Amours</i>	117
Head Injury – Mild <i>M. Sugrue</i>	118
Head Injury – Severe <i>M. Sugrue</i>	119
Suspected Urethral Injury <i>M. Sugrue</i>	120
Moribund Patient <i>M. Sugrue</i>	121
MAST Suit Removal <i>A. Flabouris</i>	122

# BLUNT ABDOMEN

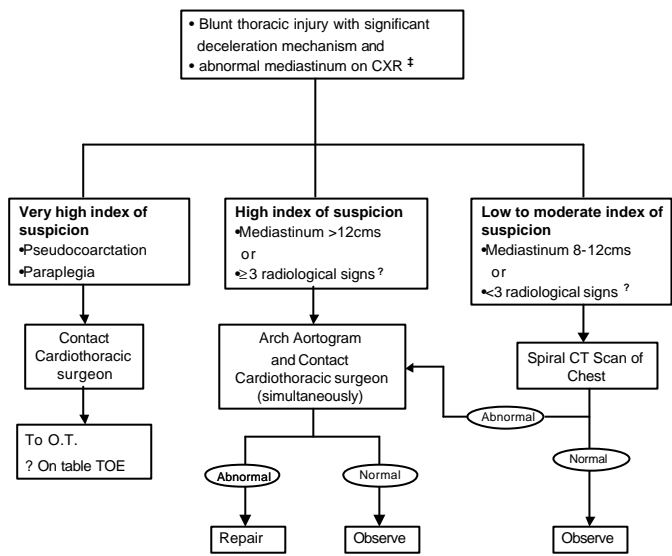


S. D'Amours: 2002

**PENETRATING ABDOMEN**



## WIDENED MEDIASTINUM



SECTION 4

2002: D'Amours

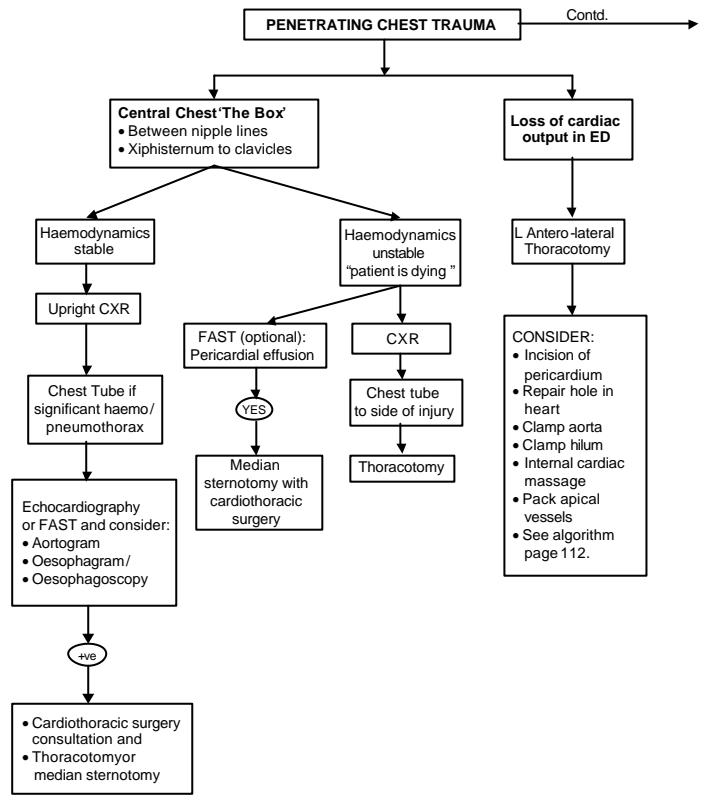
‡ All efforts should be made to optimise the CXR including placement of the NG tube and PA/upright film, assuming no spinal injury present.

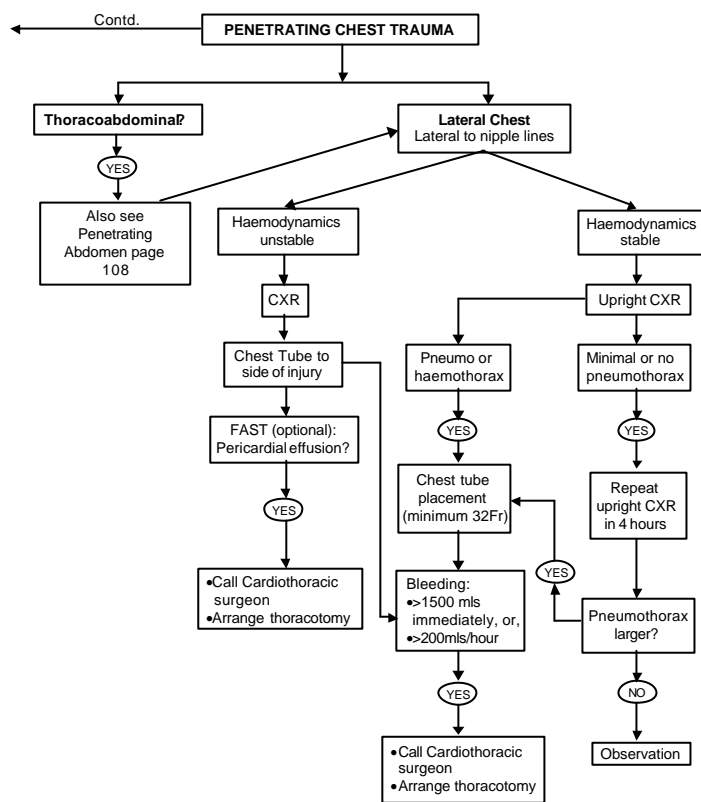
? Radiological signs include:

- Left haemothorax, apical cap
- Depressed left mainstem bronchus or elevated right mainstem bronchus
- 1<sup>st</sup> or 2<sup>nd</sup> rib #'s or multiple rib #'s
- Deviation of NG tube or trachea to right
- Poorly defined aortic knuckle
- Loss of aortopulmonary window
- Widened right paratracheal stripe.

# PENETRATING CHEST

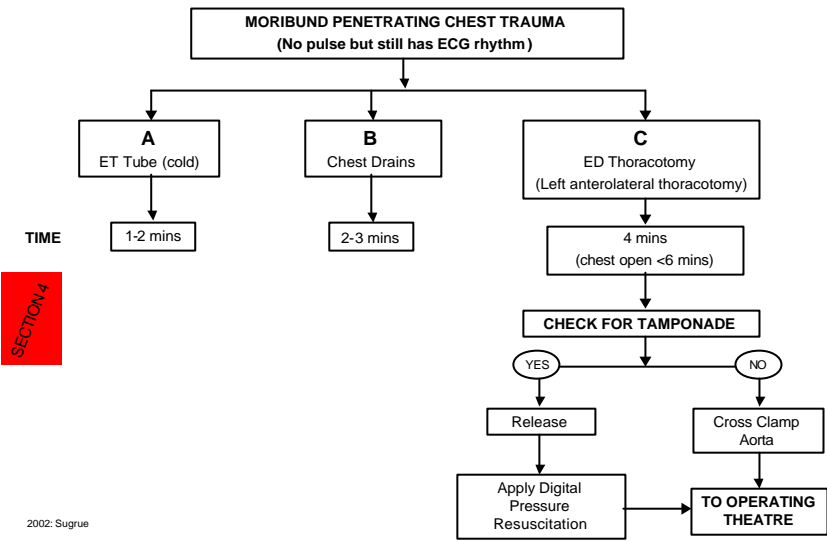
SECTION 4



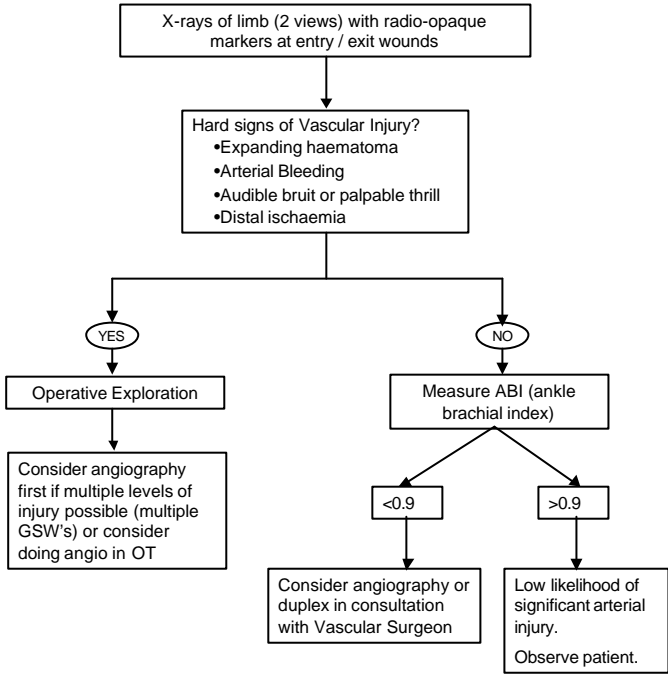


SECTION 4

**MORIBUND PENETRATING CHEST**



**PENETRATING EXTREMITY**

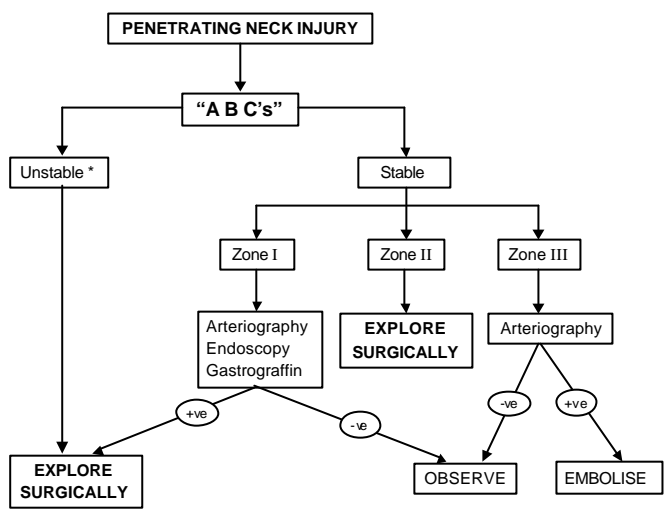


SECTION 4

2002: D'Amours

## PENETRATING NECK INJURY

SECTION 4



\* Includes rapidly expanding haematomas and active arterial bleeding.

2002: Sugrue/D'Amours

**Zones of the Neck:**  
 I Inferior to cricoid cartilage  
 II Between cricoid cartilage and angles of mandible  
 III Above angles of mandible.