

FFH, RTA, Fighting

- We take history from the patient after the patient is cleared by the emergency team → after applying ABC
- Assess if the patient is conscious or not

- ID

- CC → Pain → most common presentation

→ Bleeding

→ Swelling

→ Deformity

→ Amnesia

→ Unconsciousness

→ Bruising

- If pain use SOCRATES

- If others use ODPARA

→ always mention the mechanism of injury in onset for instance:

a patient is presented with pain started 2 hrs ago after a motorcycle collision

- High risk mechanisms of injury:

→ FFH > 1m for child & > 3m for adults

→ Ejection from automobile after RTA

→ Motorcycle RTA > 60km/h

- Rolling of the car
- When 1 or more passenger is dead
- For fighting the **site** of injury indicates the level of risk

- Confirm if any interventions have been made at the site of injury

↓ Associated symptoms:.. review from head to toe

Head injury: Vomiting, Headache, Convulsions, Disturbed level of consciousness

Face injury: Blurred vision, Epistaxis, Rinorrhoea, Otorrhoea, Otorrhagia

sign of basal skull fracture

Cervical injury: Inability to move neck, Cervical pain, Paresthesia, Heaviness of extremities

Chest injury: SOB, Chest pain, Palpitations

Abdominal injury: Pain, Bruising, Haematuria, Rectal bleeding

Back injury: Back pain, Unable to move back, Paresthesia, Urinary retention & incontinence, Fecal incontinence & constipation

Extremities: Pain, Swelling, Deformity, Paresthesia

Bleeding

_ Ask for previous episodes: if (+) suspect dangerous behaviors

_ PMH

_ PSH

_ PDH → ask about anti-coagulants & tetanus state

_ SH → if alcoholic → high risk patient

_ If less than 6 years old

→ Prenatal history: during pregnancy

→ Natal history: C-section or vaginal delivery

→ Postnatal: NICU or not?; any disease?

→ Feeding history: breast or bottle fed

→ History of immunization: Vaccinations