

Label the following with “O” for open injury or “C” for closed injury:

  C   1. Hematoma: a pool of blood that has collected within damaged tissue or in a body cavity. This occurs when a large blood vessel is damaged and bleeds rapidly. It can be associated with extensive tissue damage and be the result of a soft tissue injury, fracture or injury to a large blood vessel.

  C   2. Compression: can result from swelling that occurs whenever tissues are injured. If the swelling is excessive or occurs in a confined space, tissue pressure will increase to dangerous levels (called compartment syndrome). This often occurs with injury of the brain, spinal cord or extremities.

  O   3. Abrasion: a wound of the superficial layer of the skin, caused by friction when a body part rubs or scrapes across a rough or hard surface. Usually does not completely penetrate through the dermis but blood may ooze from the injured capillaries.

  O   4. Penetrating wounds: wounds that result from sharp, pointed objects. They have relatively small entrance wounds, but can damage structures deep within the body. Stab wounds and gunshot wounds are considered penetration wounds.

  C   5. Contusions: or bruises, result when a blunt force strikes the body. The epidermis stays intact but cells within the dermis are damaged and small blood vessels are torn. The patient may have swelling or pain, and a characteristic blue or black discoloration results from the build up of blood.

  O   6. Avulsion: an injury that separates various layers of soft tissue so that they are either completely unattached or hanging as a flap. An amputation is a complete avulsion.

  O   7. Laceration: A smooth or jagged cut caused by a sharp object or a blunt force that tears the tissue. The depth can vary and the laceration itself can be linear or stellate. If an artery is involved there can be severe bleeding associated.

  C   8. Crushing injury: Occurs when a great amount of force is applied to the body for a long period of time. The extent of the damage varies depending on the amount of time the force was applied. Tissue damage can occur, as well as the cutting off of circulation which can lead to further more extensive tissue destruction.

What does RICES stand for:

Rest, Ice, Compression, Elevate, Splint

Put the following steps in the appropriate order for treating an open wound:

- 6 Apply pressure to the dressing with your gloved hand.
- 9 Splint the extremity to stabilize the injury – even if there is no fracture.
- 2 Be sure the patient has an open airway and administer O2 if necessary.
- 7 Maintain pressure and secure the dressing with a roller bandage.
- 4 Control Bleeding.
- 1 Follow BSI precautions.
- 8 If bleeding continues or recurs, leave the original dressing in place, and apply a second dressing over the first and secure with another roller bandage.
- 3 Assess the severity of the wound, remove clothing that may be covering it.
- 5 Apply a dry sterile compression dressing over the entire wound.

True/False: if the answer is false make it into a truth.

F 1. A patient has a penetrating wound to the chest and the object remains - you should remove the object.

You should remove any clothing covering the injury, control bleeding, use a bulky dressing to stabilize the object, secure the object by incorporating it into the dressing, shorten the exposed portion if necessary and promptly transport. Don't remove object unless it is the cheek of a patient AND obstructing breathing.

T 2. A patient has an evisceration of the abdomen. You should cover the wound with sterile gaze that is moistened with sterile saline, being sure not to touch the exposed organs.

F 3. A patient has a sucking chest wound you should put a sterile cotton ball over the wound to prevent air from entering into the chest cavity.

Seal wound with an occlusive dressing large enough that it is not pulled or sucked into the chest cavity. Don't use a cotton ball.

     4. You arrive to find a patient's leg partially severed – you should cut the rest of the leg off and put it on ice.

NEVER cut off the remainder of a partial amputated wound, often they can be surgically reattached (in fact total amputations can be too). Rather immobilize with a bulky dressing. With a complete amputation, wrap part in sterile dressing and place in a bag with ice – but DON'T allow it to freeze and transport it with the patient.

T 5. You arrive at the scene and find that the patient is bleeding from the side of the neck. You should apply pressure to the bleeding area, but be sure to not occlude both carotid arteries.

F 6. You arrive at a scene and find a patient who is not breathing but has a pulse and bleeding uncontrollably from their thigh. You should first apply pressure to their femur.

Always follow ABC's breathing should be supported first, then control the bleeding.

When assessing a patient for wounds you should look for DCAP –BTLS, what does this acronym stand for:

D - deformities

C - contusions

A - abrasions

P – punctures/penetrations

B - burns

T - tenderness

L - lacerations

S – swelling

(submitted M Bowker '09)