



**Trauma Patients on Med-Surg**  
Presented by Jennifer Serfin, MD  
During the 2017 Annual Convention

**Summary:** Injury is a leading cause of death in patients from age 1-44. Many traumatic deaths can be prevented by expeditious care. The management of trauma patients can be complex and time dependent. Patients are assessed based on a systematic review of most life-threatening problems. This process is referred to as the ABCs (airway, breathing, circulation, disability, and exposure). Once injuries are identified, patients require close monitoring to determine changes in their overall condition.

**Nursing Implications:**

- Clinical changes in trauma patients are important to recognize and report.
- Patients with head injuries will exhibit changes in mental status or neurologic exam when their condition is worsening.
- Changes in vital signs can be an early sign of clinical deterioration, especially if a patient is at risk for bleeding.

**Key Takeaways:**

- Initial evaluation of the trauma patient is based on addressing life-threatening injuries first.
- Patients are treated in ICU if they are clinically unstable, requiring invasive monitoring, or if they require ventilator support.
- Changes in mental status, vital signs, or pain scale can be indicative of worsening injury.
- Multiple imaging modalities are available to evaluate traumatic injuries; CT scan is probably the most versatile for a variety of injuries.

**Link:** <https://library.amsn.org/amsn/sessions/3289/view>

**References:**

Langlois, J, et al. The Epidemiology and Impact of Traumatic Brain Injury. J Head Trauma Rehab 2006; 21, 5, 375-378

CDC website: <https://www.cdc.gov/injury/wisgars/facts.html>

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