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Trauma Primary Survey and Burn Assessment

Practical 09 / Skills laboratory simulation

Aim

Carry out an initial trauma assessment and describe burn size, site, depth and urgent concerns.

Principle

The primary survey identifies immediate threats before a detailed assessment. Burn extent and inhalation risk affect urgency.

Materials and Requirements

- Trauma and burn manikin, vital-sign cards and body charts
- Age-appropriate burn surface chart and emergency handover sheet

Procedure

1. Confirm scene and team safety, activate help and identify catastrophic external bleeding. Assess airway with indicated spinal protection.
2. Call for help, state the injury mechanism and allocate the relevant team roles. Apply the facility's immediate major bleeding and airway approach on the trainer with spinal precautions if indicated.
3. Evaluate breathing, circulation, disability and exposure, treating immediate threats within the supervised scenario. Keep the patient warm.
4. Assess symmetry and effort of breathing, then perfusion, mental state and exposure with warmth. Tell the team what you found, what action occurred and whether the response is adequate at each stage.

Continue with step 5 on the next page.

Procedure Continued

Trauma Primary Survey and Burn Assessment

5. Recognise rapidly worsening respiratory distress and shock after chest trauma. Declare possible time-critical chest injury and call for the appropriate team action.
6. Compare the current signs with the earlier observations and identify an immediately dangerous chest injury pattern in the simulation. Activate the appropriate response without delaying for a detailed survey.
7. For burns document mechanism, time, site, depth and extent using the appropriate age-based chart. Identify smoke exposure, facial injury and circumferential burns.
8. Mark burn locations and depth clues on the age-appropriate diagram and calculate the documented area. Record time, associated injury, restricted circulation or inhalation concern.
9. Reassess observations after each action and give a structured handover.
10. Repeat the primary survey after the simulated intervention, then pass mechanism, suspected injuries, vital signs, response and next priority to the receiving team.

Precautions

- Practise emergency procedures only on trainers.
- Estimate burned area with the correct chart and avoid counting simple erythema as partial-thickness injury.

Observations and Interpretation

Trauma Primary Survey and Burn Assessment

Observations and Record

Item	What to record	What it tells you
Primary survey	Immediate threats and response	Determines priorities
Burn record	Extent, distribution, suspected depth and mechanism	Guides referral assessment
Handover	Times, changes, interventions and remaining concerns	Supports safe transfer

Worked Example

A burn after an enclosed-space fire includes facial burns and a new hoarse voice. The student calls for urgent airway assessment before completing the body chart.

Result and Interpretation

Possible inhalation injury takes priority. Reassess airway and breathing and complete burn mapping when the clinical situation permits.

Viva Questions and Answers

Why reassess the primary survey?

Findings can change rapidly and interventions must be checked for effect.

Why use an age-adjusted burn chart?

The relative surface areas of the head and limbs change with age.

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