

It's as easy as... ABC

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ABCDE

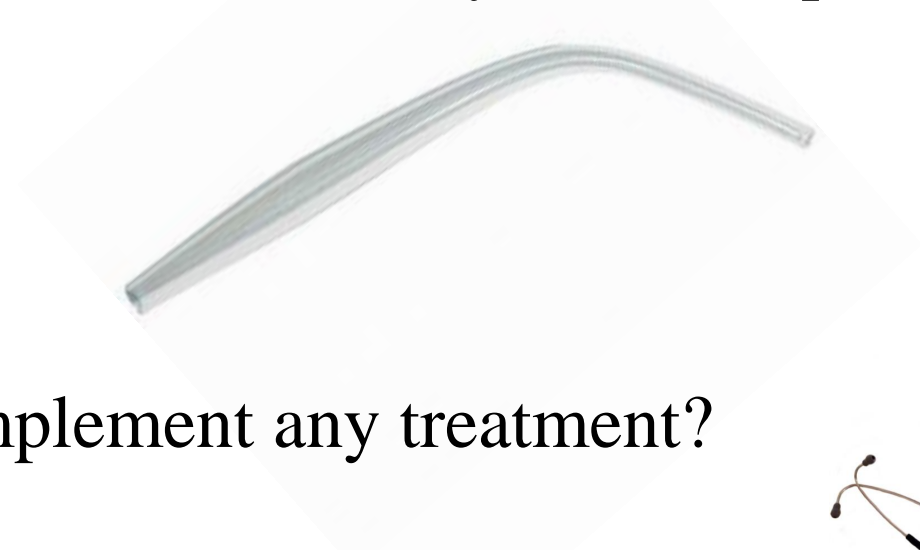
- A simple method to apply to your assessment of patients.
- It is a good failsafe in all situations
 - *i.e. At an end of an OSCE when you're put under pressure!*
- Correct problems before moving on
- Call for help early – it shows you're safe!

- A – Airway
- B – Breathing
- C – Circulation
- D – Disability
- E – Exposure



Airway

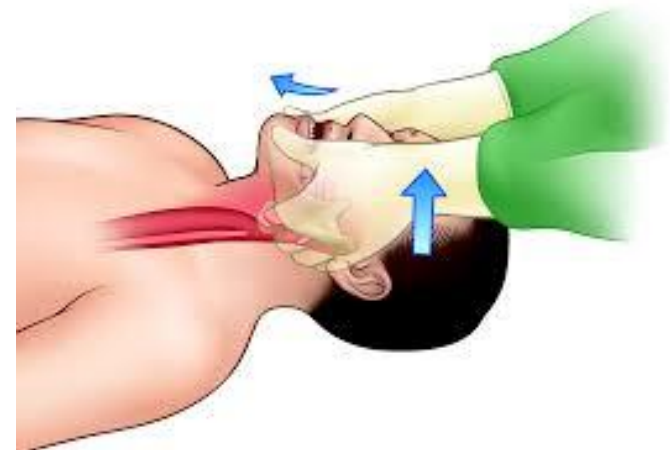
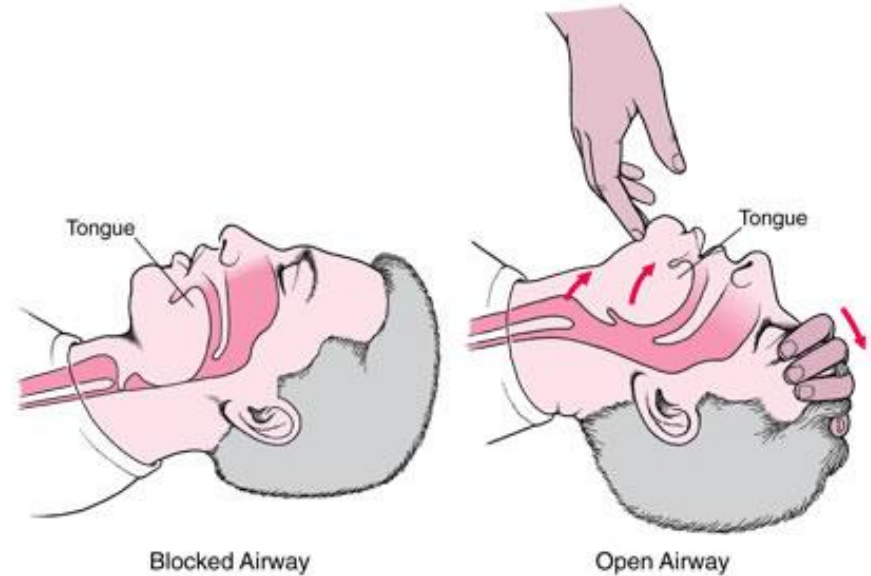
- Ask the patient to speak – if they can, the airway is patent.
- Are there added sounds?
 - Gurgles, Stridor, Snoring
- Is there visible obstruction?
 - Foreign body, Vomit, Blood
 - Can they be removed safely with forceps/suction?



- Can you implement any treatment?

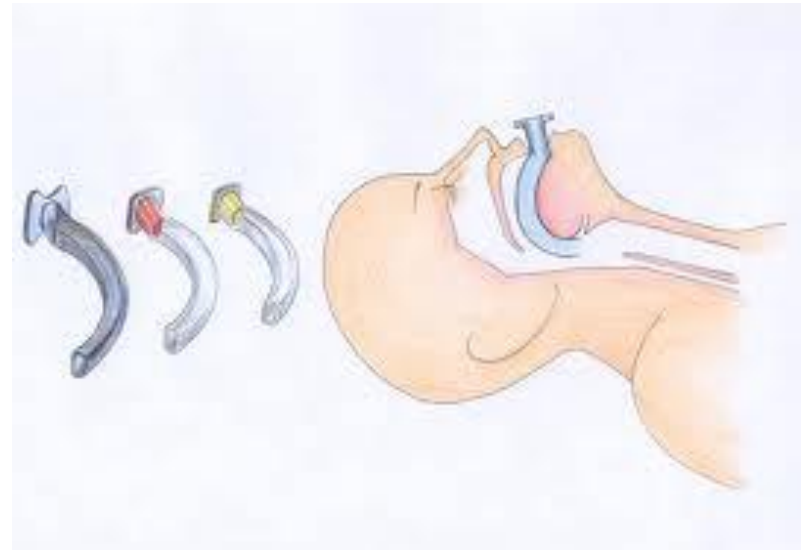
Airway manoeuvres

- Head tilt, chin lift
- Jaw thrust
 - (if cervical spine concerns)



Airway Adjuncts

- **Oro-pharangeal airway (Guedel)**
 - Measure from incisors to mandible
 - Insert using rotational method
 - Remove if gagging
- **Naso-pharangeal airway**
 - Measure from nostril to earlobe
 - Lubricate and insert in right nostril.
 - Contraindicated in basal skull fractures
- **Others:**
 - Laryngeal mask airway
 - Intubation
 - Cricothyroidotomy



Breathing

- Is there accessory muscle use? Are they in obvious distress?
- What's the respiratory rate? Normal 12-20
 - Occasional gasps are not normal
 - *If the patient is not breathing, this is a cardiac arrest, begin CPR!*
- Oxygen Saturations
 - Normally aim for >94%
 - In COPD 88-92%
 - If in doubt, give high-flow oxygen*!
- Trachea central? Chest expansion normal? Percussion normal?
- Auscultation normal?
- ABG*
- Consider other investigations (e.g. PEFr, CXR)
- Can you implement any treatment?

*NB: There's another talk on O2 Therapy and ABGs



Circulation

- Capillary refill
 - Should be <2 seconds. Cold/Clammy?
- JVP
- Pulse – rate, good volume?
- Blood Pressure – *may be normal until late*
- Urine output (marker of organ perfusion)
 - 0.5mls/kg/hr – i.e. Half the weight (kg) per hour.
- Auscultate the heart

- Gain IV access and take bloods.
- Consider ECG and other investigations (e.g. Echo)
- Can you implement any treatment?



Disability

- What's the patient's conscious level?
- AVPU – Alert, Voice, Pain, Unresponsive
- GCS:

BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score:	<i>Best response</i>	15
	<i>Comatose client</i>	8 or less
	<i>Totally unresponsive</i>	3



GCS – What's the GCS?

- A 17yo motorcycle collision victim is in resus. His eyes are opening to pain and he's muttering noises. On pressure to his trapezius muscle his right hand reaches to his chest. **9**
- An 85yo woman is on the medical ward. She is sitting in bed reading her paper and puts it down when you ask. She thinks you are her grandchild. **14**
- A seven year old girl is unresponsive to pain, and shows no movement despite painful stimuli. **3**
- A dog is playing catch in the park.

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Disability continued

- Equal and reactive pupils?
- Blood glucose ($\sim 3 - 11$ mmol/L) [ABC**D**on't**E**ver**F**orget**G**lucose]
- Temperature ($\sim 35.5 - 37.5$ °C)



Exposure

- Has the patient taken any drugs, recreational or prescribed? (e.g. Morphine, benzodiazepines, alcohol)
- Fully examine patient
 - Any rashes, injuries, bleeding?
- Past history, collateral if needed
- **Reassess ABCDE**



Examples

72 ♂ brought in by ambulance with shortness of breath and cough.

- A - Patent
- B – RR38, Saturating 85% on 15L non-rebreathe

Wheeze heard throughout the chest. Course crackles right base

- C – P108, regular. BP 126/89. Cap refill <2secs
- D – T38.6. BM6.7. GCS 15/15
- E – Nil of note

Get Help

O2. Salbutamol/Ipratropium Nebs +/- Prednisolone.

Fluids. Antibiotics.

ABG. CXR.



Examples

You're called to see a 56 ♀ on the surgical ward who has become unresponsive

- A – Gurgling/Snoring noises
- B – RR7, Saturating 88% on air. Chest sounds clear.
- C – P120, regular. No BP available.
- D – T35.6. BM 5. GCS E1 M4 V2. Small Pupils
- E – Your colleague goes to find the drug chart...

Airway manoeuvres – simple adjuncts

O2 + ABG

Nalaxone



Examples

You're walking down the street and see a man collapse.

- A – No obvious obstruction
- B – You can't detect any respiration.

CPR!



Examples

You're called to see a 83 ♀ on the CoE ward as they have developed difficulty in breathing

- A – Patent
- B – RR24, Saturating 86% on air. Fine creps at bases.
- C – P120, irregular. BP 145/56.
- D – T36.6. BM 7.2. GCS 15
- E – Moderate pitting oedema to mid-shins. IV fluids are running.

O2/ABG/CXR

ECG. Stop Fluids.

Furosemide/GTN infusion



Remember...

- ABCDE is a simple and safe approach to *any* patient.
- Correct abnormalities before moving on.
- Simple interventions save lives.
- Reassess continually.
- Ask for help!

It doesn't matter how old I get, I'm still going to mentally sing the ABC's to see which letter comes next.

letter comes next
ABC's to see which
to mentally sing the



Thanks for Listening

Any Questions?

