

Trauma Nursing Process (TNP)

Preparation and Triage

- Activate the trauma team and assign roles
- Prepare the room and any special equipment
- Don PPE, consider potential safety threats to the team or need for decontamination

General Impression

- Assess for uncontrolled hemorrhage or unresponsiveness/apnea and the need to reprioritize to C-ABC

Primary Survey [A-G] "When you mess, reassess"

A** Alertness (A₁) and Airway (A₂)

- Maintain cervical spinal stabilization
- AVPU (Alert, Verbal, Pain, Unresponsive)
- Assess airway patency (at least FOUR)

B** Breathing and Ventilation

- Assess breathing effectiveness (at least FOUR)

C** Circulation and Control of Hemorrhage

- Assess pulse and skin color/temperature/moisture
- Anticipate goal-directed therapy for shock

D** Disability (Neurologic Status)

- Glasgow Coma Scale
- Assess pupils
- Obtain blood glucose with any altered mental status*

E** Exposure (E₁) and Environmental Control (E₂)

- Remove clothing, provide warmth

F Full Set of Vital Signs (F₁) and Family Presence (F₂)

G Get Adjuncts (G₁) and Give Comfort (G₂) [L-P]

- L** - Labs
- H** - Monitor
- N** - Naso- or orogastric tube
- O** - Oxygenation and capnography
- P*** - Pain assessment AND management

** Double-starred items must be completed IN ORDER prior to moving to the next step.

* Single-starred items are essential steps and must be performed, but sequence is not critical.

Reevaluation for Transfer to Trauma Center or Preparation for Definitive Treatment

Secondary Survey [H]

H History (H₁) and Head-to-Toe (H₂) Exam

- History (H₁) - Prehospital report, SAMPLE
- Head-to-Toe Assessment (H₂)

I* Inspect Posterior Surfaces

- Unless contraindicated by suspected spine or pelvic injury, turn, inspect, and palpate

Anticipated Interventions or Diagnostics

- At least THREE

Just Keep Reevaluating

- Vital signs
- Identified injuries and effectiveness of interventions
- Primary assessment
- Pain

Definitive Care or Transport

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BM King



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