



AP-HP.
Université
Paris-Saclay



Lao PDR Integrated Emergency Response Training 2025

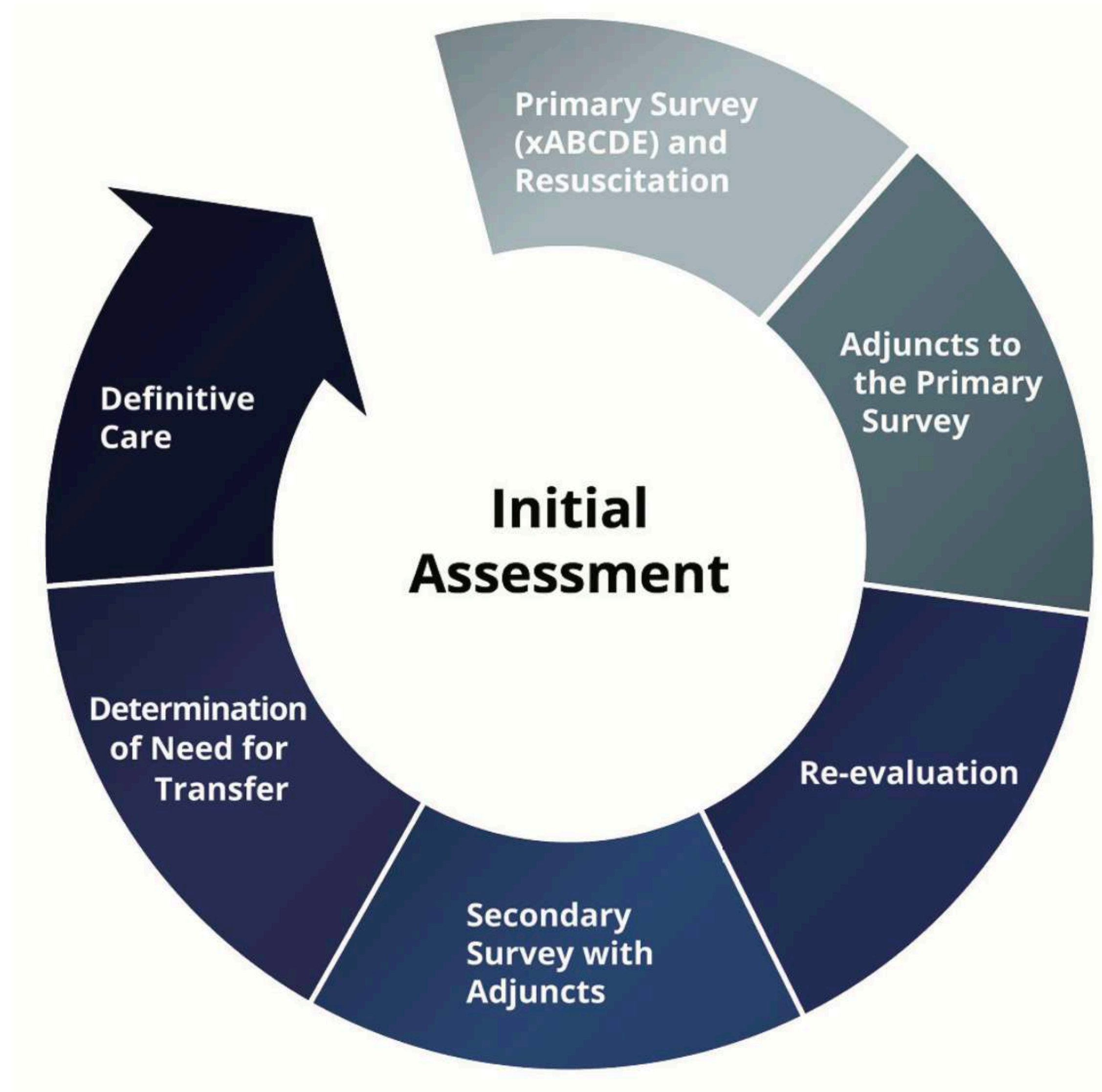
Primary Survey

ການກວດສະພາບເບື້ອງຕົ້ນ
ການຕຽວຈະປະເມີນເບື້ອງຕົ້ນ

PATTANAPONG PITTAKU
PARAMEDIC - Chiangrai Prachanukorh Hospital



Initial Assessment: Primary Survey



Elements of the Initial Assessment.

ການກວດສະພາບເບື້ອງຕົ້ນ

Primary Survey

- approach to assess and treat the patient.
- Treat life-threatening problems before moving to the next part of assessment.

Life-threatening

ເປັນອັນຕະລາຍຮ້າຍແຮງຕໍ່ຊີວິດ

X

A

B

C

D

E

First steps - ຂັ້ນຕອນທຳອິດ >> SCENE SIZE-UP ການປະເມີນສະພາບບ່ອນເກີດເຫດ

The acronym **PENMAN** is used in EMS to guide scene size-up, ensuring safety and effective resource allocation

P : Personal safety (PPE)

E : Environment

N : Number of patients

M : Mechanism of injury or nature of illness

A : Additional resources needed

N : Need for outside agencies



ຄວາມປອດໄພສ່ວນບຸກຄົນ

ຄວາມປອດໄພດ້ານສິ່ງແວດລ້ອມ

ຈຳນວນຜູ້ປ່ວຍ / ຈຳນວນຄົນເຈັບ

ສາເຫດຂອງການໄດ້ຮັບບາດເຈັບ
ລັກສະນະຂອງພະຍາດ

ຈຳເປັນຕ້ອງມີຊັບພະຍາກອນເພີ່ມເຕີມຫຼືບໍ່

ຄວາມຈຳເປັນໃນການຮ້ອງຂໍຄວາມຊ່ວຍເຫຼືອຈາກຫນ່ວຍງານພາຍນອກ
ຕຳຫຼວດ, ດັບເພີງ, ຫນ່ວຍຮັກໄພ,

First steps – ຂັ້ນຕອນທຳອິດ

- ເບິ່ງພາບລວມຂອງຜູ້ປ່ວຍກ່ອນ ເພື່ອເບິ່ງວ່າຜູ້ປ່ວຍມີອາການຜິດປົກກະຕິຫຼືບໍ່
First look at the patient in general to see if the patient appears unwell.
- ຖ້າຜູ້ປ່ວຍມີສະຕິ, ຈົ່ງຖາມວ່າ 'ເຈົ້າສະບາຍດີບໍ່?'
If the patient is awake, ask “How are you?”
- ການປະເມີນເບື້ອງຕົ້ນແບບດ່ວນ ດ້ວຍການ ‘ເບິ່ງ, ຟັງ ແລະ ສຳຜັດ’ ຄວນໃຊ້ເວລາປະມານ 30 ວິນາທີ.
This first rapid ‘Look, Listen and Feel’ of the patient should take about 30 s
- ລະບຸວ່າຜູ້ປ່ວຍຢູ່ໃນພາວະວິກິດຫຼືບໍ່ → ຈຳເປັນຕ້ອງໄດ້ຮັບການຊ່ວຍເຫຼືອດ່ວນ
Indicate if the patient is critically ill -> need for urgent help.
- ຖ້າຜູ້ປ່ວຍບໍ່ມີສະຕິ, ບໍ່ຕອບສະນອງ ແລະບໍ່ຫາຍໃຈແບບປົກກະຕິ ໃຫ້ເລີ່ມປຳຫົວໃຈ (CPR)
If the patient is unconscious, unresponsive, and is not breathing normally start CPR

Life-threatening

ເປັນອັນຕະລາຍຮ້າຍແຮງຕໍ່ຊີວິດ

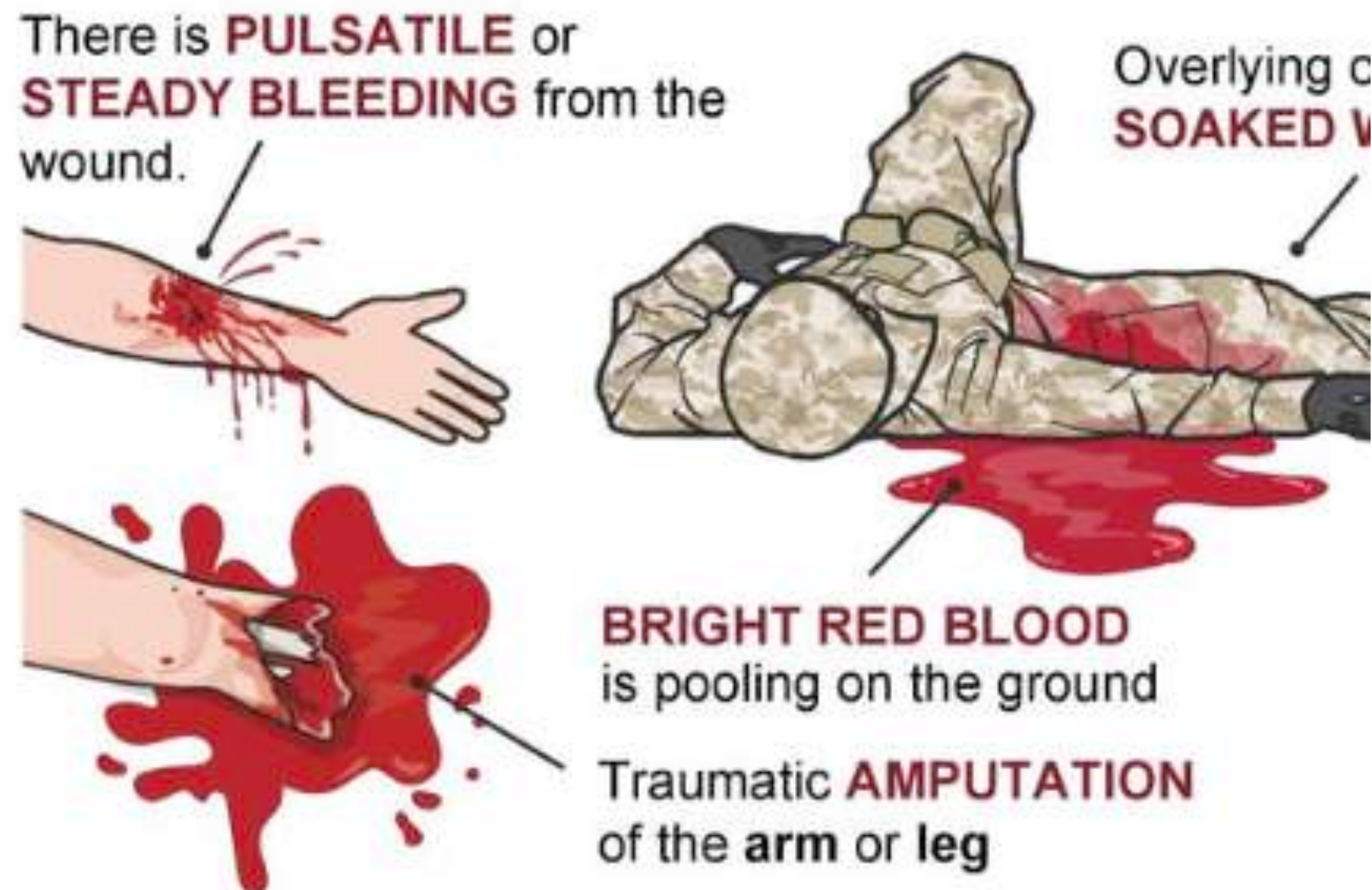


CONTROL OF EXSANGUINATING
EXTERNALHEMORRHAGE

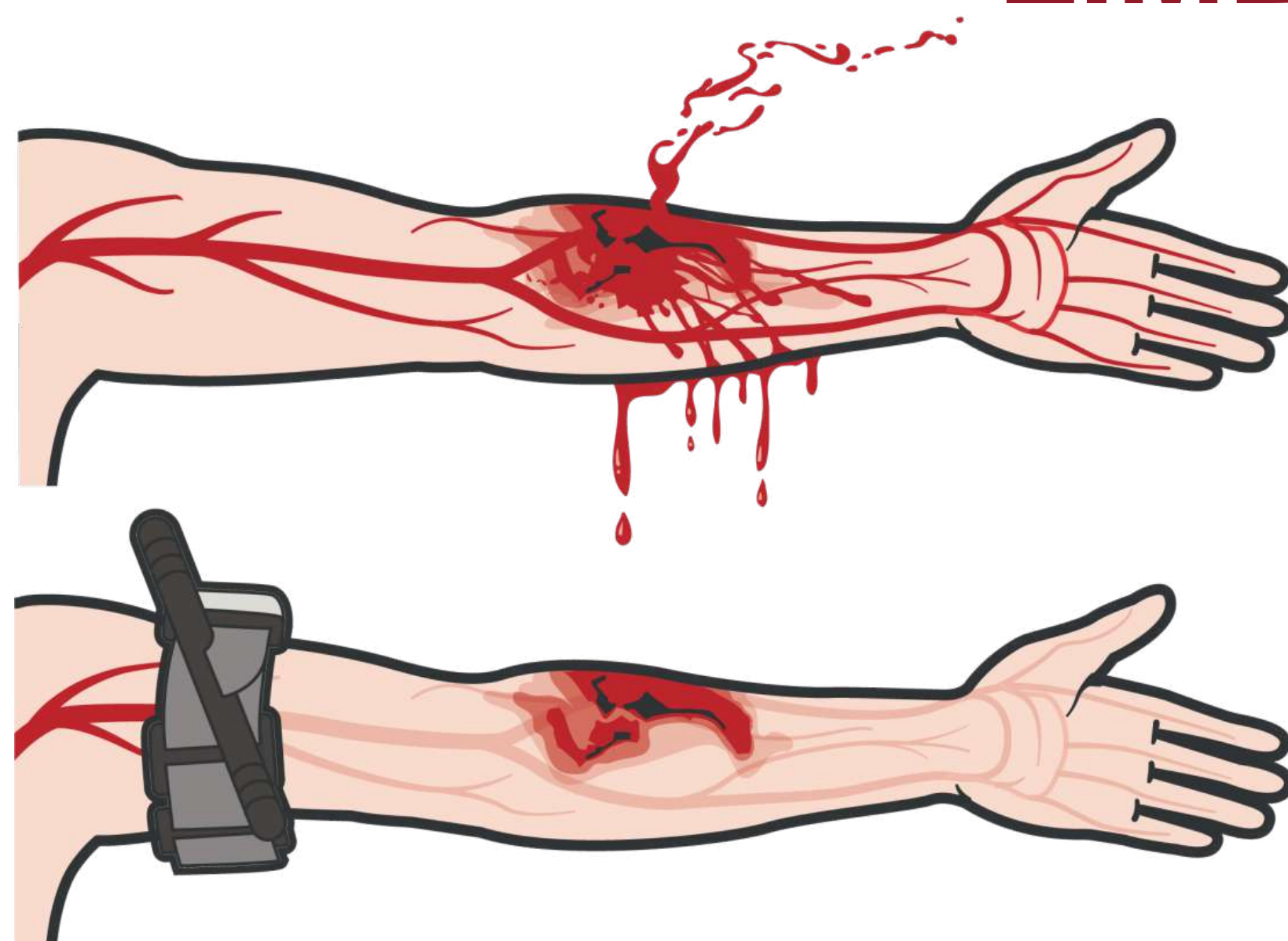
ການເສຍເລືອດຫຼາຍຈົນຫມົດ

"BLEED TO DEATH"

- Pulsatile Bleeding ເລືອດໄຫຼແບບມີຈັ່ງຫວະ
- Steady Bleeding ເລືອດໄຫຼຕໍ່ເນື່ອງຢ່າງຄົງທີ່
- Bright Red Blood Pooling on the Ground or Soaking Overlying Clothing
- Blood Flowing at the Site of a Traumatic Amputation of an Arm or Leg



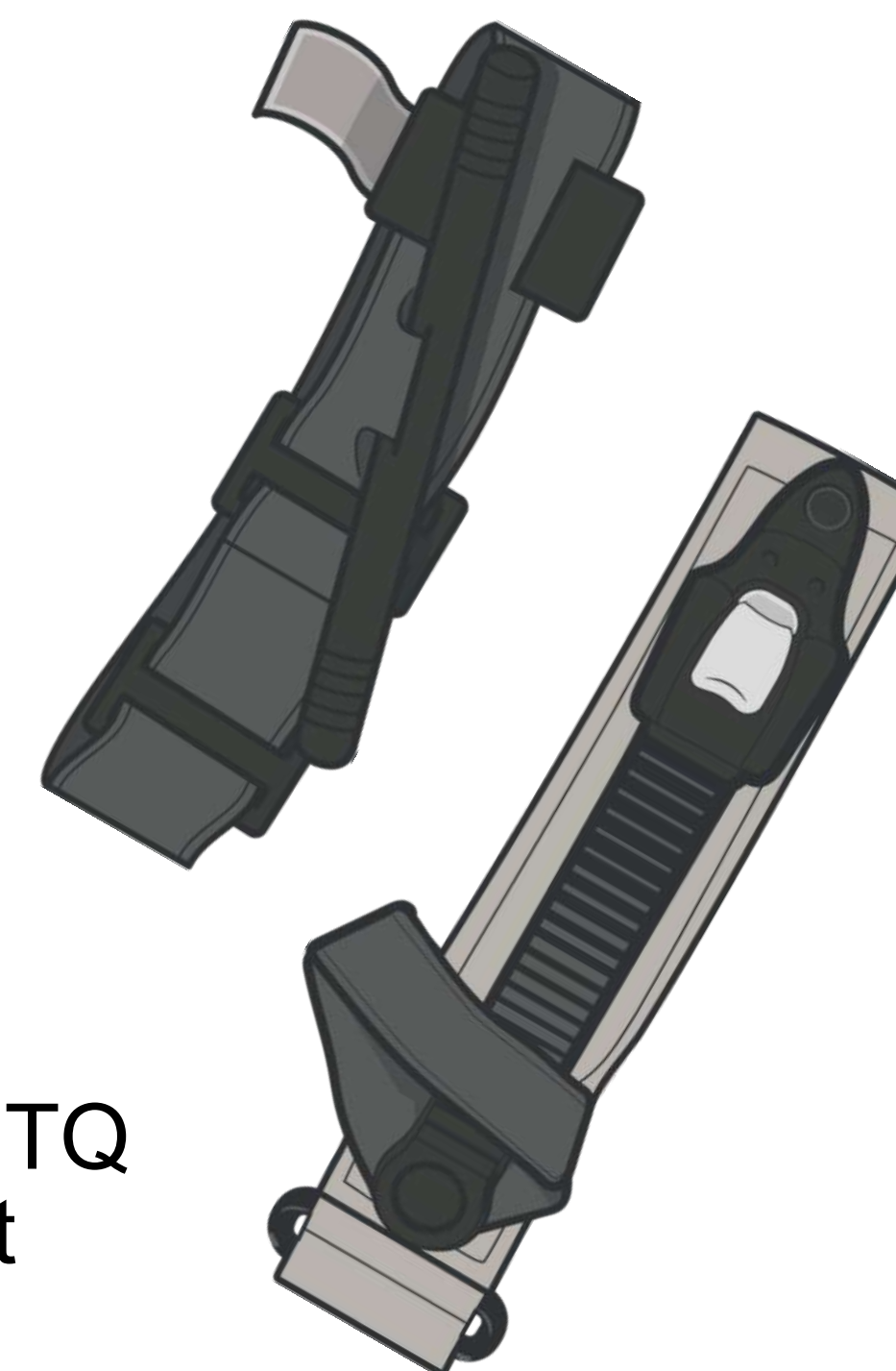
LIMB TOURNIQUETS



A device placed around a bleeding **ARM** or **LEG** that works by **compressing large blood vessels** (arterial and venous) to **stop blood flow** to the injured extremity.

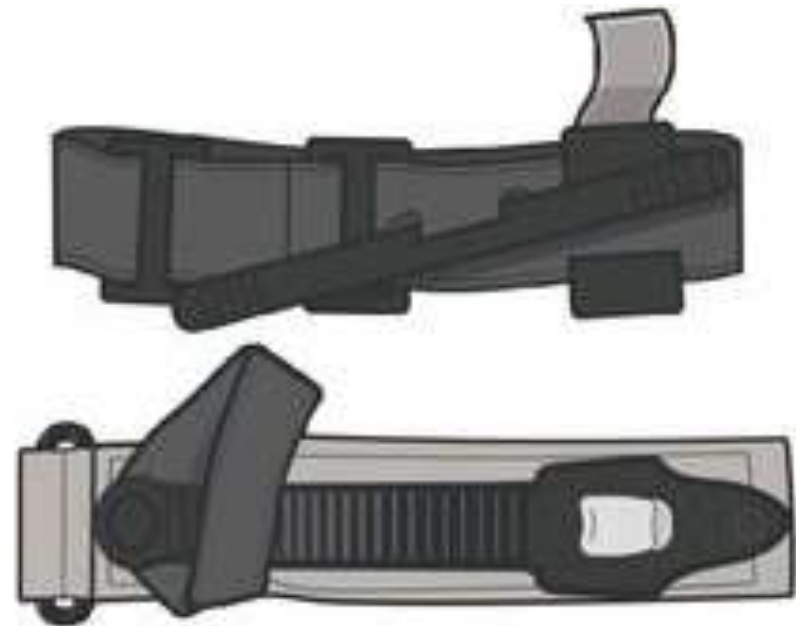
The TQ that should be used as the **FIRST** option is the **CASUALTY'S TQ** from **THEIR** own JFAK

If this is not possible, or more than one tourniquet is needed, then use the **next available option** such as a TQ from unit mission equipment



You should have a **new TQ** in your JFAK; it is designed as a **ONE-TIME USE DEVICE**

TOURNIQUETS



Use a TQ to control life-threatening external hemorrhage that is anatomically amenable to TQ use or for **ANY** traumatic amputation



Apply directly to skin **2-3 INCHES ABOVE THE BLEEDING SITE**

If bleeding is **NOT** controlled with the first TQ, apply a second **side-by-side** with the first

1
MIN

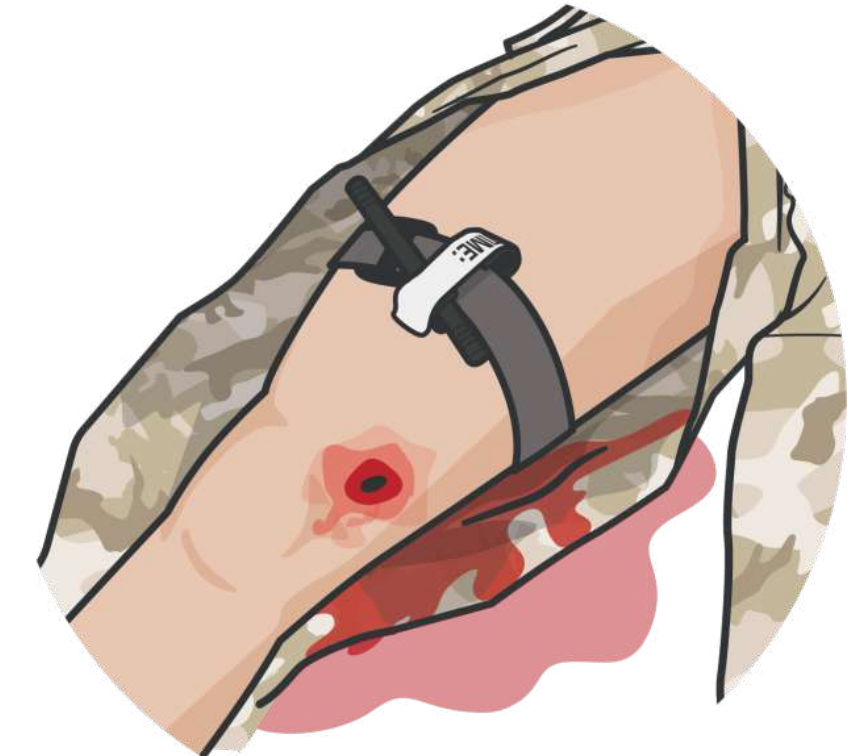


TQs need to be applied rapidly. The bleeding should be stopped **WITHIN ONE MINUTE** and the TQ fully secured within 3 minutes

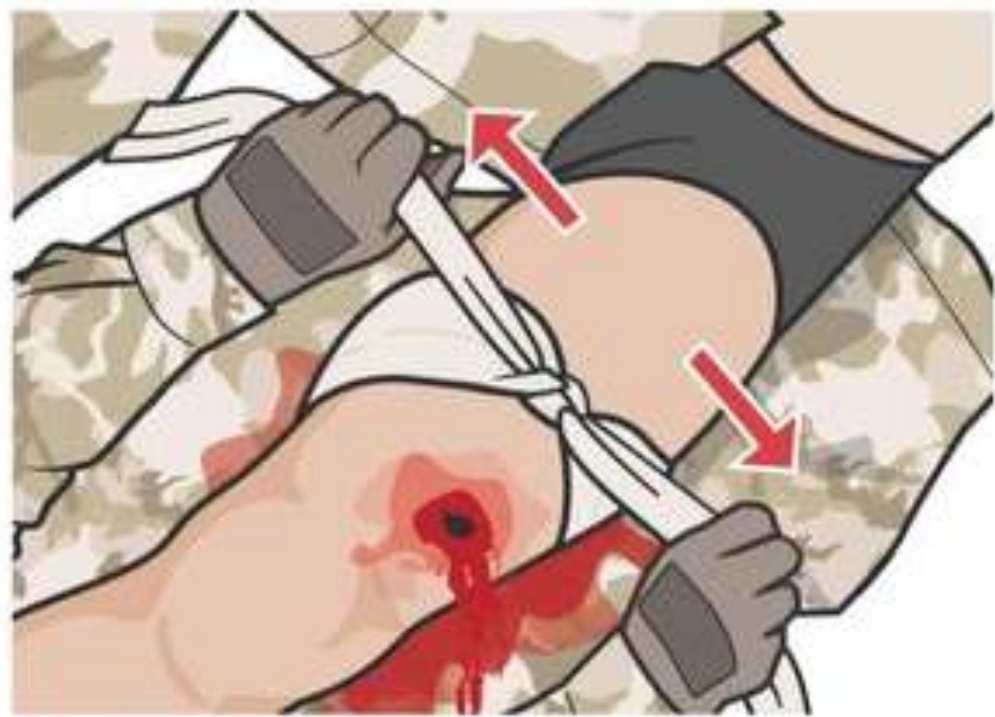


Time of TQ that is placed should be documented during the TFC and **NOT** the CUF phase

TQ application time is **important** in helping manage TQs



IMPROVISED TOURNIQUET



Appropriate tourniquet band material placed **2-3 inches above the wound** and tightened with a half knot

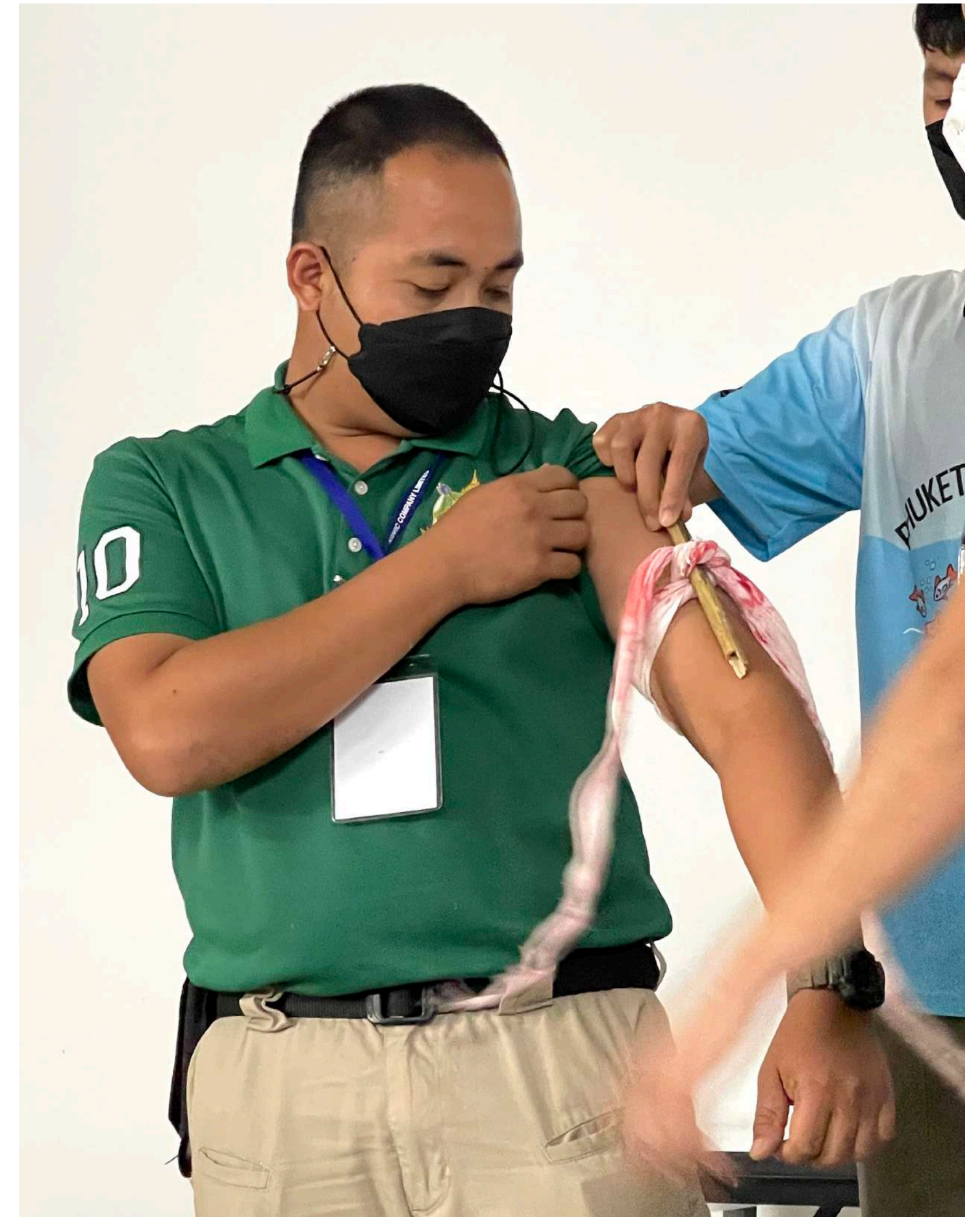


Full knot completed over a sturdy windlass rod of appropriate length

Windlass rod rotated to tighten **until bleeding is stopped** and **no distal pulse**

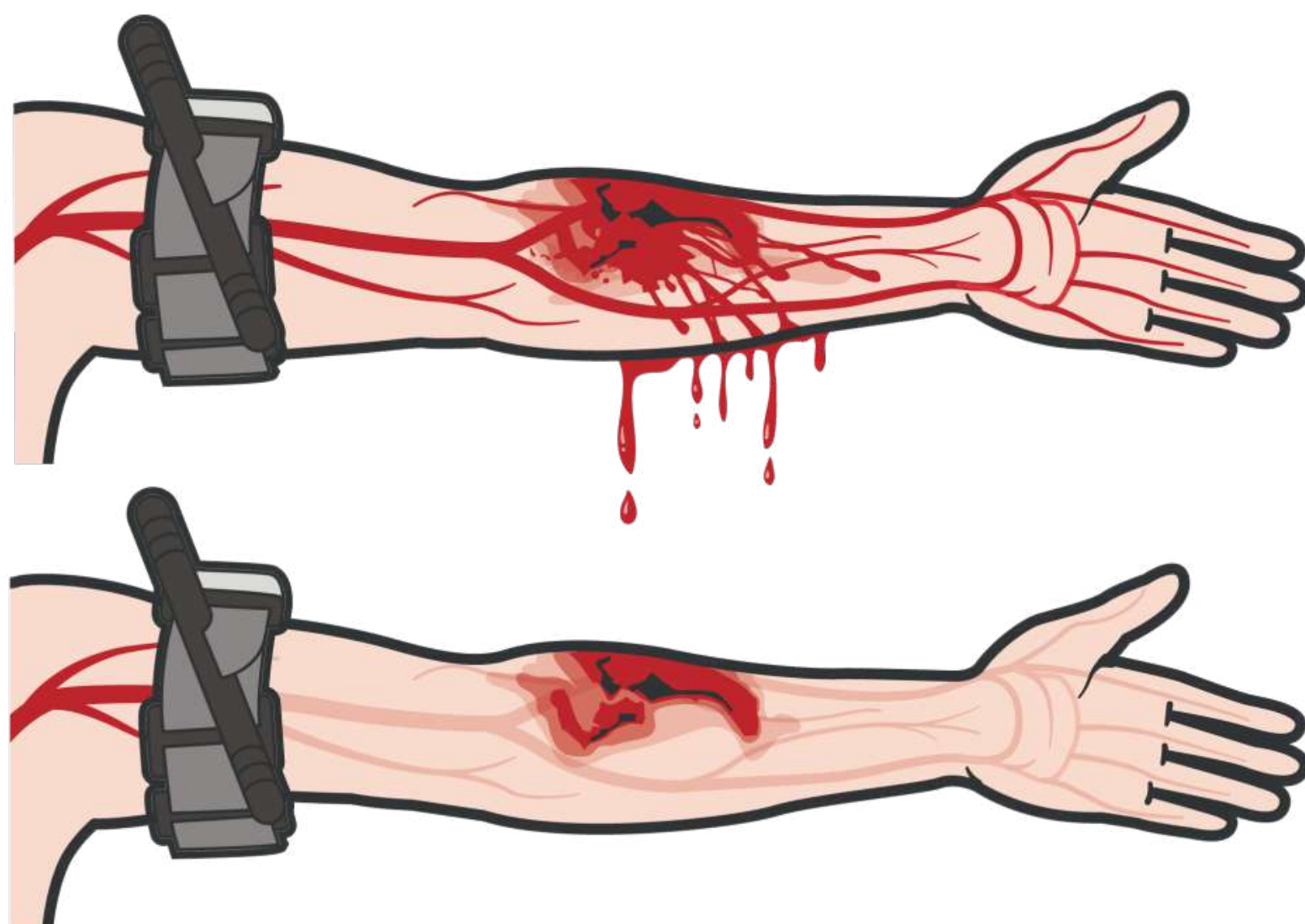


Securing materials used to secure windlass rod, maintain tension, and prevent loosening

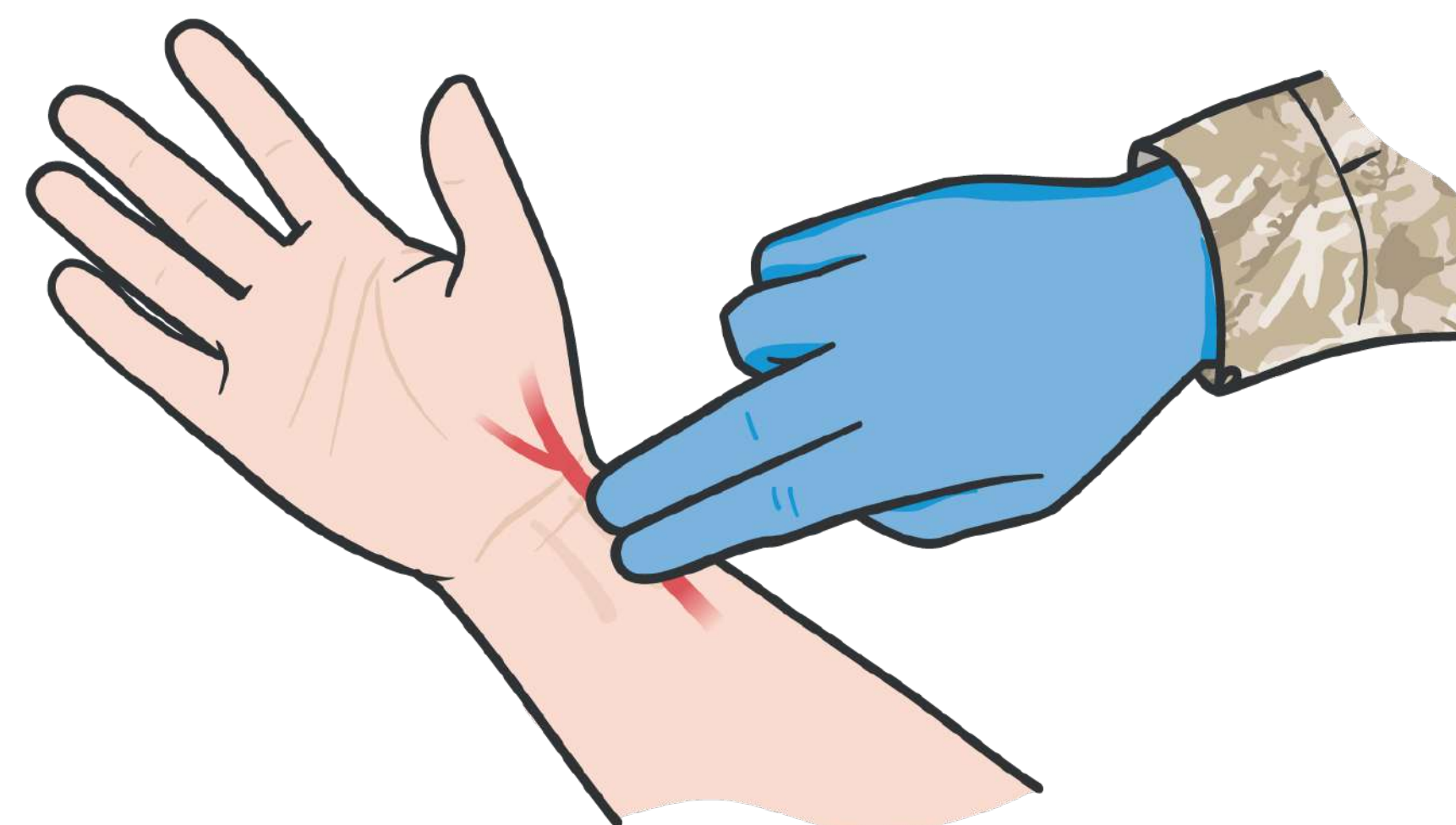


TOURNIQUET **EFFECTIVENESS** CHECKS

TQs can be assessed for effectiveness by:



Ensuring that the
BLEEDING HAS STOPPED



Checking a pulse distally on the
limb where the TQ is applied to
ensure there is **NO PULSE**

INITIAL DIRECT PRESSURE BEFORE INTERVENTION

DIRECT PRESSURE
can and **should be used** as a temporary measure **until** a **tourniquet** or **dressing** is in place



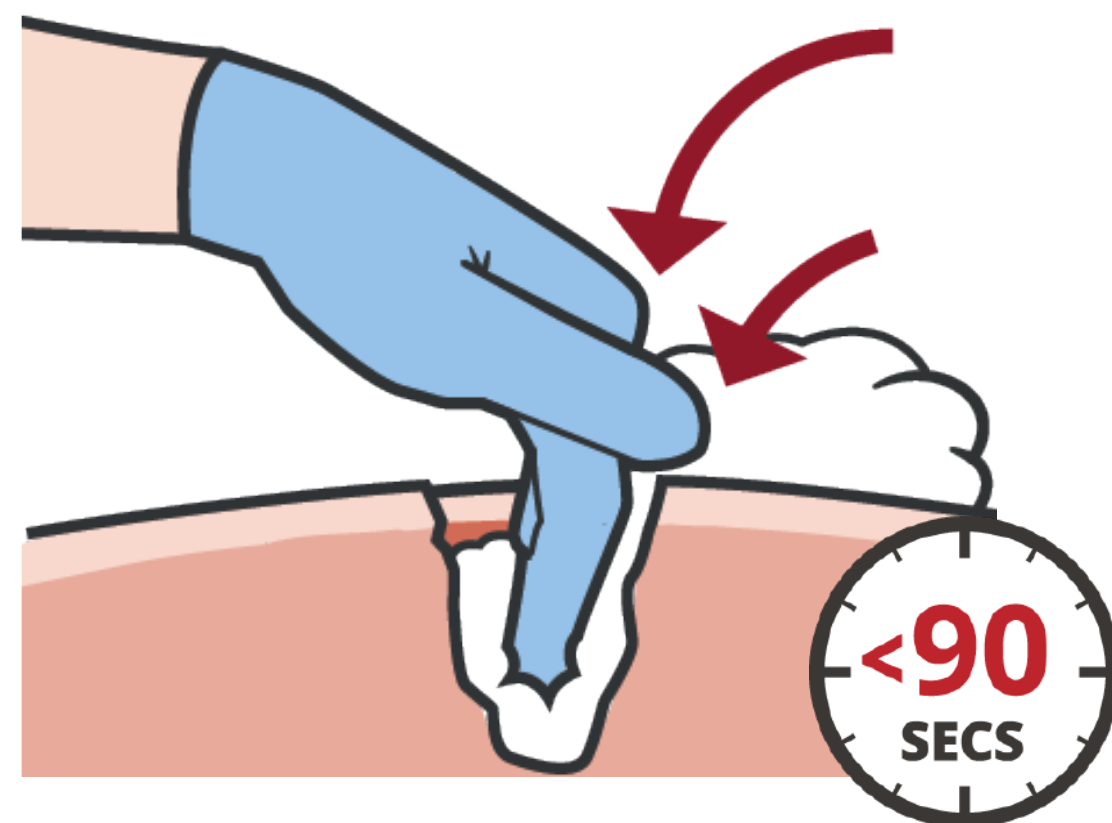
It is hard to use direct pressure alone to control significant bleeding or while moving the casualty

Direct pressure can be **used** if a treatment no longer maintains control of the bleeding **while a new treatment is started**



REMEMBER to ask other first responders to assist as needed.

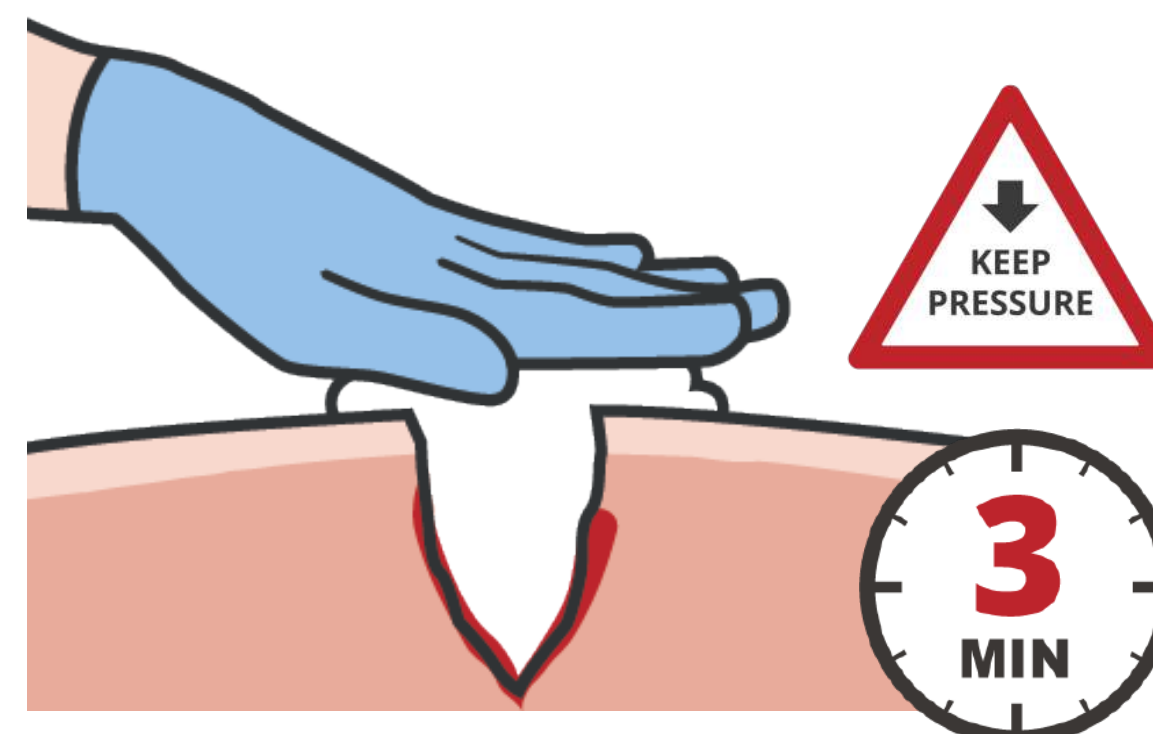
WOUND PACKING



Identify **exact source** of bleeding and **APPLY** direct pressure **UNTIL** gauze is placed

Pack the wound **maintaining CONSTANT** direct pressure within **90 SECONDS** to be effective

Fill and pack the wound tightly, ensuring gauze extends 1-2 inches above the skin



HOLD direct pressure for at least **3 MINS** (*this is necessary, even with the active ingredient in hemostatic gauze*)

When packing a large wound, more than one hemostatic gauze and/or **additional** gauze may be **needed**



Carefully **observe** to determine if bleeding has been **controlled**

Once you are sure the bleeding has **stopped**, apply a pressure bandage

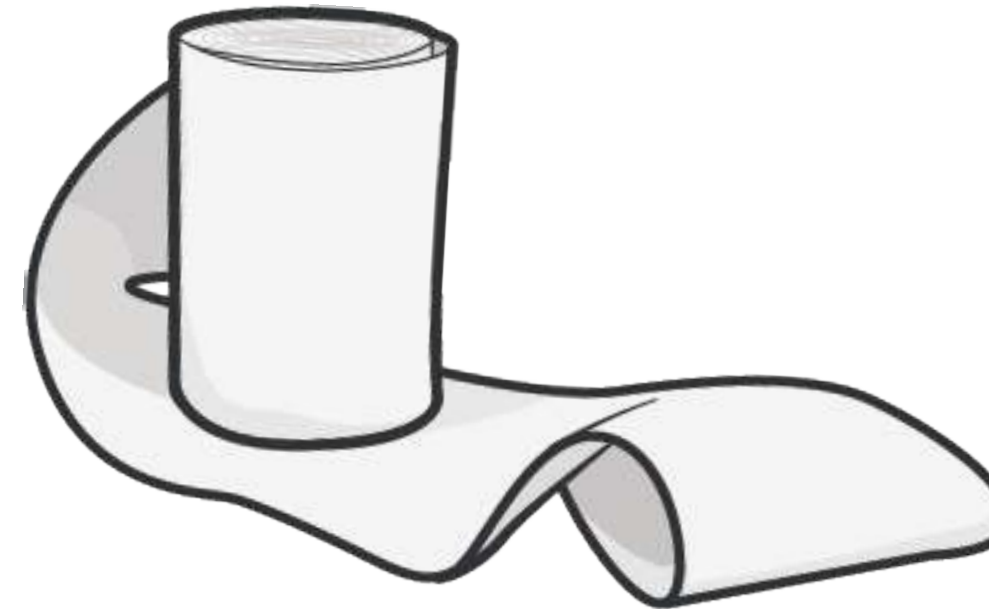
WOUND REPACKING FOR FAILED CONTROL



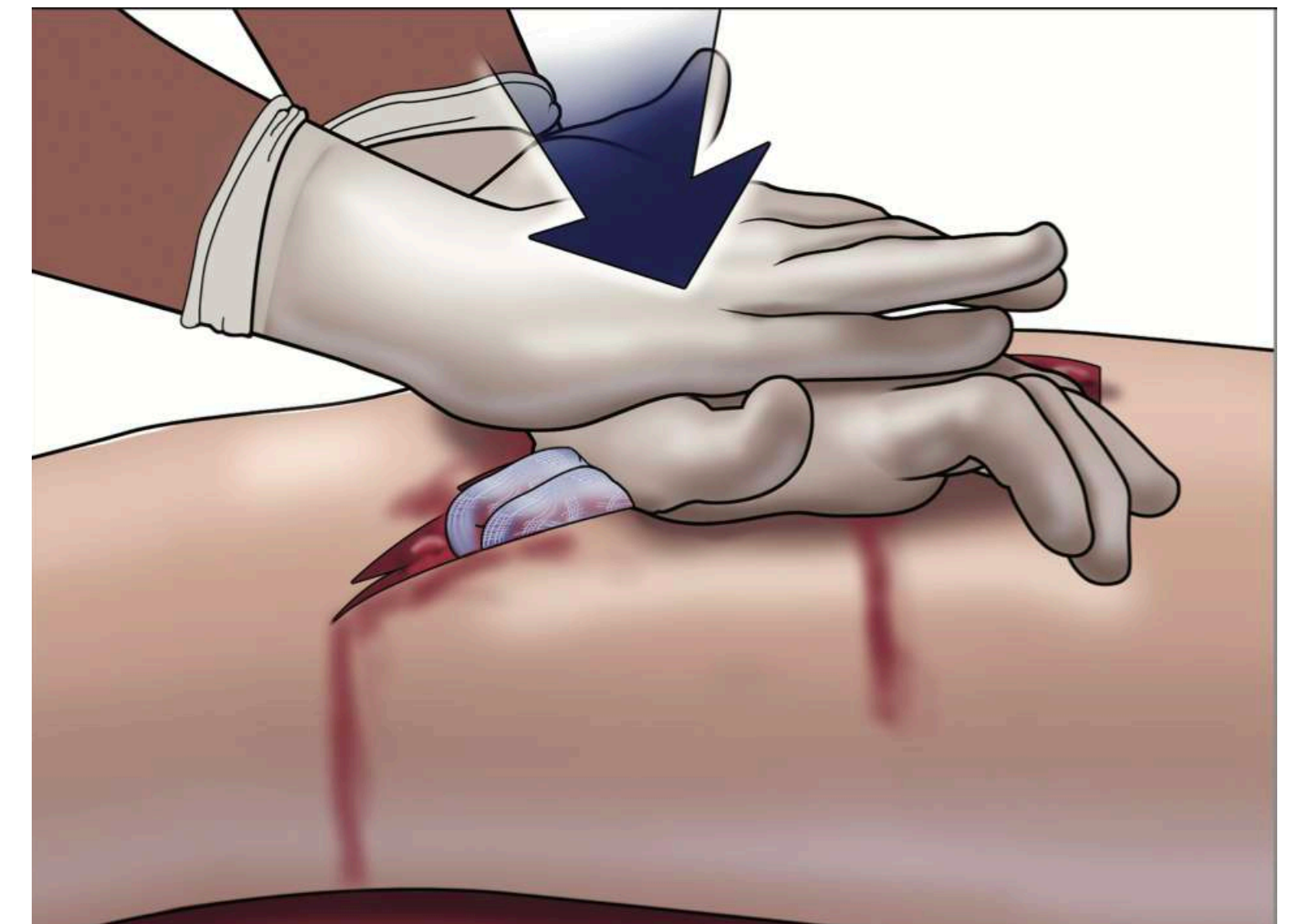
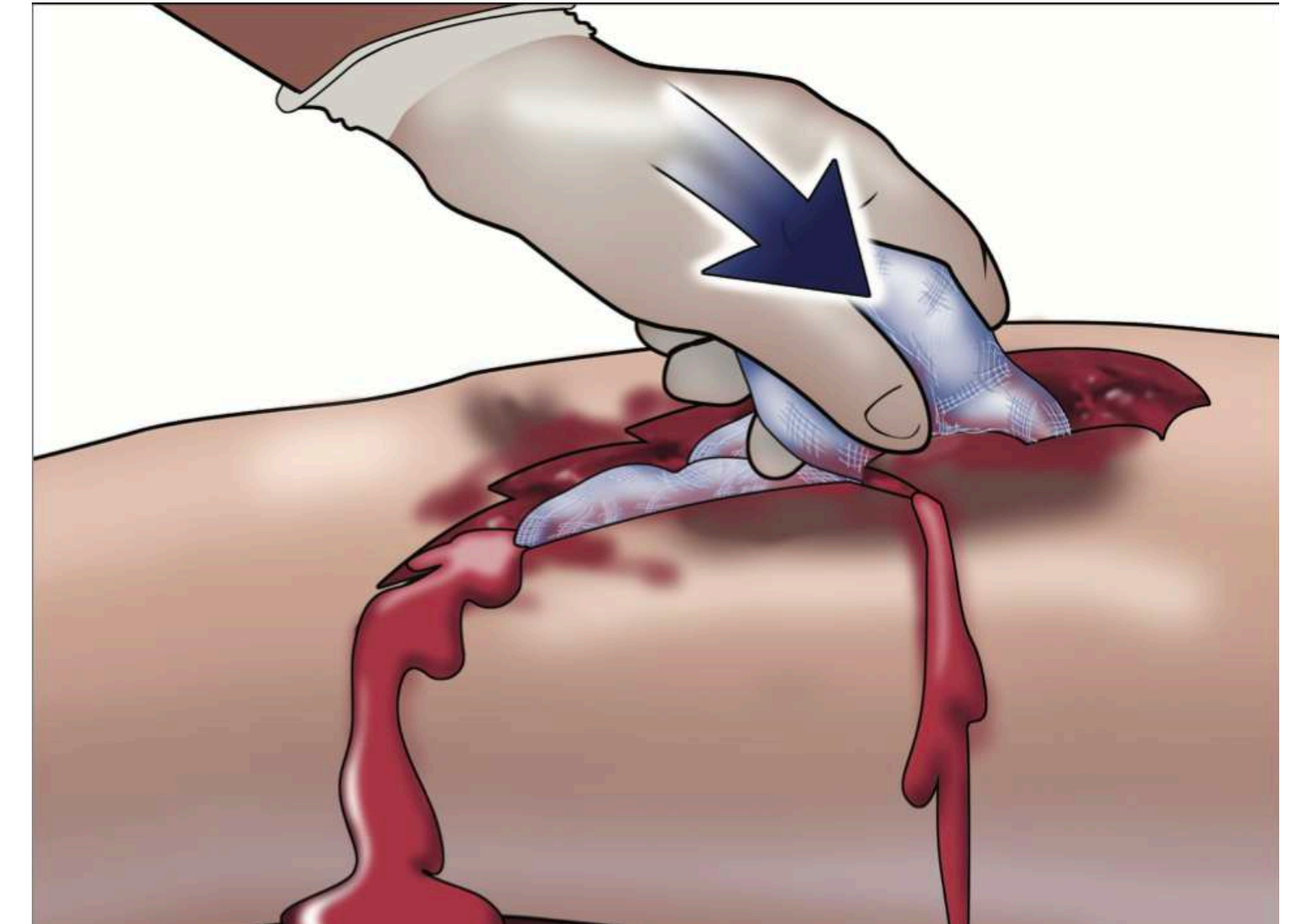
If packed with hemostatic gauze, **remove** packing material and **repack** with a new hemostatic gauze, if available

It may be a **fresh** hemostatic dressing of the **same type** or a **different type** if available

Alternatively, additional **non-hemostatic** gauze **CAN** be applied on top of the first gauze



If hemostatic gauze is **NOT** readily available, use dry sterile gauze or some other materials to pack the wound



PRESSURE BANDAGES

ALL dressings for **significant** bleeding **should be secured** with pressure bandages



Place the bandage pad **directly** on the dressing, **continuing to apply direct pressure**

Wrap the pressure/elastic bandage **tightly**, focusing pressure over the wound



SECURE the hooking **ends** of the hook and loop or closure bar onto the last wrap of the bandage



Life-threatening

ເປັນອັນຕະລາຍຮ້າຍແຮງຕໍ່ຊີວິດ

A

AIRWAY MAINTENANCE
WITH CERVICAL SPINE MOTION RESTRICTION
ທາງເດີນຫາຍໃຈ

Conducting Passages

Upper Respiratory Tract

Nasal Cavity

Pharynx

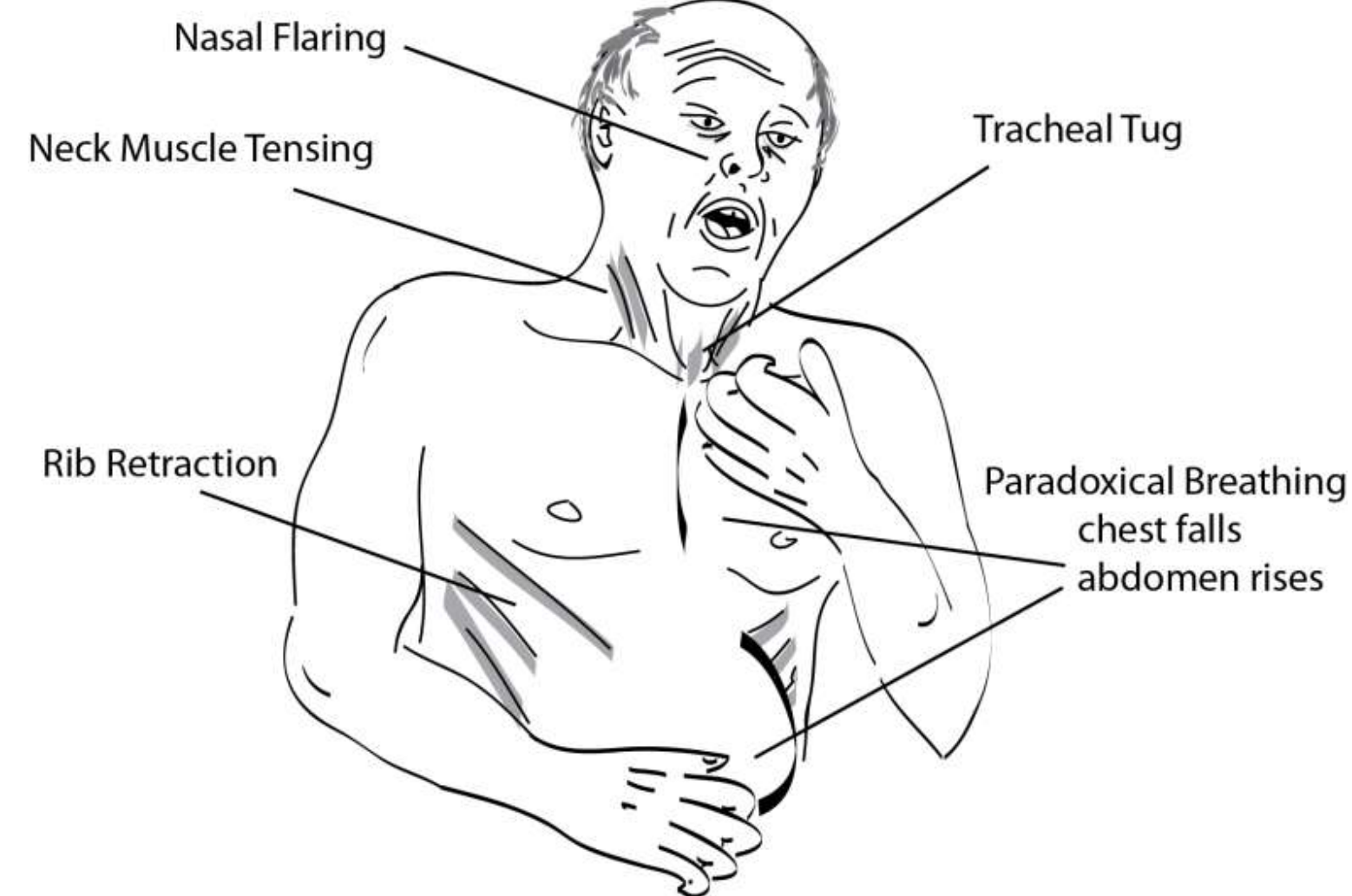
Larynx

Lower Respiratory Tract

Trachea

Primary Bronchi

Lungs



EXAMINATION

Assessment for airway obstruction

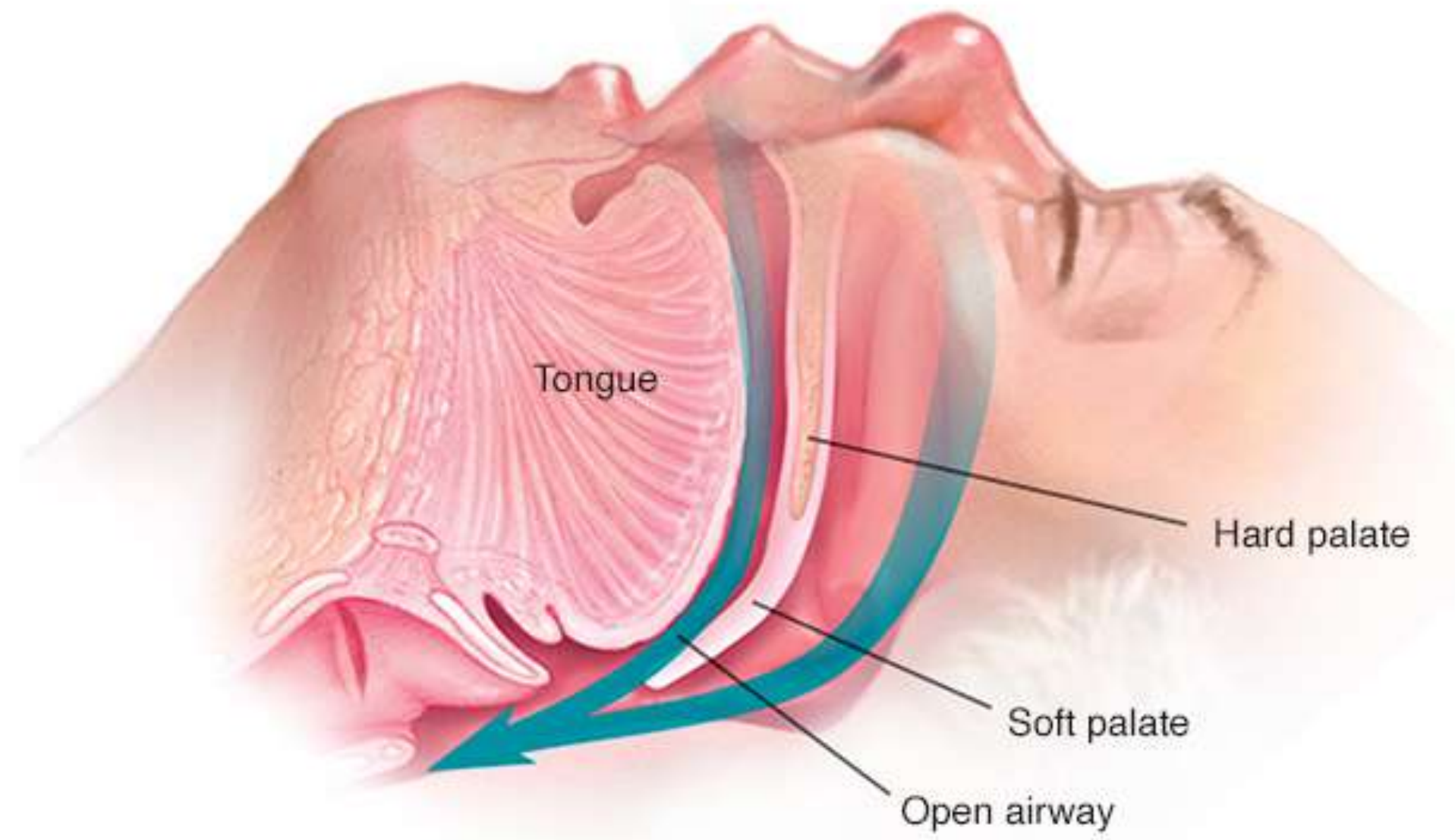
- Airway noises
- Position of head
- Foreign body
accumulated blood, debris, and secretions
ເລືອດ, ເສດຂີ້ເຫຍື້ອ
- Signs of airway edema
or smoke inhalation



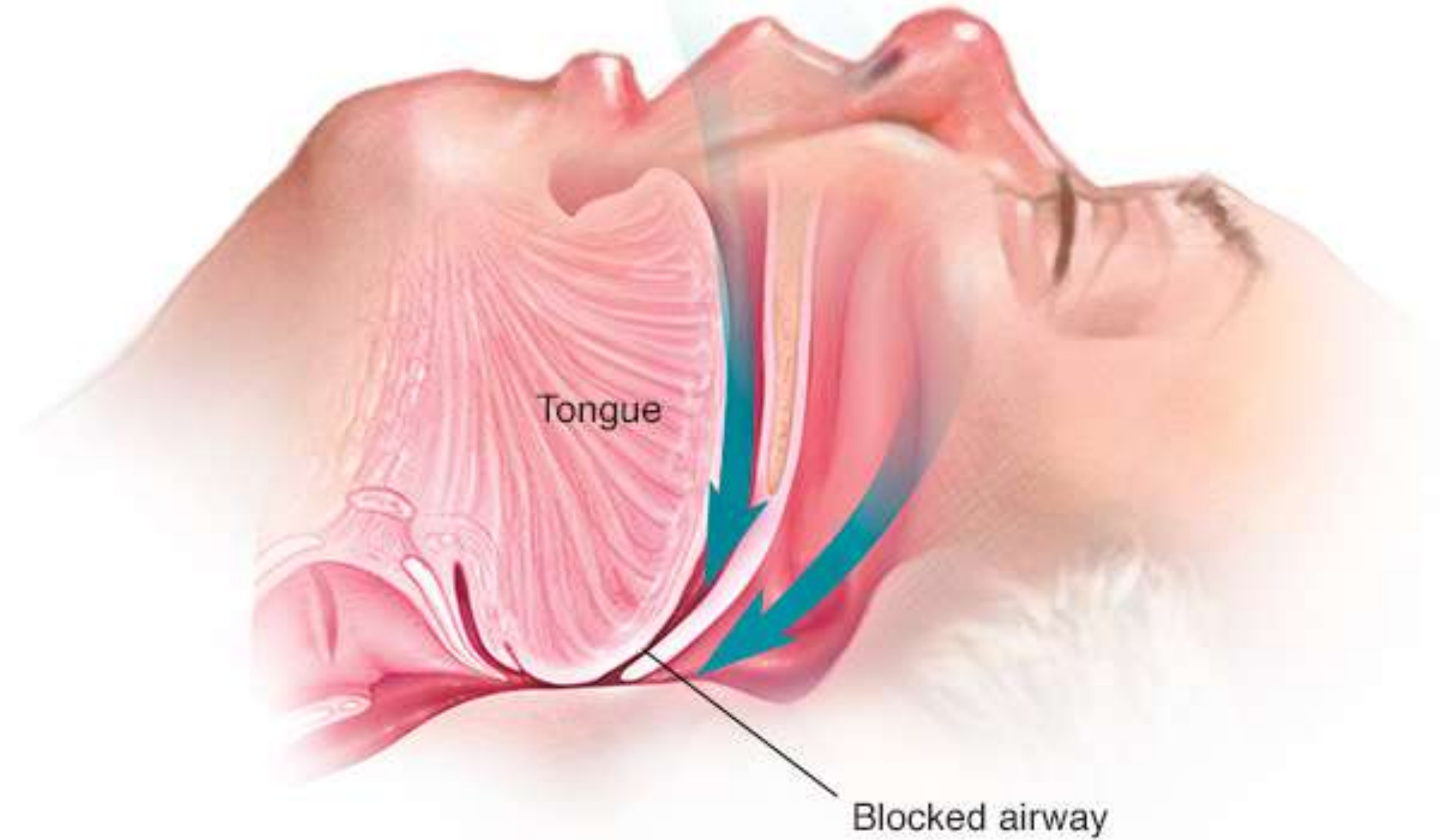
Airway

ທາງເດີນຫາຍໃຈ

Typical breathing during sleep



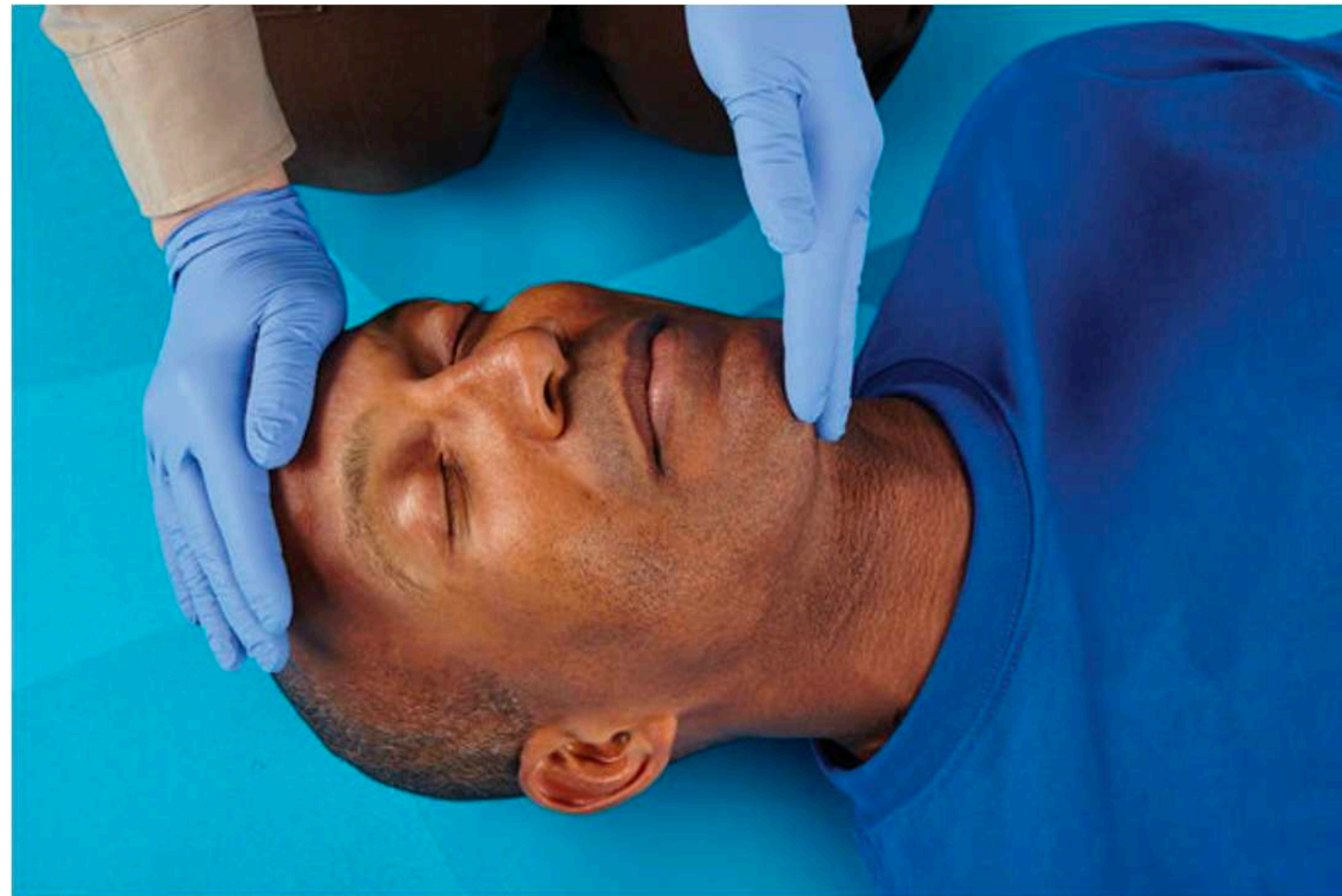
Obstructive sleep apnea





Airway

ທາງເດີນຫາຍໃຈ



Head Tilt–Chin Lift Maneuver

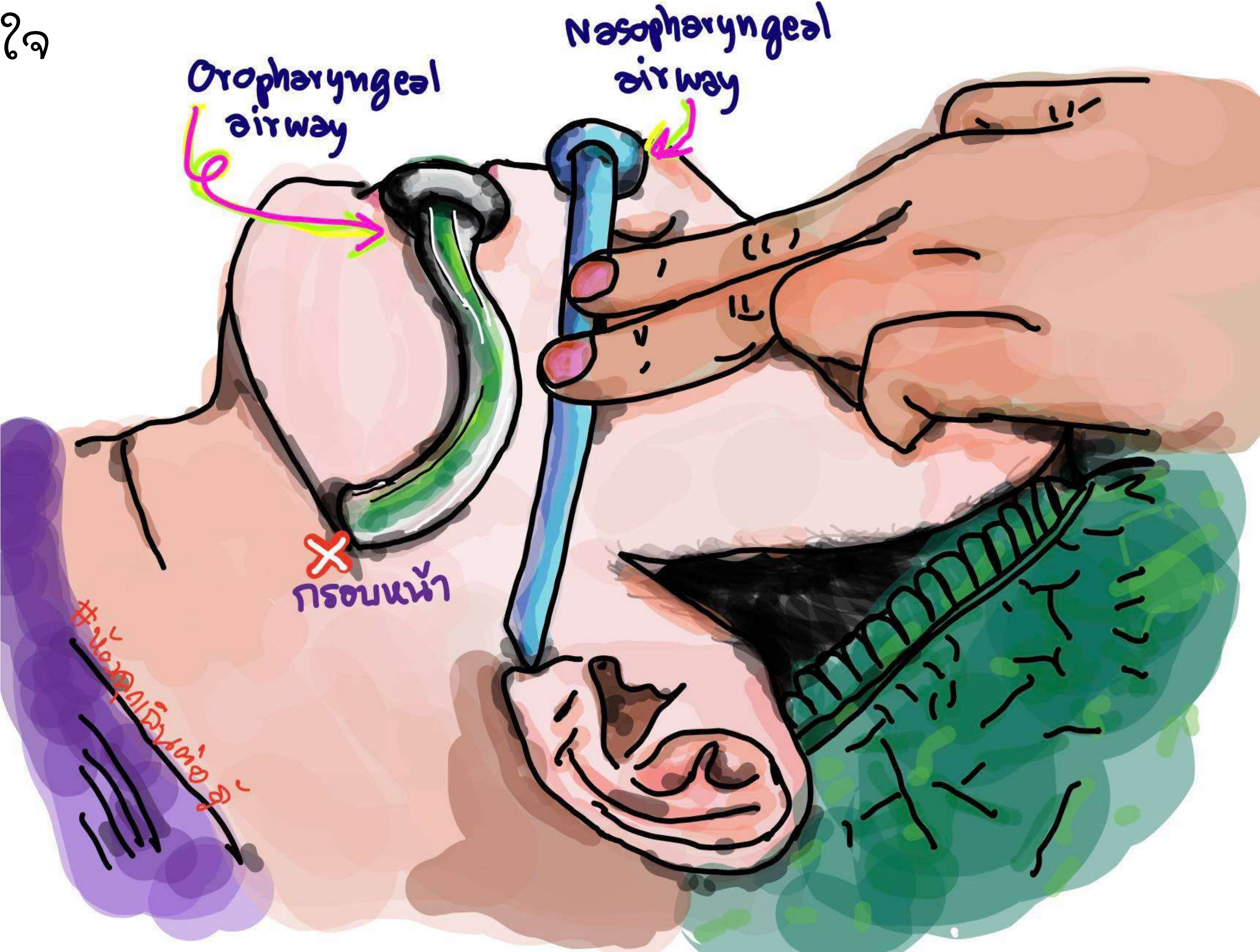


The jaw-thrust maneuver



Airway

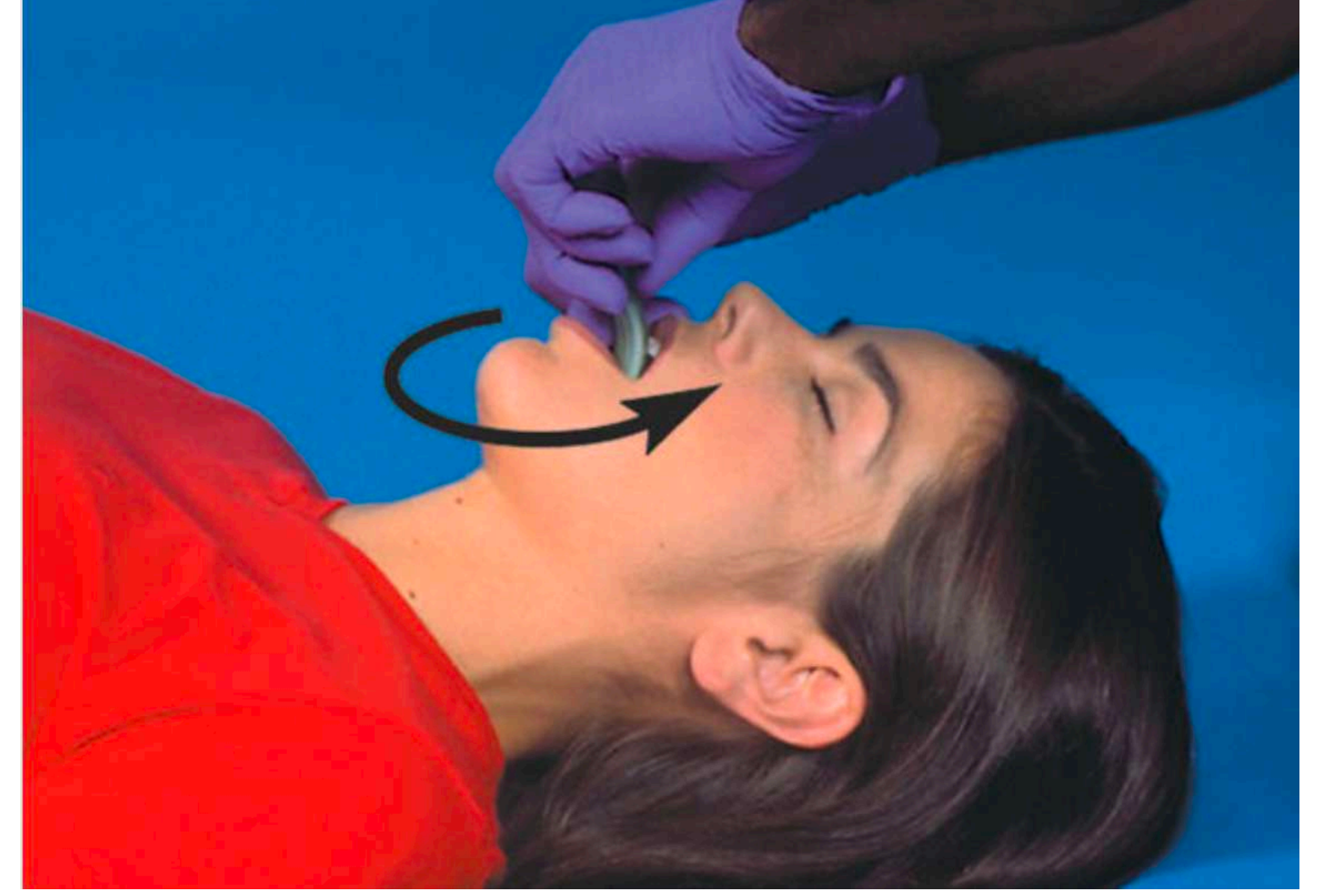
ທາງເດີນຫາຍໃຈ





Airway

ທາງເດີນຫາຍໃຈ



Inserting an Oral Airway

A

Airway

ທາງເດີນຫາຍໃຈ



1. Size the airway by measuring from the earlobe to the tip of the patient's nose.



2. Insert the lubricated airway into the larger nostril.



3. Advance the airway until the flange rests against the nose.

Inserting an Nasal Airway



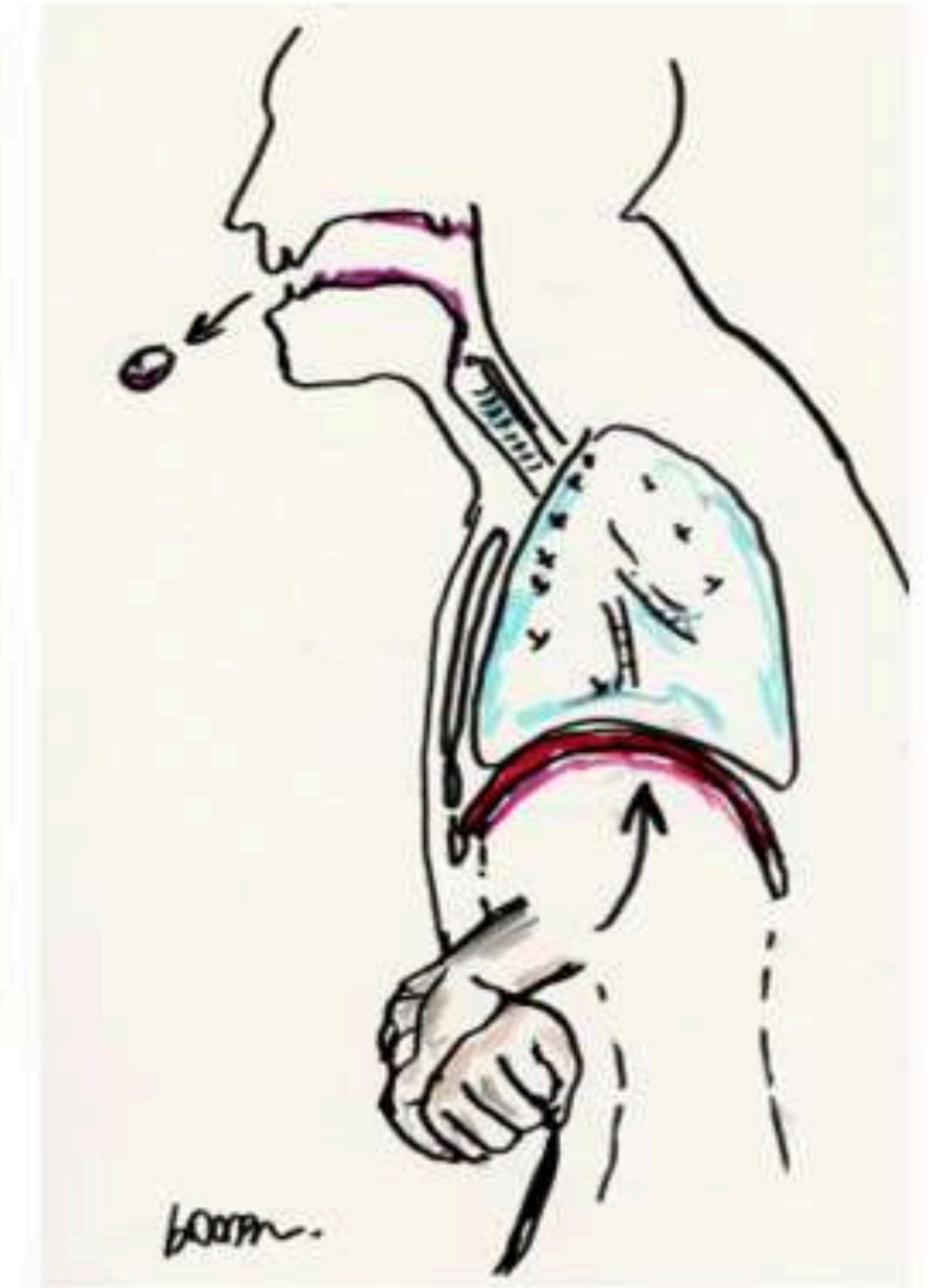
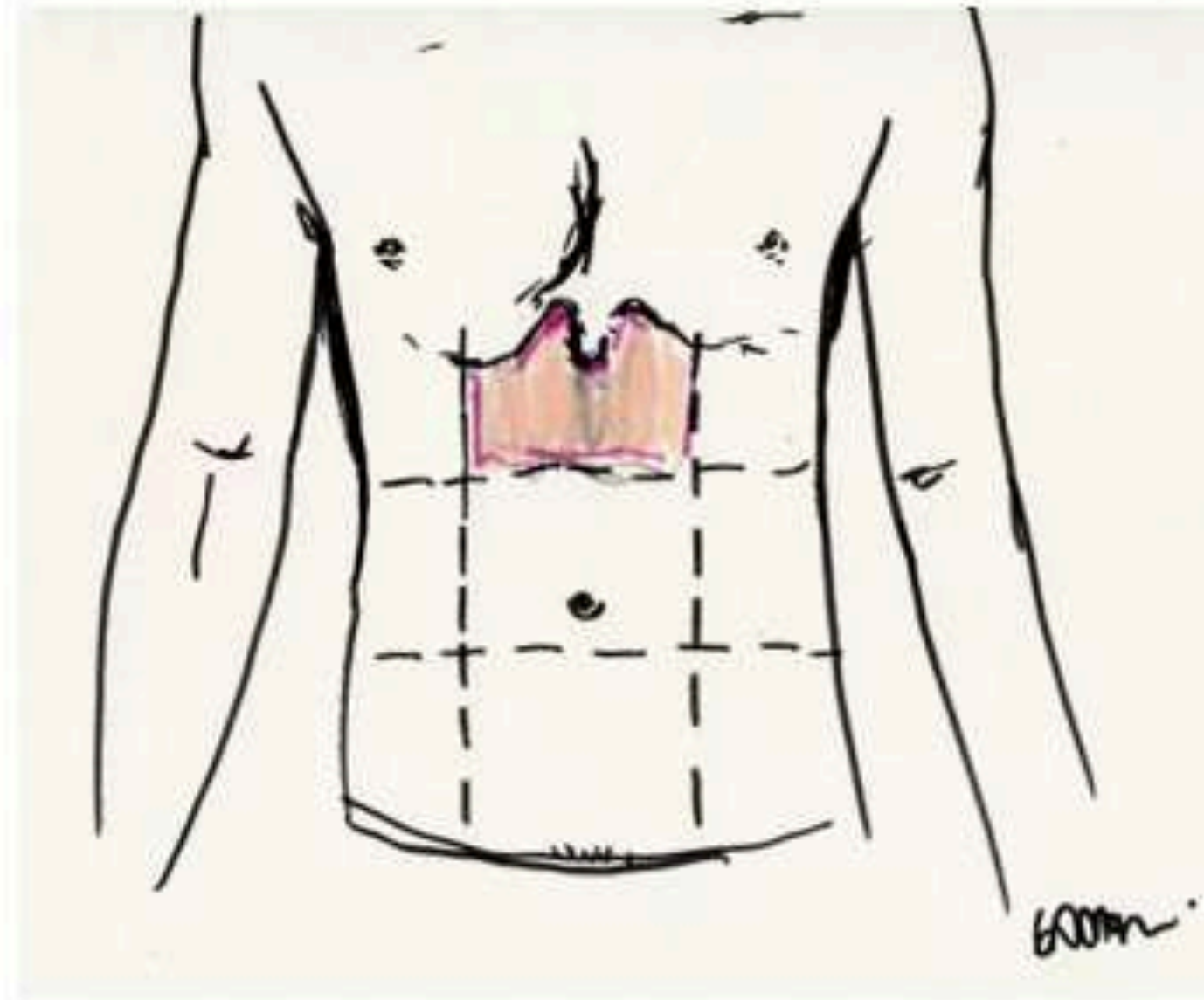
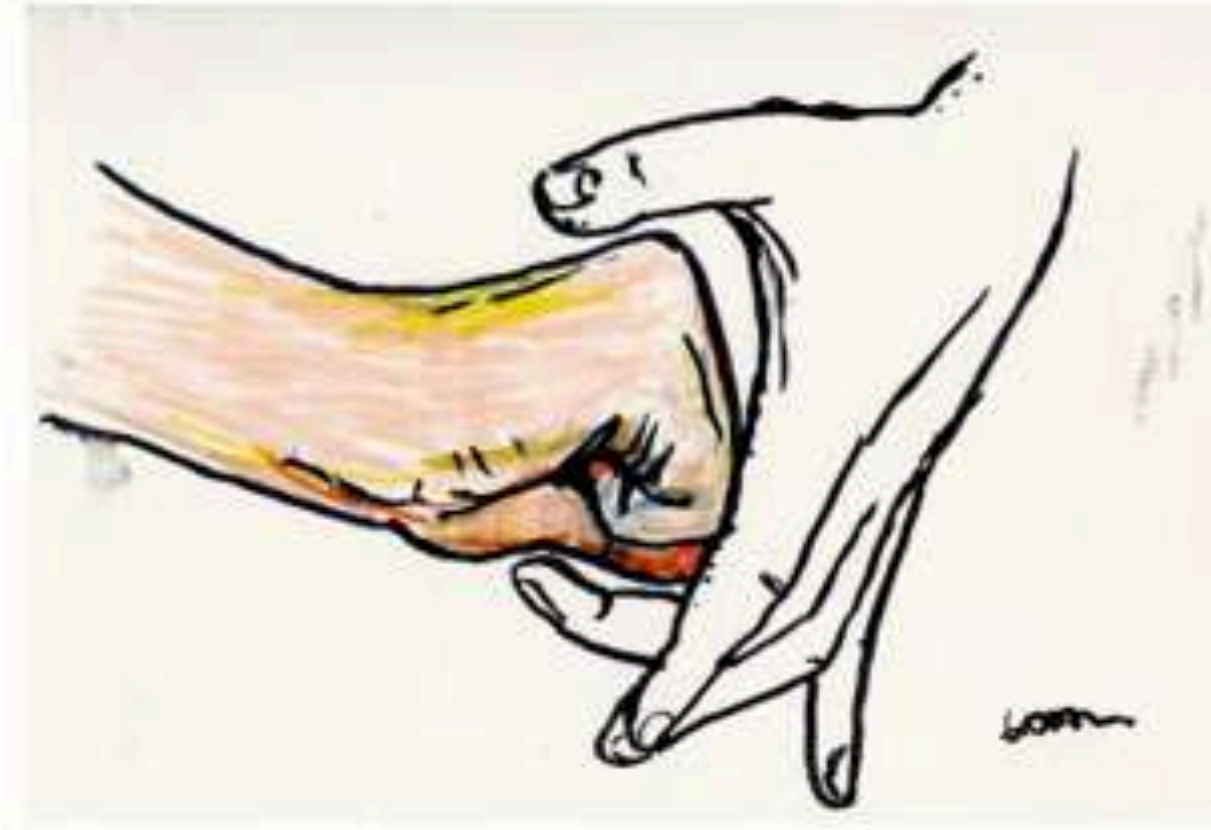
Airway

ທາງເດີນຫາຍໃຈ

Suction







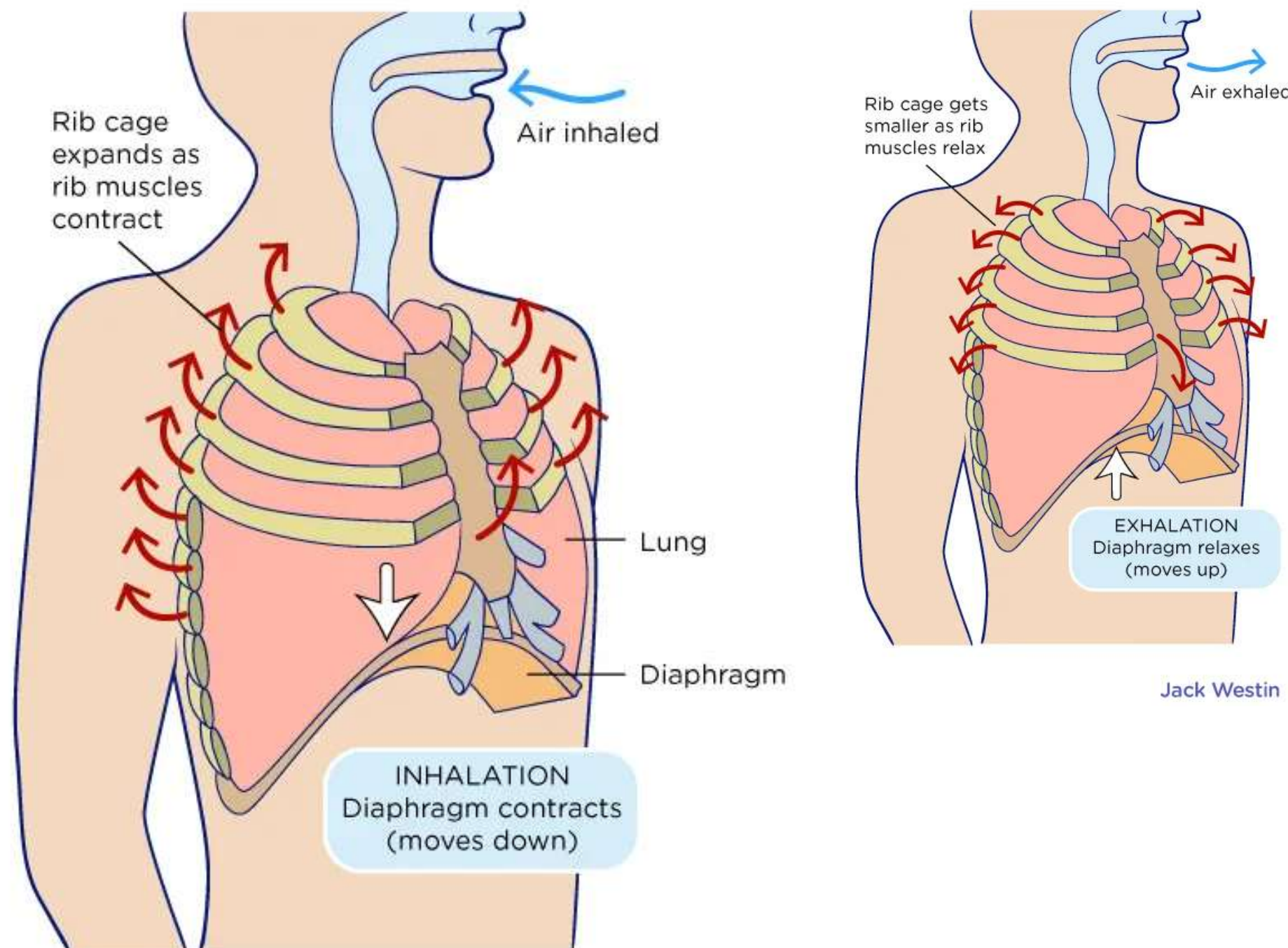
Life-threatening

ເປັນອັນຕະລາຍຮ້າຍແຮງຕໍ່ຊີວິດ

B

BREATHING AND VENTILATION

ການຫາຍໃຈ ແລະ ການລະບາຍອາກາດ



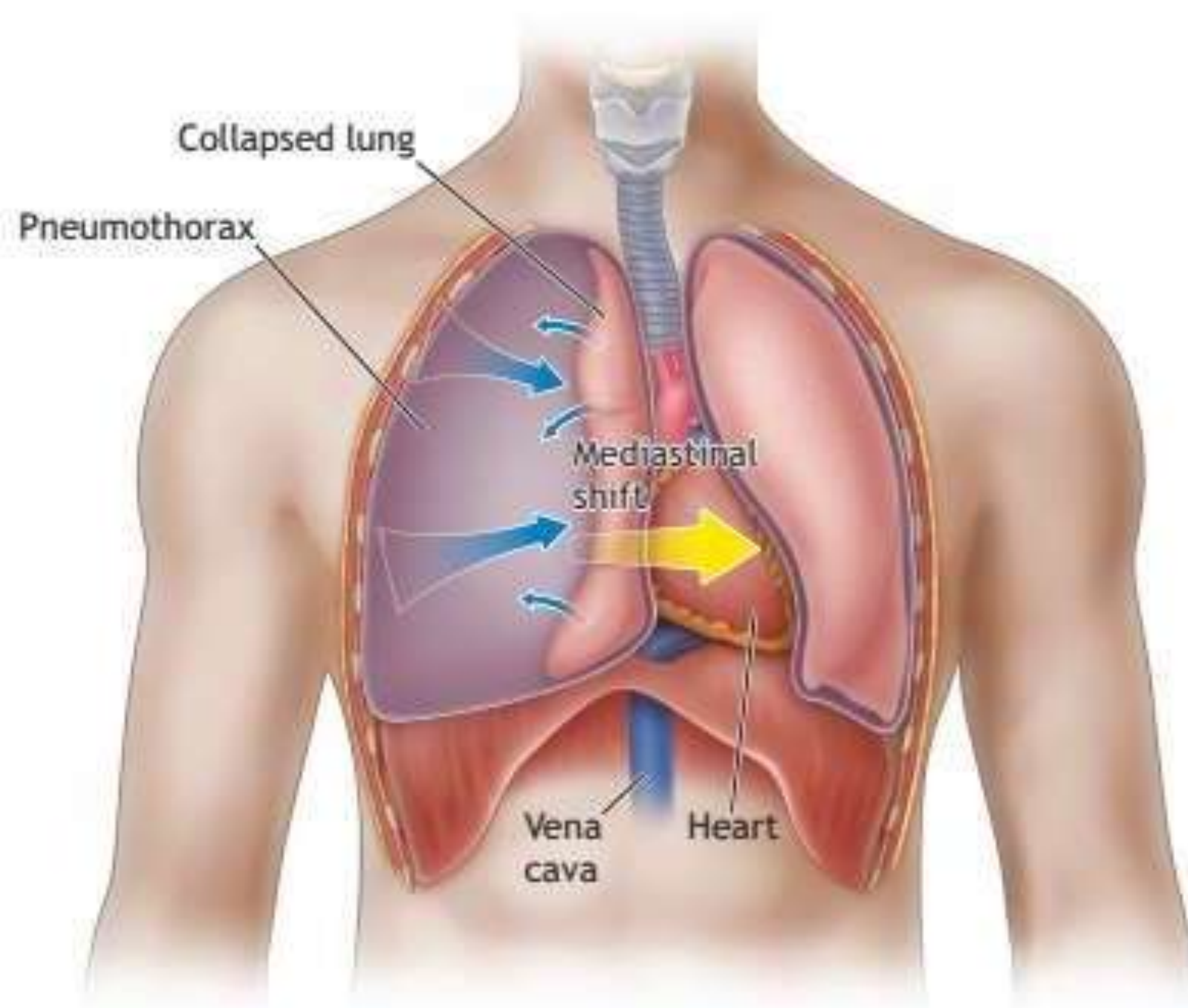
EXAMINATION

- Look - Listen - Feel approach
- Respiratory rate and effort
ສັງເກດລັກສະນະການຫາຍໃຈ
- Signs of tension pneumothorax, massive hemothorax, open pneumothorax, pulmonary contusion, and tracheal or bronchial injuries.
- Cyanosis

B

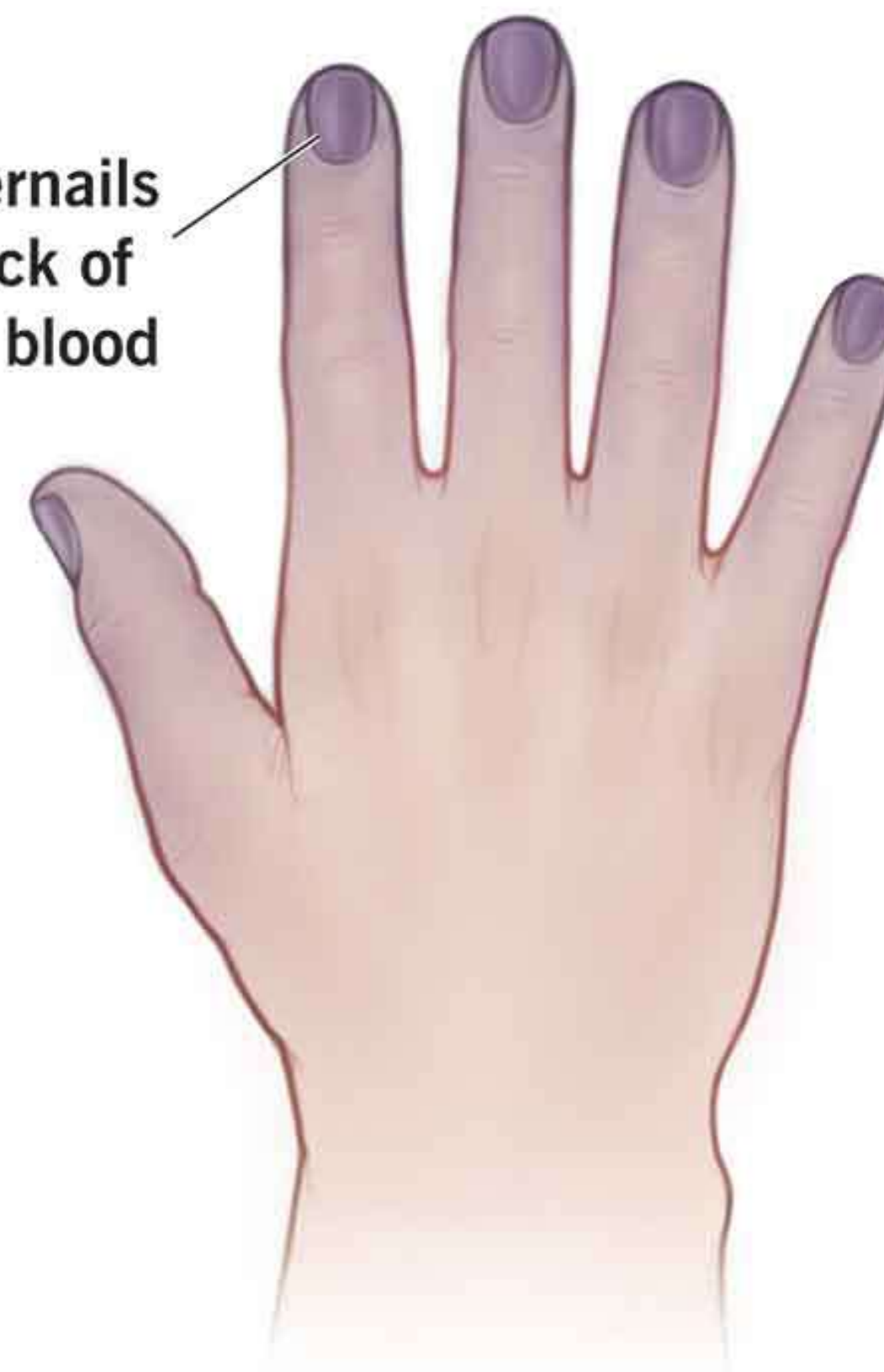
BREATHING AND VENTILATION

ການຫາຍໃຈ ແລະ ການລະບາຍອາກາດ



Cyanosis

Blue fingernails
due to lack of
oxygen in blood





CHEST SEAL VENTED

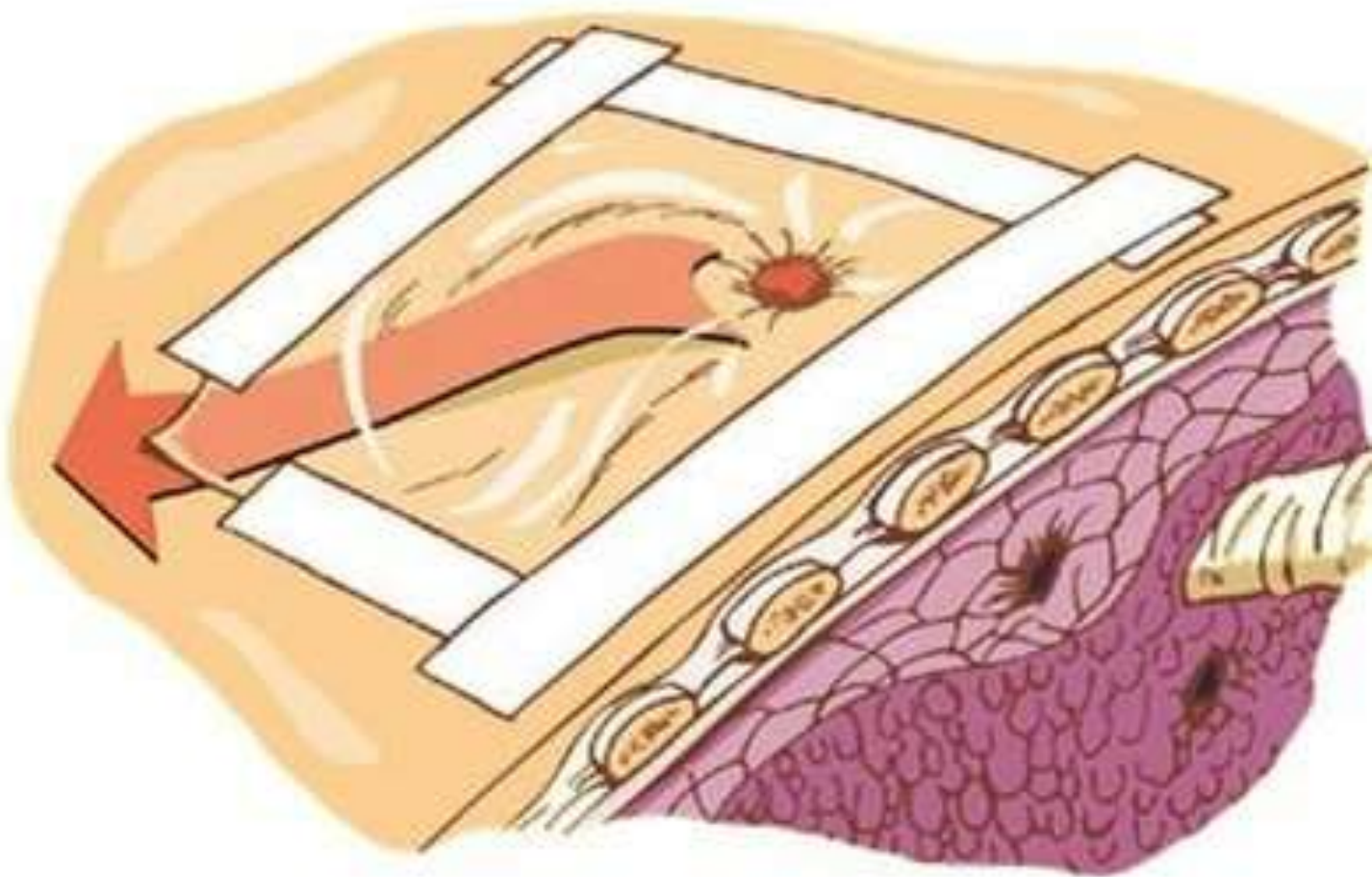
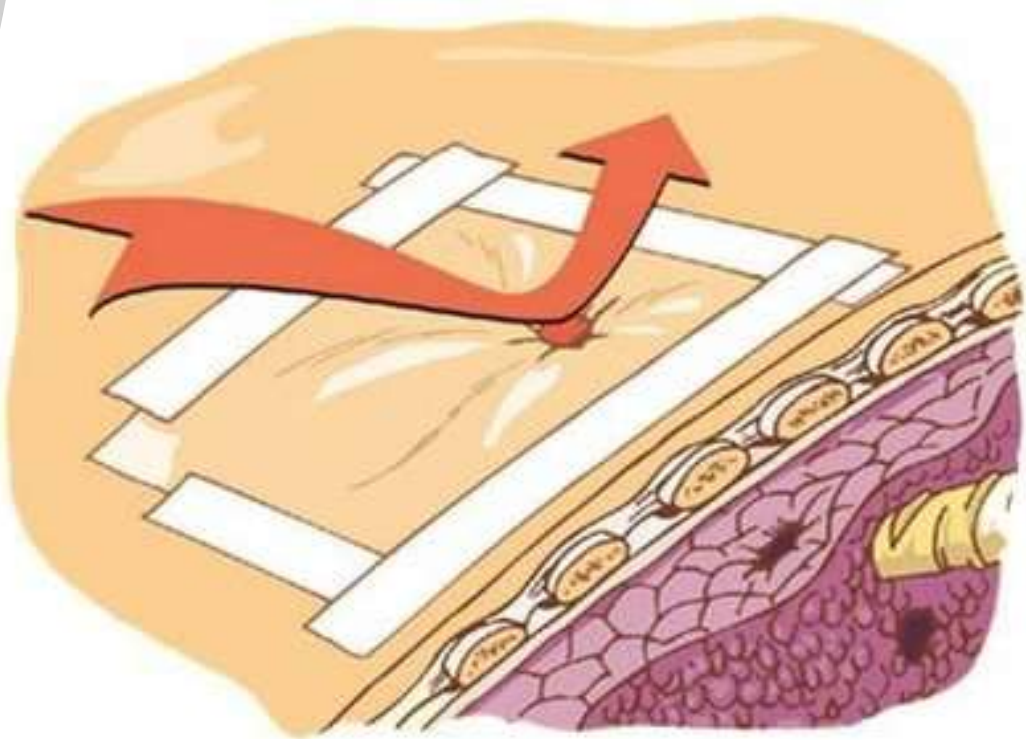
Occlusive Adhesive Dressing
for Open Chest Wounds

Instruction for Use

1. Clean and dry wound.
2. Remove protective liner from adhesive dressing.
3. Place dressing on patient's chest over the wound.
4. Press dressing firmly onto the skin.

>>Store in cool, dry place.
>>Do not use if the dressing is damaged.

② Single Use Only

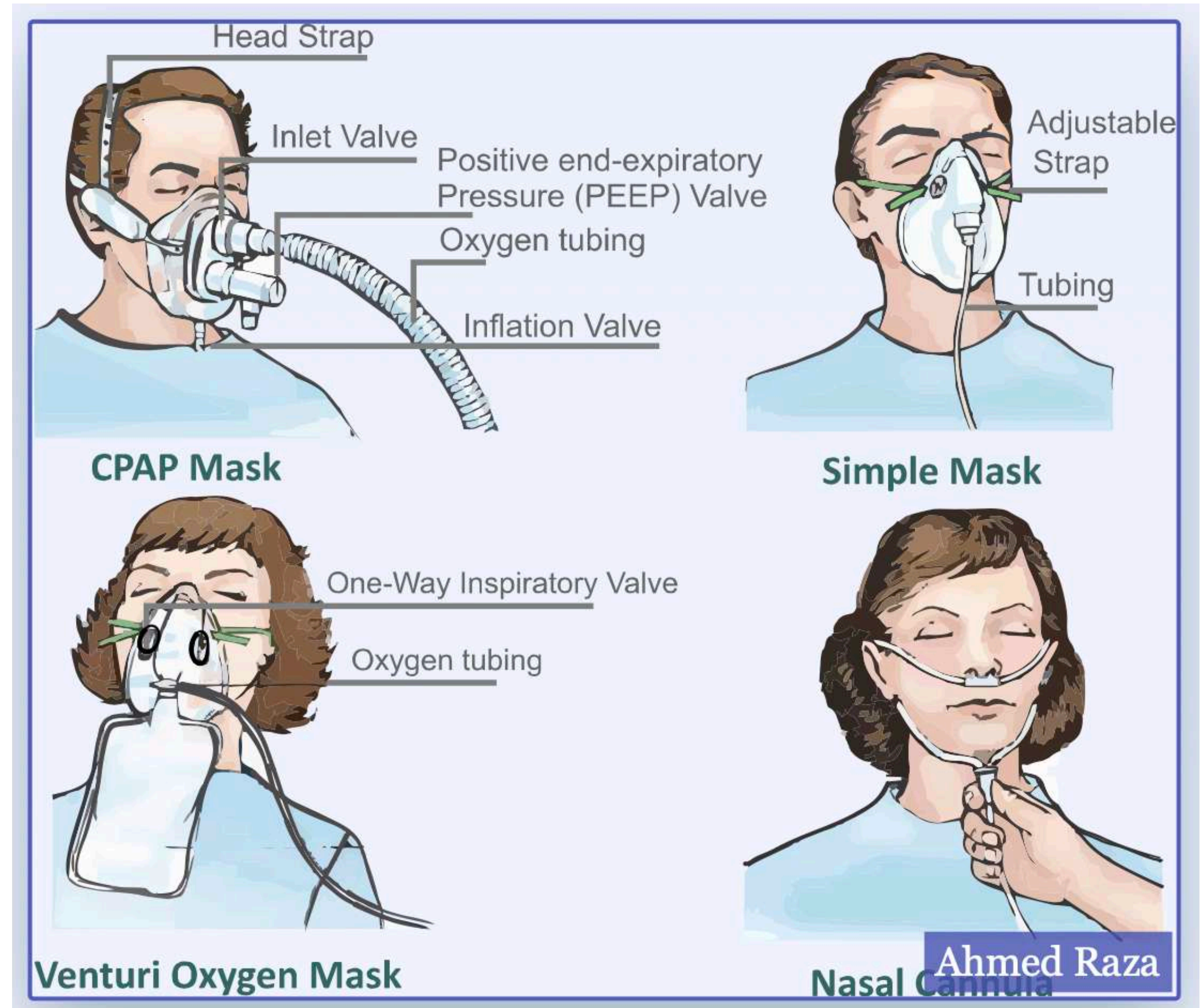


B

BREATHING AND VENTILATION

ການຫາຍໃຈ ແລະ ການລະບາຍອາກາດ

Give oxygen
at high concentration



B

การช่วยหายใจ



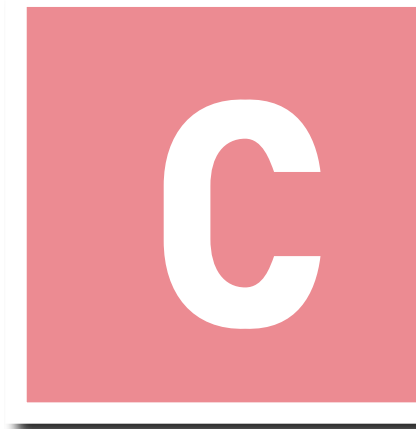
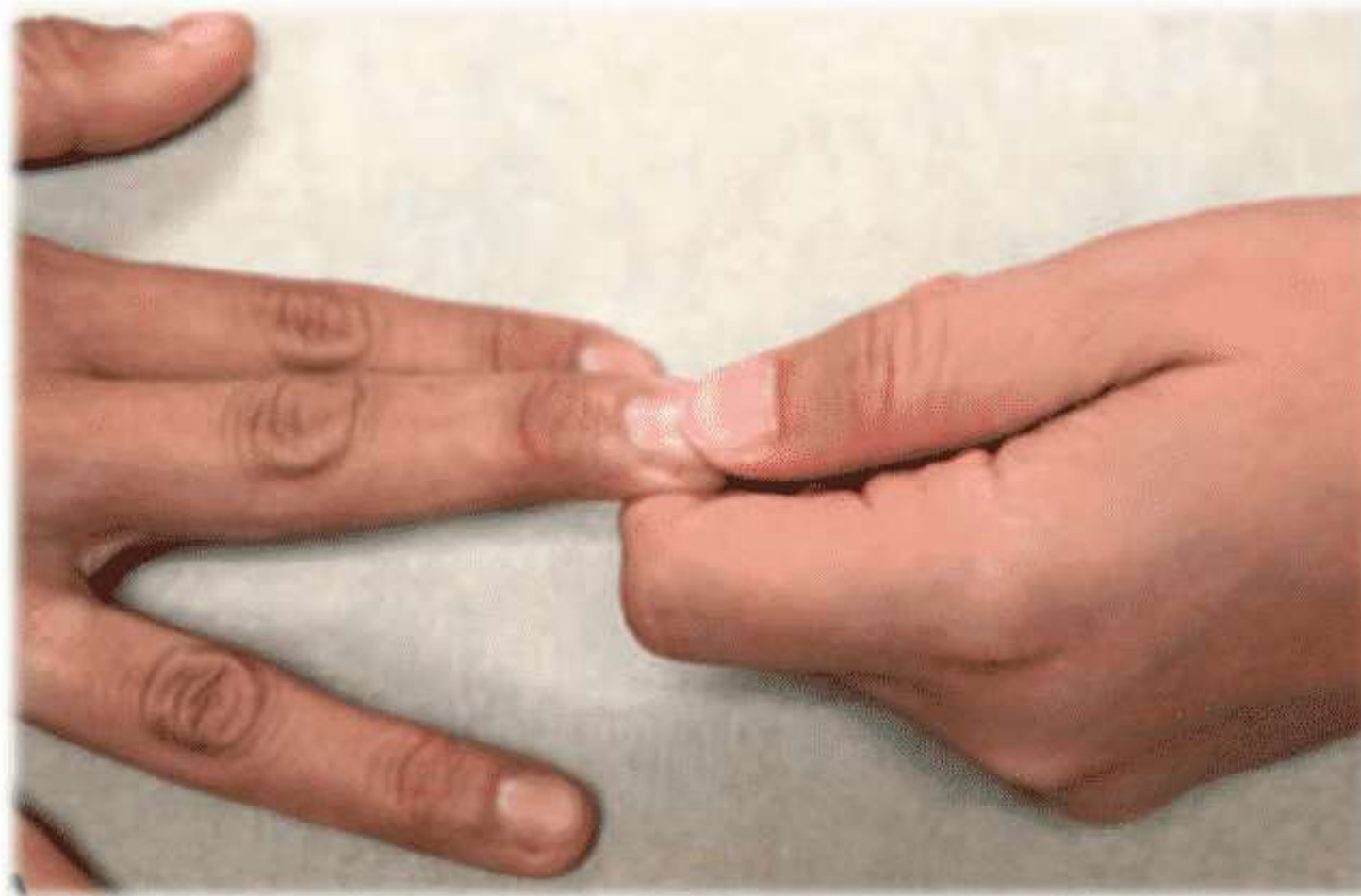
A bag-valve mask or BVM



Life-threatening

ເປັນອັນຕະລາຍຮ້າຍແຮງຕໍ່ຊີວິດ

Capillary Refill Test



CIRCULATION, HEMORRHAGE CONTROL
AND MANAGEMENT OF SHOCK
ລະບົບໄຫຼເລືອດ

EXAMINATION

- **Heart rate / Pulse** = ອັດຕາການເຕັ້ນຂອງຫົວໃຈ / ຊີບພຣະ
- **Blood pressure** ຄວາມດັນເລືອດ
- **Capillary refill time** ກວດເວລາເຕີມເລືອດທີ່ປາຍນິ້ວມື
- **Bleeding**
 - **Hematemesis** ອາເຈີນ / ຮາກເລືອດ
 - **Rectal bleeding** ເລືອດອອກທາງກະເຫຼີມ
 - **Vaginal bleeding** ເລືອດອອກຈາກທາງແມ່ວ່າງ
- **Skin color**

Life-threatening

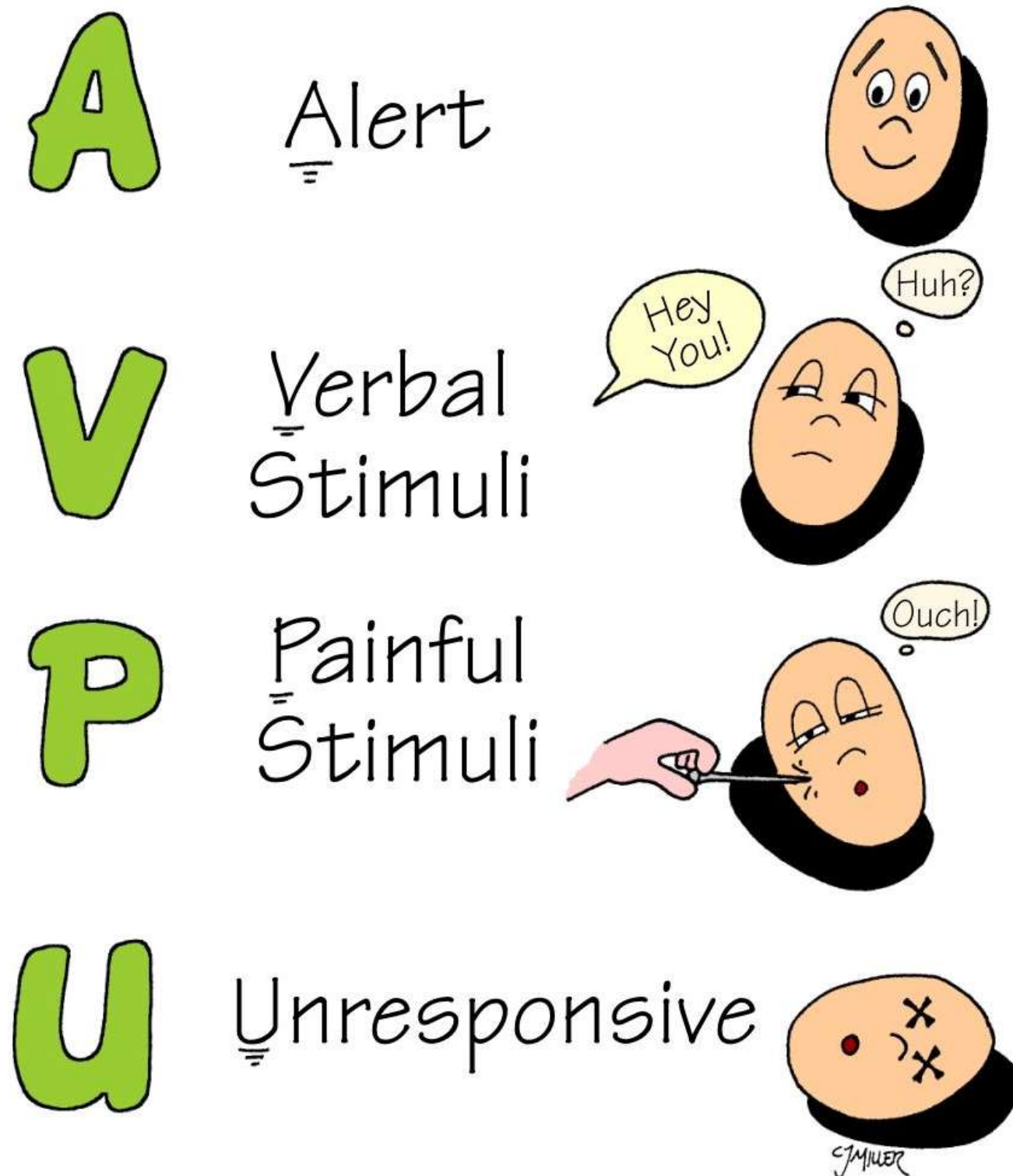
ເປັນອັນຕະລາຍຮ້າຍແຮງຕໍ່ຊີວິດ



DISABILITY

ກວດຄວາມຜິດປົກກະຕິຂອງລະບົບປະສາດ

LEVELS OF CONSCIOUSNESS



ursing Education Consultants, Inc.

EXAMINATION

- **AVPU / GCS**
- **Reactive and symmetry of pupils**
ການຕອບສະນອງແລະຄວາມສົມດຸນຂອງນິ້ວຕາ
- **Blood glucose level**
ລະດັບນ້ຳຕານໃນເລືອດ
- **Basic neurological examination**
ການກວດສອບລະບົບປະສາດພື້ນຖານ



DISABILITY

ກວດຄວາມຜິດປົກກະຕິຂອງລະບົບປະສາດ

GCS (Glasgow Coma Scale)

$$4E + 5V + 6M = 15 \text{ (normal)}$$



- 4. spontaneous
- 3. to speech
- 2. to pain
- 1. no response



Verbal

- 5. AAO x 3 (Person, Place, Time)
- 4. confused
- 3. only words
- 2. only sounds
- 1. no response

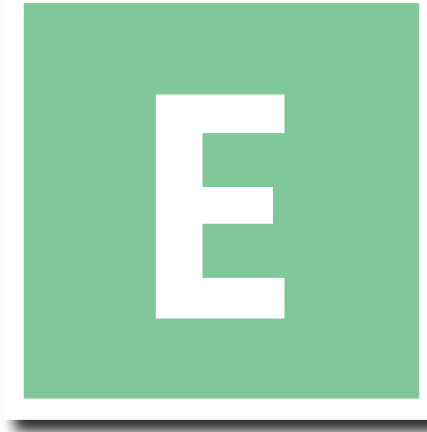


Motor

- 6. follows commands
- 5. localizes pain, crossing midline
- 4. withdrawal flexion to pain
- 3. abn. flexion (decorticate)
- 2. abn. extension (decerebrate)
- 1. no response to pain

Life-threatening

ເປັນອັນຕະລາຍຮ້າຍແຮງຕໍ່ຊີວິດ



EXPOSURE AND ENVIRONMENTAL CONTROL

ການເຜີຍແຜ່ແລະການຄວບຄຸມສະພາບແວດລ້ອມ



Emergency shelter

HEAD TO TOE EXAMINATION

- clothing and jewelry be removed
ຄວນຖອດເຄື່ອງນຸ່ງແລະເຄື່ອງປະດັບອອກ
to access chest and abdomen for assessment.
- Respect the patient's dignity
ເຄົາລົບໃນເກຍດຂອງຜູ້ປ່ວຍ
- Actively warmed or covered with blankets
to minimize heat loss to prevent hypothermia





ຂອບໃຈ