placental abruption

You are caring for a pt who was involved in a MVC and is 32 weeks pregnant. Findings of your secondary survey include abd pain on palpation, fundal ht at the costal margin, and some dark bloody show. Varying accelerations and decelerations are noted on cariocgraphy. These findings are most consistent with which of the following?

it can worsen cord damage from an unstable spinal injury

Which of the following is true about the log-roll?

defusings

All of these are considered a critical communication point in trauma care EXCEPT which of the following?

pulse oximetry and capnography

What bedside monitoring parameters are used to assess for adequacy of O2 and effectiveness of ventilation?

padding the upper back while stabilizing the cervical spine

Caregivers carry in a 2 y/o into the ED who fell out of a second-story window. The pt is awake and crying with increased work of breathing and pale skin. Which of the following interventions has the highest priority?

bowel

Which of the following injuries is LEAST likely to be promptly identified?

- Family Presence

What is the second thing assessed under the Secondary Assessment?

GIVE COMFORT MEASURES

- Talking to pt

- Pharmacologic/Nonpharmacologic pain management

- Observe for physical signs of pain

What is assessed under the Mnemonic "H"?

HISTORY / HEAD-TO-TOE ASSESSMENT

- MIVT

- M = Mechanism of injury

- I = Injuries sustained

- V = Vital Signs

- T = Treatment

- Pt generated information

- PMH

- Head-to-toe assessment

What is assessed under the Mnemonic "I"?

INSPECT POSTERIOR SURFACES

- While maintaining C-spine, logroll pt with assistance to inspect back, flanks, buttocks and posterior thighs.

- Palpate vertebral column for deformity and areas of tenderness

- Assess rectum for presence/absence of tone, presence of blood

What is vascular response?

As blood volume decreases, peripheral blood vessels vasoconstrict as a result of sympathetic stimulation via inhibition of baroreceptors. Arterioles constrict to increase TPR and BP.

What is renal response?

Renal ischemia activates release of renin.

Kidneys do not receive adequate blood supply, renin is release into circulation.

Renin causes angiotensinogen, normal plasma protein, to release angiotensin I.

Angiotensin-converting enzyme from the lungs converts into angiotensin II.

Angiotensin II causes:

- Vasoconstriction of arterioles and some veins
- Stimulation of sympathetic nervous system
- Retention of water by kidneys
- Stimulation of release of aldosterone from the adrenal cortex (sodium retention hormone)

*Decreased urinary output = early sign renal hypoperfusion and an indicator that there's systemic hypoperfusion.

Explain adrenal gland response.

When adrenal glands are stimulated by SNS, release of catecholamines (epinephrine and norepinephrine) from adrenal medulla will increase.

Epi stimulates receptors in heart to increase force of cardiac contraction (positive inotropy) and increase HR (positive chronotropy) to improve cardiac output, BP and tissue perfusion.

Shock stimulates hypothalamus to release corticotropin-releasing hormone that stimulates pituitary to release ACTH that stimulates adrenal gland to release cortisol.

Effect of cortisol release is elevation in blood sugar and increased insulin resistance and gluconeogenesis, hepatic process to produce more sugar.

Cortisol also causes renal retention of water and sodium, a compensatory mechanism to conserve body water.

Explain Hepatic Response.

Liver can store excess glucose as glycogen.

As shock progresses, glycogenolysis is activated by epi to break down glycogen into glucose.

In a compensatory response to shock, hepatic vessels constrict to redirect blood flow to other vital areas.

Explain Pulmonary Response.

Tachypnea happens for 2 reasons:

1. Maintain acid-base balance

2. Maintain increased supply of oxygen