

History

History

It is important to ascertain the mechanism of injury and the amount of force involved in the injury . Take time to gather sufficient detail in order to do this. The mechanism of injury gives an indication to the clinician of the energy and forces imparted onto the patient. Certain injury mechanisms result in classical injury patterns; for example, electrocution or seizure activity may lead to a posterior dislocation of the shoulder. In your mind translate the mechanism of injury into the common - anatomical injury patterns. For example, a head-on collision between two cars each travelling at 40 miles per hour coming to a dead stop should be interpreted by the history taker as - a rapid deceleration injury , which then allows anticipation of likely injuries, such as rupture of the aortic arch. Similarly , a fall onto an outstretched hand might be associated with wrist, - elbow , shoulder and clavicular injuries. Following the history of the presenting complaint, it is important to collect information beyond that of the injury . The AMPLE mnemonic is an abbreviated system taught in ATLS that is designed to provide key information quickly in a focused way . A : Allergies M : Medication - important to ask about anticoagulant and antiplatelet therapies, corticosteroid use and any possible immunosuppressive treatment P : Past medical and surgical history - has the patient had an anaesthetic in the past and were there any complications E : Events - events that led to the injury In the multiply injured patient or patients with altered levels of consciousness, gain as much collateral history as possible. Listen to the account of prehospital personnel; for example, the amount of cabin intrusion in a vehicle or whether a collision was head-on or side-on. History

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