Kinetic Areas Trauma Training

MARCH POCKET GUIDE

Kinetic Areas Trauma Training | 2026

LAZARUS TRAINING

MARCH | Casualty management

STOP AND ASSESS

Danger - you, others, casualty

History - mechanisms of injury

Response levels - ACVPU

ASSESS THE CASUALTY

Primary survey
Blood sweep / injury check

WORK IN PRIORITY

M **Massive Bleeding**

A **Airway**

R **Respiration**

C **Circulation**

H **Head injuries and Hypothermia**

The most important assessment is the re-assessment.

MARCH | Primary survey

SAFETY FIRST 1 My safety 2 Anyone uninjured 3 The casualty

Danger: Is it safe enough to help? **Response:** Can they talk / help themselves?

M

Massive Bleeding

Arms / legs / neck / flanks

A

Airway

Can they maintain? Can you provide?

R

Respiration

2 in 10 - is it good breathing?

C

Circulation

Blood sweep / injury check; pulse and capillary refill

H

Head injuries and Hypothermia

Check head; prevent heat loss; monitor and reassess

The most important assessment is the re-assessment.

M Massive Bleeding

Compressible bleed
Tourniquet
Higher than wound
Not over knee or elbow



M Massive Bleeding

- Non compressible bleed

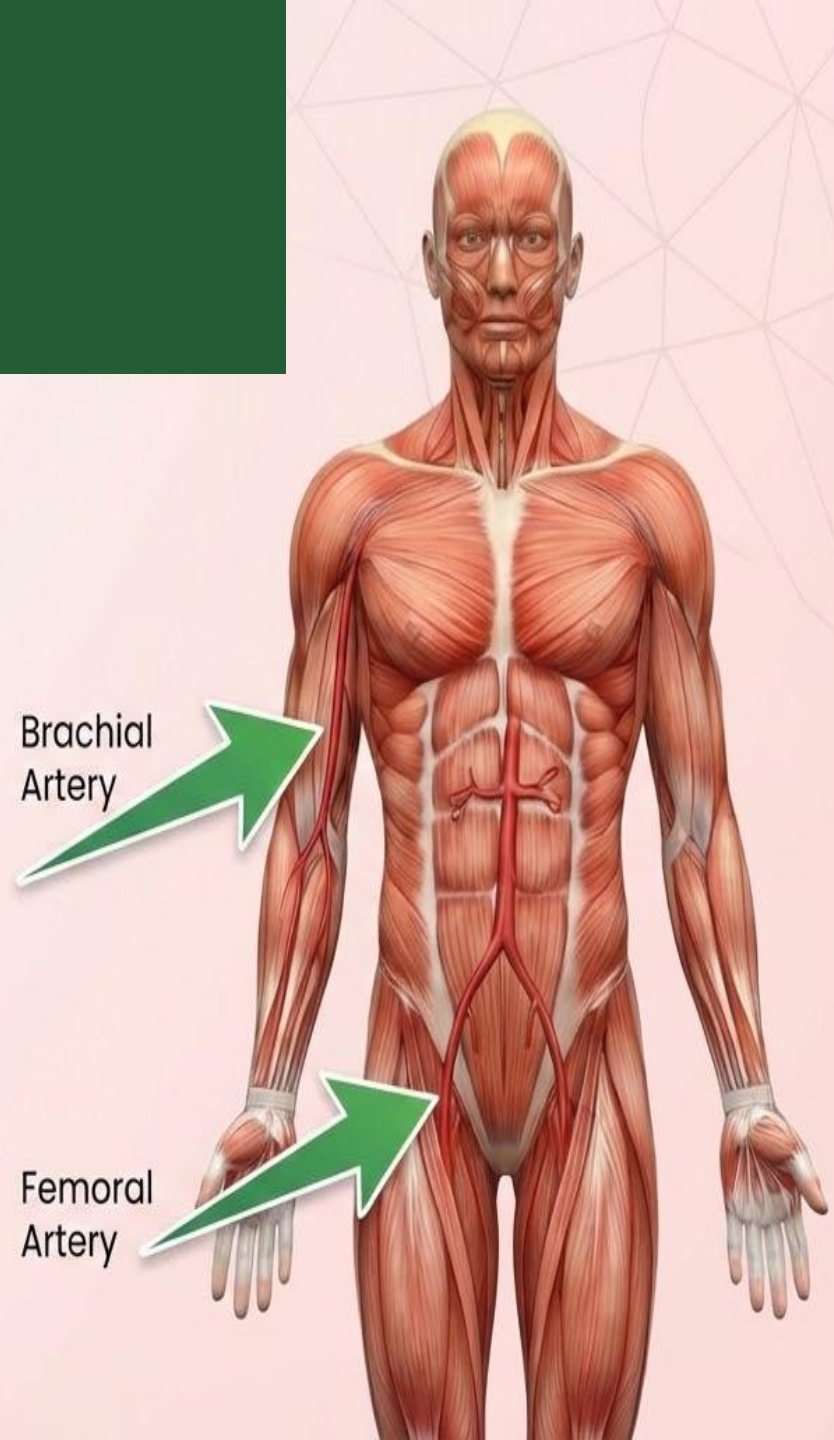
- Haemostatic agent
- Pack wound
- Pressure over haemostatic for 3+ minutes
- Send packaging with casualty



Severe Limb Trauma

Massive Bleeding | Casualty Management

- Proximal Pressure
- Brachial – Place hands around arm, halfway between shoulder and elbow. Squeeze until bleeding stops
- Femoral – Press on the "knicker line". Press hard with thumbs until bleeding stops



A Airway Management

Options:

- Head tilt and chin lift
- Recovery Position

Head tilt and chin lift





Recovery Position





Pump & Blow




UNRESPONSIVE?
Shout for help
Open airway
NOT BREATHING NORMALLY?
Call 999
30 chest compressions
2 rescue breaths
30 compressions

R Respiration

Chest Trauma

Expose chest - think FLASH

- Feel
- Look
- Armpits
- Search the back
- Holes

For open chest wound:

- Seal hole with hand
- Use chest seal if available







R Respiration

Chest Trauma

Check back and sides

Position to help breathing

Re-assess; watch for

- Increased breathing rate
- Distended neck veins

If needed “burp” the dressing



M / R | Injuries to the torso



Chest Seal

Pack Wound

Tourniquet**

**Not the head

C Circulation

Blood sweep / injury check

Rapid examination to find other wounds

Check: CARTS-A

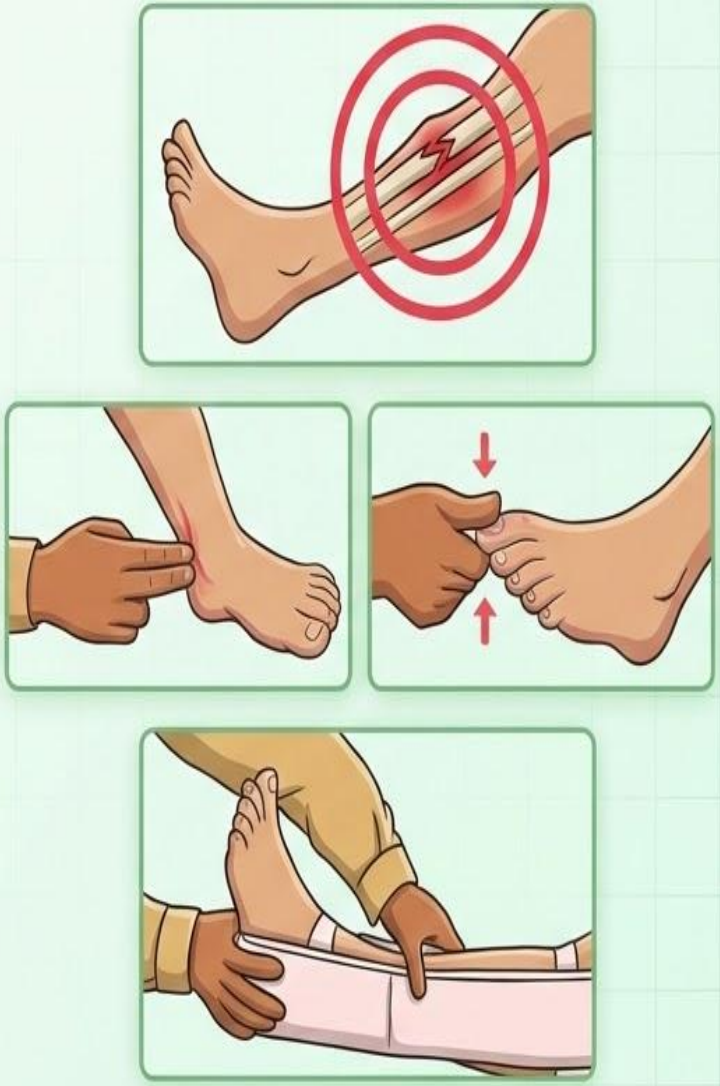
- **C** - C - Chest
- **A** - A - Abdomen/pelvis
- **R** - R - Renal/kidneys- check the back
- **T** - T - Thigh- legs
- **S** - S - Skin- arms
- **S** - Street-
- **A** - A - Airway [recheck & check head]



C Circulation

Fractured Limbs

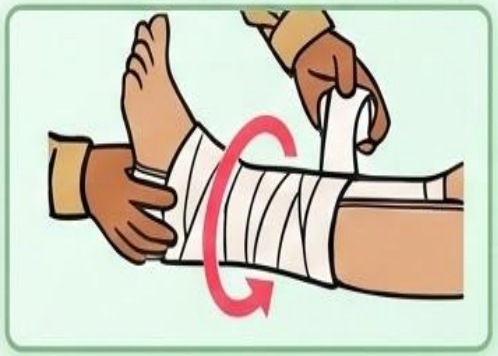
- Stop any bleeding
- Support the limb to prevent further injury
- Check circulation
- Pad and strap for comfort
- “Bind it as you find it”

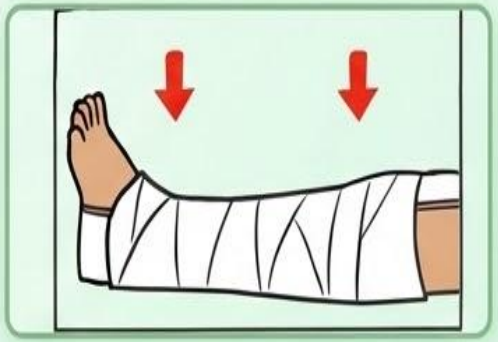


C Circulation

Fractured Limbs

- Stop any bleeding
- Support the limb to prevent further injury
- Straighten and splint limbs in prolonged casualty evacuation situations if no pulse
- "Make it look right"
- Constant re-assessment of circulation to the extremities







Burns Trauma

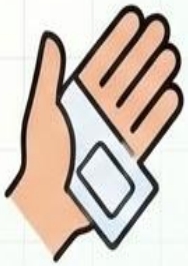
- Stop the burning
- Cool it – water for at least 10 minutes
- If chemicals cool for longer
- Remove loose burnt clothing
- If possible remove constrictive items







Burns Trauma



Cover it – a light, clean, non-fluffy dressing



Treat for shock – lie them down and keep walm



Estimate the surface area burnt if possible



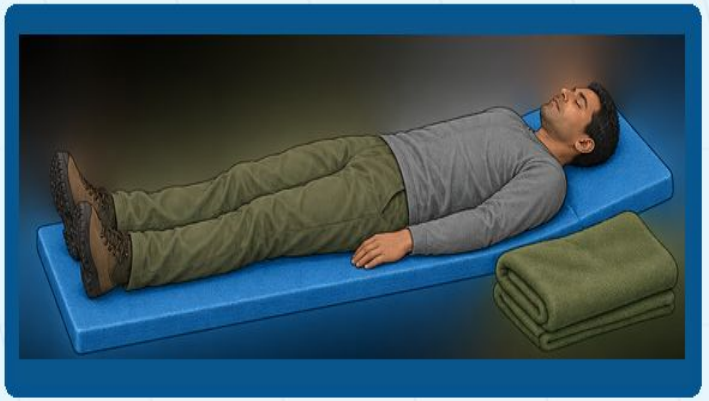
The casualty's palm is 1% of their body surface area

Head injuries and Hypothermia

Hypothermia prevention

Why prevention matters

- Blood loss and shock can reduce body temperature
- Even in warm weather, trauma casualties are at risk
- Cooling impairs clotting and increases bleeding risk



Prevent heat loss — act early

- Minimise exposure; retain protective clothing
- Replace wet clothing with dry, where possible
- Insulate casualty from the ground immediately
- Wrap in dry blankets, including the head (face clear)



Active warming and reassessment

- Apply active warming to torso — never directly on skin
- Use a passive insulating shell over the casualty
- Monitor and reassess; passive insulation alone
- does not reverse established hypothermia



Casualty Handover

AT MIST

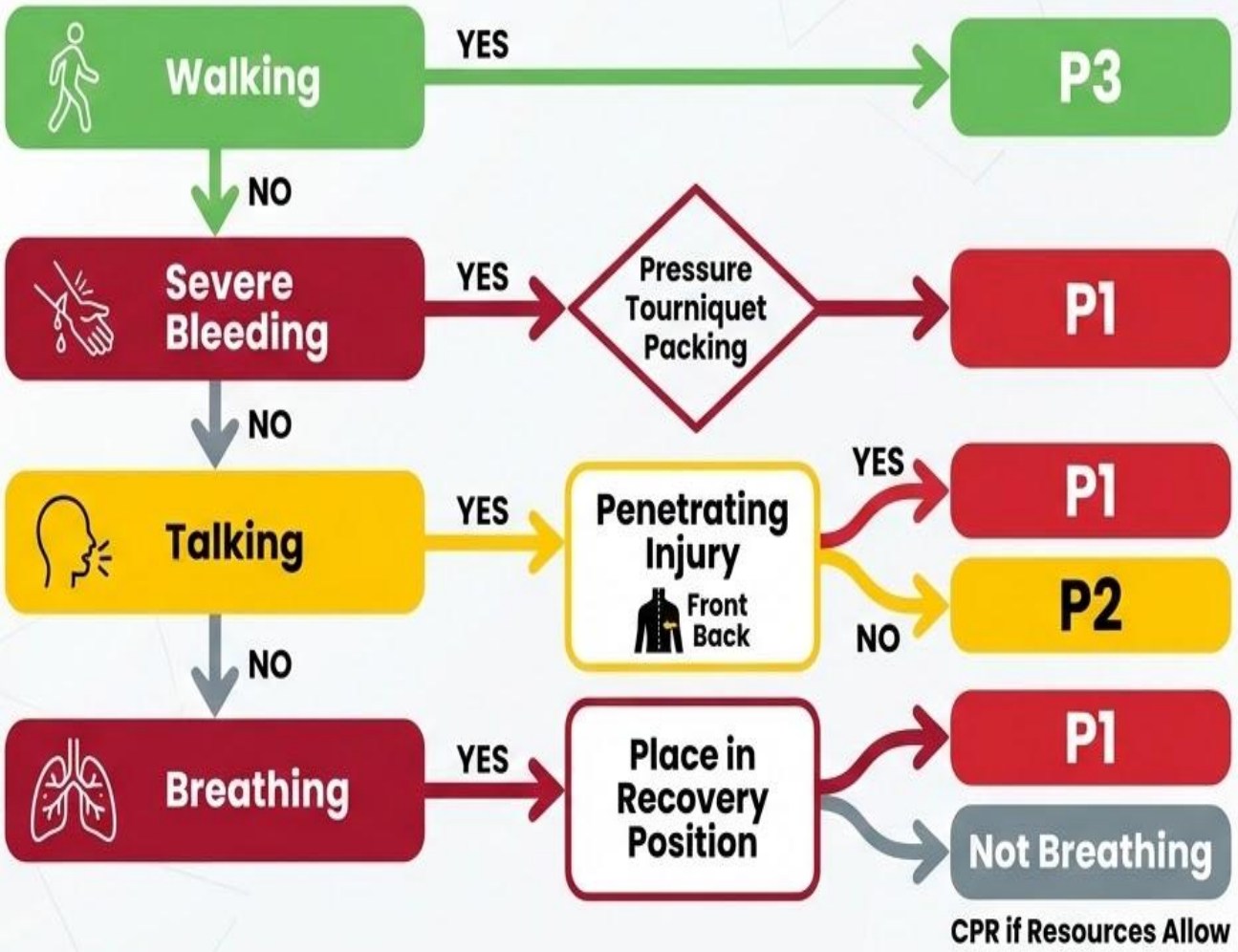
- **A-** Age
- **T-** Time of incident
- **M-**Mechanism of Injury
- **I-**Injuries
- **S-** Signs & Symptoms
- **T-** treatment given or planned

Vital Signs- CPRO-T

- **C-** Capillary refill
- **P-** Pulse
- **R-**Respiratory Rate
- **O-**Oximetry
- **T-** Temperature

WRITE IT DOWN

Triage


Walking
YES
P3
NO
Severe Bleeding
YES
Pressure Tourniquet Packing
P1
NO
Talking
YES
Penetrating Injury
Front
Back
YES
P1
NO
P2
NO
Breathing
YES
Place in Recovery Position
P1
Not Breathing
CPR if Resources Allow

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