The primary directives

Anxiety provokes memory loss: so learn a system and stick to it

The reason

When the chips are down you may only have your own experience to rely on. When your experience is limited you need rules that are easy to remember and easy to apply, even in the most threatening of circumstances. This system is:

Airway, with control of the cervical spine;
Breathing, with oxygen; and
Circulation, with control of external blood loss.

This **ABC** system allows the identification and treatment of life-threatening injuries in a rapid, logical and reproducible order. The patient assessment is extended to include:

Disability (neurological status); and
Exposure, with environmental considerations (control of body temperature).

Together, the initial patient assessment following this **ABCDE** system is known as the 'primary survey'. This is the systematic approach taught on the internationally established *Advanced Trauma Life Support* course [1] (adapted as the *Early Management of Severe Trauma* course in Australia) and *Pre-hospital Trauma Life Support* course [2].

The exceptions

To the beginner in trauma management, there are no exceptions to this rule. This is your code of practice. The experienced clinician, however, will regard all rules as guidelines but will still closely follow **ABC** principles.

The most common cause of avoidable death in a military conflict is uncontrolled external haemorrhage, particularly from the limbs, following blast and penetrating trauma. Champion has demonstrated that 50% of US battlefield deaths in Vietnam were from exsanguination. Eighty per cent of these were torso injury and 20% were from '*injured vessels that might be controlled by pressure*' (neck, limbs, soft tissues) [3]. Military practice has therefore modified the ABC paradigm (within the *Battlefield Advanced Trauma Life Support* course [4]) to **<C>ABCDE**:

- **<C>** Control of catastrophic haemorrhage;
- **A** Airway, with control of the cervical spine *where appropriate*;
- **B** Breathing, with oxygen *where available*; and
- **C** Circulation, with control of non-catastrophic external haemorrhage.

Spinal immobilization is designed to protect the cord following blunt trauma with hyperextension/hyperflexion that results in ligamentous instability: the cervical spine will not benefit from immobilization following penetrating trauma.