

UE 2.4 Processus Traumatiques

Histoire de la méthode *ABCDEF*

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OBJECTIFS

- Connaître l'origine de cette méthodologie
- Avoir une représentation de son utilisation pratique
- Repérer la transférabilité vers vos pratiques professionnelles



Figure 2. Dr Styner's plane after he and his family crashed in a rural Nebraska cornfield in 1976. Printed with the permission of Dr James Styner.

FIELD EXERCISE

I don't know how long I sat there after the world became silent; it seemed like just a second. The first thing I thought about after 'you're still alive' was fire; I evacuated to the right into the opening and ran into barbwire that entangled the aircraft. This got my attention and my next thought was "the kids are still in there!" I saw Randy and started to extract him when I realized he was pinned under the fuselage. Chris tried to give me Kim and discovered his right arm was fractured. I set Kim away from the aircraft and removed Rick. I then turned my attention to Randy. I used only my hands to dig the leg out. I don't know how hard the ground was but there were no marks on my hands. His leg fell off the impalement and I waited for the bleeding, it never started. Chris was able to extract himself.

Now that all were away from the aircraft and fire was not a problem, I realized we had a potential for hypothermia. We gathered clothing from scattered suitcases and made a bed in the back compartment, placed the kids on top, and piled more cloth over them. Chris and I sat in the front and waited for help; it never came.

I went looking for my wife 3 different times and found her on the third try, checked her, and confirmed she was gone. The overcast skies dissipated and we had a clear sky with a near full moon. I went back to check her 3 more times to be sure she was gone.

While sitting in the aircraft, we could see a road to the left some distance away. After waiting until about 2:00 am, I decided to go for help. I instructed Chris to stay with the children. We talked about my rib injury and the possibility of a spleen problem. He was instructed not to come looking for me if I did not return, but to stay with the children. Both of us handled the entire experience without any outward emotion. I walked about 5/8 of a mile along a dirt road next to the pond to the highway and flagged down a car after 2 trucks failed to stop. I had to jump into a roadside ditch as the trucks passed to keep from getting hit. As I approached the car, the occupants saw the dried blood on my face and thought it might be a mask; they chose to wait. Their names were Rick and David. I told them what had happened. We drove back to the accident site and loaded up the kids. I cannot recall how we assembled 7 in the car or how much protection we gave their necks.



Comme j'ai pu donner de meilleurs soins à mes enfants au site même de l'accident, malgré des ressources limitées, que ceux que nous avons reçus à l'hôpital de première ligne; il y a quelque chose qui ne va pas avec le système et le système doit être changé.

James Styner, MD, FACS 1977

ATLS DANS LE MONDE



CONCEPTS DE L'ATLS

- L'approche ABCDE de l'évaluation et du traitement
- Traiter en premier ce qui menace le plus la survie
- Le temps est essentiel
- Ne pas nuire davantage



ADVANCED TRAUMA CARE FOR NURSES

Advanced Trauma Care for Nurses (ATCN) is an advanced course designed for the registered nurse interested in increasing his/her knowledge in management of the multiple trauma patient. The ATCN course is taught concurrently with the American College of Surgeons (ACS) *Advanced Trauma Life Support*® (ATLS).

The ATCN program has been operational for over 15 years and has an excellent record of offering a superb trauma educational program, and maintaining a positive collaboration with the ACS Committee on Trauma State Chapters. The ATCN program is currently being offered in numerous states as well as internationally. The ATCN Committee is continually responding to requests from other regions, states, and countries to start this program in their areas. There is a 6-month planning process for all inaugural courses.





ATLS
permet un
langage
commun

L'ORGANISATION DE L'UE :

A (Airway) Voies respiratoires et protection de la colonne cervicale

B (Breathing) Respiration / ventilation / oxygénation

C (Circulation) Arrêter le saignement!

D (Disability) État fonctionnel / neurologique

E Exposition / Environnement / température corporelle

L'ORGANISATION DE L'UE :

- Faciliter et organiser votre apprentissage
- Mobiliser vos connaissances pour exercer en prodiguant des soins de qualité tout en jouissant d'un certain confort de travail
- Connaître votre rôle d'infirmier au cours des différentes prises en charge



Université Claude Bernard Lyon 1



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