

# C-ABCDE

## **C** Catastrophic bleeding / Cardiac arrest

### **A** Airways

- |                     |                              |
|---------------------|------------------------------|
| Check airway        | 1. Chin lift/Jaw thrust      |
| Thorax movement     | 2. Naso/Oropharyngeal airway |
| See, listen, feel   | 3. Suction                   |
| Paradox. breathing? | 4. Laryngeal mask airway     |
| Stridor?            | 5. Intubation                |
|                     | 6. Coniotomy                 |

### **B** Breathing

- |                  |                  |
|------------------|------------------|
| Respiratory rate | 1. Oxygen        |
| Thorax movement  | 2. Ventilation   |
| Auscultation     | 3. Decompression |
| Cyanosis         | 4. Chest tube    |

### **C** Circulation

- |                         |                          |
|-------------------------|--------------------------|
| Colour (Pale)           | 1. Tilt bed              |
| Cold/Sweaty             | 2. Fluids (PVC, IO, CVC) |
| Pulse (Rad / Fem / Car) | 3. Vasoactive drugs      |
| Abdomen/Pelvis          | (Adrenalin IM)           |

### **D** Disability

- |                     |                |
|---------------------|----------------|
| AVPU/GCS            | 1. Support ABC |
| Pupils              | 2. Glucose     |
| Movement of extrem. | 3. Antidote    |

### **E** Exposure

- |                        |                  |
|------------------------|------------------|
| Check whole body       | 1. Log roll      |
| Prevent hypothermia    | 2. Warm blankets |
| Prevent further injury | 3. Warm fluids   |

# SBAR

## **S** Situation

Own name, title, and unit  
Patients name, sex, and age  
Patients social security / identification number  
Describe situation briefly  
*I'm contacting you to...*

## **B** Background

Previous and current illness  
Relevant medical history  
Allergies  
Contagiousness

## **A** Assessment

A: Airway  
B: Breathing, saturation  
C: Heart rate, blood pressure  
D: Consciousness, pain, oriented to time / place / person  
E: Temperature, skin, colour, abdomen, urine production  
*Brief assessment*

## **R** Recommendation

Immediate action (Care, monitoring, transfer, treatment)  
Further examinations (Radiology)  
Time frame (How often...? How long...? Next contact...?)

**Confirmation of communication**  
*Questions / Agreement*