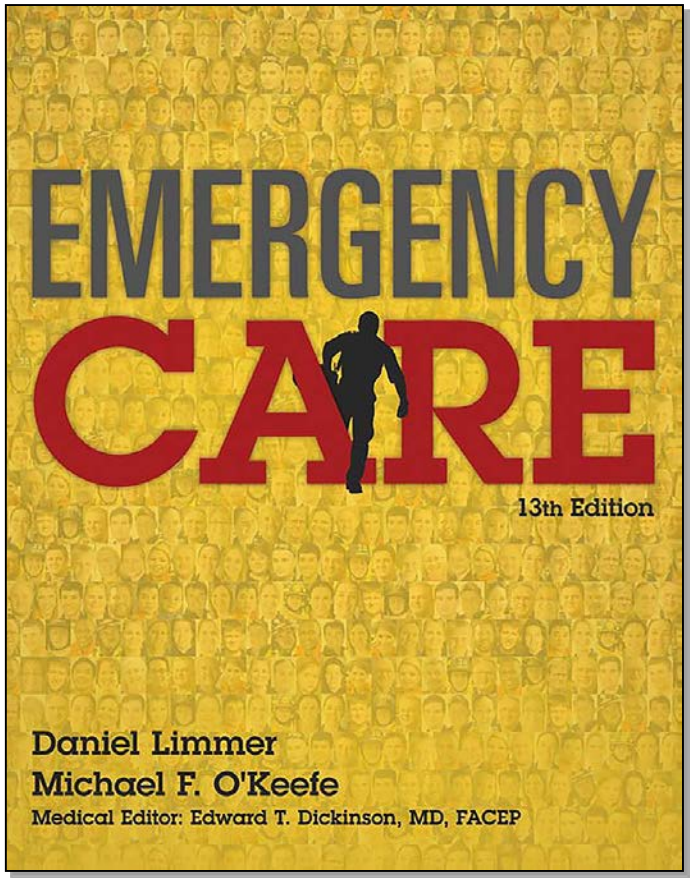
Emergency Care

THIRTEENTH EDITION



CHAPTER 26

Soft-Tissue Trauma

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Multimedia Directory

Slide 10 Integumentary Anatomy Video
Slide 79 Electrical Injuries Animation

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Topics

- Soft Tissues
- Closed Wounds
- Open Wounds
- Treating Specific Types of Open Wounds
- Burns
- Electrical Injuries
- Dressing and Bandaging

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Soft Tissues

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Soft Tissues

- Skin
- Fatty tissues
- Muscles
- Blood vessels
- Connective tissues
- Membranes
- Glands
- Nerves

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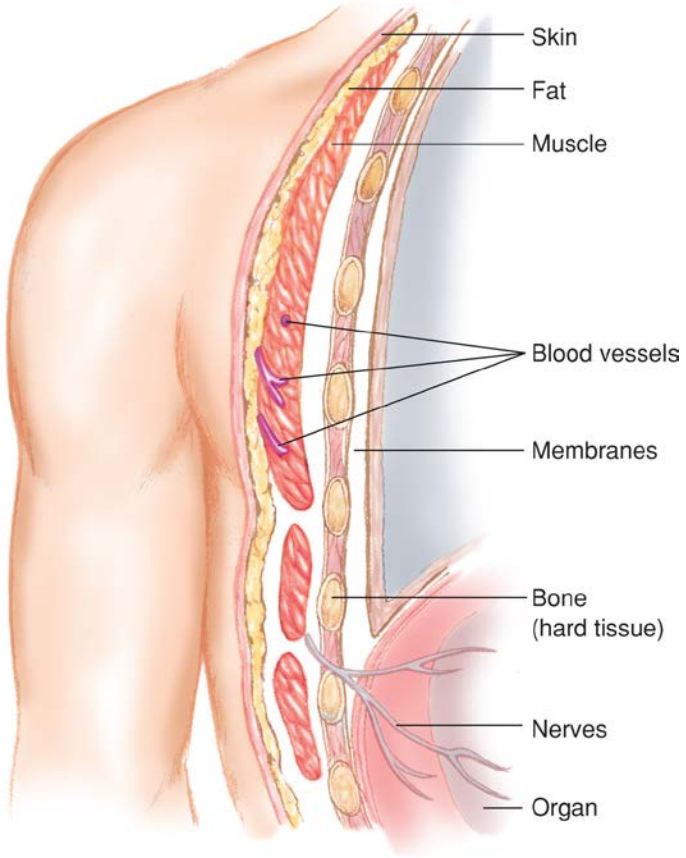
Soft Tissues



Soft tissues.

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Soft Tissues

- Major functions of the skin
  - Protection
  - Water balance
  - Temperature regulation
  - Excretion
  - Shock (impact) absorption

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Soft Tissues

- Skin layers
  - Epidermis
  - Dermis
  - Subcutaneous layers
- Wounds often classified as closed or open.

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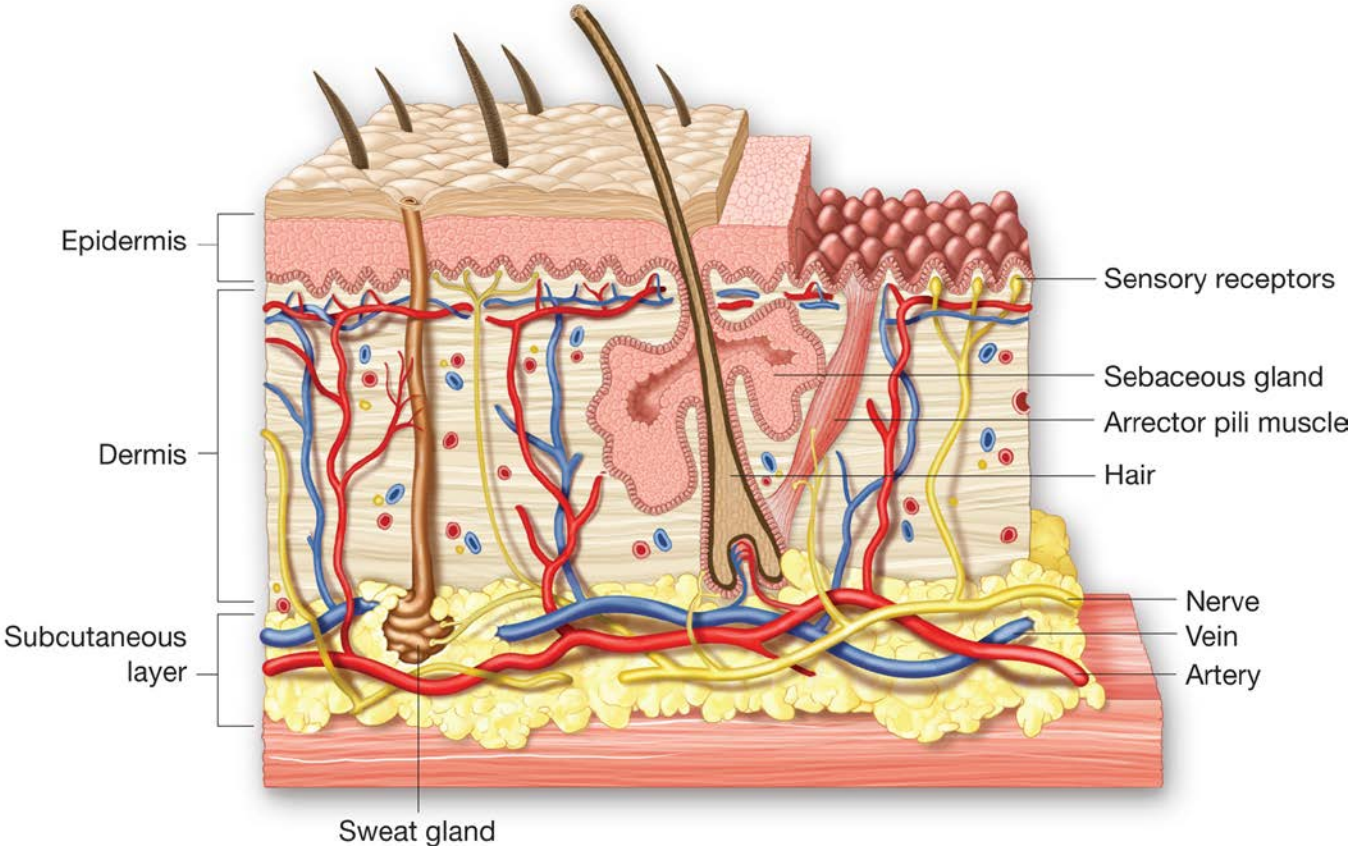
Skin



The skin.

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Integumentary Anatomy Video

Click on the screenshot to view a video on the subject of skin layers and wounds.

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Closed Wounds

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Closed Wounds

- Internal injuries with no pathway from the outside to the injured site
- Although skin unbroken, may be extensively crushed tissues beneath
- Range from minor to life-threatening

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Closed Wounds

- Contusions
  - Bruise
- Hematomas
  - Similar to contusion
  - More tissue damage
  - Involves larger blood vessels

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Closed Wounds

- Closed crush injuries
  - Excessive force crushing or rupturing internal (generally solid) organs
- Blast injuries
  - Can include open and close wound types
  - Potential for massive internal damage is higher than with direct-force trauma.

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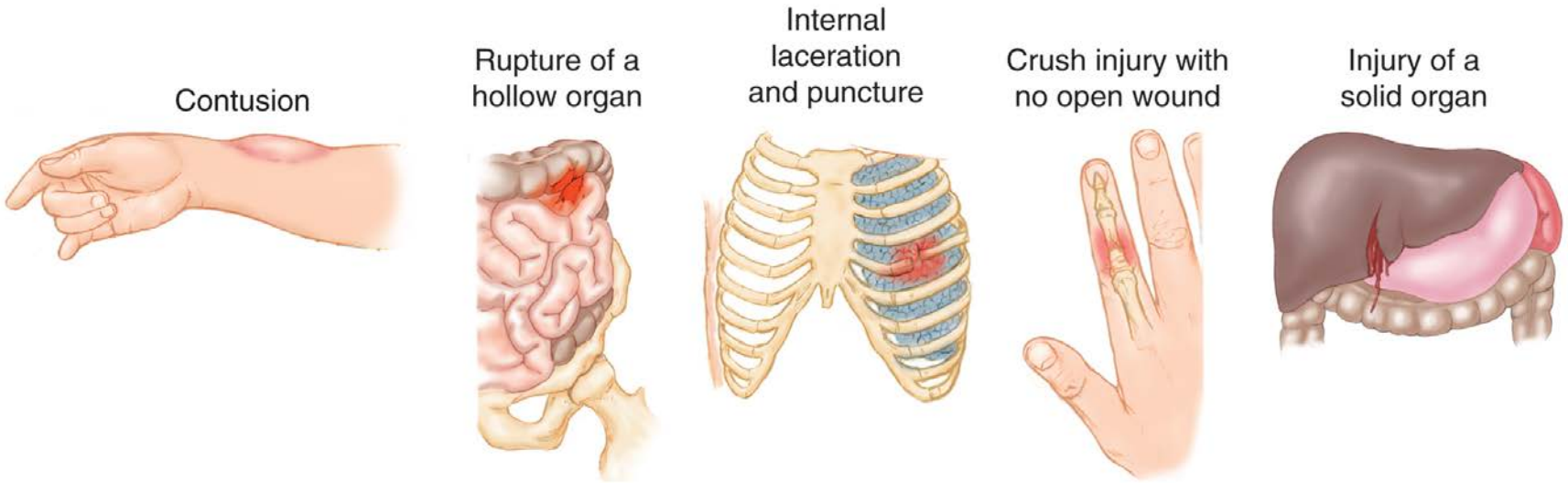
Closed Wounds



Closed wounds.

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Patient Assessment

- Bruising may be indication of internal injury or internal bleeding.
- Consider mechanism of injury.
- Crush injuries are difficult to identify.

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Patient Care

- Take appropriate Standard Precautions
- Manage airway, breathing, and circulation
- Always manage as if there is internal bleeding and shock if there is any possibility of internal injuries

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Patient Care

- Splint extremities that are painful, swollen, or deformed
- Stay alert for vomiting
- Continuously monitor for changes and transport
- Apply cold pack to isolated injuries to manage pain and swelling

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Open Wounds

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Types of Open Wounds

- Abrasions
- Lacerations
- Penetrating trauma and punctures
- Avulsions
- Amputations

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Types of Open Wounds

- Open crush injuries
- Bite wounds
- Blast injuries
- High-pressure-injection injuries

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Think About It

- Does an open wound necessitate using more than just gloves as Standard Precautions?
- Can an open injury affect the patient's airway or breathing?

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Emergency Care for Open Wounds

- Strict attention to Standard Precautions
  - In addition to wearing gloves, a gown and protective eyewear may be required.

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Patient Care

- Expose wound.
- Clean surface of wound.
- Control bleeding.
- For all serious wounds, provide care for shock, including administration of high-concentration oxygen.
- Prevent further contamination.

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Patient Care

- Bandage dressings in place after bleeding is controlled.
- Keep patient lying still.
- Reassure patient.

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Treating Specific Types of Open Wounds

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Treating Abrasions and Lacerations

- Reduce wound contamination
- Hold direct pressure to control bleeding
- Always check pulse, motor, and sensory function distal to injury to assure function

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Treating Penetrating Trauma

- Use caution as objects may be embedded deeper than they appear.
- Check for exit wounds.
  - May require immediate care
- Bullets can fracture bones as they enter.
- Stab wounds are considered serious if in a vital area of body.

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Treating Penetrating Trauma

- Reassure patient.
- Search for exit wound.
- Assess need for basic life support.
- Follow local protocols regarding spinal immobilization.
- Transport patient.

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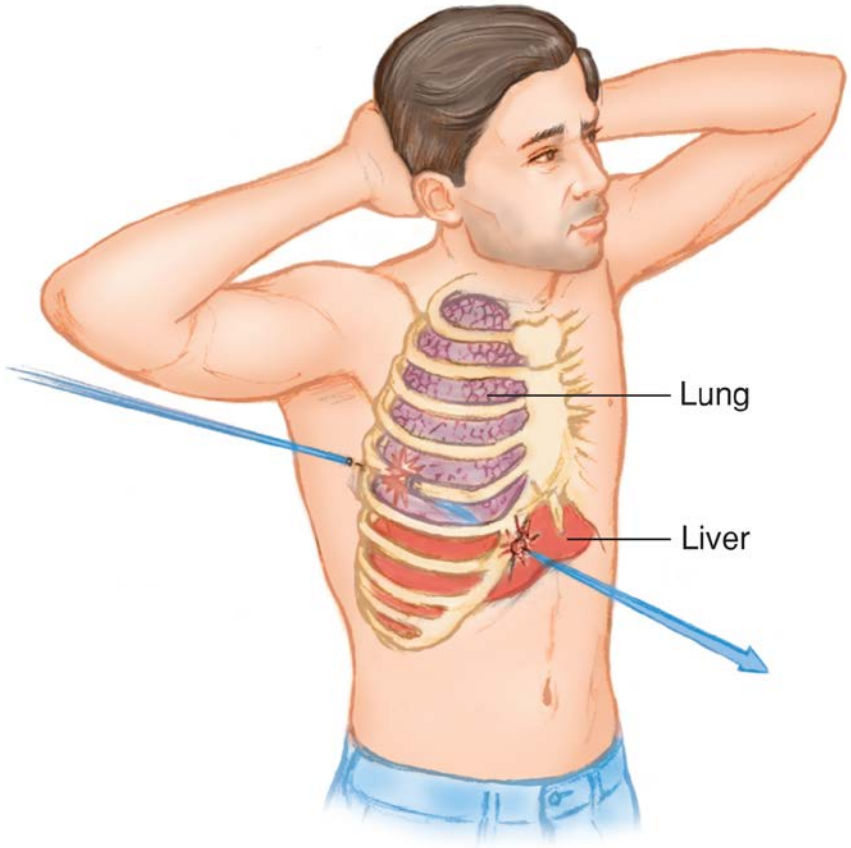
Treatment: Penetrating Trauma



Bullets travel in an unpredictable path once they are inside the patient's body and can therefore cause damage to multiple organs and bones.

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Treatment: Penetrating Trauma

A gunshot wound to the right flank. © *Edward T. Dickinson, MD*

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Treating Impaled Objects

- Do not remove object; may cause severe bleeding.

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Treating Impaled Objects

- Expose wound area.
- Control profuse bleeding by direct pressure.
- Apply several layers of bulky dressing so dressing surrounds the object on all sides.
- Secure dressings in place.

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Treating Impaled Objects

- Care for shock.
- Keep patient at rest.
- Provide rapid transport.
- Reassure patient throughout all aspects of care.

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Treatment: Impaled Objects

Stabilize an impaled object with bulky dressings.

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Treatment: Impaled Objects

Bandage the impaled object and surrounding dressings in place.

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Object Impaled in the Cheek

- Take care that object does not enter oral cavity, causing airway obstruction.
- If cheek wall is perforated, profuse bleeding into mouth and throat can cause nausea and vomiting.
- External wound care will not stop the flow of blood into the mouth.

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Object Impaled in the Cheek

- Examine wound site, both inside and outside mouth
- If you find the perforation and can see both ends, remove object.
  - If this cannot be easily done, leave object in place.

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Treatment: Impaled Object in Cheek

The process of removing an impaled object from the cheek.

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Object Impaled in the Cheek

- Position patient to allow for drainage.
- Monitor patient's airway.
- Dress outside of wound.
- Provide oxygen and care for shock.

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Puncture Wound or Object Impaled in the Eye

- Stabilize the object.
- Apply rigid protection.
- Have another rescuer stabilize dressings and cut while you secure them in place with self-adherent roller bandage or with wrapping of gauze.

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Treatment: Puncture Wound or Object Impaled in Eye

Managing an object impaled in the eye.

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Treatment: Puncture Wound or Object Impaled in Eye

Managing an object impaled in the eye.

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Puncture Wound or Object Impaled in the Eye

- Dress and bandage uninjured eye.
- Consider need for oxygen and care for shock.
- Reassure patient and provide emotional support.

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Treating Avulsions

- Clean wound surface.
- Fold skin back into normal position.
- Control bleeding and dress with bulky dressings.
- If avulsed parts are completely torn away, save in sterile dressing and keep moist with sterile saline.

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Treating Amputations

- Take steps to control hemorrhage immediately.
- Apply direct pressure to control bleeding; use tourniquet only if all other methods fail.

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Treatment: Amputations

Care for an amputated part. The amputated digit sits on sterile-saline-soaked gauze, awaiting reimplantation. © *Edward T. Dickinson, MD*

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Treating Amputations

- Wrap amputated part in sterile dressing, and secure dressing with self-adhesive gauze bandage.
- Then wrap or bag amputated part in plastic bag; keep it cool by cold pack.
- Do not immerse amputated part directly in water or saline.

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Treating Genital Injuries

- Control bleeding.
- Preserve avulsed parts.
- Consider if injury suggests another, possibly more serious, injury.
- Display calm, professional manner.
- Dress and bandage wound.
- Consider possibility of sexual assault.

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Burns

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Burns

- May involve more than just skin-level structures
- If respiratory structures are affected, swelling may occur, causing life-threatening obstruction.
- Do not let burn distract from spinal damage or fractures.

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Patient Assessment

- Classifying burns
  - Agent and source
  - Depth
  - Severity

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Classifying Burns by Agent and Source

- Such as chemicals or electricity
- Report the agent and, when practical, the source of the agent.
  - Never assume the agent or source of the burn.
  - Always gather information from your observations of the scene, bystanders' reports, and patient's interview.

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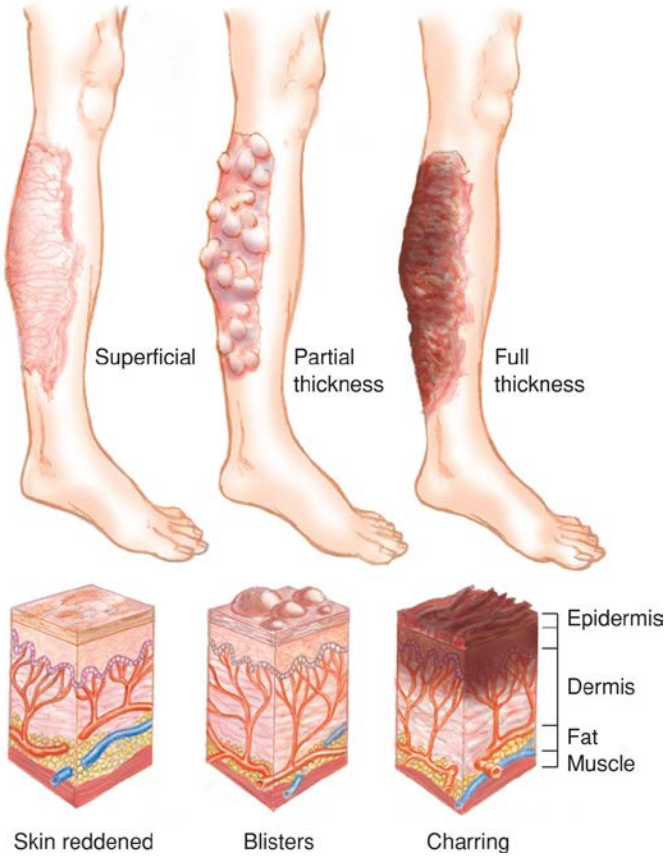
Assessment: Burns



Burns are classified by depth.

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Classifying Burns by Depth

- Superficial burn (1st degree)
  - Involves only epidermis
  - Reddening with minor swelling
- Partial thickness burn (2nd degree)
  - Epidermis burned through, dermis damaged
  - Deep, intense pain
  - Noticeable reddening
  - Blisters and mottling

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Classifying Burns by Depth

- Full thickness burn (3rd degree)
  - All layers of skin burned
  - Blackened areas surrounded by dry and white patches

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Superficial Burn

A superficial burn. © *Edward T. Dickinson, MD*

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Partial Thickness Burn

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Partial Thickness Burn

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Full Thickness Burn

A full thickness burn. © *Edward T. Dickinson, MD*

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Determining the Severity of Burns

- Consider the following factors:
  - Agent or source of the burn
  - Body regions burned
  - Depth of the burn
  - Extent of the burn
  - Age of the patient
  - Other illnesses and injuries

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Determining the Severity of Burns

- Rule of Nines
  - Helps estimate extent of burn area
  - Adult body is divided into 11 main areas
  - Each represents 9 percent of body surface

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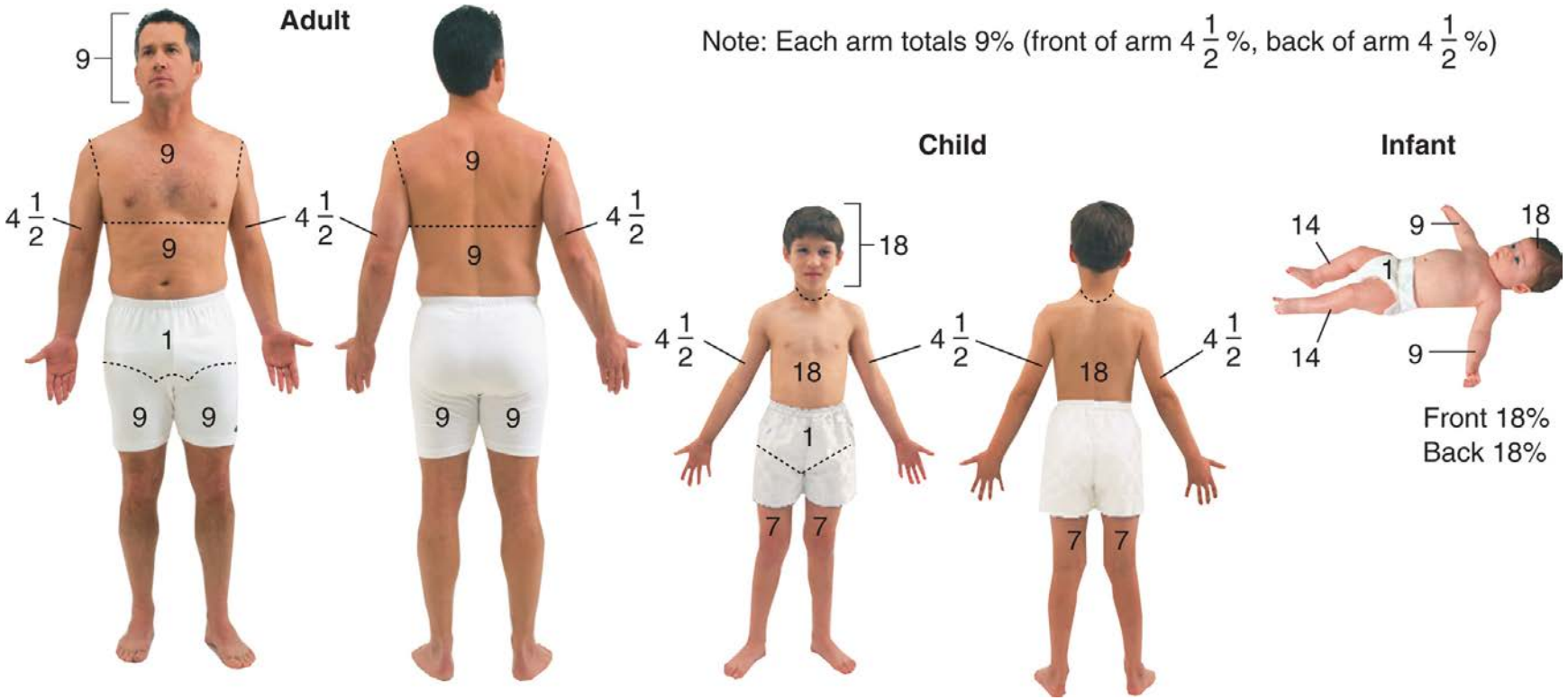
Burns: Severity



Rule of nines.

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Classifying Burns by Severity

- Must be classified to determine:
  - Order and type of care
  - Order of transport
  - Maximum information to provide to the emergency department.

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Geriatric Note

- A moderate burn in a young adult can be fatal to a geriatric adult.

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Pediatric Note

- Infants and children have a much greater relationship of body surface area to total body size, resulting in greater fluid and heat loss from burned skin.

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Treating Specific Types of Burns

- Patient care for thermal burns
  - Stop burning process and cool burned area.
  - Ensure open airway and assess breathing.
  - Look for signs of airway injury.
  - Complete primary assessment.
  - Treat for shock.

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Treating Specific Types of Burns

- Patient care for thermal burns
  - Evaluate burns by depth, extent, and severity.
  - Do not clear debris.
  - Remove clothing and jewelry.
  - Wrap with dry sterile dressing.
  - For burns to hand or feet, remove patient's rings or jewelry and separate fingers or toes with sterile gauze pads.

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Treating Specific Types of Burns

- Patient care for chemical burns
  - Wash away chemical with copious amounts of flowing water.
  - If dry chemical, brush away, then flush with water.

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Treatment: Chemical Burns

For a chemical burn, brush away dry powders.

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Treatment: Chemical Burns

Then flood the area with water.

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Treating Specific Types of Burns

- Patient care for chemical burns
  - Remove contaminated clothing.
  - Apply sterile dressings.
  - Treat for shock.
  - Transport.

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Radiological Burns

- Exposure to high levels of radiation can harm the human body both immediately and in a delayed fashion.
- Great number of sources of radiation
  - Difficult to detect without specific monitoring equipment

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Radiological Burns

- Extremely harmful
  - Do not approach a radiological injury without protective equipment and specialized training.
  - See patient with a radiological burn only after they have been decontaminated.
- Most will present like thermal injuries.

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Electrical Injuries

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Electrical Injuries

- Severe damage through body by disrupting nerve pathways
- Entry and exit burns are possible.
- Respiratory/cardiac arrest are possible.
- Bones may fracture from violent muscle contractions.

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Patient Care

- Provide airway and breathing care.
- Provide basic cardiac life support; be ready to defibrillate.
- Care for shock and administer high-concentration oxygen.

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Patient Care

- Care for spinal and head injuries as well as extremity fractures.
- Evaluate burn sites.
- Cool burning areas and smoldering clothing the same you would for a flame burn.
- Apply sterile dressings.
- Transport as soon as possible.

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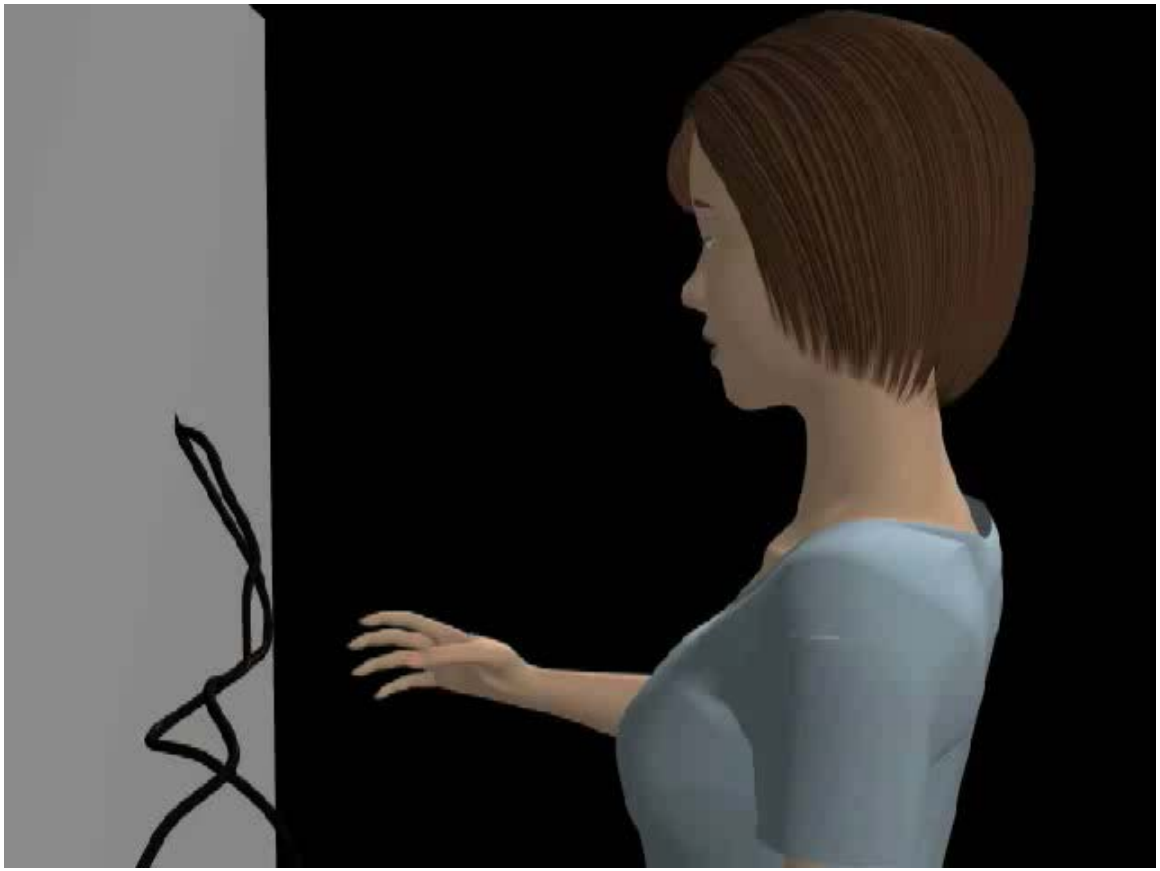
Electrical Injuries Animation



Click on the screenshot to view an animation about injuries caused by electricity.

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Dressing and Bandaging

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Dressing and Bandaging

- Dressing
  - Any material applied to wound to control bleeding and prevent contamination
- Bandage
  - Any material used to hold dressing in place

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Dressing and Bandaging

Dressings cover wounds.

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Dressing and Bandaging

- Universal dressing
  - Available for profuse bleeding, large wound
- Pressure dressing
  - Used to control bleeding
- Occlusive dressing
  - Used to form an airtight seal
  - Wounds to the abdomen, large neck veins, open wounds to chest

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Dressing and Bandaging

Bandages hold dressings in place.

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Patient Care

- Dressing open wounds
  - Take Standard Precautions.
  - Expose wound.
  - Use sterile or very clean materials.
  - Cover entire wound.
  - Control bleeding by direct pressure and/or hemostatic agents or dressings to stop or slow bleeding.
  - Do not remove dressings.

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Patient Care

- Bandaging open wounds
  - Do not bandage too tightly or too loosely.
  - Do not leave loose ends.
  - Do not cover tips of fingers or toes.
    - Must observe distal skin color changes
  - Cover all edges of dressings.

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Bandaging Open Wounds

To apply a self-adhering roller bandage, secure it with several overlapping wraps.

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Bandaging Open Wounds

To apply a self-adhering roller bandage, keep it snug.

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Chapter Review

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Chapter Review

- Soft-tissue injuries may be closed (internal, with no pathway to the outside) or open (an injury in which the skin is interrupted, exposing the tissues below).

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Chapter Review

- Closed injuries include contusions (bruises), hematomas, crush injuries, and blast injuries. Open wounds include abrasions, lacerations, punctures, avulsions, amputations, crush injuries, and blast injuries.
- For open wounds, expose the wound, control bleeding, and prevent further contamination.

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Chapter Review

- For both open and closed injuries, take appropriate Standard Precautions; note the mechanism of injury; protect the patient's airway and breathing; consider the need for oxygen by nonrebreather mask; treat for shock; and transport.

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Chapter Review

- Burn severity is determined by considering the source of the burn, body regions burned, depth of the burn (superficial, partial thickness, and full thickness), extent of the burn (by rule of nines or rule of palm), age of the patient (children under five and adults over fifty-five react most severely), and other patient illnesses or injuries.

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Chapter Review

- Care for burns includes stopping the burning process (using water for a thermal burn, brushing away dry chemicals), covering a thermal burn with a dry sterile dressing, flushing a chemical burn with sterile water, protecting the airway, administering oxygen, treating for shock, and transporting the patient to a medical facility.

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Chapter Review

- For treatment of electrical injuries, be sure that you and the patient are in a safe zone away from possible contact with electrical sources. Protect airway, breathing, and circulation. Be prepared to care for respiratory or cardiac arrest. Treat for shock, care for burns, and transport.

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Remember

- The soft tissue of the body is made up of skin, fatty tissues, muscles, blood vessels, fibrous tissues, membranes, glands, and nerves.
- The skin provides protection, water balance, temperature regulation, excretion, and shock absorption.

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Remember

- *Open* or *closed* in reference to a soft-tissue injury is dictated by whether or not the skin is still intact.
- Closed injuries must be evaluated with consideration to underlying anatomy and mechanism of injury.

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Remember

- Open injuries typically are easier to visualize, but they often can mask underlying injuries.
- Burns involve immediate destruction of tissue but also can have a long-term effect, both physically and emotionally.

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Remember

- Safety must be a key concern when treating a patient with a burn or an electrical injury.
- The goal of dressing and bandaging wounds is to control bleeding and to prevent infection.

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Questions to Consider

- Does the patient have a patent airway and is breathing adequate?
- If the wound is penetrating, is there an exit wound?
- What is the best way to immobilize an impaled object?

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Questions to Consider

- Is there respiratory involvement with the burn?
- Have we irrigated the chemical burn sufficiently?
- Does the electrical burn have an exit wound?
- Is the bandage securely fastened to hold the dressing?

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Critical Thinking

- A 21-year-old male lacerated his anterior elbow when he fell through a window. There is a lot of blood around the patient. Bystanders have applied numerous towels and washcloths over the wound (at least 3 inches thick).

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Critical Thinking

- There are so many dressings on the wound that you can't tell if it is still bleeding. The patient is alert, but pale and anxious. The radial pulse on his uninjured arm is weak and rapid. How much assessment of the wound should you do and how do you do it without making things worse?

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