

Task 6: Jigsaw classroom

Work in groups of 5. Each student will have a text of one of the steps of the algorithm ABCDE.

Activity 1: Read the text and examine the information. Then, complete the table with the assessment and treatment you will do to the patient. Include only the information you read in the text.

Algorithm	Assessment	Treatment
A		

Activity 2: Explain to the other students of your group what your text is about and how you summarize it.

Scaffolding:

My text is about the (first, second, third, fourth, fifth) step in the algorithm. It is the (A, B, C, D, E) step.

When we examine a patient, we have to assess his / her

One sign of the A/B/C/D/E step is

The treatment is

If they have, the treatment could be

Activity 3: Work in groups. Create a poster with the information about each step of the algorithm (design a new, you can put images of the algorithm, you can do a flow chart, you can use colours, arrows, ... Let's use your imagination!)

Algorithm	Assessment	Treatment
A		
B		
C		
D		
E		

TEXT 1

A – Airway: is the airway patent?

If the patient responds in a normal voice, then the airway is patent. Airway obstruction can be partial or complete. Signs of a partially obstructed airway include a changed voice, noisy breathing (eg, stridor), and an increased breathing effort. With a completely obstructed airway, there is no respiration despite great effort (ie, paradox respiration, or “see-saw” sign). A reduced level of consciousness is a common cause of airway obstruction, partial or complete. A common sign of partial airway obstruction in the unconscious state is snoring.



Untreated airway obstruction can rapidly lead to cardiac arrest. All health care professionals, regardless of the setting, can assess the airway as described and use a head-tilt and chin-lift maneuver to open the airway (Figure 2). With the proper equipment, suction of the airways to remove obstructions, for example, blood or vomit, is recommended. If possible, foreign bodies causing airway obstruction should be removed. In the event of a complete airway obstruction, treatment should be given according to current guidelines.⁹ In brief, to conscious patients give five back blows alternating with five abdominal thrusts until the obstruction is relieved. If the victim becomes unconscious, call for help and start cardiopulmonary resuscitation according to guidelines.⁹



Figure 2: Head-tilt and chin-lift to open the airway.

Importantly, high-flow oxygen should be provided to all critically ill persons as soon as possible.

Complete the table after reading the text

Algorithm	Assessment	Treatment
A		

TEXT 2

B – Breathing: is the breathing sufficient?

In all settings, it is possible to determine the respiratory rate, inspect movements of the thoracic wall for symmetry and use of auxiliary respiratory muscles, and percuss the chest for unilateral dullness or resonance. Cyanosis, distended neck veins, and lateralization of the trachea can be identified. If a stethoscope is available, lung auscultation should be performed and, if possible, a pulse oximeter should be applied.

Tension pneumothorax must be relieved immediately by inserting a cannula where the second intercostal space crosses the midclavicular line (needle thoracocentesis). Bronchospasm should be treated with inhalations.

If breathing is insufficient, assisted ventilation must be performed by giving rescue breaths with or without a barrier device. Trained personnel should use a bag mask if available.

Complete the table after reading the text

Algorithm	Assessment	Treatment
B		

TEXT 3

C – Circulation: is the circulation sufficient?

The capillary refill time and pulse rate can be assessed in any setting. Inspection of the skin gives clues to circulatory problems. Color changes, sweating, and a decreased level of consciousness are signs of decreased perfusion. If a stethoscope is available, heart auscultation should be performed. Electrocardiography monitoring and blood pressure measurements should also be performed as soon as possible. Hypotension is an important adverse clinical sign. The effects of hypovolemia can be alleviated by placing the patient in the supine position and elevating the patient's legs. An intravenous access should be obtained as soon as possible and saline should be infused.

Complete the table after reading the text

Algorithm	Assessment	Treatment
C		

TEXT 4

D – Disability: what is the level of consciousness?

The level of consciousness can be rapidly assessed using the AVPU method, where the patient is graded as alert (A), voice responsive (V), pain responsive (P), or unresponsive (U). Alternatively, the Glasgow Coma Score can be used.¹⁶ Limb movements should be inspected to evaluate potential signs of lateralization. The best immediate treatment for patients with a primary cerebral condition is stabilization of the airway, breathing, and circulation. In particular, when the patient is only pain responsive or unresponsive, airway patency must be ensured, by placing the patient in the recovery position, and summoning personnel qualified to secure the airway. Ultimately, intubation may be required. Pupillary light reflexes should be evaluated and blood glucose measured. A decreased level of consciousness due to low blood glucose can be corrected quickly with oral or infused glucose.

Complete the table after reading the text

Algorithm	Assessment	Treatment
D		

TEXT 5

E – Exposure: any clues to explain the patient's condition?

Signs of trauma, bleeding, skin reactions (rashes), needle marks, etc, must be observed. Bearing the dignity of the patient in mind, clothing should be removed to allow a thorough physical examination to be performed. Body temperature can be estimated by feeling the skin or using a thermometer when available.

Complete the table after reading the text

Algorithm	Assessment	Treatment
E		