



# ITLS

**International Trauma Life Support**  
8<sup>th</sup> Edition

# Preparation Packet

## Advanced Provider Version

The ITLS Course is an intense program that emphasizes out of hospital basic and advanced trauma management. It is mandatory that participants read the textbook prior to entering the course – the text is available from ITLS international or we may have a limited supply in our office. The skills stations require you to be familiar with the procedures in order to get the most hands on time.

You must, review the text, read this packet and complete the pretest at the back of this booklet before entering the course.

**Pretest will be collected at the beginning of the class.**

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Welcome to Emergency Medical Consultants' **International Trauma Life Support Course**. We are pleased that you have chosen us to provide you with this outstanding course and are sure that this will be a worthwhile seminar for you as a medical professional. **The course will begin at 8:30am.**

**\*\*Please remember, prior to the course, you will need to read the text and complete the pretest. The pretest will be collected prior to registration on day one.**

The ITLS course is an intense 16-hour program, which emphasizes out of hospital basic and advanced trauma management. It is mandatory that participants read the textbook prior to entering the course. The skill stations will require you to be familiar with the procedures in order to get the most hands on practice time.

We have also attached the mandatory skills testing criteria for your review. The ITLS book can be purchased from ITLS International 1-888-495-4857, online at [www.itrauma.org](http://www.itrauma.org) or from our website [www.medicaltraining.cc](http://www.medicaltraining.cc) in the "purchase discounted texts" section. (you can check other sites as well)

We look forward to having you at the course and will be happy to answer any questions you may have; just call our office at 772-878-3085.

Sincerely,

Shaun Fix

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# Day 1

## Lecture Faculty -

- 8:30 - 9:00** Welcome, overview & collect pre-tests  
**9:00 - 9:30** Size up, standard precautions  
**9:30 - 10:30** Trauma assessment and trauma arrest  
Assessment DVD  
**10:30 - 10:45** **Break**  
**10:45 - 11:15** Trauma airway management – Chapter 4  
**11:15 - 11:45** Thoracic trauma – Chapter 6  
**11:45 - 12:15** Shock - Chapter 8  
**12:15 - 12:45** Spinal cord trauma – Chapter 11

**12:45 - 1:45** **Lunch**

### *Skills stations*

**1:45 - 5:00** **Skills Faculty –**

- Advanced airway -
  - Neutral C-spine
  - Frontal while supine & seated
  - Bougie Stylette
  - Perilaryngeal Airways
  - Cric
  - Plural decompression
- Back boarding & rapid extrication –
  - Rapid extrication from car
  - KED review
  - Supine straddle slide onto board
  - Supine 45° slide onto board
  - Adult IO & fluid resuscitation
- Patient assessment, splints & helmets –
  - ITLS assessment skills
  - Traction splint
  - Vacuum or other splints
  - Helmet Management
  - Reverse Spine Board (removing patient from LSB)

# Day 2

## Lecture Faculty –

- 8:30 - 9:00** Head Trauma – Chapter 10  
**9:00 - 9:30** Trauma arrest – Chapter 21  
**9:30 - 10:00** Pediatric trauma – Chapter 17  
**10:00 - 10:30** Geriatric trauma – Chapter 18  
**10:30 - 10:45** **Break**  
**10:45 - 11:15** Extremity trauma – Chapter 14  
**11:15 - 11:45** Burns – Chapter 16  
**11:45 - 12:15** Abdominal trauma – Chapter 13

**12:15 - 1:00** **Lunch**

**1:00 - 2:30** **Practice / Evaluation**

\*\*\* All Faculty \*\*\*

Patient assessment skills practice

**2:30** Patient assessment evaluation stations



**5:30** Written exam

**All Day 2 Instructors arrive at 12:00 to set up**

# **ITLS – Acronyms**

## **INJURIES**

D eformity

C ontinusions

A brasions

P enetrations

P aradoxical Movement (in chest)

B urns

T enderness

L acerations

S welling

## **CNS**

P ulses

M otor

S ensation

A lert

V erbal

P ain

U nresponsive

## **INTERVIEW / HISTORY**

S igns symptoms

A llergies

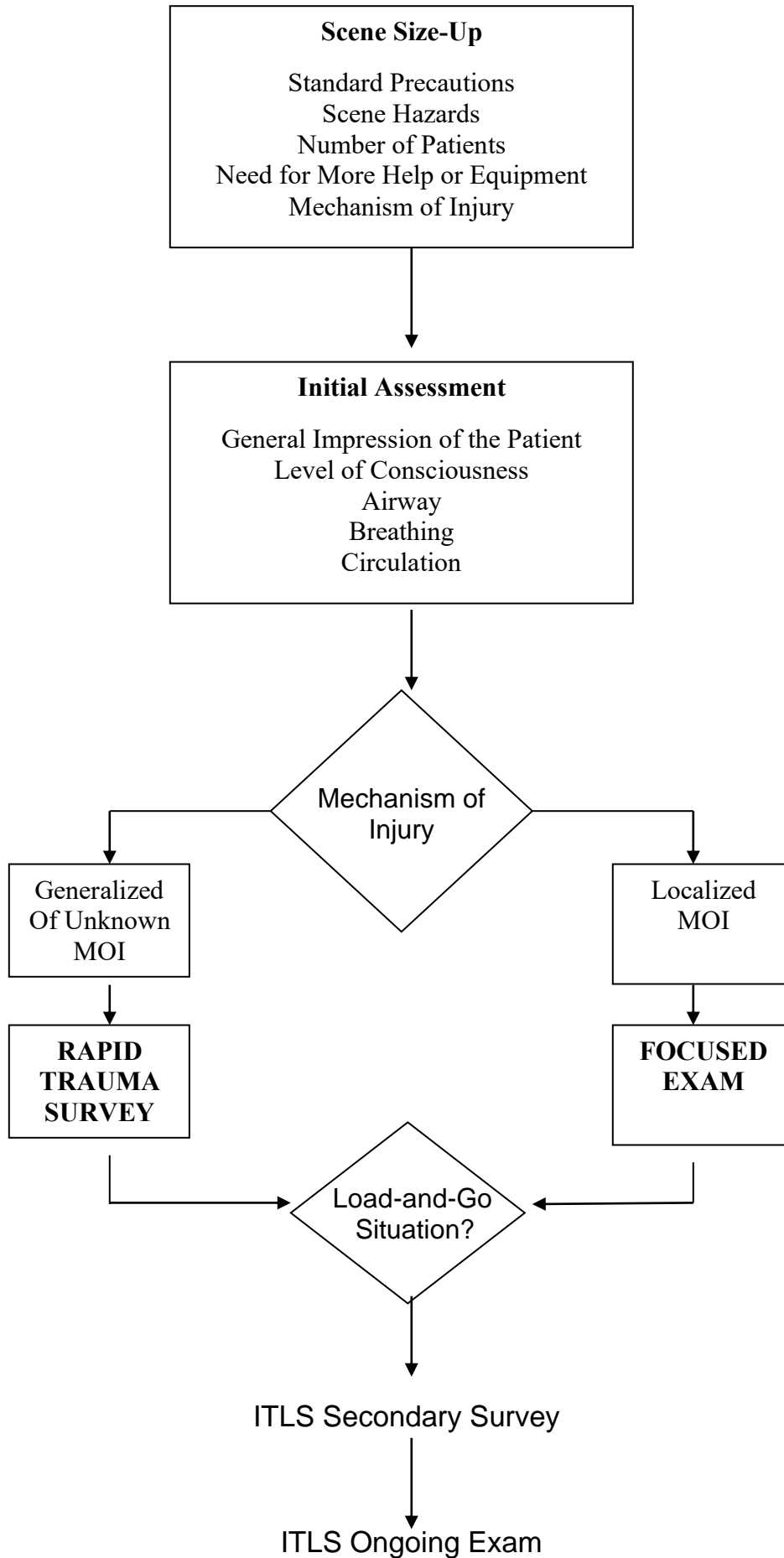
M edication

P ast medical hx

L ast oral intake

E vents

# ITLS Primary Survey/Patient Assessment



# International Trauma Life Support Testing Criteria

The ITLS course requires attendance at all lectures and skills stations. The written exam is 50 questions and requires 74% as a passing rate. Students who do not make 74% may not retest on the same day.

The skills scenario exam is graded as a pass / fail with emphasis on safety, recognition of potentially life threatening conditions, complete and proper assessment, management, and transport. Instructors will evaluate the participant using the following criteria.

## Inadequate Rating

1. Disorganized survey
2. Prolonged on-scene times in the setting of “load and go” situations
3. Critical actions missed (such a hyperventilation of coma patient)
4. Missing specific items listed on individual grading sheets
5. Making fatal errors (such as poor cervical spine management)
6. Causes “death” of patient

## **Adequate Rating**

1. Reasonable organization of assessment survey
2. Accurate identification of “load and go”
3. Abbreviated on-scene times for “load and go”
4. Performs critical actions
5. Makes no “fatal” errors

## **Good Rating**

1. Organized survey and solid overall performance
2. Interacts well with patient and team members
3. Performs all critical action
4. Abbreviated on-scene times for “load and go” situations
5. Correctly performs or oversees performance of all critical interventions

## **Excellent Rating**

1. Excellent survey organization
2. Excellent patient care
3. Interacts well with patient and team members
4. Directs the team well, displays leadership
5. Performs all critical actions
6. Demonstrates clear understanding of out of hospital trauma assessment and management
7. Cooperative and supportive in the learning environment
8. Conveys attitude of interest and desire to help teach trauma assessment and management

## ITLS SCENARIO GRADE SHEET

Student Name:	Date:	Scenario #:	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced	<input type="checkbox"/> Practice <input type="checkbox"/> Test <input type="checkbox"/> RT
Time Started:	Time Primary completed:	Time Transported:	Time Secondary completed :	

ACTION	✓	COMMENTS
<b>PATIENT ASSESSMENT — PRIMARY SURVEY</b>		
<b>Scene Size-up</b>		
Standard Precautions		
Scene Hazards		
Number of Patients		
Need for More Help or Equipment		
Mechanism of Injury		
<b>General Impression</b>		
Age, Sex, Weight		
General Appearance		
Body Position		
Position in Environment		
Patient Activity		
Obvious Severe Injury or Major Bleeding		
<b>LOC</b> AVPU		
<b>Uncontrollable External Hemorrhage?</b>		
<b>Airway</b> Snoring, Gurgling, Stridor, Silence		
<b>Breathing</b> Present? Rate, Depth, Effort		
<b>Radial/Carotid Pulses</b>		
Present? Rate, Rhythm, Quality		
Skin Color, Temp, Moisture, Capillary Refill		
<b>Head and Neck</b>		
Major facial injuries		
Bruising, swelling, penetrations		
Subcutaneous emphysema?		
Neck vein distention?		
Tracheal deviation?		
<b>Chest</b> Look: Asymmetry, Contusion, Penetrations, Paradoxical Motion, Chest Rise		
Feel: Tenderness, Instability, Crepitation		
<b>Breath Sounds</b>		
Present? Equal?		
If decreased breath sounds, percussion		
<b>Heart Tones</b>		
<b>Abdomen</b>		
Look: bruising, penetration/evisceration		
Gently palpate: tenderness, rigidity, distention		
<b>Pelvis</b> Deformity, penetrating wounds, TIC		
<b>Lower Extremities</b>		
Upper: swelling, deformity, TIC		
Lower: scan wounds, swelling, deformity		
Motor, sensory before transfer to backboard		
<b>Upper Extremities</b>		
Scan wounds, swelling, deformity		
Motor, sensory before transfer to backboard		
<b>Posterior</b> Penetrations, deformity, edema		
<b>IF CRITICAL, TRANSFER TO AMBULANCE</b>		

ACTION	✓	COMMENTS
<b>Baseline Vital Signs</b> HR, RR, BP		
<b>History</b> SAMPLE		
<b>IF ALTERED MENTAL STATUS</b>		
Pupils Size? Reactive? Equal?		
Glasgow coma scale		
Orientation, emotional state		
Signs of cerebral herniation		
Medical identification devices		
Blood glucose		
<b>Critical transport decision</b>		

ACTION	✓	COMMENTS
<b>ONGOING ASSESSMENT</b>		
<b>Subjective</b> Ask patient if changes in how feels		
<b>Reassess mental status</b> LOC, pupils		
<b>If altered mental status</b> Recheck GCS		
<b>Reassess airway</b>		
<b>Reassess breathing and circulation</b>		
Recheck vital signs		
Skin color, condition, temperature		
Check for neck vein distention		
Check for tracheal deviation		
Recheck chest		
Breath sounds Quality? Equal?		
Reassess heart sounds		
<b>Reassess abdomen — if possible injury</b>		
Development of tenderness, distention, rigidity		
<b>Check all identified injuries</b>		
For example:		
Lacerations for bleeding		
PMS distal to injuries on extremities		
Flail segments		
Pneumothorax		
Open chest wounds		
<b>Check all interventions</b>		
For example:		
ET tube for patency and position		
Oxygen for flow rate		
IVs for patency and fluid rate		
Seals on sucking chest wounds		
Patency of decompression needle		
Splints and dressings		
Impaled objects for stabilization		
If pregnant, body position		
Cardiac monitor, SpO <sub>2</sub> , EtCO <sub>2</sub>		

**GRADE KEY:**   
  ✓ Completed, skill performed in sequence  
 D Delayed, performed out of sequence  
 X Skill not performed, too late or incorrectly     
 June 2011





## Spinal Immobilization Controversy

The NAEMSP (National Association of EMS Physicians) is reported to have hotly debated the following draft of a “spinal immobilization” position paper before signing on the ACS (American College of Surgeons) version, “Position Statement EMS spinal precautions and the use of the long backboard”.

The National Association of EMS Physicians believes that:

- There is no demonstrated outcome benefit of maintaining rigid spinal immobilization with a long backboard during EMS transport of a trauma patient.
- The long backboard can induce respiratory compromise, patient agitation and additional pain. Further, the backboard can decrease tissue perfusion at pressure points, leading to the development of pressure sores.
- A long backboard or similar device may be useful to facilitate spinal precautions during patient extrication.
- Patient time on long backboards should be minimized.
- Securing a trauma patient to an EMS stretcher without a long backboard is acceptable for maintaining spinal precaution during transport.
- Implementation of protocols that deemphasize the use of the long backboard should involve all affected partners in the EMS system.
- This is not a protocol change – This is general info.

