ACS ATLS **Advanced Trauma Life Support**
American College of Surgeons

ACS AMERICAN COLLEGE OF SURGEONS

COMMITTEE ON TRAUMA 2025

Annual Meeting

ATLS Global Symposium

March 12–16 | Chicago, IL

LEARNING LABS

Updated 3/26/2025

ATLS 11TH EDITION

traumaeducation@facs.org

ACS ATLS Advanced Trauma Life Support
American College of Surgeons

LEARNING LAB

AIRWAY

Option 1 of 2

Time: **60 minutes**

Endotracheal intubation

OBJECTIVES

By the end of this skills station you will be able to:

1. Discuss basic techniques for emergency adult and pediatric airway management.
2. Demonstrate one-person and two-person BVM ventilation.
3. Discuss Rapid Sequence Intubation (RSI).
4. Perform endotracheal intubation on a simulator.
5. Discuss special considerations in emergent pediatric airway management.

EQUIPMENT

1. Gowns, face masks/shields, and gloves for learners
2. 10mL syringe
3. BVM apparatus (adult and pediatric)
4. Oral airways (different sizes if possible)
5. Nasal airways (different sizes if possible)
6. Hard suction catheter
7. Cervical collar
8. Tongue blades
9. Airway task trainer (adult and pediatric) or cadaver
10. Colorimetric CO_2 detector or capnography device if available
11. Adult/pediatric endotracheal tubes
12. Adult/pediatric laryngoscope (video and/or direct)
13. Pediatric length-weight resuscitation tape

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. MIST scenario information
2. Medications for Rapid Sequence Intubation table
3. Pediatric length-weight resuscitation tape

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LEARNING LAB

AIRWAY

Option 2 of 2

Time: **60 minutes**

Non-intubation

OBJECTIVES

By the end of this skills station you will be able to:

1. Discuss basic techniques for emergency adult and pediatric airway management.
2. Demonstrate one-person and two-person BVM ventilation.
3. Discuss Rapid Sequence Intubation (RSI).
4. Perform LMA insertion on a simulator.
5. Discuss special considerations in emergent pediatric airway management.

EQUIPMENT

1. Gowns, face masks/shields, and gloves for learners
2. Laryngeal Mask Airway (adult and pediatric)
3. 10 mL syringe
4. 20 mL syringe
5. BVM apparatus (adult and pediatric sizes)
6. Oral airways (different sizes if possible)
7. Nasal airways (different sizes if possible)
8. Hard suction catheter
9. Cervical collar
10. Tongue blades
11. Adult airway task trainer or cadaver
12. Colorimetric CO_2 detector or capnography device if available
13. Pediatric airway task trainer
14. Pediatric length-weight resuscitation tape

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. MIST scenario information
2. Medications for Rapid Sequence Intubation table
3. Pediatric length-weight resuscitation tape if device not available

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LEARNING LAB

BREATHING

PART I | **Option 1 of 2**

Time: **30 minutes**

Thoracostomy – **Blunt Trauma Case**

Finger and Tube Thoracostomy (mandatory)
Needle Thoracostomy (optional)

OBJECTIVES

By the end of this skills station you will be able to:

1. Discuss the indications for emergent decompression of the thoracic cavity.
2. Describe and perform (on a model) the procedures of finger and tube thoracostomy.
3. Describe and perform (on a model) the procedure of needle thoracostomy (optional).

EQUIPMENT

GENERAL EQUIPMENT

1. 10mL syringe
2. Eye protection, gowns and gloves
3. Sharps container; surgical drapes

THORACOSTOMY

1. Sufficient materials for 5 procedures (4 learner and 1 instructor)
2. Model (task trainer or cadaver)
3. #10 blade scalpel
4. Three 6-inch curved clamps
5. #28 French chest tube
6. Chest tube dressing supplies
7. Needle driver
8. #0 suture
9. Collecting system (optional)

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LEARNING LAB

BREATHING

PART I | **Option 2 of 2**

Time: **30 minutes**

Thoracostomy – **Penetrating Trauma Case**
Finger and Tube Thoracostomy (mandatory)
Needle Thoracostomy (optional)

OBJECTIVES

By the end of this skills station you will be able to:

1. Discuss the indications for emergent decompression of the thoracic cavity.
2. Describe and perform (on a model) the procedures of finger and tube thoracostomy.
3. Describe and perform (on a model) the procedure of needle thoracostomy (optional).

EQUIPMENT

GENERAL EQUIPMENT

1. 10mL syringe
2. Eye protection, gowns and gloves
3. Sharps container; surgical drapes

THORACOSTOMY

1. Sufficient materials for 5 procedures (4 learner and 1 instructor)
2. Model (task trainer or cadaver)
3. #10 blade scalpel
4. Three 6-inch curved clamps
5. #28 French chest tube
6. Chest tube dressing supplies
7. Needle driver
8. #0 suture
9. Collecting system (optional)

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LEARNING LAB

BREATHING

PART II | **REQUIRED**

Time: **30 minutes**

Surgical / Incisional Airway and Needle Cricothyroidotomy (pediatric)

OBJECTIVES

By the end of this skills station you will be able to:

1. Describe the indications for a surgical / incisional airway and a needle cricothyroidotomy.
2. Describe and perform (on a model) a surgical airway.
3. Describe and perform (on a pediatric model) a needle cricothyroidotomy.

EQUIPMENT

GENERAL EQUIPMENT

1. 10mL syringe
2. Eye protection, gowns and gloves
3. Sharps container; surgical drapes

SURGICAL / INCISIONAL AIRWAY

1. Model (Task trainer or cadaver)
2. Sufficient materials for 5 procedures (4 learner and 1 instructor)
3. #10 blade scalpel (or alternative size)
4. Endotracheal tube
5. Gum elastic bougie
6. Clamps to dissect tissue (optional)
7. Bag Valve Mask apparatus
8. #0 suture and needle driver (optional)

NEEDLE CRICOTHYROIDOTOMY (PEDIATRIC)

1. 18 G or larger IV cannula
2. Syringe and ETT adapters for ventilation

PRINTOUT FOR OPTIONAL REVIEW OF CHEST IMAGES

1. Chest x-ray - Normal
2. Chest x-ray - Simple pneumothorax
3. Chest x-ray - Kinked left chest tube
4. Chest x-ray - Right mainstem intubation
5. Chest x-ray - Widened mediastinum
6. CT Image - Blunt thoracic aortic injury
7. Chest x-ray - Blunt diaphragm injury

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LEARNING LAB

BREATHING

OPTIONAL | Chest x-ray image review

OBJECTIVE

By the end of this skills station you will be able to:

Describe the technique for and perform interpretation of thoracic radiographic images in trauma scenarios.

EQUIPMENT

PRINTOUT FOR OPTIONAL REVIEW OF CHEST IMAGES

1. Chest x-ray - Normal
2. Chest x-ray - Simple pneumothorax
3. Chest x-ray - Kinked left chest tube
4. Chest x-ray - Right mainstem intubation
5. Chest x-ray - Widened mediastinum
6. CT Image - Blunt thoracic aortic injury
7. Chest x-ray - Blunt diaphragm injury

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LEARNING LAB

CIRCULATION

REQUIRED

Time: **60 minutes**

Hemorrhage Control (Internal and External), Circulation Assessment, and Volume Resuscitation

OBJECTIVES

By the end of this skills station you will be able to:

1. Describe how to recognize the causes of shock in a trauma patient.
2. List potential sites of life-threatening bleeding in a trauma patient.
3. Explain how to evaluate potential sites of hemorrhage in a trauma patient.
4. Demonstrate proper application of a pelvic stabilization sheet or binder.
5. Demonstrate a staged approach to the control of exsanguinating external extremity hemorrhage by properly packing a wound and applying a tourniquet.
6. Show placement of an intraosseous access device on a model.
7. Identify the indications for activation of a Massive Transfusion / Hemorrhage Protocol (MTP/MHP).

OPTIONAL: Demonstrate insertion of a rapid infusion cannula (RIC) or central venous catheter (CVC) on a model.

OPTIONAL: Practice performance of FAST/ eFAST and interpret images.

OPTIONAL: Discuss indications and performance of diagnostic peritoneal lavage.

EQUIPMENT

PELVIC STABILIZATION DEVICE(S)
1. Preferably practice with both sheet and commercial device.
2. Sheet and clamps.
3. Commercial pelvic binder(s).
4. Mannequin or coached patient (site may utilize the Instructor or one of the learners).

TOURNIQUET
1. Should be ACS approved version.
2. Preferably more than one for simultaneous practice.
3. Task trainer or limb.
4. Gauze for wound packing / pressure.

INTRAOSSEOUS CANULA AND INSERTION MATERIAL
1. Intraosseous cannula (drivers and needles)
2. Commercial task trainer, cadaver, animal bone, or synthetic bone
3. Sharps container
4. 10 mL syringes
5. IV fluid and tubing
6. Disposable gloves

HANDOUT
Indications for Massive Transfusion/ Hemorrhage Protocol

OPTIONAL
1. Ultrasound – demonstrate/practice eFAST
2. RIC / CVC task trainers

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:
1. Pelvic x-rays
2. Chest x-ray and FAST image
3. Tourniquet application images
4. Tourniquet conversion

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LEARNING LAB

DISABILITY

PART I | **REQUIRED**

Time: **30 minutes**

Traumatic Brain Injury (TBI)

OBJECTIVES

By the end of this skills station you will be able to:

1. Recall the signs and symptoms in a patient that would suggest the presence of a Traumatic Brain Injury.
2. Calculate a Glasgow Coma Scale (GCS) score.
3. Demonstrate interpretation of a brain CT scan for a patient with TBI.
4. Identify clinical features of critical neuroworsening (patient deterioration).
5. Analyze the management priorities in a patient with TBI.

EQUIPMENT

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. MIST information
2. Glasgow Coma Scale (GCS) score chart
3. CT scans
4. Repeat CT scans

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LEARNING LAB

DISABILITY

PART II | **REQUIRED**

Time: **30 minutes**

Spinal Cord Injury (SCI)

OBJECTIVES

By the end of this skills station you will be able to:

1. List the signs and symptoms in a patient that would suggest the presence of a Neurogenic Shock.
2. Discuss the management of Neurogenic Shock.
3. Explain how to determine motor levels/muscle function in a patient with a neurologic deficit.
4. Describe how to perform a sensory neurologic exam.
5. Practice reading cervical spine images.

EQUIPMENT

If the site will be using a coached "patient" for learners to practice doing a neuro exam:

1. Cotton-tipped swab/applicator
2. Clean straight pin or un-wound safety clip
3. Cervical Collar
4. Long-spine board (or equivalent)

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Coronal C-spine, CT image
2. Sagittal image, CT C-spine
3. CT C-spine image, C5-on-C6 injury
4. CT C-spine C2 injury
5. Anatomy of C2
6. CT C-spine with degenerative changes

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LEARNING LAB

SECONDARY SURVEY

PART I | **REQUIRED**

Time: **30 minutes**

Secondary Survey Exam and Musculoskeletal Injuries

OBJECTIVES

By the end of this skills station you will be able to:

1. Describe and perform a Secondary Survey examination using ATLS principles.
2. Splint an extremity fracture using steps described in an ATLS scenario.
3. Explain how to recognize and treat extremity Compartment Syndrome.

EQUIPMENT

SECONDARY SURVEY WITH BASIC MUSCULOSKELETAL SKILLS

1. Live Moulaged Patient OR
   Whole body Mannequin or Equivalent with extremities for learners to practice splinting
2. "Gauze (4" x 4" and rolled)"
3. "ACE" wraps or other wrapping material for splints
4. Padding material for splints if available
5. Splint material
6. Cervical Collar
7. Long spine board (or equivalent)
8. IV fluid set up with IV bag and tubing
9. Oxygen face mask

Optional:
10. Otoscope, doesn't have to be working model
11. Pen light

MOULAGE GUIDELINES

The patient in this scenario has the following injuries:

1. Left forehead laceration ~2cm, non-bleeding
2. Left forehead hematoma underlying laceration ~5cm X 3cm
3. Left forearm wound ~16cm X 5cm; exposed bone representing radial/ulnar fracture
4. Right tibial fracture; if possible, the lower leg should appear generally pale and swollen to try to simulate compartment syndrome

IF NO MOULAGE PATIENT OR WHOLE BODY MANNEQUIN IS AVAILABLE

1. ***(Option)*** Task trainer: forearm with deformity, open wound with bone exposed for learners to practice splinting
2. ***(Option)*** Task trainer: lower leg; swollen, pale skin for learners to practice splinting

NOTE: if no task trainers, mannequin, or moulaged patient is available, learners may practice splinting on each other

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Illustration of the Effects of Compartment Syndrome
2. Guidelines for Antibiotic Administration with open fractures

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LEARNING LAB

THERMAL INJURY

PART II | **Option 1 of 4**

Time: **30 minutes**

Thermal Injury

OBJECTIVES

By the end of this skills station you will be able to:

1. Discuss burn stabilization and resuscitation in the context of the Primary and Secondary surveys.
2. Estimate accurately burn TBSA.
3. Estimate adjusted hourly fluid rates to prevent burn-induced shock.

EQUIPMENT

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Fluid Rates Prior to Burn Extent Calculation
2. How do you distinguish superficial, partial and full thickness burns?
3. How do you determine the extent of the burned surface?
4. Illustrations of before and after wound cleansing: full thickness
5. Illustrations of before and after wound cleansing: partial thickness
6. Case Scenario patient: anterior torso
7. Case Scenario patient: posterior torso
8. Case Scenario patient: lower extremities
9. Clinical Team Burn Diagram

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LEARNING LAB

TRAUMA IN THE PREGNANT PATIENT

PART II | **Option 2 of 4**

Time: **30 minutes**

Trauma in the Pregnant Patient

OBJECTIVES

By the end of this skills station you will be able to:

1. Perform left uterine displacement using a 30-degree tilt on a spinal board, or a manual one-handed or two-handed technique.
2. Summarize the elements of a focused obstetrical history.
3. Discuss how to interview a patient regarding Intimate Partner Violence (IPV).

EQUIPMENT

1. Mannequin to use for Manual Lateral Uterine Displacement
   - Alternatively, could use live "patient"
2. Long Spine Board or equivalent for left lateral tilt, with blankets or bolsters to maintain left lateral positioning
3. "Fake Belly" for left Uterine Displacement
   - Option 1: Commercial "fake belly" for training
   - Do-it-yourself "fake belly":
     - Blankets/Pillow Case
     - Large helmet wrapped in cloth/blankets
     - Partially inflated beach ball wrapped in cloth/blankets
4. Video - ATLS 11 video/animation Left Uterine Displacement

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Effect of Left Uterine Displacement
2. Focused Obstetrical History (CODE)
3. HARK screening tool for Intimate Partner Violence (IPV)

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LEARNING LAB

OCULAR TRAUMA

PART II | **Option 3 of 4**

Ocular Trauma

Time: **30 minutes**

OBJECTIVES

By the end of this skills station you will be able to:

1. Perform an eye exam for trauma focused on the "vital signs of the eye."
2. Place correctly a rigid eye shield.
3. Identify ocular injuries from photos.
4. Describe the indications for and steps of a lateral canthotomy/cantholysis.

EQUIPMENT

1. Rigid Eye Shield
2. Paper or Surgical Tape
3. If eye shield placement will not be practiced among the learners, then a mannequin(s) head for them to practice will be needed
4. Handout: Ocular Trauma Flowsheet
5. Video: Lateral Canthotomy/Cantholysis

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Ocular Vital Signs
2. Picture of Eye with Ocular Compartment Syndrome
3. Picture of Eye with Open Globe
4. Picture of Eye with Hyphema
5. Picture of Eye with Chemical Burn/Irritant

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LEARNING LAB

TRAUMA IN THE PEDIATRIC PATIENT

PART II	Option 4 of 4	Trauma in the pediatric patient
Time: **30 minutes**		

OBJECTIVES

By the end of this skills station you will be able to:

1. Identify appropriate equipment and medication doses for use in the resuscitation of injured pediatric patients.
2. Describe special considerations in the evaluation and management of injured pediatric patients.
3. Examine how to recognize signs of child maltreatment (abuse/neglect).

EQUIPMENT

1. Pediatric Length-Based Resuscitation Reference Chart or Tape
   Options include but are not limited to:
   - Pediatric Measuring Tape by Broselow
   - Pediatape Pediatric Dosing Tape 2023 Version
   - 2024 Updated PALS Dose by Growth Pediatric Advanced Life Support
   - Emergency Length-Based Tape with Broselow Compatible Color Zones designed for paramedics, nurses & EMS Providers
2. Communication Handout

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Airway/Breathing Equipment Selection
2. Medications for RSI/Drug Facilitated Intubation
3. History elements that suggest Child Maltreatment
4. Exam findings that suggest Child Maltreatment
5. Child Abuse Screening Tool

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LEARNING LAB

COMMUNICATING SERIOUS NEWS

PART I	REQUIRED
Time: **30 minutes**	**Paired with the Team Dynamics Skill Station in the same time block.**

OBJECTIVES

By the end of this skills station you will be able to:

1. Describe the 4 Key Elements involved in Communicating Serious News.
2. Construct a "Headline Statement" for use during a family meeting.
3. Optional: role play and critique a family meeting using the ATLS 4 Key Points for Communicating Serious News.

EQUIPMENT

Video: ATLS 11 Communicating Serious News Video (~9 minutes)

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

4 Key Elements of Communicating Serious News

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LEARNING LAB

TEAM DYNAMICS

PART II | **OPTION 1 of 2**

Time: **30 minutes**

Blunt Trauma Scenario

Paired with the Communicating Serious News Skill Station in the same time block.

OBJECTIVES

By the end of this skills station you will be able to:

1. Role play a patient-care scenario using Team Dynamics and Communication Principles.
2. Identify the elements of a Pre-Arrival Huddle.
3. Recall the elements of the IMIST AMBO tool.
4. Explain how the CUS tool allows team members to relay concerns.
5. Describe how a procedural checklist can promote a shared mental model for patient care.
6. Define situational awareness and closed-loop communication.
7. Describe the important aspects of a team debriefing.

EQUIPMENT

1. White board, chalk board, or easel to record the case progress
2. Standard equipment for a simulated trauma resuscitation (if available)
   - Gowns, gloves, masks
   - IV fluid and tubing
   - Gauze pads and rolls
   - Chest tube
   - Oxygen face mask
3. Coached patient or mannequin/task trainer for the simulated scenario
4. Patient or mannequin should be moulaged with the following injuries:
   - Chest bruising left
   - Left upper leg deformity/hematoma and bruising to simulate femur fracture
5. Note cards for each team member's role: consider lanyards that the team members can wear around their necks.
6. The skills stations usually have 4 participants. If others are available, you may add note cards for:
   - Respiratory Therapist- assist with intubation, prepare equipment
   - Medical Assistant- recorder, assist with clothing removal, turning patient
7. Instructor Notes For Guiding Scenario
   - A Printout of the Instructor Notes for "Conduct of the Scenario" should be provided to the Instructor

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Pre-Arrival Huddle
2. Intubation Checklist
3. IMIST AMBO tool
4. Graded Assertiveness Communication CUS tool
5. S-xABCDE-BAR communication handover tool
6. TAKE STOCK debriefing tool
7. Closed-Loop Communication
8. Situational Awareness

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LEARNING LAB

TEAM DYNAMICS

PART II | **OPTION 2 of 2**

Time: **30 minutes**

Penetrating Trauma Scenario

Paired with the Communicating Serious News Skill Station in the same time block.

OBJECTIVES

By the end of this skills station you will be able to:

1. Role play a patient-care scenario using Team Dynamics and Communication Principles.
2. Discuss the elements of a Pre-Arrival Huddle.
3. List the elements of the IMIST AMBO tool.
4. Summarize how the CUS tool allows team members to relay concerns.
5. Define situational awareness and closed-loop communication.
6. Describe the important aspects of a team debriefing.

EQUIPMENT

1. White board, chalk board, or easel to record the case progress
2. Standard equipment for a simulated trauma resuscitation (if available)
   - Gowns, gloves, masks
   - IV fluid and tubing
   - Gauze pads and rolls
   - Chest tube
   - Oxygen face mask
3. Coached patient or mannequin/task trainer for the simulated scenario
4. Patient or mannequin should be moulaged with the following bullet wound injuries:
   - Right lower chest at ~T8 just medial to the mid-clavicular line
   - Right flank at ~L1
   - Medial and lateral aspects of both lower legs (no active bleeding)
5. Note cards for each team member's role: consider lanyards that the team members can wear around their necks.
6. The skills stations usually have 4 participants. If others are available, you may add note cards for:
   - Additional nurse- assist with IVs; recorder
   - Medical Assistant- recorder, assist with clothing removal, turning patient
7. The Instructor Notes for "Continue Scenario" are extensive. It is suggested the these be printed out for the Instructor

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Pre-Arrival Huddle
2. IMIST AMBO tool
3. S-xABCDE-BAR communication handover tool
4. TAKE STOCK debriefing tool
5. Graded Assertiveness Communication CUS tool
6. Closed-Loop Communication
7. Situational Awareness

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LEARNING LAB

TRIAGE

PART I | **OPTION 1 of 2**

Time: **30 minutes**

Scenario -
Hospital ***without*** surgical capability

OBJECTIVES

By the end of this skills station you will be able to:

1. Describe the principal goals of triage in a mass casualty incident (MCI).
2. Compare the difference between the ATLS Primary Survey in a conventional vs. a disaster setting.
3. Using a case scenario, practice using triage and disaster management principles to prioritize treatment of patients on arrival to an emergency department setting.
4. Using a case scenario, practice using triage and disaster management principles to prioritize patients for transfer to definitive care (e.g., operating room or another facility).

EQUIPMENT

For "Patient" Tracking (total of 18 patients),
suggest one of the following:

- Whiteboard
- Chalkboard
- Easels and ~25" x 30" easel pad/paper

**FOR SITES WITHOUT PROJECTION CAPABILITY,
PRINT THE FOLLOWING:**

1. Triage Categories
2. First Group of Patients
3. Second Group of Patients
4. Third Group of Patients
5. Summary of All 18 Patients

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TRIAGE

PART I | **OPTION 2 of 2**

Time: **30 minutes**

Scenario -
Hospital ***with*** surgical capability

OBJECTIVES

By the end of this skills station you will be able to:

1. Describe the principal goals of triage in a mass casualty incident (MCI).
2. Compare the difference between the ATLS Primary Survey in a conventional vs. a disaster setting.
3. Using a case scenario, practice using triage and disaster management principles to prioritize treatment of patients on arrival to an emergency department setting.
4. Using a case scenario, practice using triage and disaster management principles to prioritize patients for transfer to definitive care (e.g., operating room or another facility).

EQUIPMENT

For "Patient" Tracking (total of 19 patients),
suggest one of the following:

- Whiteboard
- Chalkboard
- Easels and ~25" x 30" easel pad/paper

**FOR SITES WITHOUT PROJECTION CAPABILITY,
PRINT THE FOLLOWING:**

1. Triage Categories
2. First Group of Patients
3. Second Group of Patients
4. Third Group of Patients
5. Summary of All 19 Patients

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LEARNING LAB

ADJUNCTS

PART II | **OPTION 1 of 3**

Time: **30 minutes**

Helmet Removal and FAST

OBJECTIVES

By the end of this skills station you will be able to:

1. Practice helmet removal using techniques learned in an ATLS scenario.
2. Describe how the Focused Assessment with Sonography in Trauma (FAST) is used to diagnose potential injuries in a trauma patient.
3. Interpret sample FAST images in the context of an ATLS Scenario.

EQUIPMENT

HELMET REMOVAL:

1. Mannequin(s) with head and neck
2. Motorcycle helmet(s) with face shield
3. Cervical Collar(s)

FAST:

1. ATLS FAST Video or still images from video

Optional:

2. Task trainer with FAST training capability
3. Ultrasound machine with probes

VIDEOS:

1. ATLS 10 Helmet Removal Video
2. ATLS 10 FAST Video
3. ATLS 10 eFAST videos

PLACARDS:

FAST images

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LEARNING LAB

ADJUNCTS

PART II | **OPTION 2 of 3**

Time: **30 minutes**

Image Review

OBJECTIVE

By the end of this skills station you will be able to:

Review images of the spine, genitourinary tract, and pelvis in the context of an ATLS scenario.

EQUIPMENT

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Spine
   - Lumbar Spine CT images
   - T4/T4 Fracture/Dislocation
   - T12 Fracture
2. Genitourinary
   - Retrograde
   - Urethrograms
   - Female Urethral Injury and Intraperitoneal Bladder Injury
3. Pelvis
   - Vertical Shear Fractures
   - Open Book Fracture

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LEARNING LAB

ADJUNCTS

PART II | **OPTION 3 of 3**

Time: **30 minutes**

Thoracic Image Review

OBJECTIVE

By the end of this skills station you will be able to:

Review thoracic images in the context of an ATLS scenario.

EQUIPMENT

FOR SITES WITHOUT PROJECTION CAPABILITY, PRINT THE FOLLOWING:

1. Normal chest x-ray
2. Right simple hemathorax
3. Kinked chest tube
4. Right mainstream intubation and left-side volume loss
5. Widened mediastinum: CT with Blunt Aortic Injury
6. Blunt diaphragmatic injury

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LEARNING LAB

SCHEDULE | TRADITIONAL | 2-DAY

Course Date: 00/00/0000 **Course Site Name: Location** **Course #: 00000-P**

DAY 1

07:00 - 07:15	**Registration and Welcome**	15 min	**COORDINATOR**	Room
07:15 - 07:30	**Course Overview**	15 min	**COURSE DIRECTOR**	Room
07:30 - 08:00	**Initial Assessment/Intro to Primary Survey**	30 min	**INSTRUCTOR**	Room
08:00 - 08:20	**Initial Assessment/Intro to Secondary Survey**	20 min	**INSTRUCTOR**	Room
08:20 - 08:35	**x: Control of EXsanguinating Hemorrhage**	15 min	**INSTRUCTOR**	Room
08:35 - 08:45	*Break - 10 min*			
08:45 - 09:25	**Airway discussion**	40 min	**INSTRUCTOR**	Room
09:25 - 09:55	**Breathing discussion**	30 min	**INSTRUCTOR**	Room
09:55 - 10:35	**Circulation and Volume Resuscitation**	40 min	**INSTRUCTOR**	Room
10:35 - 10:45	**Explanation of Skills Stations**	10 min	**INSTRUCTOR**	Room
10:45 - 15:15	**Skills Stations Rotations**	120 min	**4 INSTRUCTORS**	Rooms

SKILLS STATION ROTATIONS

GROUP ①
GROUP ②
GROUP ③
GROUP ④

10:45 - 11:45	① Airway	② Breathing	③ Circulation	④ Initial Assessment & Pretest Review
11:45 - 12:45	② Airway	① Breathing	④ Circulation	③ Initial Assessment & Pretest Review
12:45 - 13:15	*Lunch - 30 min*			
13:15 - 14:15	③ Airway	④ Breathing	① Circulation	② Initial Assessment & Pretest Review
14:15 - 15:15	④ Airway	③ Breathing	② Circulation	① Initial Assessment & Pretest Review

15:15 - 15:30	**Exposure & Environmental Threat discussion**	15 min	**INSTRUCTOR**	Room
15:30 - 15:55	**Musculoskeletal discussion**	25 min	**INSTRUCTOR**	Room
15:55 - 16:30	**Thermal Injury discussion**	35 min	**INSTRUCTOR**	Room
16:30 - 16:55	**Trauma in Pregnancy discussion**	25 min	**INSTRUCTOR**	Room
16:55 - 17:15	**Wrap up and preview Day 2**	20 min	**COURSE DIRECTOR**	Room

DAY 2

07:00 - 07:25	**Disability 1 - Head Trauma**	25 min	**INSTRUCTOR**	Room
07:25 - 07:50	**Disability 2 - Spine Trauma**	25 min	**INSTRUCTOR**	Room
07:50 - 08:15	**Trauma in the Pediatric Patient**	25 min	**INSTRUCTOR**	Room
08:15 - 08:40	**Trauma in the Older Adult**	25 min	**INSTRUCTOR**	Room
08:40 - 09:05	**Transfer to Definitive Care**	25 min	**INSTRUCTOR**	Room
09:05 - 09:15	*Break 10 min*			

SKILLS STATION ROTATIONS

GROUP ①
GROUP ②
GROUP ③
GROUP ④

09:15 - 10:15	① Disability	② Secondary Survey	③ Communication	④ Disaster Triage & Adjuncts
10:15 - 11:15	② Disability	① Secondary Survey	④ Communication	③ Disaster Triage & Adjuncts
11:15 - 11:45	*Lunch - 30 min*			
11:45 - 12:45	③ Disability	④ Secondary Survey	① Communication	② Disaster Triage & Adjuncts
12:45 - 13:45	④ Disability	③ Secondary Survey	② Communication	① Disaster Triage & Adjuncts

13:45 - 14:00	**Final Questions and Answers, Prepare Class for Initial Assessment**	15 min	**COURSE DIRECTOR**	Room
14:00 - 17:00	**Initial Assessment and Written Testing**	180 min	**ALL FACULTY**	Rooms
*** *(8 students)*	**Initial Assessment Practice/Testing**	90 min		
*** *(8 students)*	**Written Assessment**	90 min		

This schedule is for 16 learners. Psychomotor skills station ratio 4:1. Assumes task trainers, not cadavers.

ACS ATLS **Advanced Trauma Life Support**
American College of Surgeons

LEARNING LAB

SCHEDULE | HYBRID | 1.5-DAY

Course Date: 00/00/0000 **Course Site Name: Location** **Course #: 00000-P**

DAY 1

07:00 - 07:15	**Registration and Welcome**	15 min	**COORDINATOR**	Room
07:15 - 08:15	**Course Overview/Module Review**	60 min	**COURSE DIRECTOR**	Room
08:15 - 08:45	**Initial Assessment/Intro to Primary Survey**	30 min	**INSTRUCTOR**	Room
08:45 - 12:45	**Skills Stations Rotations**	240 min	**4 INSTRUCTORS**	Rooms

SKILLS STATION ROTATIONS

- GROUP ①
- GROUP ②
- GROUP ③
- GROUP ④

08:45 - 09:45	① Airway	② Breathing	③ Circulation	④ Initial Assessment & Pretest Review
09:45 - 10:45	② Airway	① Breathing	④ Circulation	③ Initial Assessment & Pretest Review
10:45 - 11:45	③ Airway	④ Breathing	① Circulation	② Initial Assessment & Pretest Review
11:45 - 12:45	④ Airway	③ Breathing	② Circulation	① Initial Assessment & Pretest Review

12:45 - 13:15	*Lunch - 30 min*			
13:15 - 17:15	**Skills Stations Rotations #2**	240 min	**4 INSTRUCTORS**	Rooms

SKILLS STATION ROTATIONS

- GROUP ①
- GROUP ②
- GROUP ③
- GROUP ④

13:15 - 14:15	① Disability	② Secondary Survey	③ Communication	④ Disaster Triage & Adjuncts
14:15 - 15:15	② Disability	① Secondary Survey	④ Communication	③ Disaster Triage & Adjuncts
15:15 - 16:15	③ Disability	④ Secondary Survey	① Communication	② Disaster Triage & Adjuncts
16:15 - 17:15	④ Disability	③ Secondary Survey	② Communication	① Disaster Triage & Adjuncts

17:15 - 17:30	**Final Questions and Answers**	25 min	**COURSE DIRECTOR**	Room

DAY 2

07:00 - 07:30	**Prepare Class for Testing**	15 min	**COURSE DIRECTOR**	Room
07:30 - 10:30	**Initial Assessment and Written Testing**	180 min	**ALL FACULTY**	Rooms
*** *(8 students)*	**Initial Assessment Practice/Testing**	90 min		
*** *(8 students)*	**Written Assessment**	90 min		

This schedule is for 16 learners. Psychomotor skills station ratio 4:1. Assumes task trainers, not cadavers.