

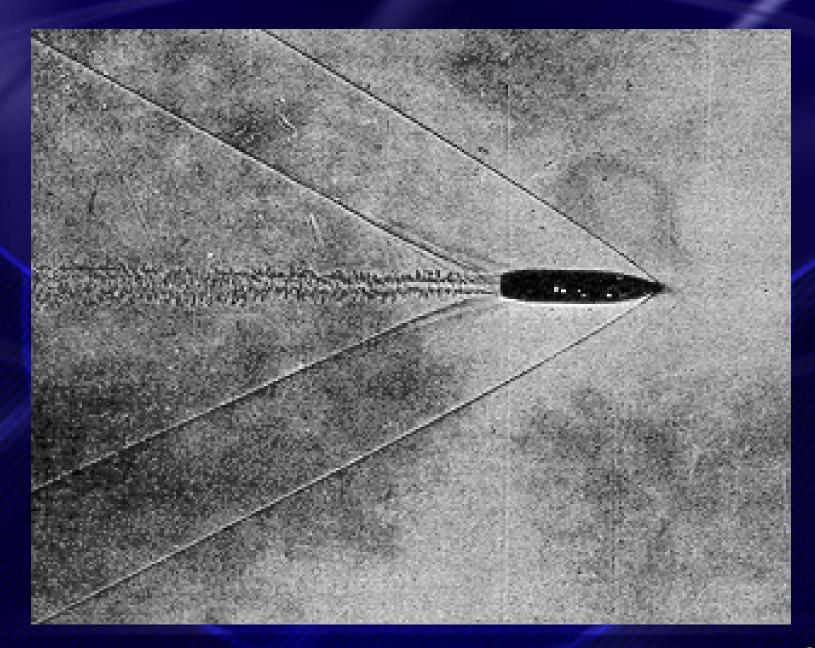
- Understanding of how projectiles carry and transfer energy . . . .
- Understanding direct and indirect injuries . . . . .
- Scene information . . . .
- Patient information . . . . .
- And Patient assessment.

# <u>Projectiles</u>

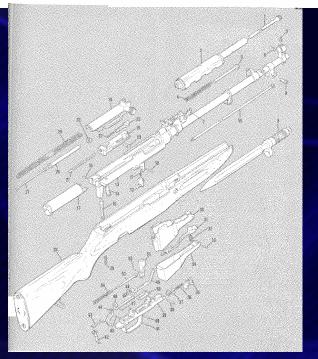
- Any material that travels has the ability to injure, be it a shard of glass, a falling object, or a bullet.
- The energy within that projectile is dependent on the velocity, the weight (or mass in zero gravity), and distance.
- Air resistance slows an object, as do barriers, gravity can accelerate.
- Material makeup and design of a projectile can determine how energy is transferred to the target.

### kE = I(V2 / 7000) / 64.32 Ix grains

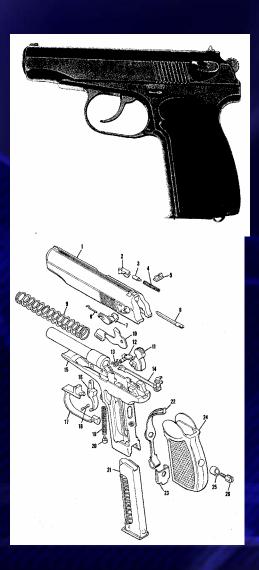
- Kinetic energy is a factor of velocity squared, divided by 7000 ( the number of grains in a pound), divided by a correction factor of 64.32, then all multiplied by the grain weight of the projectile.
- Velocity usually plays the major role in the energy
- Over whelming weight (mass) can makeup for a slow velocity.
- Shape of a projectile will determine how well a object can slice through atmosphere and hence how well it will maintain velocity.
- Low velocity is under 2000 feet/second.
- High velocity is above 2000 feet/second.





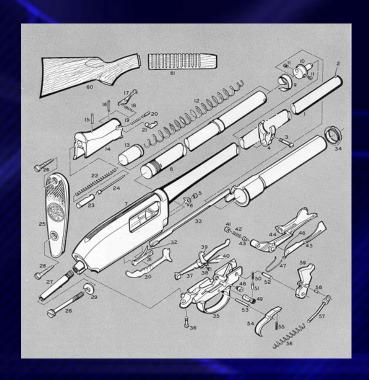


- Assault Rifle
- 120 Grain bullet
- 2800 feet/second
- kE = 2090 foot pounds of energy at the muzzle, but this will fall off with distance to target.
- High velocity



- Auto loading pistol
- 9 mm, 95 grain
- 1060 feet/second
- kE = 237 foot pounds
- Low velocity





- Shot Gun
- 1 1/4 oz lead shot
- 1200 feet/second
- kE is determined by the grains of the individual pellet
- kE = 4.4 or less foot pounds for # 6 shot, energy falls off rapidly
- Very low velocity

- Not all projectiles need come from fire arms !!!
- 3000 pound car
- 30 mile per hour (44 feet/second)
- kE = 91,000 foot pounds of energy to a pedestrian ( 361,194 foot pounds at 60 mph )
- Very low velocity but very high mass.

# <u>Projectile Design</u>

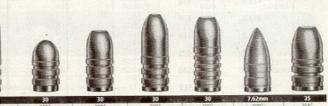
- Soft Lead
- Partial Jacket, Soft Point
- Full Jacket, Pistol and Military Ball
- Hollow Point
- Wad Cutter
- Explosive
- Tracer

# Soft Lead





10mm	41	- 44	- 44	44	44	44
400"	410"	.430"	430"	.430"	.430"	430*
10mm-200-5WC	41-210-5WC	44-225-SWC	44-240-SWC	44 245-5WC	44-250-K	44-250-5WC
Part 82068	Part 82039	Part 82041 #	Part 82042	Part 82043	Part 82080	Part 82044
400° dia.	.410° dia.	.430° da.	430" dia.	.430° dia.	430° da	430° dia.
Part 82243	Part 82226	Part 82229	Part 82229	Part 82229	Part 82229	Part 82229
#518	#420	#421	#421	#421	#421	#421
Part 85518	Part 82541	Part 82527	Part 82527	Part 82527	Part 82527	Part 82527



14000	309*	309"	309"	309"	309"	358*
	30-115-52	30-150-FN	30-180-SP	30-180-EN	7.62-130-SPL	35-200-FN
	Part 82009	Part 82019	Part 82020	Part 82014	Part 82022	Part 82028
	309° da.	309" da	.309" da	309" d.a.	309" da.	358° da.
	Part 82212	Part 82223				
	#535	#546	#541	#546	#554	#565
	Part 85535	Part 85546	Part 85541	Part 85546	Part 85554	Part 85565

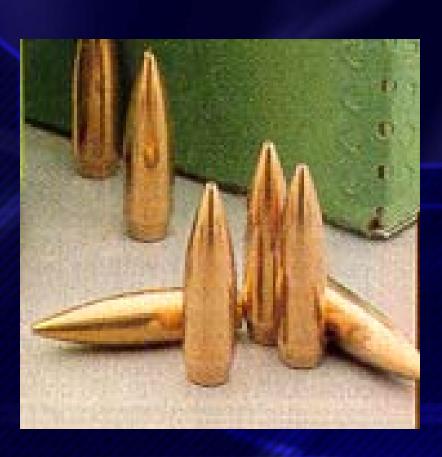
- Variety of shapes
- Hold together after impact well
- will expand somewhat
- transfer energy well
- maintain velocity well
- used for both high and low velocity applications
- very low tech, easy to make

# Partial Jacket, Soft Point



- Complex construction
- Lead core with copper jacket
- designed to enhance expansion yet maintain weight
- larger wound channels
- better energy transfer
- ? More accurate at longer ranges ?
- Can be driven at higher velocities than lead only

### Full Metal Jacket



- Rugged, can tolerate rough handling
- Usually military, surplus
- Can be driven at very high velocity accurately
- Limited wound channel
- Very little expansion
- Little transfer of energy
- Damage by shock wave
- More hard tissue damage
- Also common for handguns

### Hollow Point



- Metal jacket, tip hollow
- More expansion than soft point at lower velocities
- More energy transfer at lower velocities
- Excellent handgun projectile
- Large amount soft tissue damage
- High tech to manufacture

# Explosive Projectile

50 Browning 12.7x99mm





- Military projectile
- Explosive charge within the projectile
- Extensive tissue damage
- Fragments throughout wound area
- High velocity, long range
- Maintains velocity well
- Not common on the street

# Tracer Projectile



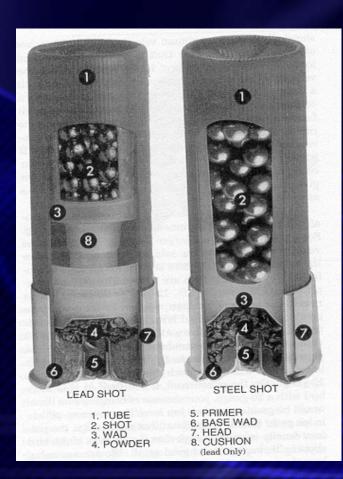
- Military application, for directing rapid fire, see where the projectile travels
- Not very accurate
- Surplus available
- Magnesium compound in tail of projectile that burns when fired
- Jacketed round
- Wound channel burned
- Extensive tissue damage

### Wad Cutter



- Lead construction
- Flat tip, Ash can shape
- Usually handgun projectile
- Good energy transfer
- Does not maintain velocity as well
- Low velocity loading
- close in applications
- Maintains weight well after contact

### <u>Shot</u>



- Multiple projectiles
- Variety of sizes
- Must calculate energy on the basis of individual pellets
- Jagged wound channel
- Distal embolization
- Short range
- Loses velocity and energy very quickly
- Varied composition

# <u>Pathology</u>

Design Characteristics , Special Considerations :

Maintain weight

**Deformability** 

**Expansion** 

Fragmentation

Multiple Projectiles

• Organ Damage

• Wound channel size

Shock Wave injury

Foreign material into wound

**Thermal** 

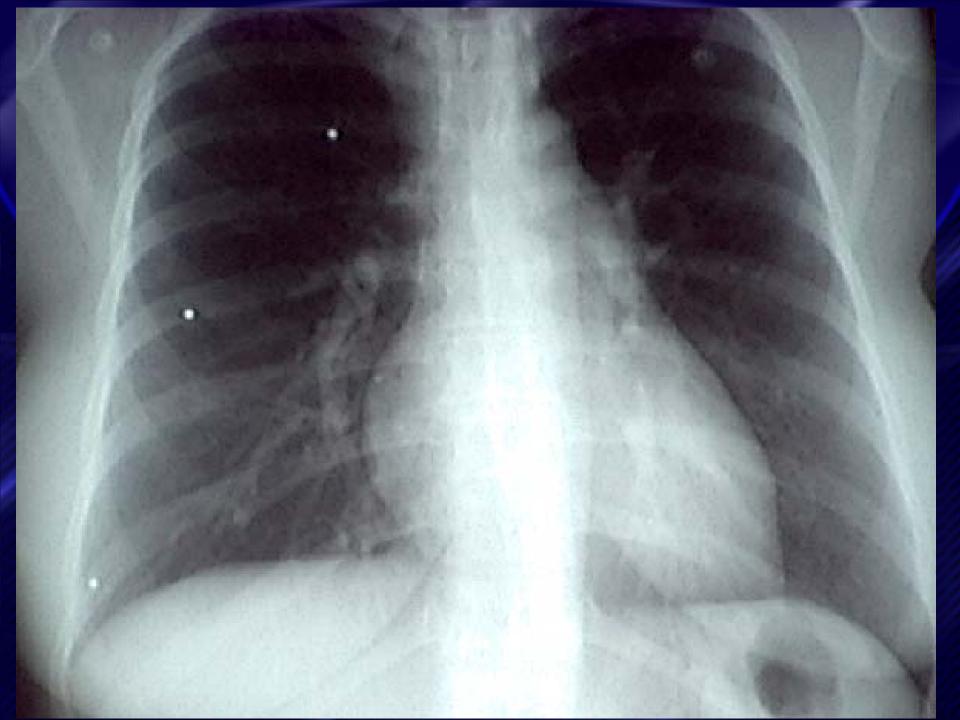






# <u>Pathology</u>

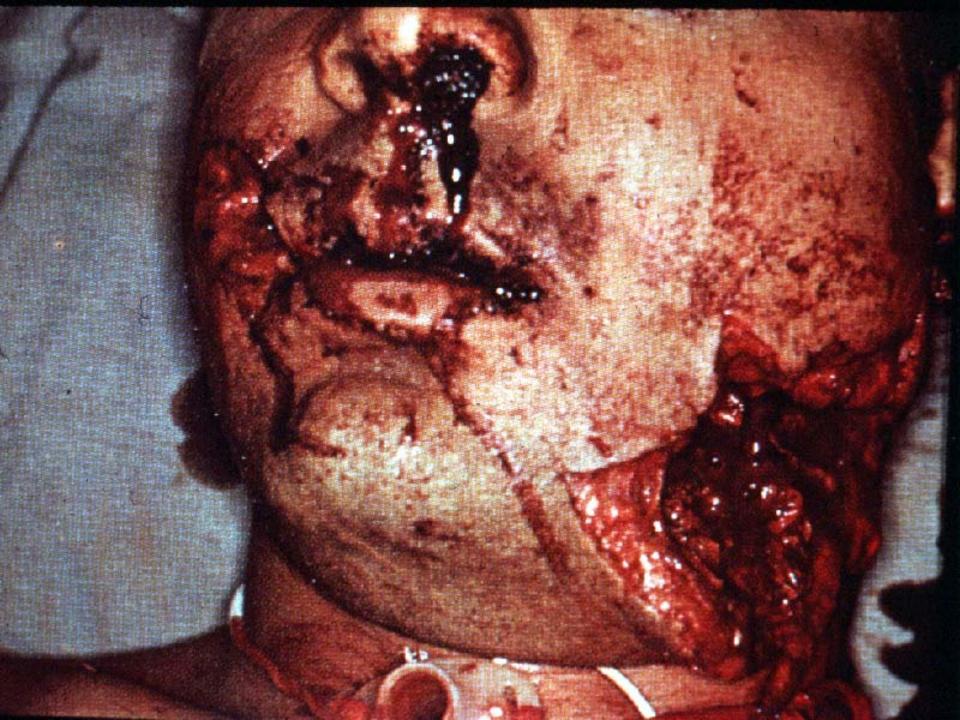
- Projectiles injure soft and hard tissues
- One projectile can be a multi system trauma
- Damage is a factor of design, velocity, and distance
- Transfer of energy is a factor of design and velocity
- Distal embolization can occur when a projectile slows enough and enters the vascular system
- Entry and exit wounds can lie!!!!! Projectiles do not have to follow a straight line!





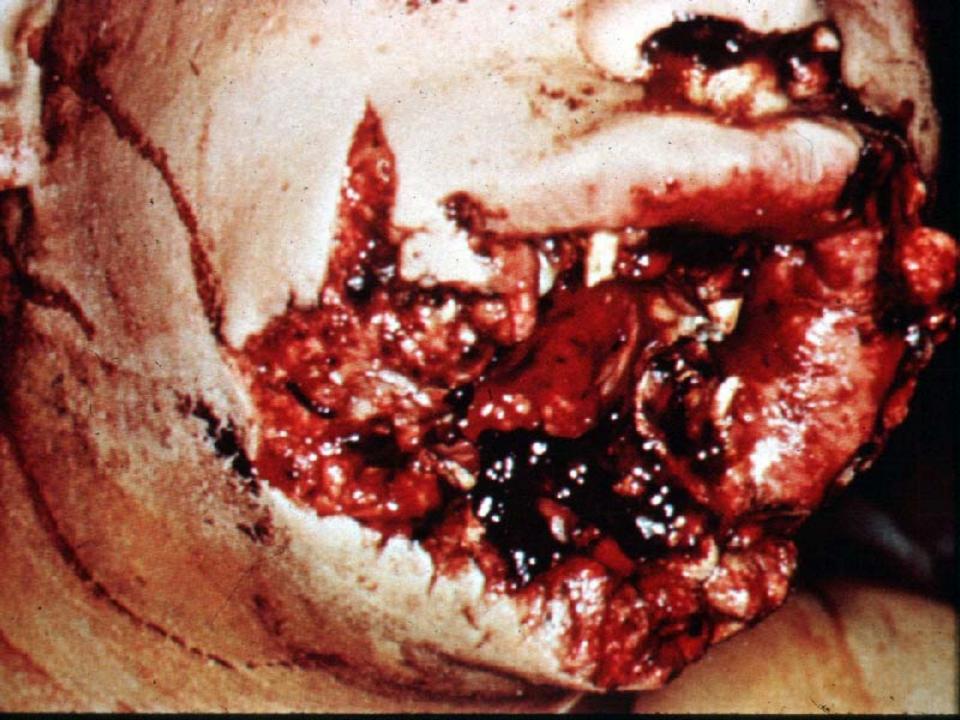






# <u>Pathology</u>

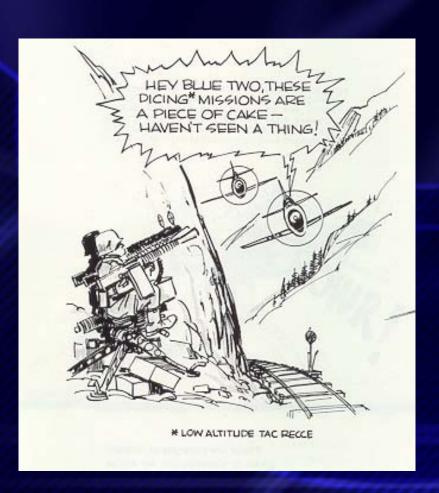
- Kinetic energy is the similarity between MVA and GSW, massive amounts!!!
- 50 % of deaths are due to exsanguination
- 10 % from CNS injury
- Require rapid pressure application and evacuation, the one exception is that of a GSW to the head. The wound is just covered lightly
- Large bore IV's are needed for fluid replacement
- Do not delay transport for ANY REASON!!!!!!!
- GSW are Treated in the Operating Room, saved in the field





- Scene Safety
- Do Incident Command!!
- Who 's the patient?
- How many ??
- Do not become one of the patients by going in without support
- Relay accurate information ASAP to the receiving hospital!!!!
- A 5 minute ETA report will not cut it!!!!

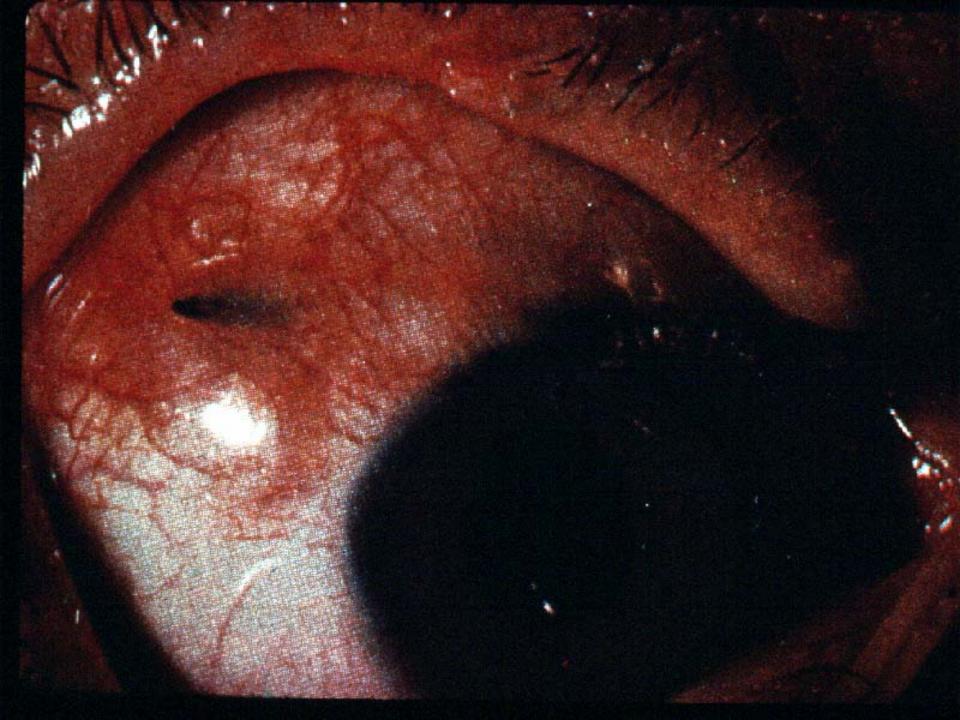
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- Observe details of the scene
- How far away was the gun from the patient?
- How many shots fired?
- What type of weapon?
- Have someone search the area
   , someone could be down just
   around the corner
- Patient care but remember it is a crime scene too!!!



- ABC's
- Oxygenate
- Ventilate
- IV's and Fluid
- Rapid extrication
- Rapid Transport
- Meet any additional resources enroute!!!
- Smaller hospitals do have surgeons that can stop internal bleeding!!! And temporize!





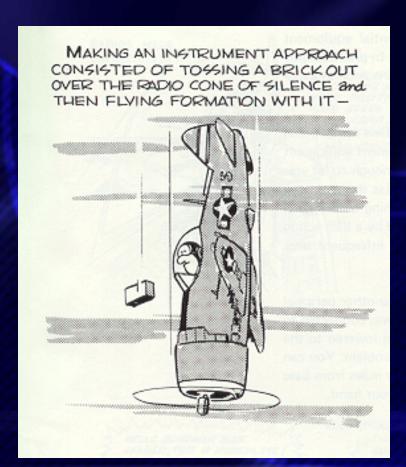
- Document every item
- Serial vitals
- Serial ABC's
- Serial neurovascular
- Serial GCS
- Changes enroute
- Recheck dressings
- Recheck IV's
- Med Command as needed
- Nausea, vomiting, pupils, etc.



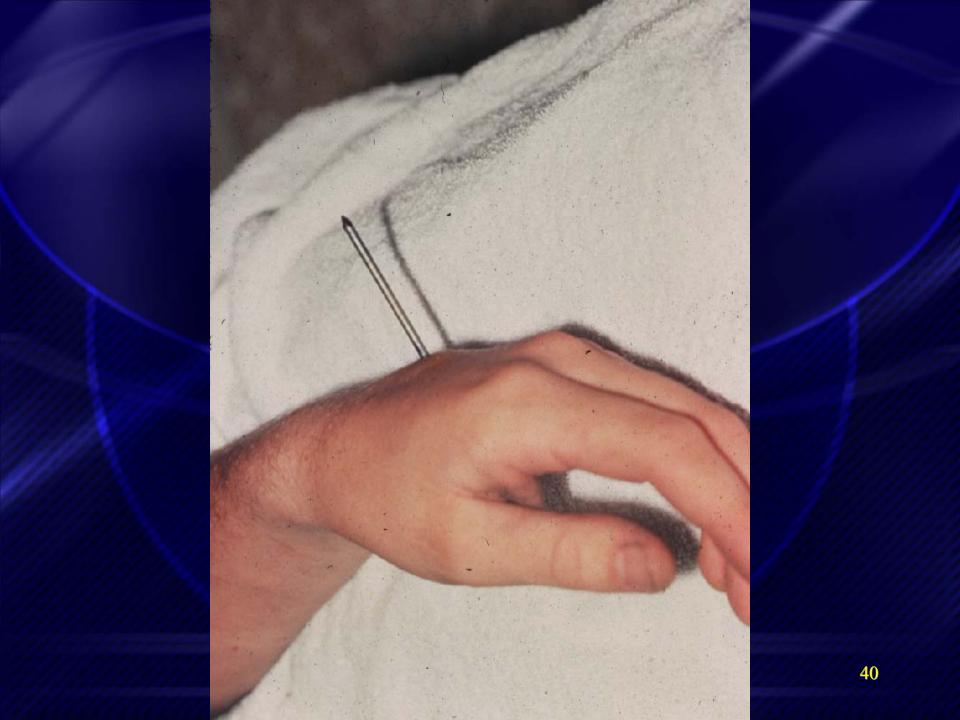


- Get as much information as you can from the scene
- Know the number of patients coming
- Inform EMS the number you can handle
- Mobilize your resources
- Uncross-matched blood ASAP to ED and OR
- Mobilize the OR





- On arrival, Repeat ABC's
- Repeat vitals
- Examine wounds
- Fluids / Blood as needed
- Expedite OR or diagnostics
- Remember a single GSW can be a multi-system trauma
- Fix any pneumothorax before diagnostics

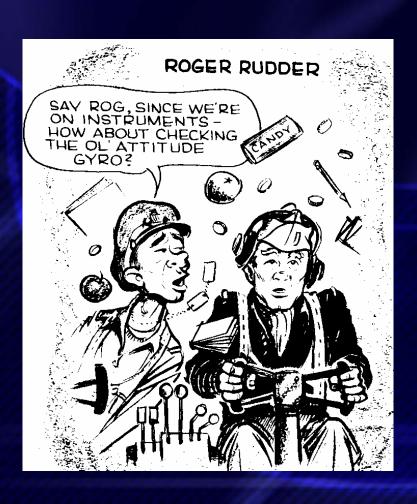




- Labs
- CBC
- T & C
- SMA 20, amylase
- PT / PTT
- U/A
- ABG
- · X Ray
- Skull, Facial
- C Spine
- CXR
- ABD
- **Extremity**



- Procedures
- Large bore lines
- EKG
- DPL
  - Monitoring
- Oxymetry
- ICP Bolt
- Mini Lap
- Open Chest



- Special Diagnostics
- CT
- IVP
- Cysto
- DPL
- Arteriogram
- Ultrasound
- **Echocardiogram**
- Fetal monitoring

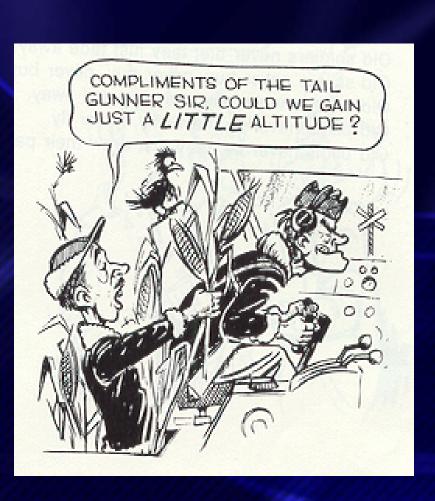
### <u>Wisdom</u>

- GSW are multi system events
- GSW to the head cause C Spine injuries
- Point A to point B is not always a straight line!!!
- GSW patients have other concomitant problems:
  - Drugs
- ETOH
- HIV, Hepatitis B, etc.
- Medical, pregnancy
- Surgical
- May not speak the truth
- GSW are high risk to all involved

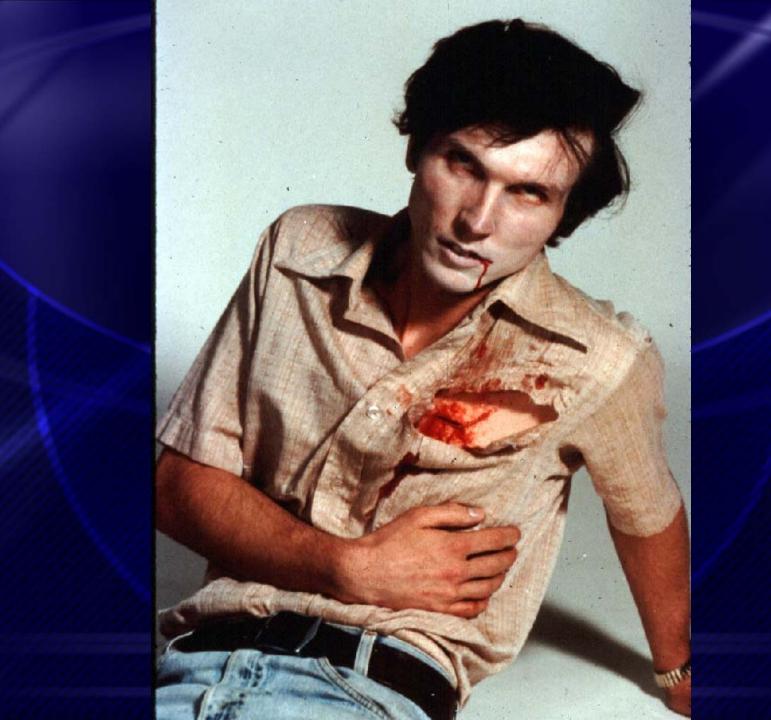
### **Wisdom**

- Think ballistic injury with all forms of trauma
- Rapid deceleration and stop can be a ballistic injury
- A fall is a ballistic injury
- Ballistic injury can be occult just like other penetrating events

### <u>Summary</u>



- The OR is the CURE!!!
- Rapid assessment, treatment, and transport
- Do not by pass a smaller hospital with a surgically unstable patient, they can help you stabilize the patient
- Activate all resources as soon as the need noted
- Use Incident Command
- Notify receiving hospital ASAP!!!



# <u>Summary</u>



- Plan Ahead
- Know available resources
- Expect the un- expected
- Be prepared for the worst
- Oxygen and fluid, and fluid, and fluid!
- Serial ABC's