INITIAL ASSESSMENT				
PROCEDURES	1	CRITICAL SKILL		
1. SCENE SIZE UP		*A. Observe area to ensure safety*B. Call for help		
2. MECHANISM OF INJURY		 *A. Determine causes of injury, if possible *B. Triage: Immediate, Delayed, Minor, or Deceased *C. Ask patient (if conscious) what happened 		
3. INITIAL ASSESSMENT		 *A. Verbalize general impression of the patient(s) *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive *C. Determine chief complaint/apparent life threats 		
4. ASSESS AIRWAY AND BREATHING		 A. Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries B. Look, listen, and feel for breathing (3-5 seconds) C. If present, treat sucking chest wound 		
5. ASSESS FOR CIRCULATION		 A. Check for presence of a carotid pulse (5-10 seconds) B. If present, control life threatening bleeding C. Start treatment for all other life threatening Injuries/conditions (reference Rule 2) 		

IMMEDIATE: Rapid Patient Assessment treating all life threats Load and Go. If the treatment interrupts the Rapid Trauma Assessment, the **assessment** will be completed at the end of the **treatment**.

Delayed: Detailed Patient Assessment treating all injuries and conditions and prepare for transport.

MINOR: Detailed Patient Assessment treating all injuries and conditions and prepare for Transport. After all IMMEDIATE and DELAYED patient(s) have been treated and transported.

DECEASED: Cover

NOTE: Each critical skill identified with an (*) shall be clearly verbalized by the team as it is being conducted. After initially stating what DOTS stands for, the team may simply state "DOTS" when making their checks.

• Teams may us the acronym "CSM" when checking circulation, sensation, and motor function.

PATIENT ASSESSMENT

PROCEDURES			CRITICAL SKILL	
	[*A. Check head for DOTS: Deformities, Open	
			wounds, Tenderness and Swelling	
	[*B. Check and touch the scalp	
	[*C. Check the face	
	[*D. Check the ears for bleeding or clear fluids	
1. HEAD	[*E. Check the eyes for any discoloration, unequal pupils,	
		_	*E Check the need for any blooding or drainage	
		_	*C. Check the most for loose or broken tooth foreign	
	L		"G. Check the mouth for loose of broken teeth, foreign	
			oder and discoloration	
			*A Charle the peak for DOTS	
2. NECK			*B. Inspect for medical ID	
			B inspect for medical iD	
	[*A. Check chest area for DOTS	
	[*B. Feel chest for equal breathing movement on both sides	
3. CHEST			*C. Feel chest for inward movement in the rib areas	
	[during inhalations	
4. ABDOMEN	[*A. Check abdomen (stomach) for DOTS	
	[A. Check pelvis for DOTS	
5. PELVIS	TS 🛛		*B. Inspect pelvis for injury by touch (Verbally state	
			inspection of crotch and buttocks areas)	
	L	R		
			*A. Check each leg for DOTS	
			*B. Inspect legs for injury by touch	
			*C. Unresponsive: Check legs for paralysis (pinch inner	
6. LEGS			side of leg on calf)	
			*D. Responsive: Check legs for motion; places hand on	
			bottom of each foot and states "Can you push against	
			my hand?"	
			*E. Check for medical ID bracelet	

6 INCH LACERATION ON LEFT THIGH

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES CRITICAL SKILL

	*A.	Expose wound
1. EMERGENCY CARE	*В.	Prevent further contamination
FOR AN OPEN	*C.	Bandage dressing in place after bleeding has been

WOUND	controlled
	*D. Keep patient lying still
2. APPLY DRESSING	A. Use sterile dressingB. Cover entire woundC. Control bleedingD. Do not remove dressing
3. APPLY BANDAGE	 *A. Do not bandage too tightly *B. Do not bandage too loosely *C. Do not leave loose ends *D. Cover all edges of dressing *E. Do not cover the tips of fingers and toes, unless they are injured *F. Bandage from the bottom of the limb to the top (distal to proximal)

OPEN FRACTURE TIB FIB RIGHT LEG

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
[*A. Expose wound
1. EMERGENCY CARE	*B. Prevent further contamination
FOR AN OPEN	*C. Bandage dressing in place after bleeding has been
WOUND	controlled
	*D. Keep patient lying still
	A. Use sterile dressing
	B. Cover entire wound
2. APPLY DRESSING	C. Control bleeding
	D. Do not remove dressing
	*A. Do not bandage too tightly
	*B. Do not bandage too loosely
3. APPLY BANDAGE	*C. Do not leave loose ends
	¹ *D. Cover all edges of dressing
	*E. Do not cover the tips of fingers and toes, unless
	they are injured
	¹ *F. Bandage from the bottom of the limb to the top
	(distal to proximal)

SPLINTING (RIGID OR SOFT) PELVIC GIRDLE, THIGH, KNEE, AND LOWER LEG

PROCEDURES		CRITICAL SKILLS
		*A. Assess for:
		• Pain
1. DETERMINE NEED		Swelling
FOR SPLINTING		Deformity
		B. Determine if splinting is warranted
		A. Support affected limb and limit movement
2. APPLY MANUAL		 Do not attempt to reduce dislocations
STABILIZATION		
		A. Select appropriate splinting method depending
3. SELECT APPROPRIATE		on position of extremity and materials available
SPLINI		B. Select appropriate padding material
		A. Remove or cut away clothing as needed
		*B. Assess distal circulation, sensation, and motor
		function
4. PREPARE FOR		C. Cover any open wounds with sterile dressing
SPLINTING		and bandage
		D. Measure splint
		E. Pad around splint for patient comfort
		A. Maintain support while splinting
		Living splint:
		A. Immobilize site of injury
		B. Carefully place a pillow or folded blanket
		between the patients knees/legs
		C. Bind the legs together with wide straps or
		cravats
		D. Carefully place patient on long spine board
		E. Secure patient to the long spine board (if
		primary splint)
5. SPLINT		*F Reassess distal circulation, sensation, and motor
		function
		Other Splint:
		A. Immobilize site of injury
		B. Pad as needed
		C. Secure splint distal to proximal
		D. Carefully place patient on long spine board
		E. Secure patient to the long spine board (if
		primary splint)
		F Reassess distal circulation, sensation, and motor
1	1	

$0. \operatorname{RE}_{00}$	6.	REASSESS	
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CONTINUE PATIENT ASSASSMENT

	L	R	
			*A. Check each arm for DOTS
			*B. Inspect arms for injury by touch
			*C. Unresponsive: Check arms for paralysis (pinch inner
7 ADMC	7 ADMC	side of wrist)	
7. ANNIS			*D. Responsive: Check arms for motion (in a conscious
		patient; team places fingers in each hand of patient	
		and states "Can you squeeze my fingers?")	
		*E. Check for medical ID bracelet PATIENT HAS ID	
			BRACELET ON LEFT WRIST

2 INCH LACERATION IN RIGHT ARM PIT

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
[□ *A. Expose wound
1. EMERGENCY CARE	□ *B. Prevent further contamination
FOR AN OPEN	C. Bandage dressing in place after bleeding has been
WOUND	controlled
]	□ *D. Keep patient lying still
	A. Use sterile dressing
	□ B. Cover entire wound
2. APPLY DRESSING	\neg C. Control bleeding
	D. Do not remove dressing
	*A. Do not bandage too tightly
[□ *B. Do not bandage too loosely
	\neg *C. Do not leave loose ends
3. APPLY BANDAGE	$\begin{bmatrix} - \\ - \end{bmatrix}$ *D. Cover all edges of dressing
	□ *E. Do not cover the tips of fingers and toes, unless
	they are injured
1	\square *F. Bandage from the bottom of the limb to the top
	(distal to proximal)

4 INCH LACERATION ON RIGHT BICEPT

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
[□ *A. Expose wound
1. EMERGENCY CARE	□ *B. Prevent further contamination
FOR AN OPEN	□ *C. Bandage dressing in place after bleeding has been
WOUND	controlled
]	□ *D. Keep patient lying still
	\square A. Use sterile dressing
	□ B. Cover entire wound
2. APPLY DRESSING	\Box C. Control bleeding
	D. Do not remove dressing
	\square *A. Do not bandage too tightly
	□ *B. Do not bandage too loosely
	\square *C. Do not leave loose ends
3. APPLY BANDAGE	\square *D. Cover all edges of dressing
	*E. Do not cover the tips of fingers and toes, unless
	they are injured
	*F. Bandage from the bottom of the limb to the top
	\square (distal to proximal)

TRIANGULAR SLINGS ARE REQUIRED FOR ALL WOUNDS OF UPPER EXTREMITIES INCLUDING SHOULDER AND ARMPIT WOUNDS

	А.	Place sling over chest and under arm
	В.	Hold or stabilize arm
	C.	Triangle should extend behind elbow on injured side
	D.	Pull sling around neck until hand is elevated and
2 SECUDING WITH SUNC		tie on uninjured side
5. SECURING WITH SLING	Е.	Pad at neck at the (except when C-Collar is
		present)
	F.	Secure excess material at elbow
	G.	Finger tips should be expose
	*Н.	Reassess distal circulation, sensation and motor
		function
4. SECURE SLING WITH	A.	Use triangle cravat or factory swathe
SWATHE	B	Swathe is tied around chest and injured arm
	 *C	Descrete distal size lating second in an 1
	°C.	keassess distal circulation, sensation, and motor
		function

CONTINUE PATIENT ASSASSMENT

8. BACK	*A. Check back for DOTS
SURFACES	

4 INCH LACERATION ON BACK BELOW RIGHT SHOULDER BLADE

PROCEDURES CRITICAL SKILL *A. Expose wound *B. Prevent further contamination 1. EMERGENCY CARE *C. Bandage dressing in place after bleeding has been FOR AN OPEN controlled WOUND *D. Keep patient lying still A. Use sterile dressing B. Cover entire wound 2. APPLY DRESSING C. Control bleeding D. Do not remove dressing *A. Do not bandage too tightly *B. Do not bandage too loosely *C. Do not leave loose ends *D. Cover all edges of dressing 3. APPLY BANDAGE *E. Do not cover the tips of fingers and toes, unless they are injured *F. Bandage from the bottom of the limb to the top (distal to proximal)

DRESSINGS AND BANDAGING - OPEN WOUNDS

6 INCH LACERATION MIDDLE OF BACK ABOVE THE BELT LINE

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
	*A. Expose wound
1. EMERGENCY CARE	*B. Prevent further contamination
FOR AN OPEN	*C. Bandage dressing in place after bleeding has been
WOUND	controlled
	*D. Keep patient lying still
2. APPLY DRESSING	A. Use sterile dressingB. Cover entire wound

	C. Control bleeding
	D. Do not remove dressing
3. APPLY BANDAGE	 *A. Do not bandage too tightly *B. Do not bandage too loosely *C. Do not leave loose ends *D. Cover all edges of dressing *E. Do not cover the tips of fingers and toes, unless they are injured *F. Bandage from the bottom of the limb to the top (distal to proximal)

IMMOBILIZATION- LONG SPINE BOARD (BACKBOARD)

PROCEDURES	CRITICAL SKILL
	A. One First Aid Provider at the head must maintain
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	in-line immobilization of the head and spine B. First Aid Provider at the head directs the
	movement of the patient
	C. Other First Aid Provider control movement of the rest of body
	D. Other First Aid Provider position themselves on same side
	E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers
	F. Quickly assess posterior body, if not already done
	G. Place long spine board next to the patient with top
	of board beyond top of head
	H. Place patient onto the board at command of the
	First Aid Provider at head while holding in-line
	movement
	I. Slide patient into proper position using smooth
	coordinated moves keeping spine in alignment
2 PAD VOIDS BETWEEN	A. Select and use appropriate padding
PATIENT AND LONG	B. Place padding as needed under the head
SPINE BOARD	C. Place padding as needed under torso
3. IMMOBILIZE BODY TO	A. Strap and secure body to board ensuring spinal
THE LONG SPINE	immobilization, beginning at shoulder and
BOARD	working toward feet
4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD	A. Using head set or place rolled towels on each side
	of head
	B. Tape and/or strap head securely to board, ensuring
	cervical spine immobilization

5. REASSESS	 *A. Reassess distal circulation, sensation, and motor function *B Assess patient response and level of comfort

SHOCK

PROCEDURES	CRITICAL SKILL
1. CHECK FOR SIGNS	*A. Check for pale (or bluish) skin (in victim with dark
	skin examine inside of mouth
AND SYMPTOMS OF	and nail beds for bluish coloration.
SHOCK	*B. Check for cool, clammy skin
	*C. Check for weakness
2. TREATMENT	A. Keep victim lying down B. Cover with blanket to provent loss of body
	heat and place a blanket under the patient.
	(Do not try to place blanket under patient with
	possible spinal injuries)
	C. Elevate according to injury
	*D. Reassure and calm the patient

Option 1: Elevate the lower extremities or foot end of backboard. This procedure is performed in most cases. Place the patient flat, face up and elevate the legs of foot end of backboard 8 to 12 inches. Do not elevate any limbs with possible fractures or pelvic injuries until they have been properly splinted. Remember to consider the mechanism of injury for every patient.

Option 2: Lay the patient flat, face up. This is the supine position, used for patients with a spinal injury and patients who have serious injuries to the extremities that have not been supported. If the patient is placed in this position, you must constantly be prepared for vomiting.

Option 3: Slightly raise the head and shoulders. This position should be used only for responsive patients with no spinal injuries, life threatening chest or abdominal injuries and only for patients having difficulty breathing, but who have an open airway. A semi-seated position can also be used for patients with a history of heart problems. It is not recommended for moderate to severe cases of shock. Be certain to keep the patient's head from tilting forward.