**INITIAL ASSESSMENT**

 PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. SCENE SIZE UP | □□ | \*A. Observe area to ensure safety\*B. Call for help  |
| 2. MECHANISM OFINJURY | □□□ | \*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: (Can Walk)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**

**THES TURNS INTO A RAPID ASSESSMENT**

PROCEDURESCRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. HEAD | □□□□□□□ | \*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\*E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding\*F. Check the nose for any bleeding or drainage\*G. Check the mouth for loose or broken teeth, foreign  objects, swelling or injury of tongue, unusual breath  odor and discoloration |

Open Skull Fracture

Skull Fractures and Brain Injuries

1. Assume spinal injuries and open airway with jaw thrust

2. Apply collar

3. Use loose gauze dressing- no direct pressure

4. Keep at rest, ask them questions

5. Don’t elevate legs (on or off a backboard)

6. After entire body is immobilized- place patient on their side (recovery position) for drainage if needed

**DRESSINGS AND BANDAGING – OPEN WOUNDS**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. EMERGENCY CARE FOR AN OPEN WOUND | □□□□ | \*A. Expose wound\*B. Prevent further contamination\*C. Bandage dressing in place after bleeding has been  controlled\*D. Keep patient lying still  |
| 2. APPLY DRESSING | □□□□ |  A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing  |

**IMMOBILIZATION OF CERVICAL SPINE**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION | □□□ | A. Place head in a neutral, in-line position unless patient complains of pain or the head is not easily moved into position B. Place head in alignment with spine C. Maintain constant manual in-line immobilization until the patient is properly secured to a backboard with head immobilized |
| 2. ASSESS CSM | □ | \*A. Assess distal circulation, sensation, and motor function (on all extremities  |
| 3. ASSESS CERVICAL REGION AND NECK | □□ | \*A. Inspect and palpate for injuries or signs of injuries using: DOTS acronym B. Remove clothing or jewelry as necessary  |
| 4. BANDAGE ANY WOUND | □  |  A. Any neck wounds  |
| 5. APPLY CERVICAL SPINE IMMOBILIZATION | □□□□□□□□□□□□ |  A. Apply properly sized collar or manual immobilizationOne piece C-collar A. Select proper sized collar B. Apply collar C. Ensure that patient’s head is not twisted during application D. Ensure airway is open after placementTwo piece C-collar A. Select proper sized collar B. Apply rear section to back of neck C. Center rigid support on spine D. Apply front section ( overlaps rear section) E. Ensure chin rests in chin cavity F. Secure collar with Velcro straps G. Ensure airway is open after placement |
| 6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION | □□□ | A. Immobilize patient to appropriate immobilization deviceB. Use head set or place rolled blankets or towels on each side of headC. Tape and or strap head securely to appropriate immobilization device |
| 7. REASSESS | □ □ | \*A. Reassess distal circulation, sensation, and  motor function \*B Assess patient response and level of comfort  |

CONTINUE ASSEMENT

|  |  |  |
| --- | --- | --- |
| 2. NECK | □□ | \*A. Check the neck for DOTS\*B Inspect for medical ID |
| 3. CHEST | □□□ | \*A. Check chest area for DOTS\*B. Feel chest for equal breathing movement on both sides\*C. Feel chest for inward movement in the rib areas  during inhalations |

SUCKING CHEST WOUND

**SUCKIN CHEST WOUND**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. EXPOSE WOUND | □ | \*A. Expose entire wound  |
| 2. SEAL WOUND AND CONTROL BLEEDING | □□ |  \*A. Place occlusive dressing over wound (If occlusive dressing is not available use gloved hand) B. Apply direct pressure as needed to stop the  bleeding  |
| 3. APPLY AN OCCLUSIVE DRESSING |  |  A. Keep patient calm and quiet\*B. Explain to the patient what you are doing\*C. Ensure dressing is large enough not to be sucked into the wound (two inches beyond edges of wound) D. Affix dressing with tape\*E. Seal on three sides\*F. Monitor patient closely for increasing difficulty breathing\*G. Transport as soon as possible H. Keep patient positioned on the injured side unless other injuries prohibit\*I. Reassess wound to ensure bleeding control\*J. Assess level of consciousness(AVPU), respiratory  status and patient response  |

CONTINUE ASSEMENT

|  |  |  |
| --- | --- | --- |
| 4. ABDOMEN | □ | \*A. Check abdomen (stomach) for DOTS |
| 5. PELVIS | □□ | \*A. Check pelvis for DOTS\*B. Inspect pelvis for injury by touch (Visually inspect and  verbally state inspection of crotch and buttocks areas) |
| 6. LEGS | L□□□□□ | R□□□□□ | \*A. Check each leg for DOTS B. Inspect legs for injury by touch C. Unresponsive: Check legs for paralysis (pinch inner  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 |

DISLOCATED RIGHT ANKLE

AKNOWLEDGE BUT DO NOT ADDRESS TILL LAST

CONTINUE ASSEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| 7. ARMS | L□□□□□ | R□□□□□ | \*A. Check each arm for DOTS B. Inspect arms for injury by touch C. Unresponsive: Check arms for paralysis (pinch inner  side of wrist)\*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 |

RECOGNIZE DIEBETIC BRECLET ON LEFT WRIST

LIFE THREATENING BLEEADING INSIDE RIGHT BICEPT

**LIFE-THREATENING BLEEDING**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. DIRECT PRESSURE AND ELEVATION | □□□□□ | \*A. Apply direct pressure with a gloved hand\*B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure\*C. Elevate the extremity except when spinal injury exists\*D. Bleeding has been controlled\*E. If controlled, bandage dressing in place  |
| 2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, PRESSURE POINTS SHALL BE UTILIZED | □□ | \*A. Apply pressure to appropriate pressure point and notify judge verbally that bleeding is controlled (Apply pressure to blood vessels leading to area – in arm, press just below armpit; in leg, press  against groin where thigh and trunk join.) B. If controlled, bandage dressing in place  |
| 3. IMMOBILIZE BODY TO THE LONG SPINE BOARD | □ |  A. Strap and secure body to board ensuring spinal  immobilization, beginning at shoulder and  working toward feet  |
| 4. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET | □  |  A. Apply as per tourniquet skill sheet  |

**External Bleeding**

To Control: 1st: direct pressure

2nd: elevation & direct pressure

3rd: pressure point

Last Resort: Tourniquet

**Internal Bleeding**

\*1. Monitor breathing and pulse

\*2. Keep patient still

\*3. Loosen restrictive clothing

\*4. Be alert if patient vomits

*BLEEDING NOT CONTROLED USE TOURNIQUET*

**TOURNIQUET**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. DETERMINE NEED OR USING TOURNIQUET | □□□ |  If these conditions are met, a tourniquet may be the only alternative:A. Direct pressure has not been successful in stopping bleedingB. Elevation of wound above heart has not been successful in stopping of bleedingC. Compression of pressure point has not been successful in stopping of bleeding.  |
| 2. SELECT APPROPRIATE MATERIALS | □ |  A. Select a band that will be between 3-4 inches in width and can be wrapped six or eight layers deep for improvised tourniquet or select factory tourniquet. |
| 3. APPLY TOURNIQUET | □□□□ |  Factory TourniquetA. Wrap band around the extremity proximal to the wound (one inch above but not on a joint) Improvised TourniquetB. Apply a bandage around the extremity proximal to the wound (one inch above but not on a joint) and tie a half knot in the bandageC. Place a stick or pencil on top of the knot and tie the ends of the bandage over the stick in a square knotD. Twist the stick until the bleeding is controlled, secure the stick in position  |
| 4. APPLY PRESSURE WITH TOURNIQUET | □ □ |  A. Do not cover the tourniquet with bandaging material\*B. Notify other medical personnel caring for the patient  |
| 5. MARK PATIENT APPROPRIATELY | □ | A. Mark a piece of tape on the patient’s forehead “TQ” and time applied |
| 6. REASSESS | □  | \*A. Assess level of consciousness (AVPU), respiratory status, and patient response  |

**DRESSINGS AND BANDAGING – OPEN WOUNDS**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. EMERGENCY CARE FOR AN OPEN WOUND | □□□□ | \*A. Expose wound\*B. Prevent further contamination\*C. Bandage dressing in place after bleeding has been  controlled\*D. Keep patient lying still  |
| 2. APPLY DRESSING | □□□□ |  A. Use sterile dressing B. 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)  |

NEED TO TAKE CARE OF RIGHT ANKLE

**SPLINTING (SOFT) LOWER EXTREMITY FRACTURES AND DISLOCATIONS (ANKLE AND FOOT**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. CARE FOR FRACTURE | □□ | \*A. Assess for distal circulation, sensation, and motor function B. Do not attempt to reduce dislocations (if applies)  |
| 2. IMMOBILIZING FRACTURE | □□□□□□□ |  A. Support affected limb and limit movement B. Place three cravats (triangular bandage) under ankle/foot C. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) D. Lower limb, adjust cravats to tie E. Tie cravats distal to proximal F. Elevate with blanket or pillow\*G. Reassess distal circulation, sensation, and motor function  |

**TWO-PERSON LOG ROLL**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. STABILIZE HEAD | □ | \*A. Stabilize the head and neck  |
| 2. PREPARING THEPATIENT | □□ |  A. When placing patient on board place board parallel to  the patient  B. Kneel at the patient’s shoulders opposite the board(if  used) leaving room to roll the patient toward knees  raise the patient’s arm, if not injured (the one closer  to the rescuer) above the patient’s head  |
| 3. PREPARING THERESCUER | □□ |  A. Grasp the patient at the shoulder and pelvis area  B. Give instructions to bystander, if used to support  |
| 4. ROLLING THE PATIENT | □□□□□ |  A. While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the shoulder and pelvis areas  B. The head and neck should remain on the same plane as the torso  C. Maintain stability by holding patient with one hand  and placing board (if used) with other  D. Roll the body as a unit onto the board (if used)  (board maybe slanted or flat)  E. Place the arm alongside the body  |

**IMMOBILIZATION- LONG SPINE BOARD (BACKBOARD)**

PROCEDURES CRITICAL SKILL

|  |  |  |
| --- | --- | --- |
| 1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD | □□□□□□□□□ |  A. One First Aid Provider at the head must maintain  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  immobilization using methods to limit spinal  movement I. Slide patient into proper position using smooth  coordinated moves keeping spine in alignment  |
| 2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD | □□□ |  A. Select and use appropriate padding B. Place padding as needed under the head C. Place padding as needed under torso  |
| 3. IMMOBILIZE BODY TO THE LONG SPINE BOARD | □ |  A. Strap and secure body to board ensuring spinal  immobilization, beginning at shoulder and  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 AND SYMPTOMS OF SHOCK | □□□ | \*A. Check for pale (or bluish) skin (in victim with dark  skin examine inside of mouth  and nailbeds for bluish coloration.\*B. Check for cool, clammy skin\*C. Check for weakness  |
| 2. TREATMENT | □□□□ |  A. Keep victim lying down  B. Cover with blanket to prevent 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 backboard8 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.

SUCKING CHEST WOUND AND SKULL FRACTURE SAY LAY PERSON ON INJURES SIDE SO TILT TO THE LEFT

**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.

Note: Injuries requiring the injured side to be tilted or placed down may be done after patient has been properly secured to the back board if a back board is required.