

HARLAN MINE RESCUE CONTEST



FIRST AID PROBLEM

2015

YOU AND YOUR PARTNER ARE WORKING AT THE BIG ROCK SURFACE MINE. BUD, THE MECHANIC ON THE SITE, IS WORKING ON A SPLIT RING TIRE ON A 10 WHEEL TRUCK WHEN THE TIRE EXPLODES. BUD IS STRUCK BY THE OUTER TIRE RING AND THE FORCE OF THE BLAST KNOCKS SNAKE, THE TRUCK DRIVER, TO THE GROUND. YOU ARRIVE ON SCENE AND FIND BOTH MEN LYING ON THE GROUND. SNAKE TELLS YOU HE IS FINE AND ASKS YOU TO HELP BUD. YOU CALL 911 AND ARE INFORMED THAT ALL AMBULANCES ARE BUSY WITH OTHER CALLS AND TRANSPORTATION WILL BE DELAYED. PLEASE HELP BUD AND SNAKE!

INITIAL ASSESSMENT

PROCEDURES	CRITICAL SKILL	
1. SCENE SIZE UP	<input type="checkbox"/> <input type="checkbox"/>	*A. Observe area to ensure safety *B. Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Determine causes of injury, if possible *B. Triage: Immediate, Delayed, Minor or Deceased. *C. Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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 threat
4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries B. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds) C. If present, treat sucking chest wound
5. ASSESS FOR CIRCULATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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**.

BUD IS AN IMMEDIATE PATIENT BUT UNDER RULE 14 TRANSPORTATION IS DELAYED SO TEAM WILL HAVE TO TREAT ALL INJURIES.

**DISCOUNT TEAM IF THEY FAIL TO CHANGE GLOVES BETWEEN CONTACT WITH DIFFERENT PATIENTS!
RULE 19**

PATIENT ASSESSMENT

PROCEDURES	CRITICAL SKILL
1. HEAD	<ul style="list-style-type: none"> <input type="checkbox"/> *A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling <input type="checkbox"/> *B. Check and touch the scalp <input type="checkbox"/> *C. Check the face <input type="checkbox"/> *D. Check the ears for bleeding or clear fluids <input type="checkbox"/> *E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding <input type="checkbox"/> *F. Check the nose for any bleeding or drainage <input type="checkbox"/> *G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration

2 INCH CONTUSION ON RIGHT CHEEK
NO TREATMENT REQUIRED

CUT IN LEFT EYE

FRACTURED ORBITAL SOCKET LEFT EYE

**THIS SHOULD BE TREATED SIMILAR TO AN
 IMPALED OBJECT IN THE EYE. TREATMENT OF THE
 CUT WILL ALSO TREAT THE FRACTURED ORBITAL
 SOCKET.**

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES

CRITICAL SKILL

1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Control bleeding *B. Prevent further contamination *C. Bandage dressing in place after bleeding has been controlled *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 tips of fingers and toes, unless they are injured. F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Impaled Objects in the Eye

1. Stabilize with 3 inch gauze or folded 4x4
2. Put cup (no Styrofoam) over object and allow cup to rest on roller gauze or 4x4
3. Secure cup with roller gauze (not over top of cup)
- *4. Cover uninjured eye too

**LOOSE AND BROKEN TEETH RIGHT MANDIBLE
NO TREATMENT REQUIRED**

CONTINUE PATIENT ASSESSMENT

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID
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3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*A. Check chest area for DOTS</p> <p>*B. Feel chest for equal breathing movement on both sides</p> <p>*C. Feel chest for inward movement in the rib areas during inhalations</p>
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FLAIL CHEST RIGHT RIB CAGE

SPLINTING - FLAIL CHEST

PROCEDURES	CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> *A. Assess for: <ul style="list-style-type: none"> • Pain • Swelling • Deformity <input type="checkbox"/> *B. Determine if splinting is warranted
2. SELECT APPROPRIATE SPLINTING MATERIAL	<input type="checkbox"/> A. Choose a pillow, blanket, trauma dressing, or other appropriate splinting material
3. PREPARE FOR SPLINTING	<input type="checkbox"/> *A. Remove or cut away clothing as needed. <input type="checkbox"/> B. Cover any open wounds with sterile dressing and bandage
4. APPLY SPLINT	<input type="checkbox"/> A. Affix splint to chest with adhesive tape or roller bandage <input type="checkbox"/> B. Immobilize the site of injury <input type="checkbox"/> C. Use caution when taping splint to chest circumferentially <input type="checkbox"/> *D. Ensure sufficient chest expansion
5. REASSESS	<input type="checkbox"/> *A. Assess patient response and level of comfort
6. ASSIST VENTILATIONS	<input type="checkbox"/> *A. Assist with ventilation as needed

CONTINUE PATIENT ASSESSMENT

4. ABDOMEN	<input type="checkbox"/>	*A. Check abdomen (stomach) for DOTS
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	*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
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

COMPOUND FRACTURE LEFT FOREARM

THIS IS ALSO AN OPEN WOUND AND WILL HAVE TO BE BANDAGED. INFORM TEAM THAT BLEEDING IS CONTROLLED AS SOON AS THEY ASK. WATCH TO ENSURE THAT SUPPORT OF THE FRACTURE IS MAINTAINED AS SOON AS IT IS IDENTIFIED

UNTIL IT IS SPLINTED.

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
4. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*E. Control bleeding *F. Prevent further contamination *G. Bandage dressing in place after bleeding has been controlled *H. Keep patient lying still
5. APPLY DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E. Use sterile dressing F. Cover entire wound G. Control bleeding H. Do not remove dressing
6. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	G. Do not bandage too tightly. H. Do not bandage too loosely. I. Do not leave loose ends. J. Cover all edges of dressing. K. Do not cover tips of fingers and toes, unless they are injured. L. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/>	A. Selection of appropriate rigid splint of proper length

	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>B. Support affected limb and limit movement</p> <p>C. Apply appropriate padded rigid splint against injured extremity</p> <p>D. Place appropriate roller bandage in hand to ensure the position of function</p> <p>E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips</p> <p>F. Apply wrap distal to proximal</p> <p>*G. Reassess distal circulation, sensation, and motor function</p>
3. SECURING WITH SLING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Place sling over chest and under arm</p> <p>B. Hold or stabilize arm</p> <p>C. Triangle should extend behind elbow on injured side</p> <p>D. Pull sling around neck and tie on uninjured side</p> <p>E. Pad at the neck (except when C-Collar is present)</p> <p>F. Secure excess material at elbow</p> <p>G. Fingertips should be exposed</p> <p>*H. Reassess distal circulation, sensation, and motor function</p>
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Use triangle cravat or factory swathe</p> <p>B. Swathe is tied around chest and injured arm</p> <p>*C. Reassess distal circulation, sensation, and motor function</p>

CONTINUE PATIENT ASSESSMENT

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS
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IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES

CRITICAL SKILL

1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/>	*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	<input type="checkbox"/>	*A. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and
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SHOCK	<input type="checkbox"/> <input type="checkbox"/>	nailbeds for bluish coloration. *B. Check for cool, clammy skin *C. Check for weakness
2. TREATMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 the back board. This procedure is performed in most cases. Place the patient flat, face up and elevate the legs or foot end of the back board 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.

GIVE TEAM ENVELOPE #1

SNAKE IS NOT BREATHING AND DOES NOT HAVE A PULSE. PLEASE HELP SNAKE!

AUTOMATED EXTERNAL DEFIBRILLATOR

PROCEDURES		CRITICAL SKILL
1. RESCUER 1 - ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> <input type="checkbox"/>	A. Tap or gently shake shoulders *B. "Are you OK?"

		<p>C. Determine unconsciousness without compromising cervical spine (neck) injury</p> <p>*D. "Call for help"</p> <p>*E. "Get AED" (Note: If AED is used, follow local protocol)</p>
2. RESCUER 1 - MONITOR PATIENT FOR BREATHING	<input type="checkbox"/>	<p>A. Look for absence of breathing (no chest rise and fall) or gasping breaths, which are not considered adequate (within 10 seconds)</p>
3. RESCUER 1 - CHECK FOR CAROTID PULSE	<input type="checkbox"/>	<p>A. Correctly locate the carotid pulse - on the side of the rescuer, locate the patients' windpipe with your index and middle fingers and slide your fingers in the groove between the windpipe and the muscle in the neck</p> <p>B. Check for presence of carotid pulse for 5 to 10 seconds</p> <p>*C. Absence of pulse</p>
4. GIVES HIGH-QUALITY CPR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Correct compression hand placement</p> <p>B. Adequate Rate: At least 100/min. (i.e., delivers each set of 30 chest compressions in 18 seconds or less)</p> <p>C. Adequate Depth: Delivers compressions at least 2 inches in depth (at least 23 out of 30)</p> <p>D. Allows complete chest recoil (at least 23 out of 30)</p> <p>E. Minimizes interruptions: Gives 2 breaths with pocket mask in less than 10 seconds</p>
5. SECOND RESCUER ARRIVES WITH AED (DURING FIFTH SET OF COMPRESSIONS)	<input type="checkbox"/> <input type="checkbox"/>	<p>A. First rescuer continues compressions while second rescuer turns on AED and applies pads</p> <p>RESCUERS SWITCH - First rescuer clears victim, allowing AED to analyze</p> <p>*B. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm)</p>

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GIVE ENVELOPE #2

The AED has NOT detected a shockable rhythm.

AFTER TEAM STARTS CPR GIVE ENVELOPE #3

PERFORM 2 SETS OF 2 PERSON CPR

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TWO-RESCUER CPR (NO SPINAL INJURY - MANIKIN ONLY)

PROCEDURES		CRITICAL SKILL
1. RESCUER 1 - ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Tap or gently shake shoulders *B. "Are you OK?" C. Determine unconsciousness without compromising cervical spine (neck) injury *D. "Call for help" *E. "Get AED" (Note: If AED is used, follow local protocol)
2. RESCUER 1 -	<input type="checkbox"/>	A. Look for absence of breathing (no chest rise and fall)

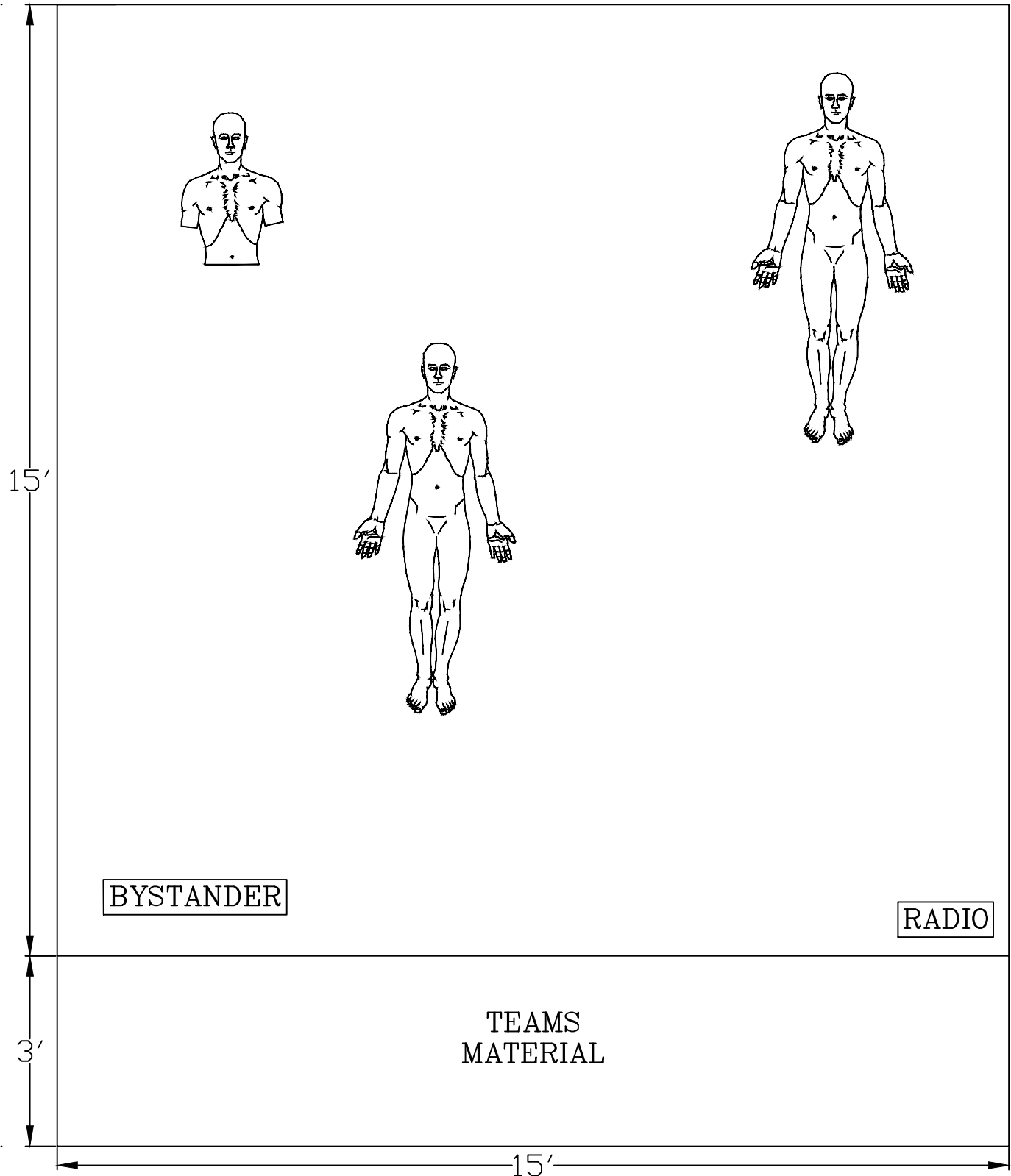
MONITOR PATIENT FOR BREATHING		or gasping breaths, which are not considered adequate (within 10 seconds)
3. RESCUER 1 - CHECK FOR CAROTID PULSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Correctly locate the carotid pulse - on the side of the rescuer, locate the patient's windpipe with your index and middle fingers and slide your fingers in the groove between the windpipe and the muscle in the neck B. Check for presence of carotid pulse for 5 to 10 Seconds *C. Absence of pulse
4. RESCUER 2 - POSITION FOR COMPRESSIONS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Locate the compression point on the breastbone between the nipples B. Place the heel of one hand on the compression point and the other hand on top of the first so hands are parallel. C. Do not intentionally rest fingers on the chest. Keep heel of your hand on chest during and between compressions.
5. RESCUER 2 - DELIVER CARDIAC COMPRESSION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Give 30 compressions B. Compressions are at the rate of at least 100 per minute (30 compressions delivered within 18 seconds) C. Down stroke for compression must be on or through compression line D. Return to baseline on upstroke of compression
6. RESCUER 1 - ESTABLISH AIRWAY	<input type="checkbox"/> <input type="checkbox"/>	A. Kneel at the patient's side near the head B. Correctly execute head-tilt/ chin-lift maneuver

7. RESCUER 1 - VENTILATIONS BETWEEN COMPRESSIONS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Place barrier device (pocket mask / shield with one way valve) on manikin</p> <p>B. Give 2 breaths 1 second each</p> <p>C. Each breath - minimum of .8 (through .7 liter line on new manikins)</p> <p>D. Complete breaths and return to compressions in less than 10 seconds (This will be measured from the end of last down stroke to the start of the first down stroke of the next cycle.)</p>
8. CONTINUE CPR FOR TIME STATED IN PROBLEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths</p> <p>B. To check for pulse, stop chest compressions for no more than 10 seconds after the first set of CPR</p> <p>C. Rescuer at patient's head maintains airway and checks for adequate breathing or coughing</p> <p>D. The rescuer at the patient's head shall feel for a carotid pulse</p> <p>E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set</p> <p>F. A maximum of 10 seconds will be allowed to complete ventilations and required pulse checks between sets (this will be measured from the end of the last down stroke to the start of the first down stroke of the next cycle)</p>
9. CHANGING RESCUERS	<input type="checkbox"/>	<p>A. Change of rescuers shall be made in 5 seconds or less and will be completed as outlined in the problem. Team must switch every 5 cycles in less than 5 seconds.</p>
10. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> <input type="checkbox"/>	<p>A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds)</p> <p>*A. "Patient has a pulse."</p>

GIVE TEAM ENVELOPE #4

EMS IS NOW ON SCENE AND HAS ASSUMED ALL PATIENT CARE.

FIELD LAYOUT



LIST OF INJURIES

BUD

2 INCH CONTUSION ON RIGHT CHEEK

CUT IN LEFT EYE

FRACTURED ORBITAL SOCKET LEFT EYE

**MISSING AND BROKEN TEETH RIGHT
MANDIBLE**

FLAIL SEGMENT OF RIGHT RIBS

COMPOUND FRACTURE LEFT FOREARM

RESPIRATIONS: 10

PULSE: RAPID AND WEAK

PERFUSION > 2 SECONDS

MENTAL STATUS: UNABLE TO FOLLOW COMMANDS

BUD

**2 INCH CONTUSION
ON RIGHT CHEEK**

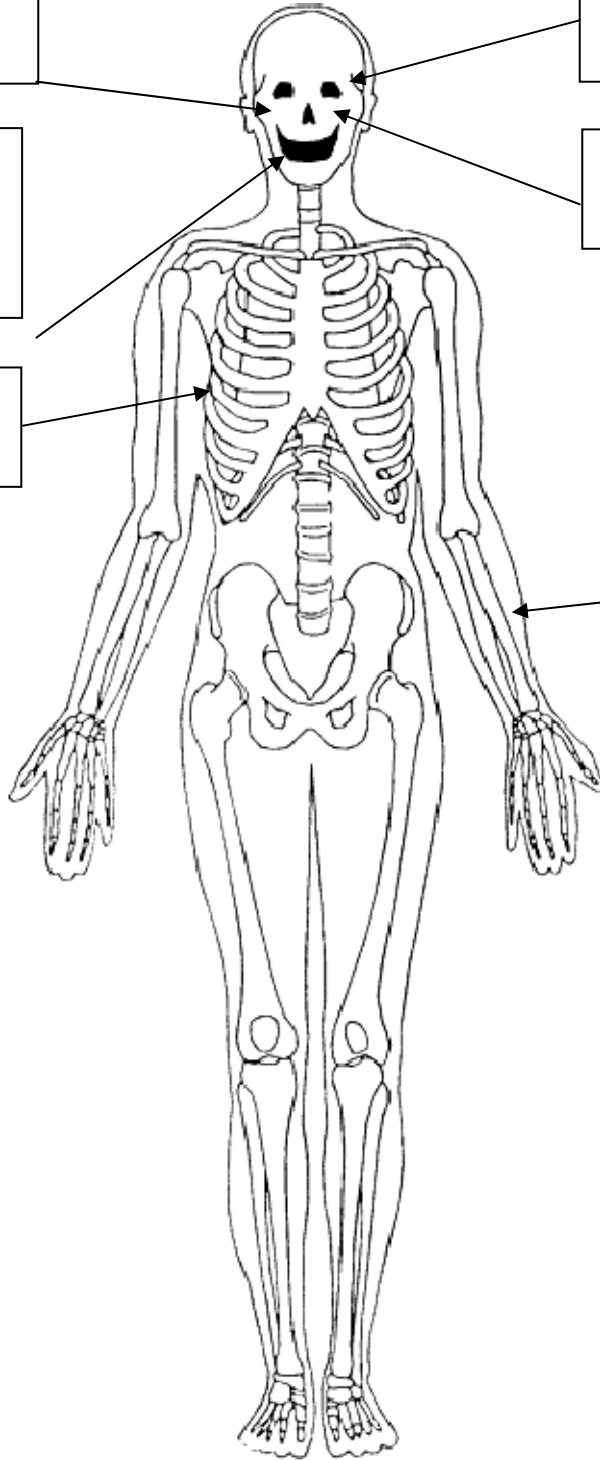
**CUT IN LEFT
EYE**

**MISSING AND
BROKEN TEETH
RIGHT MANDIBLE**

**FRACTURED
ORBITAL SOCKET**

**FLAIL CHEST
RIGHT RIB CAGE**

**COMPOUND
FRACTURE LEFT
FOREARM**



**RESPIRATIONS: 10
PULSE: RAPID AND WEAK
PERFUSION > 2 SECONDS
MENTAL STATUS: UNABLE TO
FOLLOW COMMANDS**

LIST OF INJURIES

SNAKE

NO OBVIOUS INJURIES

RESPIRATIONS: 26

PULSE: RAPID

PERFUSION < 2 SECONDS

MENTAL STATUS: ABLE TO FOLLOW COMMANDS

**SNAKE IS NOT BREATHING
AND DOES NOT HAVE A PULSE.**

PLEASE HELP SNAKE!

The AED has NOT detected a shockable rhythm.

**PERFORM 2 SETS OF 2
PERSON CPR**

**EMS IS NOW ON SCENE
AND HAS ASSUMED ALL
PATIENT CARE.**

HARLAN MINE RESCUE FIRST AID CONTEST

CHIEF JUDGE: GARY OLIVER

ASSISTANT CHIEF JUDGE: LARRY BOGGS

FINAL APPEALS: KEVIN BRUNER JIM LUNDY

WRITTEN EXAM/TEAM APPEALS: JASON SNELL

CPR TAPES: MICHELLE ABNER DEBBIE COMBS

PATIENT PREPARER: ALICE BLANTON

CHAIRMAN	JUDGE	JUDGE/TIMEKEEPER	BYSTANDER
BJ FOSTER	JOHN BOYLEN	KEN MC CLUNG	DANNY LEWIS
CARLA MARCUM	KEVIN TURNER	MIKE NAPIER	LONNIE CURNUTT
JOHN ED CURRY	ADRON WILSON	RANDY LEWIS	JACK HARRIS

TEAM NAME _____ WORKING ORDER _____

Circle the correct answer

1. When properly applied, a sling and swathe will adequately immobilize a:
 - a. wrist.
 - b. forearm.
 - c. shoulder.
 - d. knee.

2. The process of immobilizing an injury using a device such as a piece of wood, cardboard, or folded blanket is called:
 - a. immobilization.
 - b. traction.
 - c. splinting.
 - d. manual stabilization.

3. Combative behavior, abnormal breathing patterns, and repetitive questions are all signs of a(n):
 - a. cervical-spine injury.
 - b. unresponsive person.
 - c. peripheral nervous system trauma.
 - d. Injury to the head.

4. The triage system was developed to assist in determining those victims needing:
 - a. standard care.
 - b. immediate transport.
 - c. immediate care.
 - d. long-term care.

5. Which one of the following is NOT one of the primary causes of shock?
 - a. Dilated blood vessels
 - b. Restricted movement
 - c. Severe fluid loss
 - d. Low levels of oxygen in the blood

6. All of the following are signs or symptoms of internal bleeding EXCEPT:

- a. increased pulse rate
 - b. decreasing blood pressure
 - c. decreasing pulse rate.
 - d. pale skin color.
7. Once a seizure has ended, the patient is said to be in the _____ state.
- a. REM
 - b. postictal
 - c. syncopal
 - d. recovery
8. Your patient has been in respiratory distress for approximately 30 minutes. Your assessment reveals pale skin and cyanosis of the nail beds. These are signs of:
- a. respiratory failure.
 - b. asthma.
 - c. hypoxia.
 - d. respiratory arrest.
9. The myocardium receives its blood supply from:
- a. coronary arteries.
 - b. myocardial arteries.
 - c. the conduction pathway.
 - d. the aorta.
10. You have just made two attempts to ventilate an unresponsive child with an airway obstruction. Your next step is to:
- a. begin chest compressions.
 - b. continue to ventilate.
 - c. perform five chest thrusts.
 - d. provide back slaps.