

# HARLAN MINE RESCUE CONTEST



FIRST AID PROBLEM

2017

# **PROBLEM**

**You and your partner are part of a four man maintenance crew on the 001 MMU. Jim and Joe are using a set of cutting torches to remove a conveyor chain when you hear a loud explosion. You rush over to the #3 entry and see Jim lying on the ground. Joe tells you he is having trouble seeing and wants to know why Jim isn't talking to him. Please treat and transport these patients to the surface.**

# JIM

**1<sup>ST</sup> DEGREE BURNS  
TO MOUTH AND  
RIGHT CHEEK**

**2 INCH LACERATION TO  
LEFT SHOULDER**

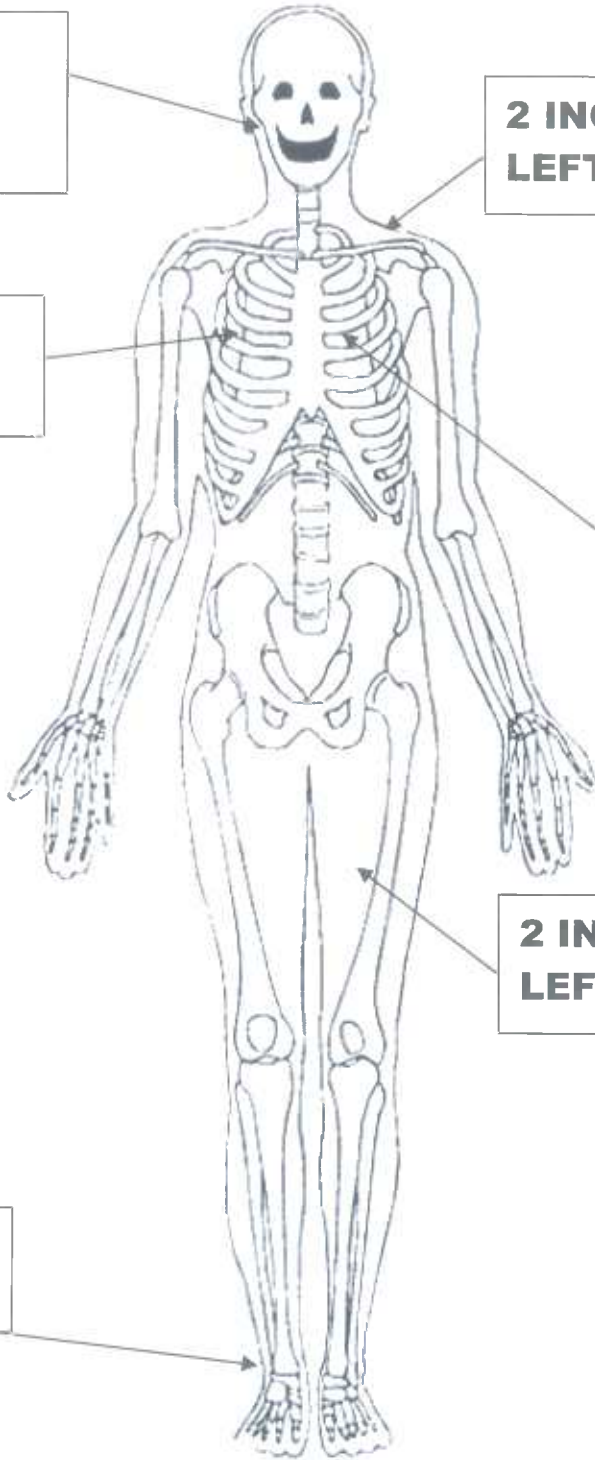
**SUCKING CHEST  
WOUND**

**2<sup>ND</sup> DEGREE BURNS  
COVERING ENTIRE  
CHEST**

**2 INCH LACERATION  
LEFT THIGH**

**FRACTURED RIGHT  
ANKLE**

**RESPIRATIONS: 8  
RADIAL PULSE: ABSENT  
PERFUSION: > 2 SECONDS  
MENTAL STATUS: UNABLE TO  
FOLLOW COMMANDS**



# **LIST OF INJURIES**

**JIM**

**1<sup>ST</sup> DEGREE BURNS TO MOUTH AND RIGHT  
CHEEK**

**SUCKING CHEST WOUND RIGHT SIDE**

**2 INCH LACERATION LEFT SHOULDER**

**2<sup>ND</sup> DEGREE BURNS COVERING ENTIRE CHEST**

**FRACTURED RIGHT ANKLE**

**2 INCH LACERATION LEFT THIGH**

**Joe**

**FLASH BURN TO  
RIGHT EYE**

**2 INCH LACERATION TO  
LEFT BICEP**

**IMPALED OBJECT  
LEFT FOREARM**

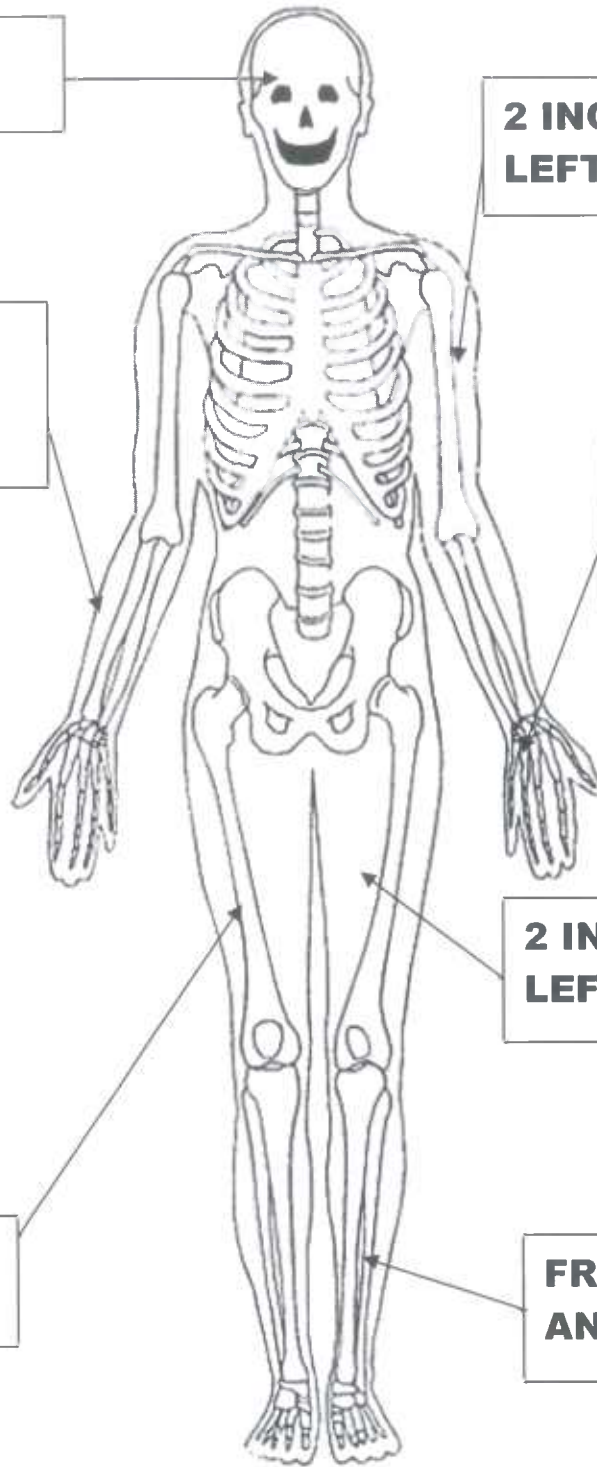
**2<sup>ND</sup> DEGREE BURNS  
LEFT HAND AND  
FINGERS**

**2 INCH LACERATION  
LEFT THIGH**

**3<sup>RD</sup> DEGREE BURNS  
TO RIGHT THIGH**

**FRACTURED TIBIA  
AND FIBULA**

**RESPIRATIONS: 32  
RADIAL PULSE: PRESENT  
PERFUSION: < 2 SECONDS  
MENTAL STATUS: ABLE TO FOLLOW  
COMMANDS SIMPLE COMMANDS**



# **LIST OF INJURIES**

**JOE**

**FLASH BURN TO RIGHT EYE**

**3<sup>RD</sup> DEGREE BURNS TO RIGHT THIGH**

**2 INCH LACERATION LEFT THIGH**

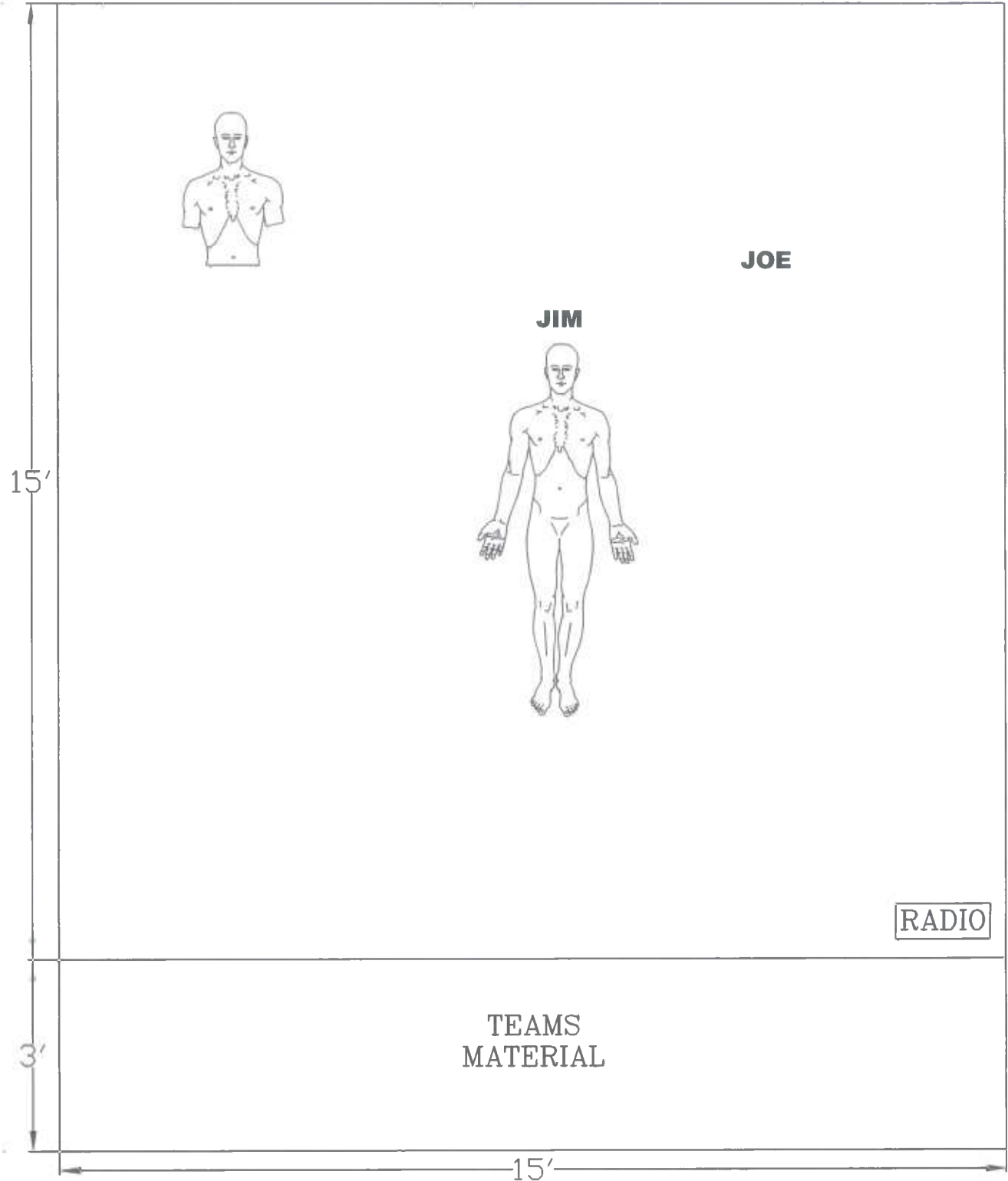
**FRACTURED TIBIA AND FIBULA LEFT LEG**

**2 INCH LACERATION LEFT BICEP**

**2<sup>ND</sup> DEGREE BURNS TO LEFT HAND AND  
FINGERS**

**IMPALED OBJECT LEFT FOREARM**

# FIELD LAYOUT



## INITIAL ASSESSMENT

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

**Jim is an immediate patient!**

**Joe is a delayed patient!**

**Team will have to perform Rapid Assessment on Jim and transport first.**



## SUCKING CHEST WOUND

PROCEDURES	CRITICAL SKILL	
1. EXPOSE WOUND	<input type="checkbox"/>	*A. Expose entire wound
2. SEAL WOUND AND CONTROL BLEEDING	<input type="checkbox"/> <input type="checkbox"/>	*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	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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

## PATIENT ASSESSMENT

PROCEDURES	CRITICAL SKILL	
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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

## 1<sup>st</sup> degree burns to mouth and right cheek

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID
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## 2 inch laceration to left shoulder

3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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
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## 2<sup>nd</sup> degree burns covering entire chest

### Envelope #1

**Jim has stopped breathing and does not have a pulse!**

## TWO-RESCUER CPR WITH AED (WITH SPINAL INJURY - MANIKIN ONLY)

### PROCEDURES

### CRITICAL SKILL

<p>1. RESCUER 1 - ESTABLISH UNRESPONSIVENESS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>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)</p>
<p>2. RESCUER 1 - MONITOR PATIENT FOR BREATHING</p>	<input type="checkbox"/>	<p>A. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)</p>
<p>3. RESCUER 1 - CHECK FOR CAROTID PULSE</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>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 second                      *C. Absence of pulse                      *D. Immediately start CPR if no pulse</p>
<p>4. RESCUER 1 - POSITION FOR COMPRESSIONS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Locate the compression point on the breastbone between the nipples                      B. Place the heel of one hand on sternum the compression point and the other hand on top of the first so hands are parallel                      C. Do not rest fingers on the chest                      Keep heel of your hand on chest during and between compressions</p>
<p>5. RESCUER 1 - DELIVER CARDIAC COMPRESSION</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Give 30 compressions                      B. Compressions are at the rate of 100 to 120 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</p>
<p>6. RESCUER 2 - ESTABLISH AIRWAY</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Kneel at the patient's head                      B. Correctly execute jaw thrust maneuver</p>

<p>7. RESCUER 2 - VENTILATIONS BETWEEN COMPRESSIONS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Rescuer 1 should place the barrier device (pocket mask/Shield with one way valve) on manikin (OPTION 1: When spinal injury is present, Rescuer No. 2 can hold barrier device on manikin after Rescuer No. 1 correctly places device over the mouth and nose (OPTION 2: Rescuer 1 can place the device on the manikin each time patient is ventilated)</p> <p>B. Rescuer 2 Gives 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>
<p>8. CONTINUE CPR FOR TIME STATED IN PROBLEM</p>	<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 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 giving compressions 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>
<p>9. SECOND RESCUER ARRIVES WITH AED (DURING FIFTH SET OF COMPRESSIONS)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. First rescuer continues compressions while second rescuer turns on AED and applies pads.</p> <p>B. RESCUERS SWITCH-First rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a <u>shockable</u> or non-shockable rhythm)</p> <p>A. If AED indicates a shockable rhythm, first rescuer clears victim again and delivers shock.</p>
<p>10. RESUME HIGH-QUALITY CPR</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Second rescuer gives 30 compressions immediately after shock delivery (2 cycles).</p> <p>B. First rescuer successfully delivers 2 breaths.</p>

## Envelope #2

AED states "**SHOCK ADVISED**"

**This envelope is given during step 9 of skill sheet.**

11. CHANGING RESCUERS	<input type="checkbox"/>	A. Change of rescuers shall be made in 5 seconds or less and will be completed as outlined in problem. Team must switch every 5 cycles in less than 5 seconds.
12. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> <input type="checkbox"/>	A. A final pulse check will be required at the end of the last set of CPR (within 10 seconds) *B. "Patient has a pulse."

## Envelope #3

***Perform 2 sets of 2 person CPR and then Jim will be breathing and have a pulse!***

***This envelope is given at step 11 of skill sheet.***

***Resume rapid 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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

## Fractured right ankle

## 2 inch laceration left thigh

7. ARMS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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
8. BACK SURFACES	<input type="checkbox"/>		*A. Check back for DOTS

**Team should prepare Jim for transport**

## IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
<p>1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine</li> <li><input type="checkbox"/> B. First Aid Provider at the head directs the movement of the patient</li> <li><input type="checkbox"/> C. Other First Aid Provider control movement of the rest of body</li> <li><input type="checkbox"/> D. Other First Aid Provider position themselves on same side</li> <li><input type="checkbox"/> E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers</li> <li><input type="checkbox"/> F. Quickly assess posterior body, if not already done</li> <li><input type="checkbox"/> G. Place long spine board next to the patient with top of board beyond top of head</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment</li> </ul>
<p>2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Select and use appropriate padding</li> <li><input type="checkbox"/> B. Place padding as needed under the head</li> <li><input type="checkbox"/> C. Place padding as needed under torso</li> </ul>
<p>3. IMMOBILIZE BODY TO THE LONG SPINE BOARD</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet</li> </ul>
<p>4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Using head set or place rolled towels on each side of head</li> <li><input type="checkbox"/> B. Tape and/or strap head securely to board, ensuring cervical spine immobilization</li> </ul>
<p>5. REASSESS</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function</li> <li><input type="checkbox"/> *B. Assess patient response and level of comfort</li> </ul>

## SHOCK

PROCEDURES	CRITICAL SKILL
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> *A. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration. <input type="checkbox"/> *B. Check for cool, clammy skin <input type="checkbox"/> *C. Check for weakness
2. TREATMENT	<input type="checkbox"/> A. Keep victim lying down <input type="checkbox"/> 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) <input type="checkbox"/> C. Elevate according to injury <input type="checkbox"/> *D. Reassure and calm the 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.

## Envelope #4

**A 2 man personnel carrier is available to transport 1 patient to the surface.**

**Jim should be transported and team will start assessment and treatment of Joe!**



## 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**.

**Team will have to perform regular Assessment on Joe and treat all injuries!**

**PATIENT  
ASSESSMENT**

PROCEDURES

CRITICAL SKILL

PROCEDURES		CRITICAL SKILL
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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

**Flash burn to right eye**

**(Since this an injury to one eye team will be required to cover both eyes)**

## BURNS

PROCEDURES	CRITICAL SKILLS
1. DETERMINE BURN TYPE	<input type="checkbox"/> *A. Determine type <span style="color: red;">D. Thermal</span> E. Chemical F. Electrical
2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/> *A. Determine Body Surface Area (BSA) using rule of nines
3. BURN CARE (All Types)	<input type="checkbox"/> *A. Remove patient from source of burn and prevent further contamination <input type="checkbox"/> *B. Consider the type of burn and stopping the burning process initially with water or saline if appropriate <input type="checkbox"/> *C. Remove jewelry <input type="checkbox"/> *D. Continually monitor the airway for evidence of closure <input type="checkbox"/> *E. Cover the burned area with a dry sterile dressing <input type="checkbox"/> *F. Do not use any type of ointment, lotion or antiseptic <input type="checkbox"/> *G. Do not break blisters <input type="checkbox"/> *H. Ensure patient does not get hypothermic
4. CARE FOR CHEMICAL BURNS	<input type="checkbox"/> A. Protect yourself from exposure to hazardous materials <input type="checkbox"/> B. Wear gloves, eye protection, and respiratory protection <input type="checkbox"/> *C. Brush off dry powders <input type="checkbox"/> *D. Consider flushing with large amounts of water <input type="checkbox"/> *E. Continue flushing the contaminated area if applicable <input type="checkbox"/> *F. Use caution not to contaminate uninjured areas when flushing or brushing
5. CARE FOR ELECTRICAL BURNS	<input type="checkbox"/> *A. Ensure safety before removing patient from the electrical source <input type="checkbox"/> *B. If the patient is still in contact with the electrical source or you are unsure, do not approach or touch the patient, contact power company <input type="checkbox"/> *C. Monitor the patient closely for respiratory and cardiac arrest <input type="checkbox"/> D. Treat the soft tissue injuries associated with the burn <input type="checkbox"/> *E. Look for both an entrance and exit wound
6. REASSESS	<input type="checkbox"/> *A. Reassess level of consciousness (AVPU), respiratory status, and patient response

**Multiple burns will be treated as per procedures listed in patient assessment.**

2. NECK	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID
3. CHEST	<input type="checkbox"/>	<input type="checkbox"/>	*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
4. ABDOMEN	<input type="checkbox"/>	<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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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

**3<sup>rd</sup> degree burns to right thigh**

**2 inch laceration left thigh**

**Fractured tibia and fibula left leg**

**TEAM MUST COMPLETE EXAMINATION OF LEFT LEG PRIOR TO STARTING TREATMENT. THEY MUST TAKE SUPPORT OF THE FRACTURE AND MAINTAIN SUPPORT UNTIL SPLINTING IS COMPLETED. RULE 15**

## BURNS

PROCEDURES	CRITICAL SKILLS
1. DETERMINE BURN TYPE	<input type="checkbox"/> *A. Determine type D. Thermal E. Chemical F. Electrical
2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/> *A. Determine Body Surface Area (BSA) using rule of nines
3. BURN CARE (All Types)	<input type="checkbox"/> *A. Remove patient from source of burn and prevent further contamination <input type="checkbox"/> *B. Consider the type of burn and stopping the burning process initially with water or saline if appropriate <input type="checkbox"/> *C. Remove jewelry <input type="checkbox"/> *D. Continually monitor the airway for evidence of closure <input type="checkbox"/> *E. Cover the burned area with a dry sterile dressing <input type="checkbox"/> *F. Do not use any type of ointment, lotion or antiseptic <input type="checkbox"/> *G. Do not break blisters <input type="checkbox"/> *H. Ensure patient does not get hypothermic
4. CARE FOR CHEMICAL BURNS	<input type="checkbox"/> A. Protect yourself from exposure to hazardous materials <input type="checkbox"/> B. Wear gloves, eye protection, and respiratory protection <input type="checkbox"/> *C. Brush off dry powders <input type="checkbox"/> *D. Consider flushing with large amounts of water <input type="checkbox"/> *E. Continue flushing the contaminated area if applicable <input type="checkbox"/> *F. Use caution not to contaminate uninjured areas when flushing or brushing
5. CARE FOR ELECTRICAL BURNS	<input type="checkbox"/> *A. Ensure safety before removing patient from the electrical source <input type="checkbox"/> *B. If the patient is still in contact with the electrical source or you are unsure, do not approach or touch the patient, contact power company <input type="checkbox"/> *C. Monitor the patient closely for respiratory and cardiac arrest <input type="checkbox"/> D. Treat the soft tissue injuries associated with the burn <input type="checkbox"/> *E. Look for both an entrance and exit wound
6. REASSESS	<input type="checkbox"/> *A. Reassess level of consciousness (AVPU), respiratory status, and patient response

**Multiple burns will be treated as per procedures listed in patient assessment.**

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

### PROCEDURE

### CRITICAL SKILL

1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	*A. Assess for: B. Pain C. Swelling D. Deformity E.. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/>	A. Support affected limb and limit movement a. Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> <input type="checkbox"/>	A. Select appropriate splinting method depending on position of extremity and materials available B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Remove or cut away clothing as needed *B. Assess distal circulation, sensation, and motor function C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort