

First Aid Problem Price 2017

Welcome, you are the mine rescue first aid team here to rescue two people from the refuge alternative. After an explosion in the face area Bobby was too injured to try to pack all the way out of the mine safely. So he agreed to be left in the refuge alternative so the crew could go for help. At that time Sam became too frightened to don his self - rescuer and decided to stay in the refuge alternative with Bobby.

The coal seam is 4 foot high.

Bobby is conscious and in a lot of pain.

Sam is exhausted and too weak to help.

Treat and prepare for transport to surface.

You will be notified when transportation arrives.

GOOD LUCK!!

List of Injuries

Sam

RESPIRATIONS: < 30 PER MINUTE

PERFUSION: RADIAL PULSE PRESENT

MENTAL STATUS: ABLE TO FOLLOW

COMMANDS BUT TOO WEAK TO HELP

MILD HYPERTHERMIA CONDITIONS

6 INCH LACERATION ON BACK OF LEFT
HAND

3 - INCH LACERATION ON RIGHT CHEEK

List of Injuries

Bobby

RESPIRATIONS: < 30 PER MINUTE
PERFUSION: RADIAL PULSE PRESENT
MENTAL STATUS: ABLE TO FOLLOW
COMMANDS

Right Leg: FRACTURED FEMUR

Right Arm: COMPOUND FRACTURED
HUMERUS

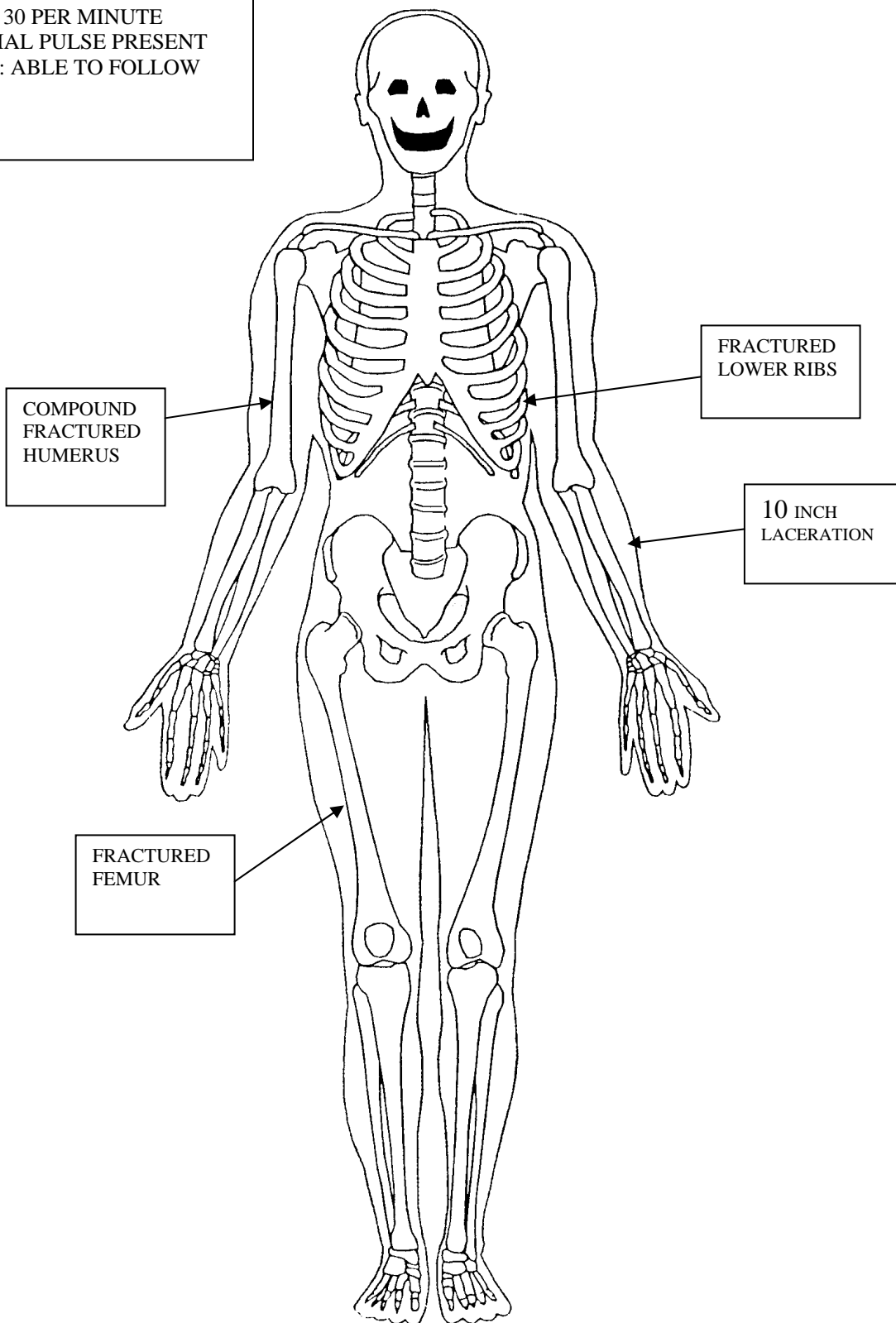
Ribs: FRACTURED LOWER LEFT SIDE

10 - INCH LACERATION LEFT FOREARM

PATIENT ASSESSMENT

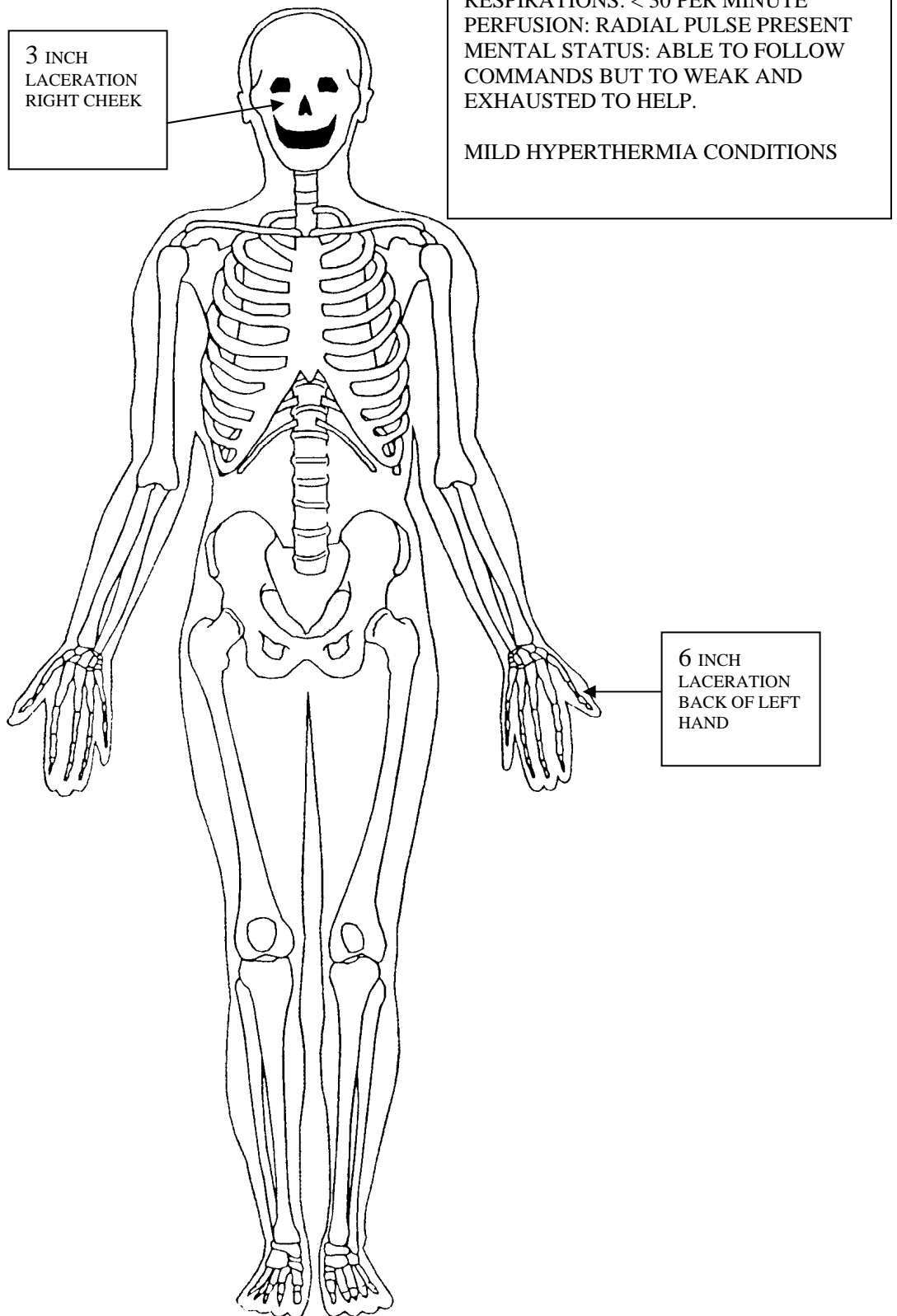
BOBBY

RESPIRATIONS: < 30 PER MINUTE
PERFUSION: RADIAL PULSE PRESENT
MENTAL STATUS: ABLE TO FOLLOW
COMMANDS



PATIENT ASSESSMENT

SAM



SAM

RESPIRATIONS: < 30 PER MINUTE

PERFUSION: RADIAL PULSE PRESENT

MENTAL STATUS: ABLE TO FOLLOW COMMANDS BUT
TOO WEAK TO HELP

MILD HYPERTHERMIA CONDITIONS

6 INCH LACERATION

3 INCH LACERATION

BOBBY

RESPIRATIONS: < 30 PER MINUTE

PERFUSION: RADIAL PULSE PRESENT

MENTAL STATUS: ABLE TO FOLLOW COMMANDS

FRACTURED FEMUR

COMPOUND FRACTURED HUMERUS

FRACTURED RIBS

10 INCH LACERATION

INITIAL ASSESSMENT

PROCEDURES	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 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	A. __ Check for presence of a carotid pulse (5-10 seconds) B. __ If present, control life threatening bleeding

IMMEDIATE: Rapid Patient Assessment breathing 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 asterisk (*) shall be clearly verbalized by the team as it is being conducted. After initially stating what DOTS stands for, the team may simplify state "DOTS" when making their checks.

DOTS: Deformities, Open Wounds, Tenderness and Swelling

- Teams may use the acronym "CSM" when checking circulation, sensation, and motor function.

PATIENT ASSESSMENT

PROCEDURES	CRITICAL 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
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
4. ABDOMEN	*A. __Check abdomen (stomach) for DOTS
5. PELVIS	*A. __Check pelvis for DOTS *B. __Inspect pelvis for injury by touch (Verbally state inspection of crotch and buttocks areas)
6. LEGS	*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

7. ARMS	*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
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8. BACK SURFACES	*A. __Check back for DOTS
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DOTS: Deformities, Open Wounds, Tenderness and Swelling

****NOTE:** Each critical skill identified with an asterisk (*) shall be 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.

DRESSINGS AND BANDAGING - OPEN WOUNDS

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

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

TWO-PERSON LOG ROLL

PROCEDURES	CRITICAL SKILL
1. STABILIZE HEAD	*A. __ Stabilize the head and neck
2. PREPARING THE PATIENT	<p>A. __ When placing patient on board place board parallel to the patient</p> <p>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</p>
3. PREPARING THE RESCUER	<p>A. __ Grasp the patient at the shoulder and pelvis area</p> <p>B. __ Give instructions to bystander, if used to support</p>
4. ROLLING THE PATIENT	<p>A. __ While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the shoulder and pelvis areas</p> <p>B. __ The head and neck should remain on the same plane as the torso</p> <p>C. __ Maintain stability by holding patient with one hand and placing board (if used) with other</p> <p>D. __ Roll the body as a unit onto the board (if used) (board may be slanted or flat)</p> <p>E. __ Place the arm alongside the body</p>

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	*A. __ Check for distal circulation, sensation, and motor function • Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	A. __ Selection of appropriate rigid splint of proper length B. __ Support affected limb and limit movement C. __ Apply appropriate padding to rigid splint D. __ Place appropriate roller bandage in hand to ensure the position of function E. __ Secure splint to patient with roller bandage, handkerchief, cravats, or cloth strips F. __ Apply wrap distal to proximal *G. __ Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	A. __ Place sling over chest and under arm B. __ Hold or stabilize arm C. __ Triangle should extend behind elbow or injured side D. __ Pull sling around neck and tie on uninjured side E. __ Pad at the neck (except when C-Collar is present) F. __ Secure excess material at elbow G. __ Finger tips should be exposed *H. __ Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	A. __ Use triangle cravat or factory swathe B. __ Swathe is tied around chest and injured arm *C. __ Reassess distal circulation, sensation, and motor function

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

PROCEDURES	CRITICAL SKILLS
1. DETERMINE NEED FOR SPLINTING	*A. Assess for: <ul style="list-style-type: none"> • __Pain • __Swelling • __Deformity B. __Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	A. __Support affected limb and limit movement <ul style="list-style-type: none"> • __Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	A. __Select appropriate splinting method depending on position of extremity and materials available B. __Select appropriate padding material
4. PREPARE FOR SPLINTING	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

<p>5. SPLINT</p>	<p>A. __ Maintain support while splinting</p> <p>Living Splint:</p> <p>A. __ Immobilize site of injury</p> <p>B. __ Carefully place a pillow or folded blanket between the patients knees/legs</p> <p>C. __ Bind the legs together with wide straps or cravats</p> <p>D. __ Carefully place patient on long board</p> <p>E. __ Secure the patient to the long spine board (if primary splint)</p> <p>*F. __ Reassess distal circulation, sensation, and motor function</p> <p>Padded Board Splint:</p> <p>A. __ Splint with two long padded splinting boards (one should be long enough to extend from the patient's armpit and to beyond the hand. The other should extend from the groin to beyond the foot.)(Lower leg requires boards to extend from knee to below the foot.)</p> <p>B. __ Cushion the padding in the armpit and groin and all voids created at the ankle and knee</p> <p>C. __ Secure the splinting boards with straps and cravats</p> <p>D. __ Carefully place the patient on the long spine board</p> <p>E. __ Secure the patient to the long spine board (if primary splint)</p> <p>*F. __ Reassess distal circulation, sensation, and motor function</p> <p>Other Splints:</p> <p>A. __ Immobilize the site of the injury</p> <p>B. __ Pad as needed</p> <p>C. __ Secure the splint distal to proximal</p> <p>D. __ Carefully place patient on long spine board</p> <p>E. Secure the patient to the long spine board (if primary splint)</p> <p>*F. __ Reassess distal circulation, sensation, and motor function</p>
<p>6. REASSESS</p>	<p>*A. __ Assess patient response and level of comfort</p>

**SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES
(AIR SPLINT)**

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	*A. __ Assess distal circulation, sensation, and motor function(fingers/toes)
2. IMMOBILIZE FRACTURE	A. __Grasp above and below the injury site B. __Maintain support C. __Properly apply air splint D. __Splint should be relatively free of wrinkles E. __ Inflate splint to point that slight dent can be made *F. __Reassess distal circulation, sensation, and motor function(fingers/toes)
3. MONITOR AIR-INFLATED SPLINT	*A. __Periodically check for increase or decrease in pressure *B. __Monitor pressure in splint with finger tip C. __Make certain desired pressure is maintained *D. __ Reassess distal circulation, sensation, and motor function(fingers/toes)

NOTE: Air splints may not be used with open (protruding bones) fractures. Air splints may only be used on lower part of the extremities (from below the elbow on the arm and below the knee to the leg).

TWO RESCUER EXTREMITY GROUND LIFT

PROCEDURES	CRITICAL SKILL
1. POSITIONING	A. __ Rescuer 1 - Kneel at the head of the patient and place one hand under each of the shoulders B. __ Rescuer 2 - Kneel by the patients knees and grasp the patient's wrist
2. RAISING PATIENT TO A SITTING POSITION	A. __ Rescuer 1 - push patient's shoulders up and support patient's back and head with body B. __ Rescuer 2 - Gently pull on patient's arms
3. POSITIONING AND LIFTING	A. __ Rescuer 1 - Support patient in sitting position B. __ Rescuer 2 - Slip hands under the patient's knees C. __ On command, rescuers stand simultaneously, lifting patient with proper body mechanics

MILD HYPERTHERMIA (HEAT)

PROCEDURES	CRITICAL SKILL
1. ASSESS FOR HYPERTHERMIA	*A. __ Patient exhibits signs and symptoms of hyperthermia: <ul style="list-style-type: none"> • Redness • Muscular cramps • Weakness or exhaustion • Rapid heart rate • Dizziness or faintness • Altered mental status to unresponsive
2. PREVIOUS INTERVENTIONS	*A. __ Inquire about previous interventions attempted
3. ASSESS FOR MILD HYPERTHERMIA (HEAT EXHAUSTION)	*A. __ Check skin for: <ul style="list-style-type: none"> • Normal to cool temperature • Pale • Moist
4. TREATMENT FOR MILD HYPERTHERMIA	*A. __ Place in a cool environment *B. __ Cool patient by fanning C. __ Put in supine position with legs elevated *D. __ Offer drinking water if patient is responsive and not nauseated E. __ If the patient is unresponsive or is vomiting, transport to the hospital
5. REASSESS	*A. __ Reassess level of consciousness, (AVPU), respiratory status and patient response

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 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 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.

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.