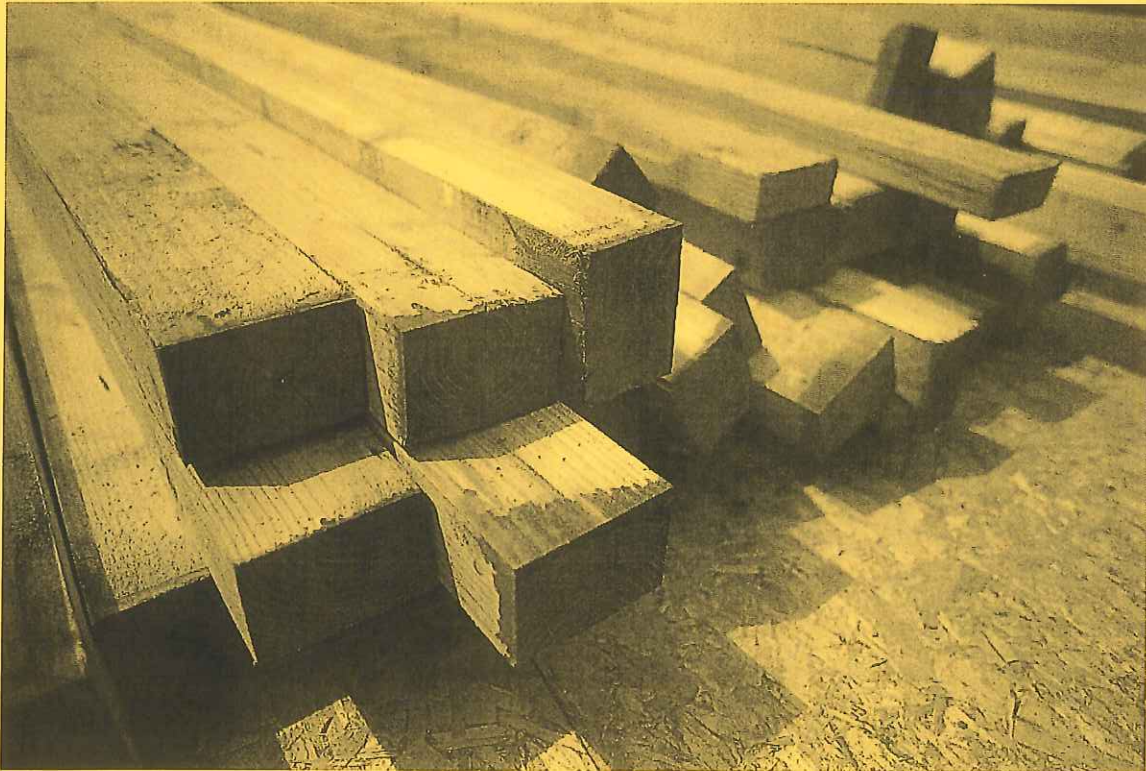


FIRST AID PROBLEM PRICE UTAH 2012



You are called to Donkey Creek Mine. A roof fall has occurred in entry 3, crosscut 36. A miner called out and said there were injuries. •

Two Person CPR

3 SETS

no spinal injury

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 if available" (Note: If AED is used, follow local protocol)
2. RESCUER 1 - MONITOR PATIENT FOR BREATHING	<input type="checkbox"/>	A. Look for absence of breathing (no chest rise and fall) 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"/> A. Place barrier device (pocket mask / shield with one way valve) on manikin <input type="checkbox"/> B. Give 2 breaths 1 second each <input type="checkbox"/> C. Each breath - minimum of .8 (through .7 liter line on new manikins) <input type="checkbox"/> 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.)
8. CONTINUE CPR FOR TIME STATED IN PROBLEM	<input type="checkbox"/> A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths <input type="checkbox"/> B. To check for pulse, stop chest compressions for no more than 10 seconds after the first set of CPR <input type="checkbox"/> C. Rescuer at patient's head maintains airway and checks for adequate breathing or coughing <input type="checkbox"/> D. The rescuer at the patient's head shall feel for a carotid pulse <input type="checkbox"/> E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set <input type="checkbox"/> 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)
9. CHANGING RESCUERS	<input type="checkbox"/> 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.
10. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds) <input type="checkbox"/> *B. "Patient has a pulse."

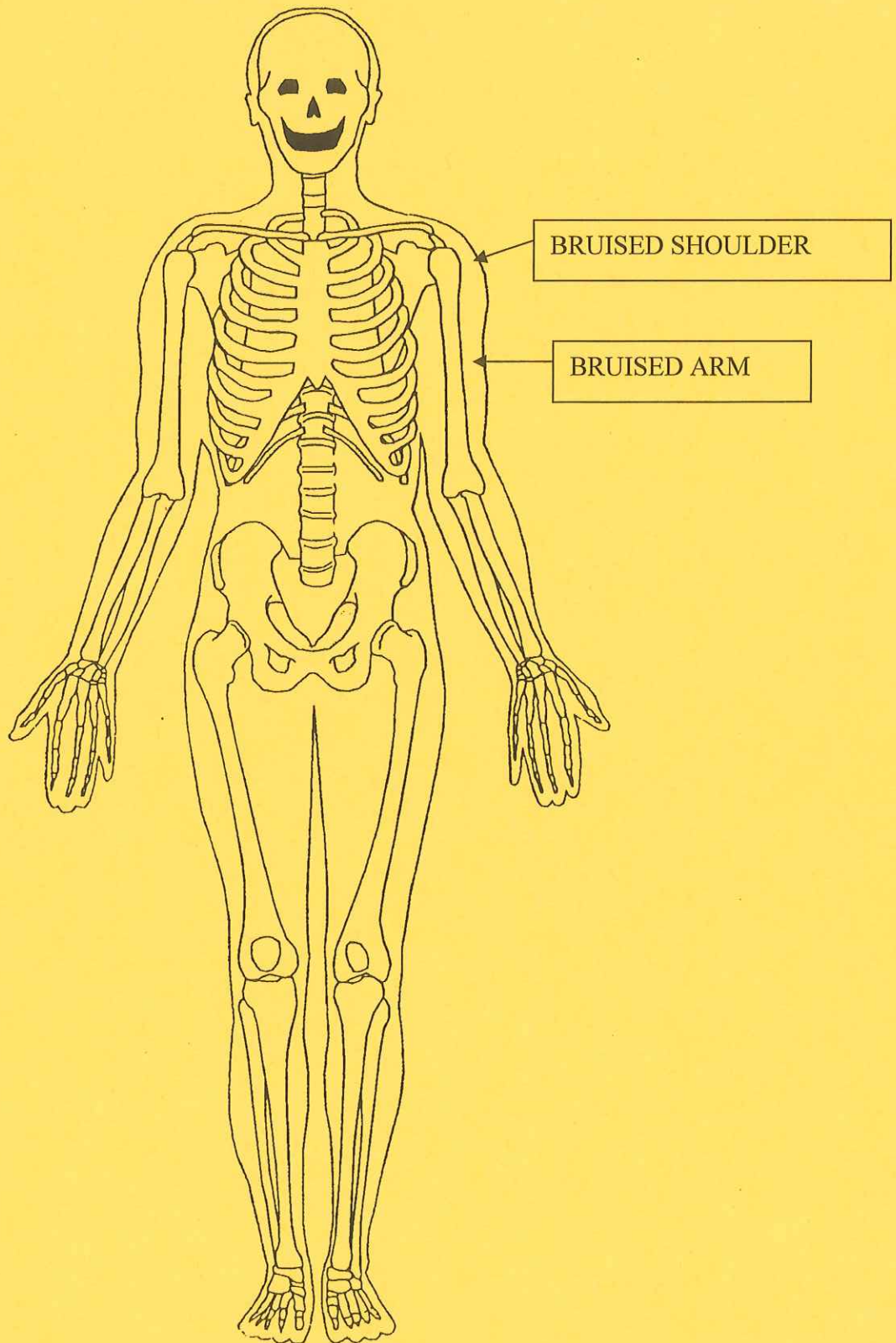
PATIENT STATEMENT

Patient can say "I am ok"

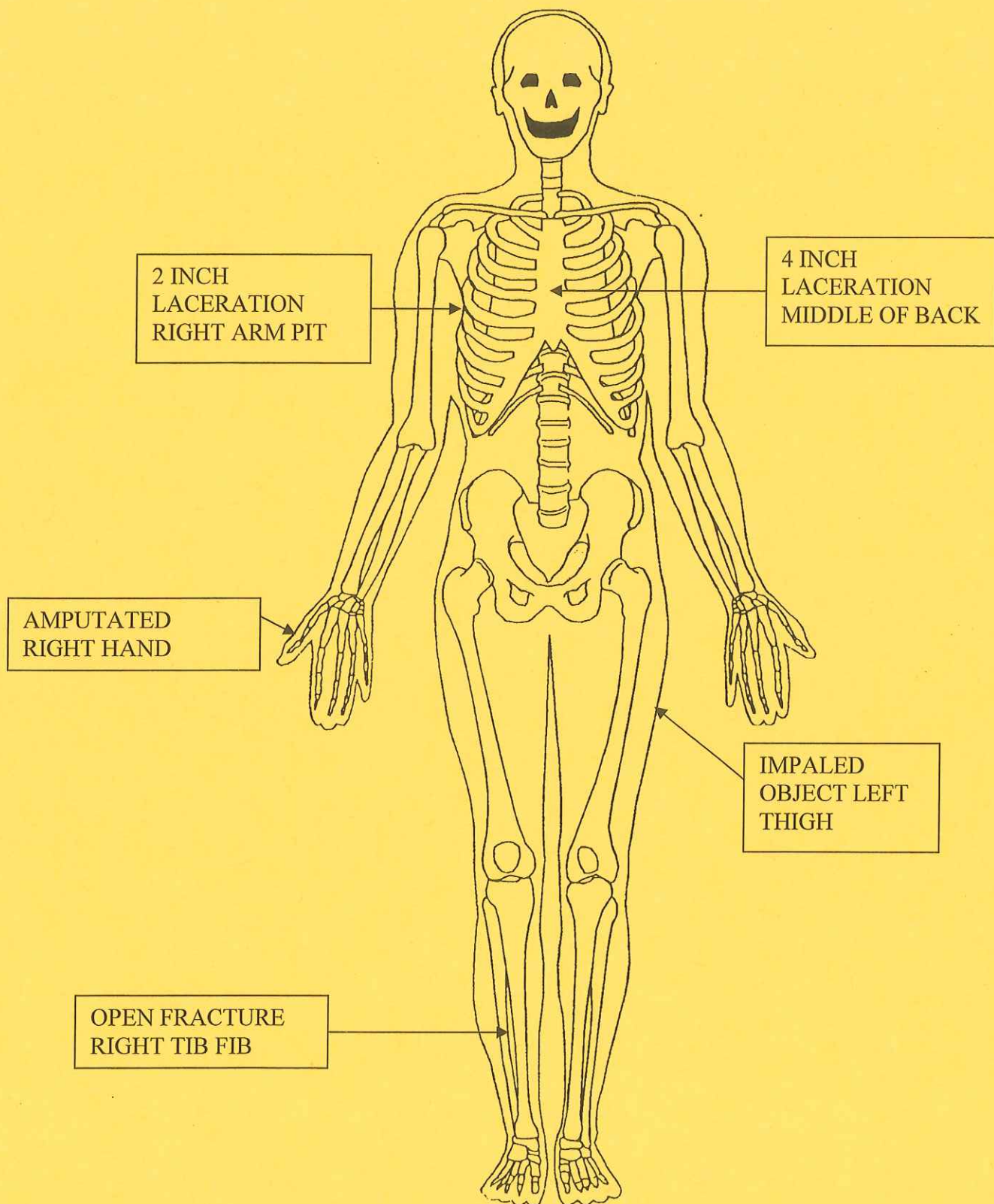
or

Patient can say " I hurt"

BYSTANDER STICKER PLACEMENT



PATIENT ASSESSMENT/CONSCIOUS



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.

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 asterisk (*) 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 use the acronym "CSM" when checking circulation, sensation, and motor function.

PATIENT ASSESSMENT

PROCEDURES

CRITICAL SKILL

1. HEAD	<input type="checkbox"/>	<input type="checkbox"/>	<p>*A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling</p> <p>*B. Check and touch the scalp</p> <p>*C. Check the face</p> <p>*D. Check the ears for bleeding or clear fluids</p> <p>*E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding</p> <p>*F. Check the nose for any bleeding or drainage</p> <p>*G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration</p>
2. NECK	<input type="checkbox"/>	<input type="checkbox"/>	<p>*A. Check the neck for DOTS</p> <p>*B. Inspect for medical ID</p>
3. CHEST	<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>
4. ABDOMEN	<input type="checkbox"/>		*A. Check abdomen (stomach) for DOTS
5. PELVIS	<input type="checkbox"/>	<input type="checkbox"/>	<p>*A. Check pelvis for DOTS</p> <p>*B. Inspect pelvis for injury by touch (Verbally state inspection of crotch and buttocks areas)</p>
6. LEGS	<div>L</div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div>R</div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*A. Check each leg for DOTS</p> <p>B. Inspect legs for injury by touch</p> <p>C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf)</p> <p>*D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?"</p> <p>*E. Check for medical ID bracelet</p>

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

- *1. Do not remove
2. Expose wound
3. Control bleeding
4. Stabilize with a bulky dressing; criss-cross the layers
5. Tie 4 inch wide cravats around to hold in place, or tape in place
- *6. Check for exit wound
7. Immobilize affected area

Impaled Objects in the Cheek

- *1. Examine; inside & outside
2. If end not impaled in mouth - pull it out
3. Position head for drainage: if spinal injury, immobilize 1st and tilt board
4. Dress outside of wound
- *5. Gauze on inside only if patient alert, (Simulate only in contest and state, "I would leave 3-4 inches of gauze outside of mouth")

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: <ul style="list-style-type: none"> ▪ Pain ▪ Swelling ▪ Deformity B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/>	A. Support affected limb and limit movement <ul style="list-style-type: none"> ▪ 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

5. SPLINT	<div data-bbox="623 212 649 237" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 212 1183 237" data-label="Text"> A. Maintain support while splinting </div> <div data-bbox="699 275 875 300" data-label="Text"> Living Splint: </div> <div data-bbox="623 317 649 342" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 310 1166 336" data-label="Text"> A. Immobilize the site of the injury </div> <div data-bbox="623 352 649 378" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 346 1291 411" data-label="Text"> B. Carefully place a pillow or folded blanket between the patients knees/legs </div> <div data-bbox="623 428 649 453" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 422 1291 487" data-label="Text"> C. Bind the legs together with wide straps or cravats </div> <div data-bbox="623 504 649 529" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 497 1308 522" data-label="Text"> D. Carefully place patient on long spine board </div> <div data-bbox="623 539 649 564" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 533 1323 598" data-label="Text"> E. Secure the patient to the long spine board (if primary splint) </div> <div data-bbox="623 615 649 640" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="699 609 1372 663" data-label="Text"> *F. Reassess distal circulation, sensation, and motor function </div> <div data-bbox="699 680 971 705" data-label="Text"> Padded Board Splint: </div> <div data-bbox="623 722 649 747" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 716 1372 919" data-label="Text"> A. Splint with two long padded splinting boards (one should be long enough to extend from the patient's armpit to beyond the foot. The other should extend from the groin to beyond the foot.) (Lower leg requires boards to extend from knee to below the foot.) </div> <div data-bbox="623 936 649 961" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 930 1351 995" data-label="Text"> B. Cushion with padding in the armpit and groin and all voids created at the ankle and knee </div> <div data-bbox="623 1012 649 1037" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1005 1308 1068" data-label="Text"> C. Secure the splinting boards with straps and cravats </div> <div data-bbox="623 1085 649 1110" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1079 1356 1104" data-label="Text"> D. Carefully place the patient on long spine board </div> <div data-bbox="623 1121 649 1146" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1115 1323 1180" data-label="Text"> E. Secure the patient to the long spine board (if primary splint) </div> <div data-bbox="623 1197 649 1222" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="699 1190 1369 1245" data-label="Text"> *F. Reassess distal circulation, sensation, and motor function </div> <div data-bbox="699 1262 875 1287" data-label="Text"> Other Splints: </div> <div data-bbox="623 1304 649 1329" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1297 1161 1323" data-label="Text"> A. Immobilize the site of the injury </div> <div data-bbox="623 1337 649 1362" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1331 937 1356" data-label="Text"> B. Pad as needed </div> <div data-bbox="623 1373 649 1398" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1367 1182 1392" data-label="Text"> C. Secure to splint distal to proximal </div> <div data-bbox="623 1409 649 1434" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1402 1304 1428" data-label="Text"> D. Carefully place patient on long spine board </div> <div data-bbox="623 1444 649 1470" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="711 1438 1318 1503" data-label="Text"> E. Secure the patient to the long spine board (if primary splint) </div> <div data-bbox="623 1520 649 1545" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="699 1514 1365 1568" data-label="Text"> *F. Reassess distal circulation, sensation, and motor function </div>
6. REASSESS	<div data-bbox="623 1604 649 1629" data-label="Text"> <input type="checkbox"/> </div> <div data-bbox="699 1598 1318 1623" data-label="Text"> *A. Assess patient response and level of comfort </div>

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

- *1. Do not remove
- 2. Expose wound
- 3. Control bleeding
- 4. Stabilize with a bulky dressing; criss-cross the layers
- 5. Tie 4 inch wide cravats around to hold in place, or tape in place
- *6. Check for exit wound
- 7. Immobilize affected area

Impaled Objects in the Cheek

- *1. Examine; inside & outside
- 2. If end not impaled in mouth - pull it out
- 3. Position head for drainage: if spinal injury, immobilize 1st and tilt board
- 4. Dress outside of wound
- *5. Gauze on inside only if patient alert, (Simulate only in contest and state, "I would leave 3-4 inches of gauze outside of mouth")

SPLINTING UPPER EXTREMITY/LOWER EXTREMITY FRACTURES (AIR SPLINT)

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Assess distal circulation, sensation, and motor function(fingers/toes)
2. IMMOBILIZE FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Periodically check for increase or decrease in pressure *B. Monitor pressure in splint with finger tip C. Make sure 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 the lower part of the extremities (from below the elbow on the arm and below the knee to the leg).

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
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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

Open Neck Wound (Serious or Life Threatening)

- *1. Gloved hand over wound
- *2. Occlusive dressing over wound - 2 inches larger than wound site
3. Gauze dressing over occlusive
4. Place roller gauze beside site and wrap around figure 8 under opposite arm

Abdominal Injury

- *1. Place on back with legs flexed at the knees (for closed or open wounds)

Additional Steps for Open Abdominal Wounds (Serious or Life Threatening)

- *1. Apply moist dressing, then an occlusive dressing
- *2. Cover the occlusive with pads or a towel for warmth
- *3. If an object is impaled in abs, stabilize it and do not flex legs - leave them in the position you found them

Skull Fractures and Brain Injuries

- *1. 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 - tilt back board, injured side down

Amputations

- *1. Wrap in slightly moistened sterile dressing
2. Place in plastic bag or wrap in plastic
- *3. Keep part cool avoid freezing
- *4. Do not place in water or direct contact with ice
- *5. Transport with patient
6. Label with patients name

NOTE:

Slings are required for all wounds of upper extremities, including shoulder and armpit wounds. Slings will not be required for upper extremity burns. However, if a burn and wound and/or fracture/dislocation are present on the same upper extremity, a sling shall be applied. Slings will be applied on upper extremities with injuries after all injuries of the extremity have been treated.

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