

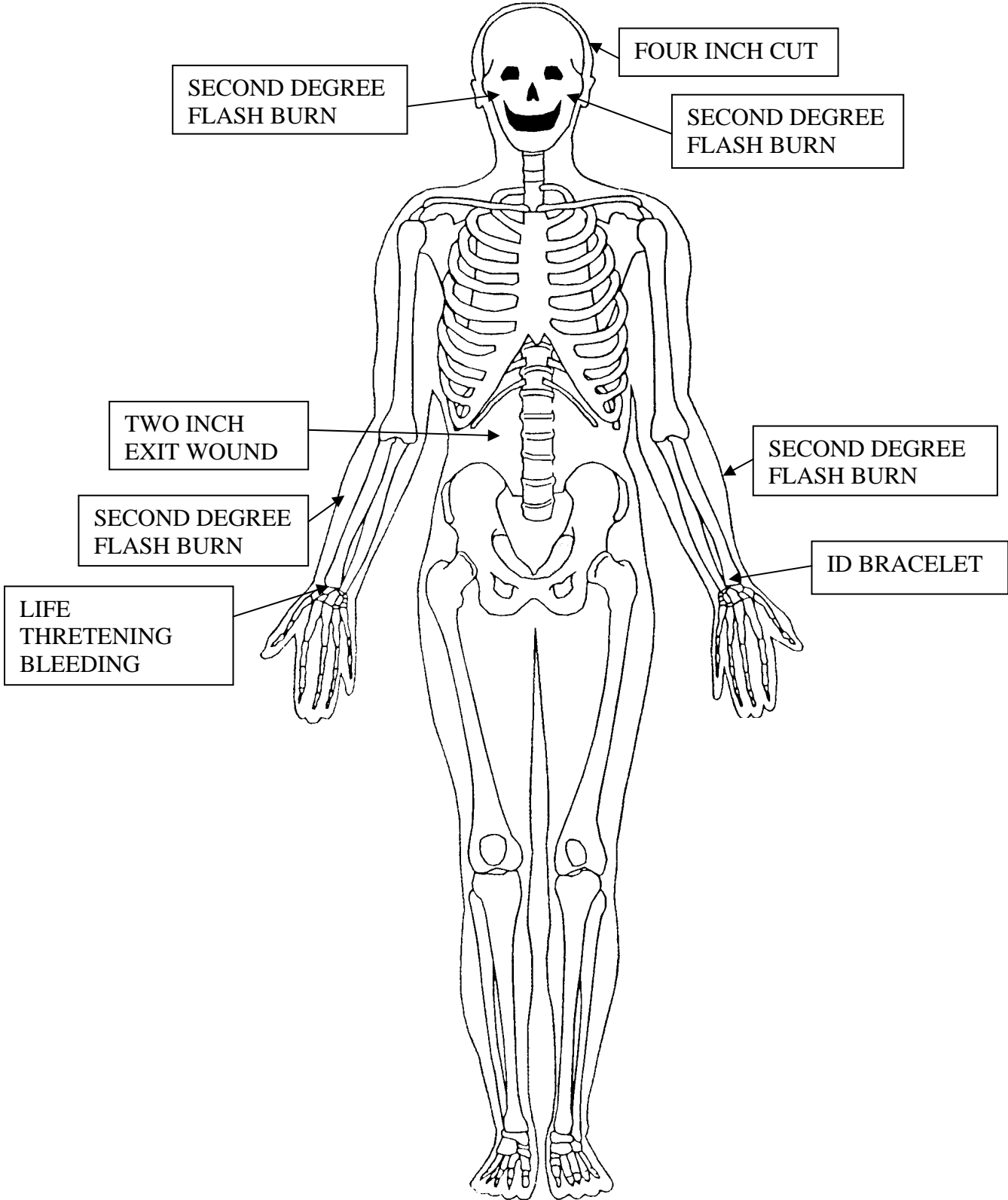
The patient has a spinal injury.

The skill station requires 2 sets of two rescuer CPR and 2 cycles.

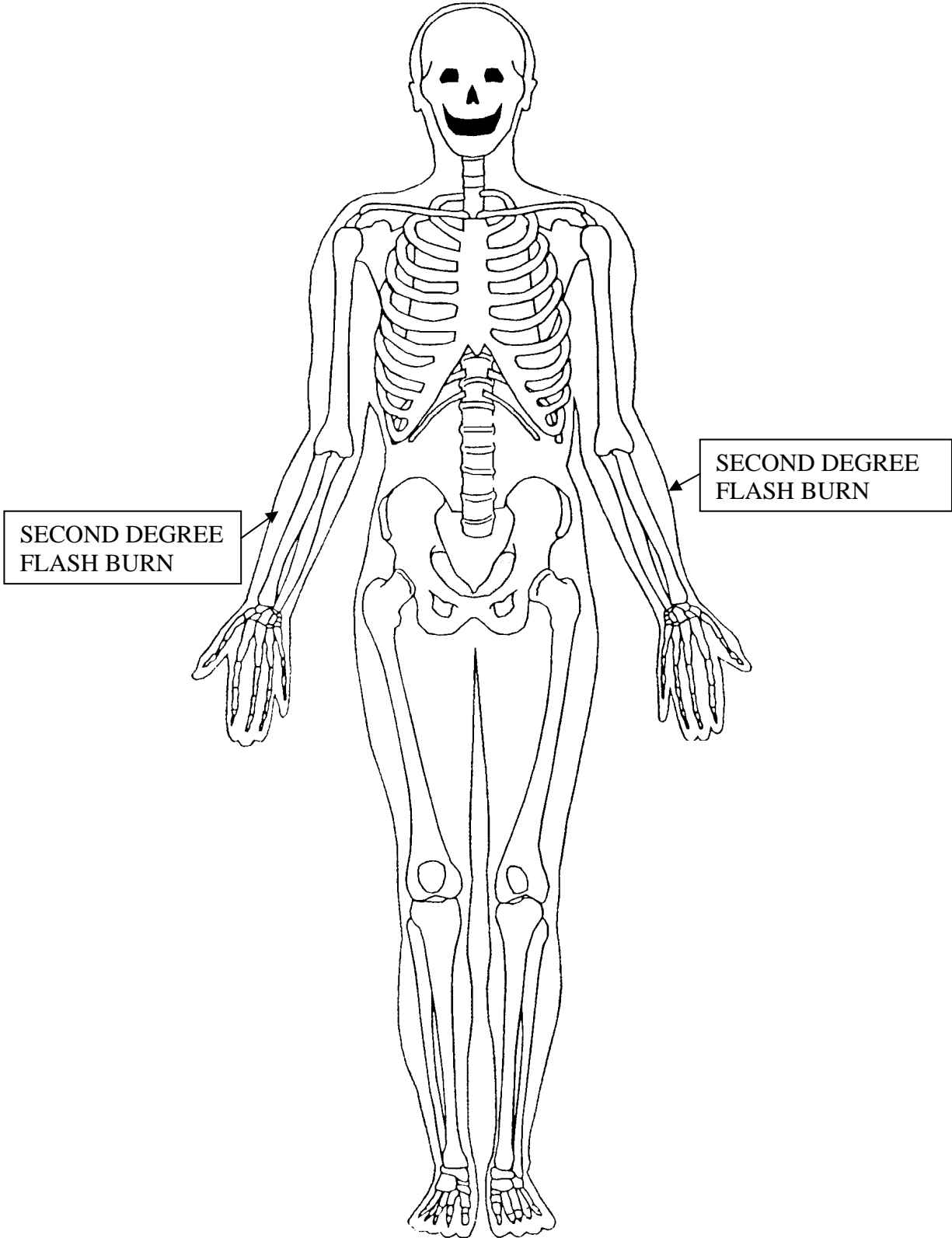
TWO-RESCUER CPR (WITH SPINAL INJURY - MANIKIN ONLY)

PROCEDURES	CRITICAL SKILL
1. RESCUER 1 - ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> A. Tap or gently shake shoulders <input type="checkbox"/> *B. "Are you OK?" <input type="checkbox"/> C. Determine unconsciousness without compromising cervical spine (neck) injury <input type="checkbox"/> *D. "Call for help" <input type="checkbox"/> *E. "Get AED" (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, which are not considered adequate (within 10 seconds)
3. RESCUER 1 - CHECK FOR CAROTID PULSE	<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 <input type="checkbox"/> B. Check for presence of carotid pulse for 5 to 10 second <input type="checkbox"/> *C. Absence of pulse
4. RESCUER 1 - POSITION FOR COMPRESSIONS	<input type="checkbox"/> A. Locate the compression point on the breastbone between the nipples <input type="checkbox"/> 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 <input type="checkbox"/> C. Do not rest fingers on the chest Keep heel of your hand on chest during and between compressions
5. RESCUER 1 - DELIVER CARDIAC COMPRESSION	<input type="checkbox"/> A. Give 30 compressions <input type="checkbox"/> B. Compressions are at the rate of at least 100 per minute (30 compressions delivered within 18 seconds) <input type="checkbox"/> C. Down stroke for compression must be on or through compression line <input type="checkbox"/> D. Return to baseline on upstroke of compression
6. RESCUER 2 - ESTABLISH AIRWAY	<input type="checkbox"/> A. Kneel at the patient's head <input type="checkbox"/> B. Correctly execute jaw thrust maneuver

PATIENT ASSESSMENT/UNCONSCIOUS



PATIENT ASSESSMENT/UNCONSCIOUS
BYSTANDER



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 threats
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, listen, and feel for breathing (3-5 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: (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 use the acronym "CSM" when checking circulation, sensation, and motor function.

PATIENT ASSESSMENT

PROCEDURES			CRITICAL SKILL
1. HEAD	<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
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"/>		*A. Check abdomen (stomach) for DOTS
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

BURNS TO ARMS

BURNS

PROCEDURES

CRITICAL SKILL

1. DETERMINE BURN TYPE	<input type="checkbox"/>	*A. Determine type <ul style="list-style-type: none"> ● Thermal ● Chemical ● Electrical
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2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/>	A. Determine Body Surface Area (BSA) using rule of Nines (need to state 4 1/2 for front of each adult arm)
3. BURN CARE (All Types)	<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. Remove patient from source of burn and prevent further contamination *B. Consider the type of burn and stopping the burning process initially with water or saline if appropriate *C. Remove jewelry *D. Continually monitor the airway for evidence of closure *E. Cover the burned area with a dry sterile dressing *F. Do not use any type of ointment, lotion or antiseptic *G. Do not break blisters *H. Ensure patient does not get hypothermic
4. CARE FOR CHEMICAL BURNS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Protect yourself from exposure to hazardous materials B. Wear gloves, eye protection, and respiratory protection *C. Brush off dry powders *D. Consider to flushing with large amounts of water *E. Continue flushing the contaminated area while en route to the receiving facility *F. Use caution not to contaminate uninjured areas when flushing
5. CARE FOR ELECTRICAL BURNS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Ensure safety before removing patient from the electrical source *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 *C. Monitor the patient closely for respiratory and cardiac arrest *D. Treat the soft tissue injuries associated with the burn *E. Look for both an entrance and exit wound
6. REASSESS	<input type="checkbox"/>	*A. Reassess level of consciousness, respiratory status, and patient response

Continue Assessment

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTs
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WALK PATIENT OUT

TEAM NEEDS TO IDENTIFY TRIAGE ORDER OF 2 PATIENTS

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 threats
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, listen, and feel for breathing (3-5 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**. Transportation is delayed so need to stay and play.

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 (*) 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"/> <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
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"/> <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"/>	*A. Check abdomen (stomach) for DOTS

EXIT WOUND ON ABDOMEN

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

****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.**

Continue Patient Assessment

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 PATIENT HAS ID BRACELET ON LEFT WRIST
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

AMPUTATED RIGHT HAND

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES

CRITICAL SKILL

1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/>	*A. Expose wound
	<input type="checkbox"/>	*B. Prevent further contamination
	<input type="checkbox"/>	*C. Bandage dressing in place after bleeding has been controlled (not controlled till use tourniquet)
	<input type="checkbox"/>	*D. Keep patient lying still

LIFE-THREATENING BLEEDING

PROCEDURES

CRITICAL SKILL

1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/>	*A. Apply direct pressure with a gloved hand
	<input type="checkbox"/>	*B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure
	<input type="checkbox"/>	*C. Elevate the extremity except when spinal injury exists
	<input type="checkbox"/>	*D. Bleeding has been controlled No
	<input type="checkbox"/>	*E. If controlled, bandage dressing in place
2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, PRESSURE POINTS SHALL BE UTILIZED	<input type="checkbox"/>	*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.)
	<input type="checkbox"/>	B. If controlled, bandage dressing in place No
3. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	<input type="checkbox"/>	A. Apply as per tourniquet skill sheet

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External Bleeding

- To Control: 1st: direct pressure
- 2nd: elevation & direct pressure
- 3rd: pressure point
- Last Resort: Tourniquet

TOURNIQUET

PROCEDURES	CRITICAL SKILL
1. DETERMINE NEED OR USING TOURNIQUET	<p>If these conditions are met, a tourniquet may be the only alternative:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Direct pressure has not been successful in stopping bleeding <input type="checkbox"/> B. Elevation of wound above heart has not been successful in stopping of bleeding <input type="checkbox"/> C. Compression of pressure point has not been successful in stopping of bleeding
2. SELECT APPROPRIATE MATERIALS	<ul style="list-style-type: none"> <input type="checkbox"/> 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	<p>Factory Tourniquet</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Wrap band around the extremity proximal to the wound (one inch above but not on a joint) <p>Improvised Tourniquet</p> <ul style="list-style-type: none"> <input type="checkbox"/> B. 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 bandage <input type="checkbox"/> C. Place a stick or pencil on top of the knot and tie the ends of the bandage over the stick in a square knot <input type="checkbox"/> D. Twist the stick until the bleeding is controlled, secure the stick in position
4. APPLY PRESSURE WITH TOURNIQUET	<ul style="list-style-type: none"> <input type="checkbox"/> A. Do not cover the tourniquet with bandaging material <input type="checkbox"/> *B. Notify other medical personnel caring for the patient

5. MARK PATIENT APPROPRIATELY	<input type="checkbox"/>	A. Mark a piece of tape on the patient's forehead "TQ" and time applied
6. REASSESS	<input type="checkbox"/>	*A. Assess level of consciousness (AVPU), respiratory status, and patient response

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. Label with patients name

CONTINUE TO BANDAGE AMPUTATED HAND

2. APPLY DRESSING	<input type="checkbox"/> A. Use sterile dressing <input type="checkbox"/> B. Cover entire wound <input type="checkbox"/> C. Control bleeding <input type="checkbox"/> D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> *A. Do not bandage too tightly <input type="checkbox"/> *B. Do not bandage too loosely <input type="checkbox"/> *C. Do not leave loose ends <input type="checkbox"/> *D. Cover all edges of dressing <input type="checkbox"/> *E. Do not cover the tips of fingers and toes, unless they are injured <input type="checkbox"/> *F. Bandage from the bottom of the limb to the top (distal to proximal)

Continue Assessment

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS
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HEAD WOUND

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES

CRITICAL SKILL

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

BURNS TO FACE

PROCEDURES	BURNS CRITICAL SKILL
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1. DETERMINE BURN TYPE	<input type="checkbox"/>	*A. Determine type <ul style="list-style-type: none"> • Thermal • Chemical • Electrical
2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/>	A. Determine Body Surface Area (BSA) using rule of Nines (need to state 9 for adult face)
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	<input type="checkbox"/>	A. Protect yourself from exposure to hazardous materials

BURNS	<input type="checkbox"/> B. Wear gloves, eye protection, and respiratory protection <input type="checkbox"/> *C. Brush off dry powders <input type="checkbox"/> *D. Consider to flushing with large amounts of water <input type="checkbox"/> *E. Continue flushing the contaminated area while en route to the receiving facility <input type="checkbox"/> *F. Use caution not to contaminate uninjured areas when flushing
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, respiratory status, and patient response

BURNS TO ARMS

BURNS

PROCEDURES

CRITICAL SKILL

1. DETERMINE BURN TYPE	<input type="checkbox"/> *A. Determine type <ul style="list-style-type: none"> • Thermal • Chemical • Electrical
2. DETERMINE BODY SURFACE AREA	<input type="checkbox"/> A. Determine Body Surface Area (BSA) using rule of Nines (need to state 4 1/2 for front of each adult arm)
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 to flushing with large amounts of water <input type="checkbox"/> *E. Continue flushing the contaminated area while en route to the receiving facility <input type="checkbox"/> *F. Use caution not to contaminate uninjured areas when flushing
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, respiratory status, and patient response

TWO-PERSON LOG ROLL

PROCEDURES

CRITICAL SKILL

1. STABILIZE HEAD	<input type="checkbox"/> *A. Stabilize the head and neck
2. PREPARING THE PATIENT	<input type="checkbox"/> A. When placing patient on board place board parallel to the patient <input type="checkbox"/> 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 THE RESCUER	<input type="checkbox"/> A. Grasp the patient at the shoulder and pelvis area <input type="checkbox"/> B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> A. While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the

	<input type="checkbox"/> shoulder and pelvis areas <input type="checkbox"/> B. The head and neck should remain on the same plane as the torso <input type="checkbox"/> C. Maintain stability by holding patient with one hand and placing board (if used) with other <input type="checkbox"/> D. Roll the body as a unit onto the board (if used) (board maybe slanted or flat) <input type="checkbox"/> E. Place the arm alongside the body
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IMMOBILIZATION- LONG SPINE BOARD (BACKBOARD)

PROCEDURES

CRITICAL SKILL

1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<input type="checkbox"/> A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine <input type="checkbox"/> B. First Aid Provider at the head directs the movement of the patient <input type="checkbox"/> C. Other First Aid Provider control movement of the rest of body <input type="checkbox"/> D. Other First Aid Provider position themselves on same side <input type="checkbox"/> E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers <input type="checkbox"/> F. Quickly assess posterior body, if not already done <input type="checkbox"/> G. Place long spine board next to the patient with top of board beyond top of head <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 <input type="checkbox"/> 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"/> A. Select and use appropriate padding <input type="checkbox"/> B. Place padding as needed under the head <input type="checkbox"/> 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"/> A. Using head set or place rolled towels on each side of head <input type="checkbox"/> 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
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SHOCK

PROCEDURES

CRITICAL SKILL

1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and nail beds 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 backboard. This procedure is performed in most cases. Place the patient flat, face up and elevate the legs of foot end of backboard 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.

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.

POWER OFF

POWER ON

Price First Aid Exam 2014

Name and Team _____

1. 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.

2. 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

3. In a SAMPLE history, the *E* represents:
 - a. EKG results.
 - b. evaluation of the neck and spine.
 - c. events leading to illness or injury.
 - d. evidence of airway obstruction.

4. 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.

5. Skin that is bluish in color is called:
 - a. Pale.
 - b. Flushed.
 - c. Cyanotic.
 - d. Jaundice

6. The pressure inside the arteries each time the heart contracts is referred to as the _____ pressure.
 - a. Diastolic
 - b. Pulse
 - c. Systolic
 - d. Mean

7. Blood that is returning to the heart from the lungs enters the heart at the:
- Right atrium.
 - Left atrium.
 - Right ventricle.
 - Left ventricle.
8. A respiratory rate that is less than ____ for an adult should be considered inadequate.
- 4
 - 6
 - 8
 - 10
9. In which one of the following situations is the patient losing body heat primarily by conduction?
- A 66-year-old male is found lying on the frozen ground without a coat.
 - A 14-year-old male is wearing wet clothing after falling out of his boat while fishing.
 - A 23-year-old female is outside in cool, windy weather.
 - An elderly female patient is breathing into the cool night air.
10. All of the following are appropriate steps in a management of a patient with a generalized cold emergency, EXCEPT:
- Removing the patient from the cold environment.
 - Protecting him from further heat loss.
 - Providing warm liquids to drink
 - Monitoring his vital signs.

Price First Aid Exam

Answers

1. C Ch 17 #11

2. B Ch 18 #5

3. C Ch 12 #5

4. A Ch 8 #18

5. C Ch. 11 #13

6. C Ch. 11 #18

7. B Ch. 13 #1

8. D Ch. 11 #17

9. A Ch. 16 #1

10. C Ch. 16 #6