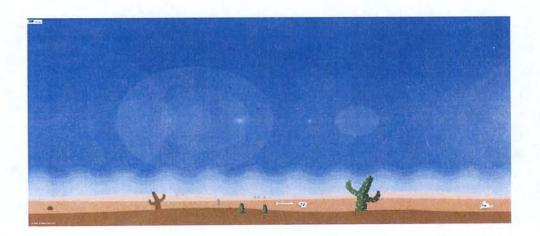
Craig First Aid Problem 2015

Beginning of afternoon shift Pat is at the return shaft out in the middle of the desert collecting weekly air samples and readings. It is the middle of a hot humid 102 degrees day.

When Pat was climbing the ladder to reach over the air shaft his is experiencing muscular cramps and dizziness which causes him to fall off the ladder. Pat is unconscious has hot dry skin with rapid heart rate of 104, blood pressure of 110/70 and respirations of 16.

The mine security guard found him and called for help. The security guard is hearing impaired (deaf).



List of Injuries

Severe Hyperthermia

8 inch Laceration Right Upper Arm

Closed Fractured Left Femur

Fractured Patella Right Knee

INITIAL ASSESSMENT

PROCEDURES CRITICAL SKILL

ROCEDURES	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, <u>Unresponsive</u> *C. Determine chief complaint/apparent life threats
4. ASSESS AIRWAY AND BREATHING	 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	 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.

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 us the acronym "CSM" when checking circulation, sensation, and motor function.

SEVERE HYPERTHERMIA

PROCEDURES

CRITICAL SKILL

PROCEDURES	CRITICAL SKILL
1. ASSESS FOR HYPERTHERMIA	*A. Patient exhibits signs and symptoms of hyperthermia: 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 SEVERE HYPERTHERMIA (HEAT STROKE)	*A. Check skin for: Hot temperature Red Dry or moist
4. TREATMENT FOR SEVERE HYPERTHERMIA	*A. Place patient in a cool environment *B. Wet patient skin by applying water from sponge or wet towels and fan C. Put in supine position with legs elevated *D. Offer drinking water if patient is responsive and not nauseated *E. Apply cool packs to neck, groin and armpits *F. Transport immediately
5. REASSESS	*A. Reassess level of consciousness (AVPU), respiratory status and patient response

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES CRITICAL SKILL

1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine B. First Aid Provider at the head directs the movement of the patient C. Other First Aid Provider control movement of the rest of body D. Other First Aid Provider position themselves on same side E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers F. Quickly assess posterior body, if not already done G. Place long spine board next to the patient with top of board beyond top of head H. Place patient onto the board at command of the First Aid Provider at head while holding in-line immobilization using methods to limit spinal movement I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment
2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD	A. Select and use appropriate paddingB. Place padding as needed under the headC. Place padding as needed under torso
3. IMMOBILIZE BODY TO THE LONG SPINE BOARD	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	A. Using head set or place rolled towels on each side of head B. Tape and/or strap head securely to board, ensuring cervical spine immobilization
5. REASSESS	*A. Reassess distal circulation, sensation, and motor function

	*B. Assess patient response and level of comfort
1. SECURE HEAD TO APPROPRIATE IMMOBILIZATION DEVICE	A. Immobilize patient to appropriate immobilization device B. Use head set or place rolled blankets or towels on each side of head C. Tape and or strap head securely to appropriate immobilization device
2. REASSESS	*A. Reassess distal circulation, sensation, and motor function *B. Assess patient response and level of comfort

Pat goes in cardiac arrest AED is available
Drop card onto patient where rescue team can
see it.

CARD No. 1

Pat Is in Cardiac Arrest Team is to follow the AED skill sheet on manikin to resuscitate.

CARD No. 2

Shockable Rhythm

AUTOMATED EXTERNAL DEFIBRILLATOR

	PROCEDURES			CRITICAL SKILL
			А.	Tap or gently shake shoulders
			*B.	"Are you OK?"
1.	RESCUER 1 - ESTABLISH UNRESPONSIVENESS		C.	Determine unconsciousness without compromising cervical spine (neck) injury
			*D.	"Call for help"
			*E.	"Get AED" (Note: If AED is used, follow local protocol)
2.	RESCUER 1 - MONITOR PATIENT FOR BREATHING		Α.	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		А.	Correctly locate the carotid pulse - on the side of the rescuer, locate the patients' windpipe with your index and middle fingers and slide your fingers in the groove between the windpipe and the muscle in the neck Check for presence of carotid pulse for 5 to 10 seconds
			*C.	Absence of pulse

			А.	Correct compression hand placement Adequate Rate: At least 100/min. (i.e., delivers each set of 30 chest compressions
4.	GIVES HIGH-QUALITY CPR	0	C.	in 18 seconds or less) Adequate Depth: Delivers compressions at least 2 inches in depth (at least 23 out of 30)
			D.	Allows complete chest recoil (at least 23 out of 30)
			E.	Minimizes interruptions: Gives 2 breaths with pocket mask in less than 10 seconds
		0	А.	First rescuer continues compressions while second rescuer turns on AED and applies pads
5.			*B.	RESCUERS SWITCH - First rescuer clears victim, allowing AED to analyze
	WITH AED (DURING FIFTH SET OF COMPRESSIONS)			(Judges shall provide an envelope indicating a shockable or non-shockable rhythm) DROP CARD No.2
			*C.	If AED indicates a shockable rhythm, first rescuer clears victim again and delivers shock.
6.	RESUME HIGH-QUALITY CPR		Α.	Second rescuer gives 30 compressions immediately after shock delivery (2 cycles)
			В.	First rescuer successfully delivers 2 breaths

Tell team patient is resuscitated. Ambulance is delayed due to flat tire.

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	- C	*A. Check the neck for DOTS *B Inspect for medical ID
3. CHEST	□ * s	*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	0 *	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		*A. Check each leg for DOTS closed fractured left femur, fractured patella right knee. 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

	L	R	
			*A. Check each arm for DOTS 8 inch laceration right
			arm.
			B. Inspect arms for injury to touch
7. ARMS			C. Unresponsive: Check arms for paralysis (pinch
7. ARWS			inner side of wrist)
			*D. Responsive: Check arms for motion (in a conscious
		J=	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			*A. Check back for DOTS

8 inch laceration right arm DRESSINGS AND BANDAGING - OPEN WOUNDS

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

Closed fractured left femur and

fractured patella right knee
SPLINTING (RIGID OR SOFT) PELVIC GIRDLE, THIGH, KNEE, AND LOWER LEG

PROCEDURE

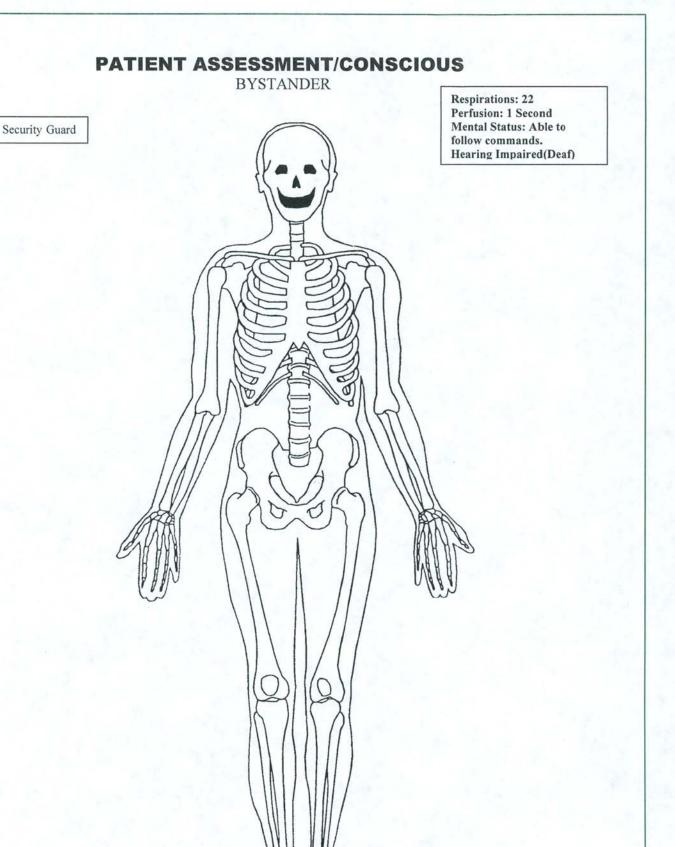
CRITICAL SKILL

1. DETERMINE NEED FOR SPLINTING	0	*A. Assess for: Pain Swelling Deformity B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION		A. Support affected limb and limit movement • 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

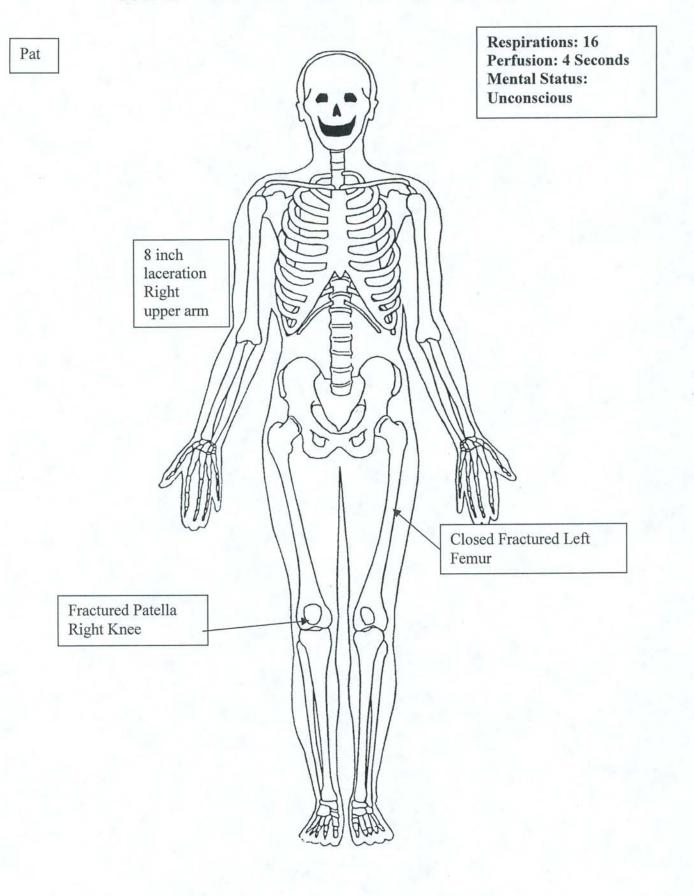
	A. Maintain support while splinting
	Living Splint: A. Immobilize the site of the injury B. Carefully place a pillow or folded
	blanket between the patients knees/legs
	C. Bind the legs together with wide straps or cravats
	D. Carefully place patient on long spine board
	E. Secure the patient to the long spine board (if primary splint)
	*F.Reassess distal circulation, sensation, and motor function
	Padded Board Splint: 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
5. SPLINT	extend from knee to below the foot.)
	B. Cushion with padding in the armpit and groin and all voids created at
	the ankle and knee
	C. Secure the splinting boards with straps and cravats
	D. Carefully place the patient on long spine board
	E. Secure the patient to the long spine board (if primary splint)
	*F. Reassess distal circulation, sensation, and motor function
	Other Splints: A. Immobilize the site of the injury
	B. Pad as needed C. Secure to splint distal to proximal
	D. Carefully place patient on long
	spine board E. Secure the patient to the long
	spine board (if primary splint) *F. Reassess distal circulation,
N.A.	sensation, and motor function

6. REASSESS	*A. Assess patient response and level of comfort
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Advise team ambulance has arrived turn patient over to ambulance crew.



PATIENT ASSESSMENT/UNCONSCIOUS



Card No.1

Pat is in Cardiac Arrest Team is to follow the AED skill sheet on manikin to resuscitate.

CARD No. 2

Shockable Rhythm