

COVE LAKE MINE RESCUE CONTEST

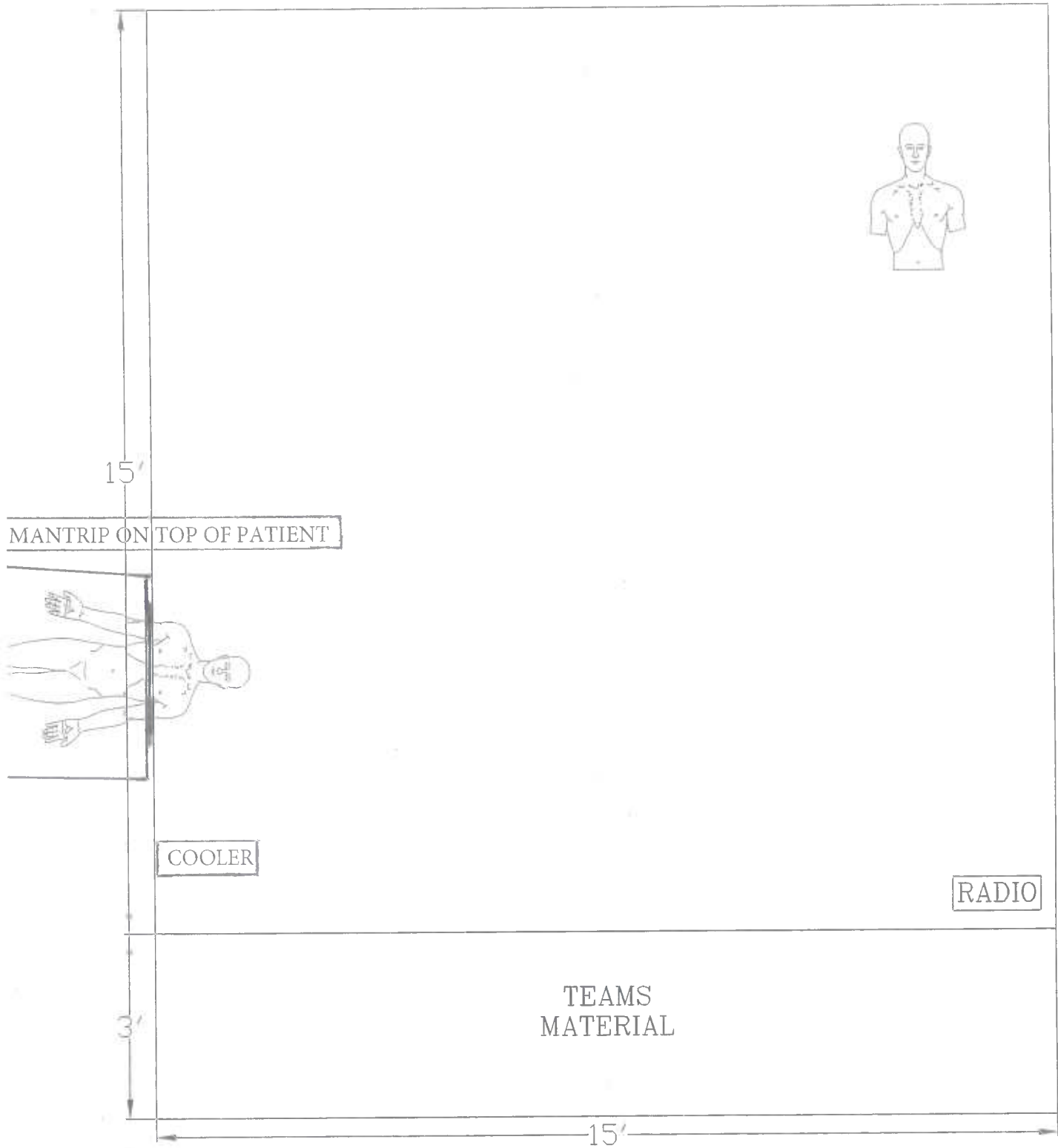


FIRST AID PROBLEM

2017

YOU AND YOUR PARTNER HAVE BEEN DISPATCHED TO THE #5 TRACK SWITCH DUE TO AN ACCIDENT. YOU ARRIVE ON SCENE AND FIND JOE PINNED UNDERNEATH A DERAILED MANTRIP WITH ONLY HIS HEAD AND SHOULDERS EXPOSED. YOU HAVE JACKED UP THE MANTRIP AND BLOCKED IT INTO PLACE GIVING YOU ENOUGH CLEARANCE TO REMOVE JOE. PLEASE HELP JOE AND PREPARE HIM TO BE TRANSPORTED TO THE SURFACE!

FIELD LAYOUT



BLACK EYE

FLAIL CHEST

**2 INCH LACERATION
RIGHT PALM**

**FRACTURED
RIGHT KNEE**

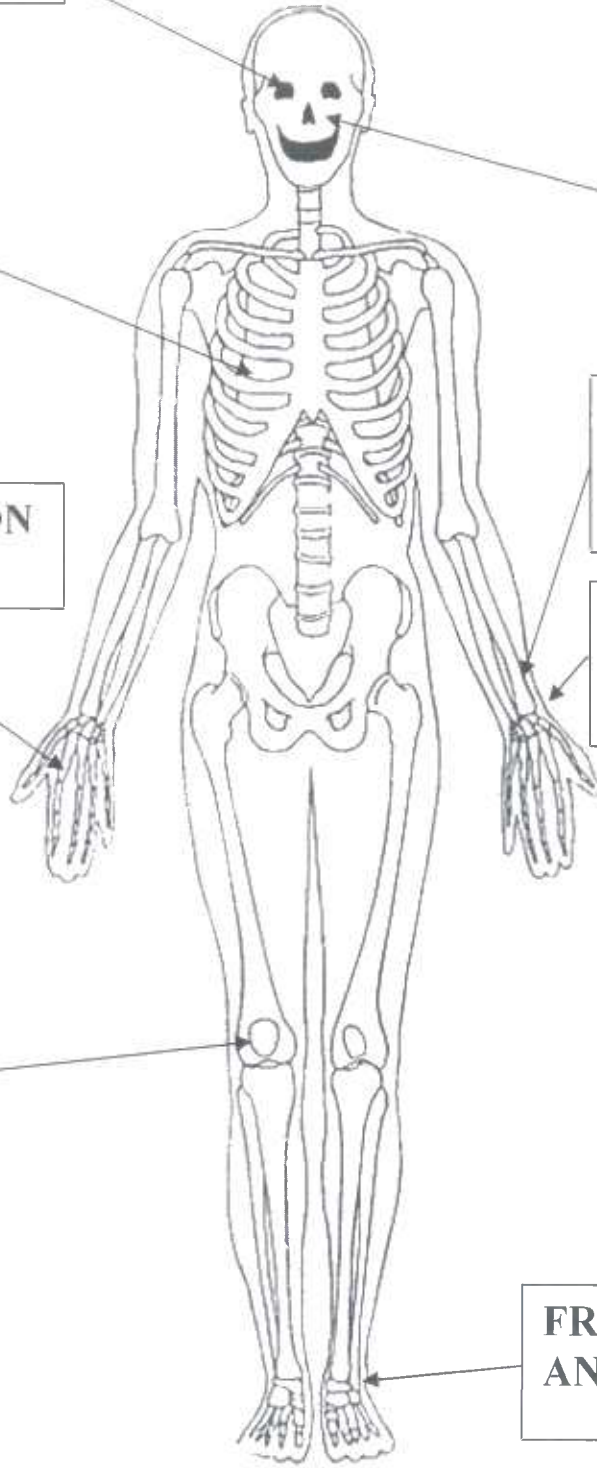
**1 INCH ABRASION
LEFT CHEEK**

**LIFE THREATING
BLEEDING**

**LEFT HAND
AMPUTATED AT
WRIST**

**FRACTURED LEFT
ANKLE**

**RESPIRATIONS: 6 AND SHALLOW
PULSE: 42
PERFUSION: <2 SECONDS
MENTAL STATUS: UNABLE TO
FOLLOW COMMANDS**



SHIRT DRAG

PROCEDURES		CRITICAL SKILL
1. POSITIONING	<input type="checkbox"/>	A. Rescuer - Kneel at the head of the patient and place one hand under each of the shoulders
2. MOVING PATIENT	<input type="checkbox"/> <input type="checkbox"/>	A. Rescuer - Grasp shirt at the shoulder area B. Drag patient in a straight line (keep spine as straight as possible)

TEAM MAY DO INITIAL ASSESSMENT BEFORE OR AFTER THEY SHIRT DRAG PATIENT FROM UNDER MOTOR.

THEY ONLY WAY THAT TEAM CAN PROPERLY ASSESS AND TREAT PATIENT IS TO REMOVE THEM FROM UNDER THE MANTRIP AND SHIRT DRAG IS THE PREFERRED METHOD. IF THEY DO ANYTHING DIFFERENT DOCUMENT IT AND DISCUSS WITH CHIEF JUDGE.

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).

JOE IS AN IMMEDIATE PATIENT

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 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.

ENVELOPE #1 PATIENT IS NOT BREATHING BUT HAS WEAK PULSE

MOUTH-TO-MASK RESUSCITATION

PROCEDURES		CRITICAL SKILL
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 C-spine injury *D. "Call for help" *E. "Get AED" (Note: If AED is used, follow local protocol)
2. 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. 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) B. Check for presence of carotid pulse within 10 seconds *C. Presence of pulse
4. ESTABLISH AIRWAY	<input type="checkbox"/>	A. Correctly execute head tilt / chin lift or jaw thrust maneuver depending on the presence of cervical spine (neck) injuries
5. VENTILATE PATIENT	<input type="checkbox"/> <input type="checkbox"/>	A. Place barrier device (pocket mask/shield with one-way valve on manikin) B. Ventilate patient 10 to 12 times per minute. Each ventilation will be provided at a minimum of .8 (through .7 liter line on new manikins)
6. CHECK FOR RETURN OF BREATHING AND PULSE	<input type="checkbox"/> <input type="checkbox"/>	A. After providing the required number of breaths (outlined in problem), check for return of breathing and carotid pulse within 10 seconds *B. "Patient is breathing and has a pulse"

ENVELOPE #2 AFTER 2 MINUTES OF ARTIFICIAL VENTILATION PATIENT IS BREATHING AND HAS A PULSE

LIFE THREATENING BLEEDING LEFT WRIST

LIFE-THREATENING BLEEDING

PROCEDURES

CRITICAL SKILL

<p>1. DIRECT PRESSURE AND ELEVATION</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>*A. Apply direct pressure with a gloved hand</p> <p>*B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure</p> <p>*C. Elevate the extremity except when spinal injury exists</p> <p>*D. Bleeding has been controlled</p> <p>*E. If controlled, bandage dressing in place</p>
<p>2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, PRESSURE POINTS SHALL BE UTILIZED</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>*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.)</p> <p>B. If controlled, bandage dressing in place</p>
<p>3. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURNIQUET</p>	<input type="checkbox"/>	<p>A. Apply as per tourniquet skill sheet</p>

External Bleeding

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

BLEEDING IS NOT CONTROLLED UNTIL TOURNIQUET IS APPLIED

TOURNIQUET

PROCEDURES	CRITICAL SKILL
1. DETERMINE NEED OR USING TOURNIQUET	<input type="checkbox"/> If these conditions are met, a tourniquet may be the only alternative: <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	<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	<input type="checkbox"/> Factory Tourniquet <input type="checkbox"/> A. Wrap band around the extremity proximal to the wound (one inch above but not on a joint) <input type="checkbox"/> Improvised Tourniquet <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	<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

NO REMAINING LIFE THREATS SO TEAM SHOULD START RAPID ASSESSMENT.

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"/>	<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"/> <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"/>	<p>*A. Check abdomen (stomach) for DOTS</p>												
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	<p>*A. Check pelvis for DOTS</p> <p>*B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)</p>												
6. LEGS	<table border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 50%; text-align: center;">L</th> <th style="width: 50%; text-align: center;">R</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	L	R	<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"/>	<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>
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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

THIS COMPLETES RAPID ASSESSMENT
AND TEAMS SHOULD PREPARE PATIENT
FOR TRANSPORT

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> *B. Assess patient response and level of comfort

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 nailbeds 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 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.

PATIENT HAS UNTREATED FRACTURES SO THEY SHOULD NOT ELEVATE THE PATIENT.

TEAM SHOULD LIFT BACKBOARD AND STATE TRANSPORTING PATIENT.

ENVELOPE #3: TRANSPORTATION IS DELAYED DUE TO DERAILED SUPPLY MOTOR BLOCKING THE TRACK.

TEAM WILL NEED TO TREAT ALL INJURIES THAT REQUIRE A TREATMENT!

FLAIL CHEST RIGHT SIDE

SPLINTING - FLAIL CHEST

PROCEDURES		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	*A. Assess for: J. Pain K. Swelling L. Deformity *B. Determine if splinting is warranted
2. SELECT APPROPRIATE SPLINTING MATERIAL	<input type="checkbox"/>	A. Choose a pillow, blanket, trauma dressing, or other appropriate splinting material
3. PREPARE FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	*A. Remove or cut away clothing as needed. B. Cover any open wounds with sterile dressing and bandage
4. APPLY SPLINT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Affix splint to chest with adhesive tape or roller bandage B. Immobilize the site of injury C. Use caution when taping splint to chest circumferentially *D. Ensure sufficient chest expansion
5. REASSESS	<input type="checkbox"/>	*A. Assess patient response and level of comfort
6. ASSIST VENTILATIONS	<input type="checkbox"/>	*A. Assist with ventilation as needed

FRACTURED RIGHT KNEE AND FRACTURED LEFT ANKLE. TEAM CAN TREAT EITHER ONE FIRST BUT MUST TREAT BOTH PRIOR TO MOVING TO THE ARMS.

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

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

5. SPLINT	<ul style="list-style-type: none"> <input type="checkbox"/> A. Maintain support while splinting <input type="checkbox"/> Living Splint: <ul style="list-style-type: none"> <input type="checkbox"/> A. Immobilize the site of the injury <input type="checkbox"/> B. Carefully place a pillow or folded blanket between the patients knees/legs <input type="checkbox"/> C. Bind the legs together with wide straps or cravats <input type="checkbox"/> D. Carefully place patient on long spine board <input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint) <input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> Padded Board Splint: <ul style="list-style-type: none"> <input type="checkbox"/> A. Splint with two long padded splinting boards (one should be long enough to extend from the patients 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 foot.) <input type="checkbox"/> B. Cushion with padding in the armpit and groin And all voids created at the ankle and knee <input type="checkbox"/> C. Secure the splinting boards with straps and cravats <input type="checkbox"/> D. Carefully place the patient on long spine board <input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint) <input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> Other Splints: <ul style="list-style-type: none"> <input type="checkbox"/> A. Immobilize the site of the injury <input type="checkbox"/> B. Pad as needed <input type="checkbox"/> C. Secure to splint distal to proximal <input type="checkbox"/> D. Carefully place patient on long spine board <input type="checkbox"/> E. Secure the patient to the long spine board (if primary splint) <input type="checkbox"/> *F. Reassess distal circulation, sensation, and motor function
6. REASSESS	<ul style="list-style-type: none"> <input type="checkbox"/> *A. Assess patient response and level of comfort

OPTION FOR FRACTURED LEFT ANKLE

SPLINTING (SOFT) LOWER EXTREMITY FRACTURES AND DISLOCATIONS (ANKLE AND FOOT)

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/> *A. Assess for distal circulation, sensation, and motor function <input type="checkbox"/> B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> A. Support affected limb and limit movement <input type="checkbox"/> B. Place three cravats (triangular bandage) under ankle/foot <input type="checkbox"/> C. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) <input type="checkbox"/> D. Lower limb, adjust cravats to tie <input type="checkbox"/> E. Tie cravats distal to proximal <input type="checkbox"/> F. Elevate with blanket or pillow <input type="checkbox"/> *G. Reassess distal circulation, sensation, and motor function

2 INCH LACERATION ON RIGHT PALM

THEY WILL NEED TO BANDAGE THE OPEN WOUND LEFT BY THE AMPUTATION OF THE LEFT HAND AT WRIST ALSO

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> *A. Control bleeding <input type="checkbox"/> *B. Prevent further contamination <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 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) if applicable.

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> *A. Control bleeding <input type="checkbox"/> *B. Prevent further contamination <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 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) if applicable.

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

ENVELOPE #4: TRANSPORTATION HAS ARRIVED ON SCENE.

TEAM SHOULD SECURE PATIENT BACK TO BACKBOARD IF NOT ALREADY DONE. STATE TRANSPORTING PATIENT AND LIFT THE BACKBOARD. CLEAN THE FIELD AND STOP THE CLOCK.