

You and your partner walk to the North West Belt Tail to check on Pete. According to the tracking information that was his last known location, but he will not answer his radio or the mine phone. When you arrive at the North West Belt Tail you find Pete laying on the mine floor adjacent to the tail roller. Pete appears to be seriously injured and you notify the dispatcher that an accident has occurred. The dispatcher informs you that he has called for an ambulance and will notify you when transportation is available. Please help Pete.

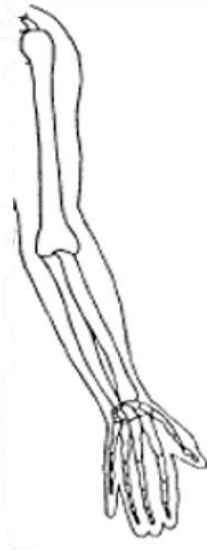
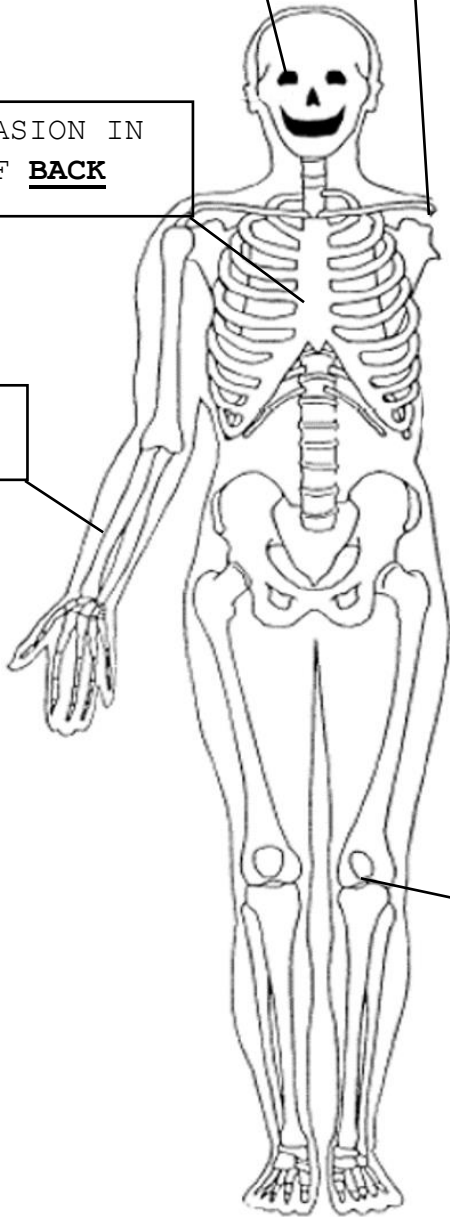
3 INCH PIECE OF WIRE
IN RIGHT EYE

LEFT ARM AMPUTATED AT
SHOULDER WITH LIFE
THREATENING BLEEDING

3 INCH ABRASION IN
CENTER OF BACK

FRACTURED RIGHT
FOREARM

2 INCH LACERATION ON
LEFT KNEE



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: (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 simply state "DOTS" when making their checks.

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

LIFE-THREATENING BLEEDING

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

External Bleeding

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

Internal Bleeding

- *1. Monitor breathing and pulse
- *2. Keep patient still
- *3. Loosen restrictive clothing
- *4. Be alert if patient vomits
- *5. Nothing by mouth
- *6. Report possibility of internal bleeding as soon as EMS personnel arrive on scene

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
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>		*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	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 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	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"/>	<p>*A. Check each arm for DOTS</p> <p>B. Inspect arms for injury by touch</p> <p>C. Unresponsive: Check arms for paralysis (pinch inner side of wrist)</p> <p>*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?")</p> <p>*E. Check for medical ID bracelet</p>
8. BACK SURFACES	<input type="checkbox"/>		<p>*A. Check back for DOTS</p>

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.

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.

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

Impaled Objects

- *1. Do not remove
- 2. Expose wound
- 3. Control bleeding
- 4. Stabilize with a bulky dressing; criss-cross the layers
- 5. Tie 4in. wide cravats around to hold in place, or tape in place
- *6. Check for exit wound (treat when found)
- 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) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Selection of appropriate rigid splint of proper length B. Support affected limb and limit movement C. Apply appropriate padded rigid splint against injured extremity D. Place appropriate roller bandage in hand to ensure the position of function E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips F. Apply wrap distal to proximal *G. Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	<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. Place sling over chest and under arm B. Hold or stabilize arm C. Triangle should extend behind elbow on 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. Fingertips should be exposed *H. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 (SOFT) UPPER EXTREMITY FRACTURES AND DISLOCATIONS (WRIST AND HAND)

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <ul style="list-style-type: none"> *A. Check for distal circulation, sensation, and motor function B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <ul style="list-style-type: none"> A. Support affected limb and limit movement B. Place two cravats (triangular bandage) under wrist/hand C. Place pillow length wise under wrist/hand, on top of cravats (pillow should extend past fingertips) D. Lower limb, adjust cravats to tie E. Tie cravats distal to proximal
3. SECURING WITH SLING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <ul style="list-style-type: none"> A. Place sling over chest and under arm B. Hold or stabilize arm C. Triangle should extend behind elbow or injured side D. Secure excess material at elbow E. Fingertips should be exposed *F. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <ul style="list-style-type: none"> A. Use triangle cravat or factory swathe B. Swathe is tied around chest and injured arm *C. Reassess distal circulation, sensation, and motor function

PATIENT HAS NO PULSE

AND IS NOT BREATHING

DO 2 RESCUER CPR WITH

AED NO SPINAL INJURY

TWO-RESCUER CPR WITH AED (NO 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 breaths, 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 Seconds <input type="checkbox"/> *C. Absence of pulse <input type="checkbox"/> *D. Immediately starts CPR if no 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 the compression point and the other hand on top of the first so hands are parallel. <input type="checkbox"/> C. Do not intentionally 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 100 to 120 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 1 - ESTABLISH AIRWAY	<input type="checkbox"/> A. Kneel at the patient's side near the head <input type="checkbox"/> B. Correctly execute head-tilt/ chin-lift maneuver

<p>7. RESCUER 1 - VENTILATIONS BETWEEN COMPRESSIONS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Place barrier device (pocket mask/shield with one way valve) on manikin B. Give 2 breaths 1 second each C. Each breath - minimum of .8 (through .7 liter line on new manikins) 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.)</p>
<p>8. CONTINUE CPR FOR TIME STATED IN PROBLEM</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths B. To check for pulse, stop chest compressions for no more than 10 seconds after the first set of CPR C. Rescuer at patient's head maintains airway and checks for adequate breathing or coughing D. The rescuer at the patient's head shall feel for a carotid pulse E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set 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)</p>
<p>9. (FIRST) RESCUER APPLIES THE AED (DURING THE FIFTH CYCLE OF COMPRESSIONS)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Second Rescuer continues compressions while First other rescuer turns (simulated) on AED and applies pads. B. RESCUERS SWITCH-First rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm) C. If AED indicates a shockable rhythm, first rescuer clears victim again and delivers shock. *verbalize shock given</p>
<p>10. RESUME HIGH QUALITY CPR</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>A. First Rescuer gives 30 compressions immediately after shock delivery (2 cycles). B. First Other rescuer successfully delivers 2 breaths.</p>
<p>11. CHANGING RESCUERS</p>	<input type="checkbox"/>	<p>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</p>

		seconds.
12. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> <input type="checkbox"/>	A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds) *B. "Patient has a pulse."

SHOCKABLE

RHYTHM

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

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.

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

Impaled Objects

- *1. Do not remove
2. Expose wound
3. Control bleeding
4. Stabilize with a bulky dressing; criss-cross the layers
5. Tie 4in. wide cravats around to hold in place, or tape in place
- *6. Check for exit wound (treat when found)
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.")

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<input type="checkbox"/> A. Rescuer One at the head must maintain in-line immobilization of the head and spine <input type="checkbox"/> B. Rescuer One at the head directs the movement of the patient <input type="checkbox"/> C. Other-Rescuers control movement of the rest of body <input type="checkbox"/> D. Rescuer Two position themselves on same side <input type="checkbox"/> E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two. <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 Rescuer 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 <input type="checkbox"/>
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"/> *A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> *B. Assess patient response and level of comfort

SHOCK

PROCEDURES	CRITICAL SKILL
<p>1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK</p>	<ul style="list-style-type: none"> <input type="checkbox"/> *A. Check restlessness; anxiety; altered mental status; increased heart rate; normal to slightly low blood pressure; mildly increased breathing rate; pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration. <input type="checkbox"/> *B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting. <input type="checkbox"/> *C. Check for weakness
<p>2. TREATMENT</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A. Ensure the ABCs are properly supported. <input type="checkbox"/> B. Control external bleeding. <input type="checkbox"/> C. Keep the patient in a supine position. <input type="checkbox"/> *D. Calm and reassure the patient, and maintain a normal body temperature. <input type="checkbox"/> E. 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) <input type="checkbox"/> F. Continue to monitor and support ABCs <input type="checkbox"/> G. Do not give the patient anything by mouth. Do not give any fluids or food, and be alert for vomiting. <input type="checkbox"/> *H. Monitor the patient's vital signs ABCs. This must be done at least every five minutes. <input type="checkbox"/> *I. Reassure and calm the patient

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.