

Southern West Virginia



2023 First-Aid Competition

Patient Assessment

6-inch laceration top
of head

Respirations: 38

Perfusion: 3

Mental Status:
Unable to follow

Sucking Chest Wound

Open Abdominal Injury

3" Avulsion

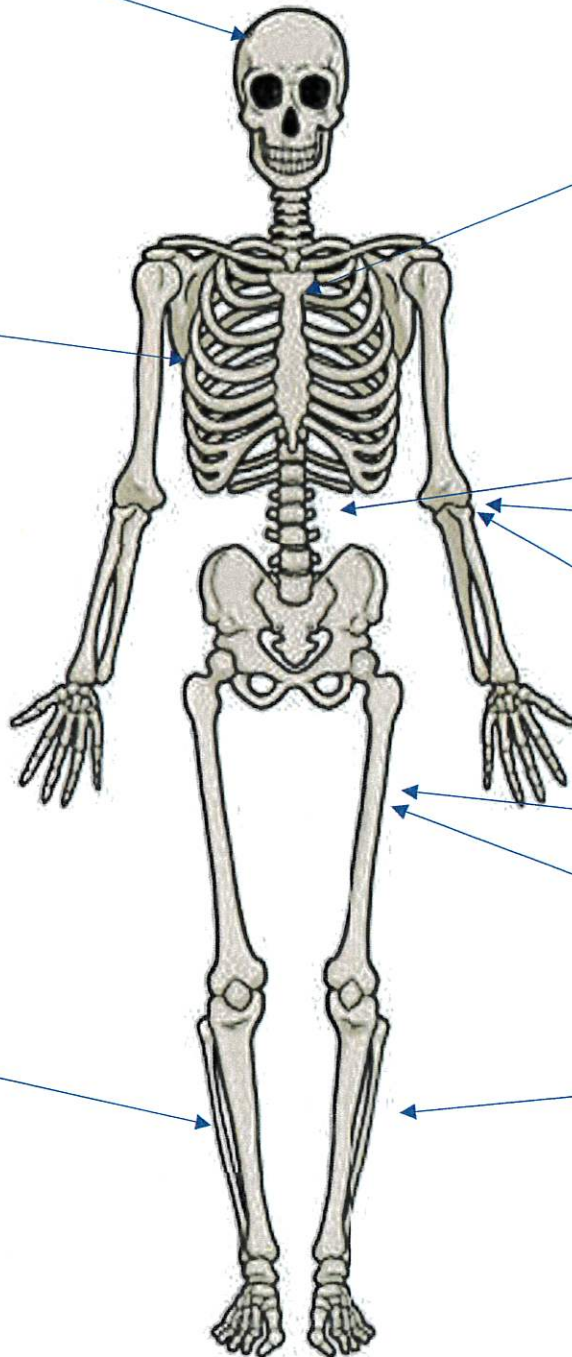
Dislocated Elbow (Straight Position)

Fracture Femur

3-inch laceration

Open Tibia Fracture

8" Abrasion



***NOTE:** Each critical skill identified with an asterisk (*) shall be clearly verbalized by the team as it is being conducted at contest **not utilizing moulage**. Each critical skill identified with a double asterisk (**) shall be clearly verbalized by the team as it is being conducted at all contests.

After initially stating what BP-DOC- Bleeding, Pain, Deformities, Open wounds, and Crepitus stands for, the team may simply state BP-DOC- Bleeding, Pain, Deformities, Open wounds when making their checks.

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

PROCEDURES		INITIAL ASSESSMENT		CRITICAL SKILLS
1. SCENE SIZE UP	<input type="checkbox"/>		**A.	Observe area to ensure safety
	<input type="checkbox"/>		**B.	Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/>		**A.	Determine causes of injury, if possible
	<input type="checkbox"/>		**B.	Triage: Immediate, Delayed, Minor or Deceased.
	<input type="checkbox"/>		**C.	Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/>		**A.	Verbalize general impression of the patient(s)
	<input type="checkbox"/>		**B.	Determine responsiveness/ level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive
	<input type="checkbox"/>		**C.	Determine chief complaint/ apparent life threat
4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/>		A.	Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries
	<input type="checkbox"/>		B.	Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)
	<input type="checkbox"/>		C.	If present, treat sucking chest wound
5. ASSESS FOR CIRCULATION	<input type="checkbox"/>		A.	Check for presence of a carotid pulse (5-10 seconds)
	<input type="checkbox"/>		B.	If present, control life threatening bleeding
	<input type="checkbox"/>		C.	Start treatment for all other life-threatening injuries/ conditions (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

SUCKING CHEST WOUND

PROCEDURES		CRITICAL SKILLS
1. EXPOSE WOUND	<input type="checkbox"/>	*A. Expose entire wound
2. SEAL WOUND AND CONTROL BLEEDING	<input type="checkbox"/> <input type="checkbox"/>	*A. Place occlusive dressing over wound (If occlusive dressing is not available use gloved hand) B. Apply direct pressure as needed to stop the bleeding
3. APPLY AN OCCLUSIVE DRESSING	<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"/> <input type="checkbox"/> <input type="checkbox"/>	A. Keep patient calm and quiet **B. Explain to the patient what you are doing *C. Ensure dressing is large enough not to be sucked into the wound (two inches beyond edges of wound) D. Affix dressing with tape *E. Seal on three sides **F. Monitor patient closely for increasing difficulty breathing G. Transport as soon as possible H. Keep patient positioned on the injured side unless other injuries prohibit **I. Reassess wound to ensure bleeding control **J. Assess level of consciousness(AVPU), respiratory status and patient response

Note: Continue with Initial Assessment after treatment of Sucking Chest Wound

LIFE-THREATENING BLEEDING

PROCEDURES	CRITICAL SKILLS	
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 TOURNIQUET	<input type="checkbox"/>	A. Apply as per tourniquet skill sheet

External Bleeding

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

Note: Will take a tourniquet to control the bleeding. Once the tourniquet is applied, bleeding will be controlled.

TOURNIQUET

PROCEDURES		CRITICAL SKILLS
1. DETERMINE NEED OR USING TOURNIQUET	<input type="checkbox"/> <input type="checkbox"/>	<p>If these conditions are met, a tourniquet may be the only alternative:</p> <p>A. Direct pressure has not been successful in stopping bleeding</p> <p>B. Elevation of wound above heart has not been successful in stopping of bleeding</p>
2. SELECT APPROPRIATE MATERIALS	<input type="checkbox"/>	<p>A. Select a band that will be between 1-4 inches in width and can be wrapped six or eight layers deep for improvised tourniquet or select factory tourniquet.</p>
3. APPLY TOURNIQUET	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><u>Factory Tourniquet</u></p> <p>A. Wrap band around the extremity proximal to the wound (one inch above but not on a joint)</p> <p><u>Improvised Tourniquet</u></p> <p>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</p> <p>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</p> <p>D. Twist the stick until the bleeding is controlled, secure the stick in position</p>
4. APPLY PRESSURE WITH TOURNIQUET	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Do not cover the tourniquet with bandaging material</p> <p>**B. Notify other medical personnel caring for the patient</p>
5. MARK PATIENT APPROPRIATELY	<input type="checkbox"/>	<p>A. Mark a piece of tape on the patient's forehead "TQ" and time applied</p>
6. REASSESS	<input type="checkbox"/>	<p>**A. Assess level of consciousness (AVPU), respiratory status, and patient response</p>

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
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"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Cover all edges of dressing. D. Do not cover tips of fingers and toes, unless they are injured. E. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Note: Once the team applies a tourniquet and bandages the 3-inch open wound, give envelope (1) transportation is delayed.

PATIENT ASSESSMENT

PROCEDURES

CRITICAL SKILLS

1. HEAD	□	<p>**A. Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus</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>
---------	---	---

6-inch Laceration

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES

CRITICAL SKILLS

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

Patient Assessment Continue

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	**A. Check the neck BP-DOE **B. Inspect for medical ID
3. CHEST	<input type="checkbox"/>	**A. Check chest area for BP-DOE **B. Feel chest for equal breathing movement on both sides **C. Feel chest for inward movement in the rib areas during inhalations

After the Assessment on chest is complete, give teams envelope (2) CPR.

TWO-RESCUER CPR WITH AED (NO SPINAL INJURY - MANIKIN ONLY)

PROCEDURES	CRITICAL SKILLS	
1. RESCUER ESTABLISH UNRESPONSIVENESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Tap or gently shake shoulders</p> <p>**B. "Are you OK?"</p> <p>A. Determine unconsciousness without compromising cervical spine (neck) injury</p> <p>**D. "Call for help"</p> <p>**E. "Get AED" (Note: If AED is used, follow local protocol)</p>
2. RESCUER MONITOR PATIENT FOR BREATHING	<input type="checkbox"/>	<p>A. Look for absence of breathing (no chest rise and fall) or gasping breaths, which are not considered adequate (within 10 seconds)</p>
3. RESCUER CHECK FOR CAROTID PULSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>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</p> <p>B. Check for presence of carotid pulse for 5 to 10 Seconds</p> <p>**C. Absence of pulse</p> <p>D. Immediately starts CPR if no pulse</p>
4. RESCUER POSITION FOR COMPRESSIONS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Locate the compression point on the breastbone between the nipples</p> <p>B. Place the heel of one hand on the compression point and the other hand on top of the first so hands are parallel.</p> <p>C. Do not intentionally rest fingers on the chest. Keep heel of your hand on chest during and between compressions.</p>
5. RESCUER DELIVER CARDIAC COMPRESSION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Give 30 compressions</p> <p>B. Compressions are at the rate of 100 to 120 per minute</p> <p>C. Down stroke for compression must be on or through compression line</p> <p>D. Return to baseline on upstroke of compression</p>
6. RESCUER ESTABLISH AIRWAY	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Kneel at the patient's side near the head</p> <p>B. Correctly execute head-tilt/chin-lift maneuver</p>

7. RESCUER VENTILATIONS BETWEEN COMPRESSIONS	<input type="checkbox"/> A. Place barrier device (pocket mask/ shield with one way valve) on manikin <input type="checkbox"/> B. Give 2 breaths 1 second each <input type="checkbox"/> C. Each breath - minimum of .8 (through .7 liter line on new manikins) <input type="checkbox"/> D. Complete breaths and return to compressions in less than 10 seconds (This will be measured from the end of last down stroke to the start of the first down stroke of the next cycle.)
8. CONTINUE CPR FOR TIME STATED IN PROBLEM	<input type="checkbox"/> A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths <input type="checkbox"/> B. To check for pulse, stop chest compressions for no more than 10 seconds after the first set of CPR <input type="checkbox"/> C. Rescuer at patient's head maintains airway and checks for adequate breathing or coughing <input type="checkbox"/> D. The rescuer at the patient's head shall feel for a carotid pulse <input type="checkbox"/> E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set <input type="checkbox"/> F. A maximum of 10 seconds will be allowed to complete ventilations and required pulse checks between sets (this will be measured from the end of the last down stroke to the start of the first down stroke of the next cycle)
9. RESCUER APPLIES THE AED (DURING THE FIFTH CYCLE OF COMPRESSIONS)	<input type="checkbox"/> A. Rescuer continues compressions while other rescuer turns (simulated) on AED and applies pads. <input type="checkbox"/> B. RESCUERS SWITCH rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm) <input type="checkbox"/> C. If AED indicates a shockable rhythm, rescuer clears victim again and delivers shock. *verbalize shock given
10. RESUME HIGH QUALITY CPR	<input type="checkbox"/> A. Rescuer gives 30 compressions immediately after shock delivery (2 cycles). <input type="checkbox"/> B. Other rescuer successfully delivers 2 breaths.
11. CHANGING RESCUERS	<input type="checkbox"/> A. Change of rescuers shall be made in 5 seconds or less and will be completed as outlined in the problem. Team must switch every 5 cycles in less than 5 seconds
12. CHECK FOR RETURN OF PULSE	<input type="checkbox"/> A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds) <input type="checkbox"/> **B. "Ask judge for presence of a pulse."

After 5 Cycle of CPR give team envelop 3 AED

Patient Assessment Continue

4. ABDOMEN	<input type="checkbox"/>	**A. Check abdomen (stomach) for BP-DOC
------------	--------------------------	--

Open Abdominal Injury

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.

Patient Assessment Continue

5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	**A. Check pelvis for BP-DOC **B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)
6. LEGS	L R	**A. Check each leg for BP-DOC 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

8'' Abrasion

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
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"/>	I. Use sterile dressing J. Cover entire wound K. Control bleeding L. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	K. Do not bandage too tightly. L. Do not bandage too loosely. M. Cover all edges of dressing. N. Do not cover tips of fingers and toes, unless they are injured. O. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Fracture Femur

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

PROCEDURES		CRITICAL SKILLS	
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	** A. Assess for: <ul style="list-style-type: none"> ▪ Pain ▪ Swelling ▪ Deformity 	B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/>	A. Support affected limb and limit movement <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations 	
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> <input type="checkbox"/>	A. Select appropriate splinting method depending on position of extremity and materials available	B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Remove or cut away clothing as needed ** B. Assess distal circulation, sensation, and motor function	C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort

<p>5. SPLINT</p>		<ul style="list-style-type: none"> <input type="checkbox"/> A. Maintain support while splinting <u>Living Splint:</u> <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 <u>Padded Board Splint:</u> <input type="checkbox"/> A. Splint with two long padded splinting boards (one should be long enough to extend from the patient's armpit to beyond the foot. The other should extend from the groin to beyond the foot.) (Lower leg requires boards to extend from knee to below the foot.) <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 <u>Other Splints:</u> <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
<p>6. REASSESS</p>		<ul style="list-style-type: none"> <input type="checkbox"/> **A. Assess patient response and level of comfort

Open Tibia Fracture

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
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"/>	M. Use sterile dressing N. Cover entire wound O. Control bleeding P. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P. Do not bandage too tightly. Q. Do not bandage too loosely. R. Cover all edges of dressing. S. Do not cover tips of fingers and toes, unless they are injured. T. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

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

PROCEDURES		CRITICAL SKILLS
1. CARE FOR FRACTURE	<input type="checkbox"/> <input type="checkbox"/>	**A. Assess 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"/> <input type="checkbox"/> <input type="checkbox"/>	A. Support affected limb and limit movement B. Place three cravats (triangular bandage) under ankle/foot C. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) D. Lower limb, adjust cravats to tie E. Tie cravats distal to proximal F. Elevate with blanket or pillow **G. Reassess distal circulation, sensation, and motor function

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

PROCEDURES		CRITICAL SKILLS
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	**A. Assess for: <ul style="list-style-type: none"> ▪ Pain ▪ Swelling ▪ Deformity B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/>	B. Support affected limb and limit movement <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> <input type="checkbox"/>	C. Select appropriate splinting method depending on position of extremity and materials available D. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Remove or cut away clothing as needed **B. Assess distal circulation, sensation, and motor function C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort

Patient Assessment Continue

7. ARMS	L	R <ul style="list-style-type: none"> **A. Check each arm for BP-DOC 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
---------	---	---

3" Avulsion

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILLS
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"/> Q. Use sterile dressing <input type="checkbox"/> R. Cover entire wound <input type="checkbox"/> S. Control bleeding <input type="checkbox"/> T. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> U. Do not bandage too tightly. <input type="checkbox"/> V. Do not bandage too loosely. <input type="checkbox"/> W. Cover all edges of dressing. <input type="checkbox"/> X. Do not cover tips of fingers and toes, unless they are injured. <input type="checkbox"/> Y. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Dislocated Elbow (Straight Position)

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILLS
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"/>	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

ELBOW (STRAIGHT POSITION)

Follow Procedures No. 1 and No. 2 above

Patient Assessment Continue

8. BACK SURFACES	<input type="checkbox"/>	**A. Check back for BP-DOC
------------------	--------------------------	---------------------------------------

TWO-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILLS
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

THREE-PERSON LOG ROLL

PROCEDURES	CRITICAL SKILLS
1. STABILIZE HEAD	<input type="checkbox"/> *A. Stabilize the head and neck <input type="checkbox"/> B. One rescuer should kneel at the top of the patient's head and hold or stabilize the head and neck in position found.
2. PREPARING THE PATIENT	<input type="checkbox"/> A. A second rescuer should kneel at the patient's side opposite the direction the face is facing. <input type="checkbox"/> B. When placing patient on board place board parallel to the patient. <input type="checkbox"/> C. Quickly assess the patient's arms to ensure no obvious injuries. <input type="checkbox"/> D. 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. <input type="checkbox"/> E. The third rescuer should kneel at the patient's ships.
3. PREPARING THE RESCUER	<input type="checkbox"/> A. Rescuers should grasp the patient at the shoulders, hips, knees, and ankles. <input type="checkbox"/> B. Give instructions to bystander (physically show), if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> A. While stabilizing the head, the rescuer at the patient's head should signal and give directions, all rescuers should slowly roll the patient toward the rescuers in a coordinated move, keeping the spine in a neutral, in-line position. <input type="checkbox"/> B. On three, slowly roll. One, two, three roll together. <input type="checkbox"/> C. The head and neck should remain on the same plane as the torso, the rescuer holding the head should not initially try to turn the head with the body. (if the head is already facing sideways, allow the body to come into alignment with the head) <input type="checkbox"/> D. Maintain stability by holding patient with one hand and placing board (if used) with other <input type="checkbox"/> E. Roll the body as a unit onto the board (if used) (board may be slanted or flat) Center the patient on the board. <input type="checkbox"/> F. Place the arm alongside the body

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES		CRITICAL SKILLS
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<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. Rescuer One at the head must maintain in-line immobilization of the head and spine</p> <p>B. Rescuer One at the head directs the movement of the patient</p> <p>C. Other Rescuers control movement of the rest of body</p> <p>D. Rescuer Two position themselves on same side</p> <p>E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two.</p> <p>F. Quickly assess posterior body, if not already done</p> <p>G. Place long spine board next to the patient with top of board beyond top of head</p> <p>H. Place patient onto the board at command of the Rescuer at head while holding in-line immobilization using methods to limit spinal movement</p> <p>I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment</p>
2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Select and use appropriate padding</p> <p>B. Place padding as needed under the head</p> <p>C. Place padding as needed under torso</p>
3. IMMOBILIZE BODY TO THE LONG SPINE BOARD	<input type="checkbox"/>	<p>A. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet</p>
4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD	<input type="checkbox"/> <input type="checkbox"/>	<p>A. Using head set or place rolled towels on each side of head</p> <p>B. Tape and/or strap head securely to board, ensuring cervical spine immobilization</p>
5. REASSESS	<input type="checkbox"/> <input type="checkbox"/>	<p>**A. Reassess distal circulation, sensation, and motor function</p> <p>**B. Assess patient response and level of comfort</p>

SHOCK

PROCEDURES	CRITICAL SKILLS	
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>**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.</p> <p>**B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.</p> <p>**C. Check for weakness</p>
2. TREATMENT	<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. Ensure the ABCs are properly supported.</p> <p>B. Control external bleeding.</p> <p>C. Keep the patient in a supine position.</p> <p>**D. Calm and reassure the patient, and maintain a normal body temperature.</p> <p>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)</p> <p>F. Continue to monitor and support ABCs</p> <p>G. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting.</p> <p>**H. Monitor the patient's ABCs at least every five minutes.</p> <p>**I. Reassure and calm the patient</p>

Let Teams know transportation is available.