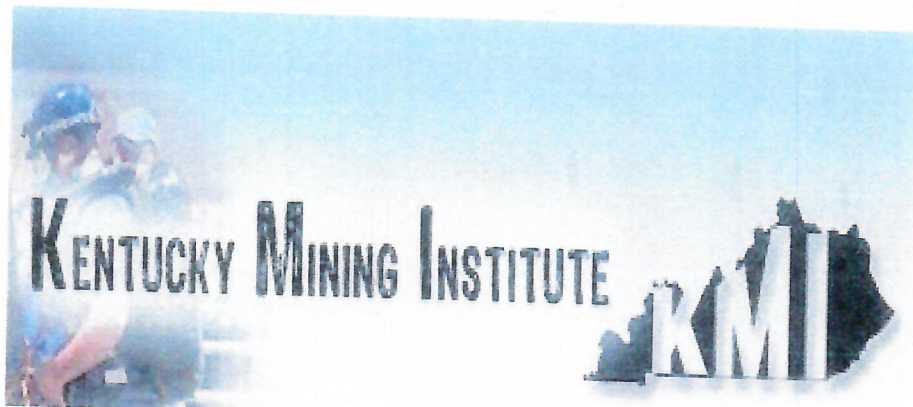


**2023 KMI**

**FIRST AID CONTEST**

PRESENTED BY  
DIVISION OF MINE SAFETY



**August 14<sup>th</sup>**  
**Lexington, KY**

Judge Name \_\_\_\_\_ Team Number \_\_\_\_\_

## First Aid Problem

You are at the surface area of the Big Blue #12 mine. Tim and Hack are beginning repairs on a substation. Tim ask Hack to lock out the circuit that they will be working on while doing so Hack stops to talk to Bert who is getting ready to start repairs on another circuit the two lock out the circuits and Hack radioed Tim to let him know that it's safe to start repairs. As he walked away, Bert yells at Hack to let him know he had locked out the wrong circuit. Just then, he heard a loud pop and Tim yell for help when he gets to Tim he finds him on the ground about 20ft from the sub area in a pile of rock and metal. The sub is on fire, Tim's arms and hands are smoking Hack puts the fire out, and tries to help Tim. He is unable to do so and calls for your team to help. Hack may be able to help if he can get calmed down. Power is still on the sub you. Someone will need call someone in maintenance to have the power removed! Please make sure you get confirmation that the power has been removed. EMS has been notified but will be delayed you will be notified as soon as they arrive.

Tim

PARTIAL  
BURN TO  
LEFT EAR

PARIT<sup>A</sup>L BURN  
TO R<sup>I</sup>GHT  
FORE<sup>A</sup>RM

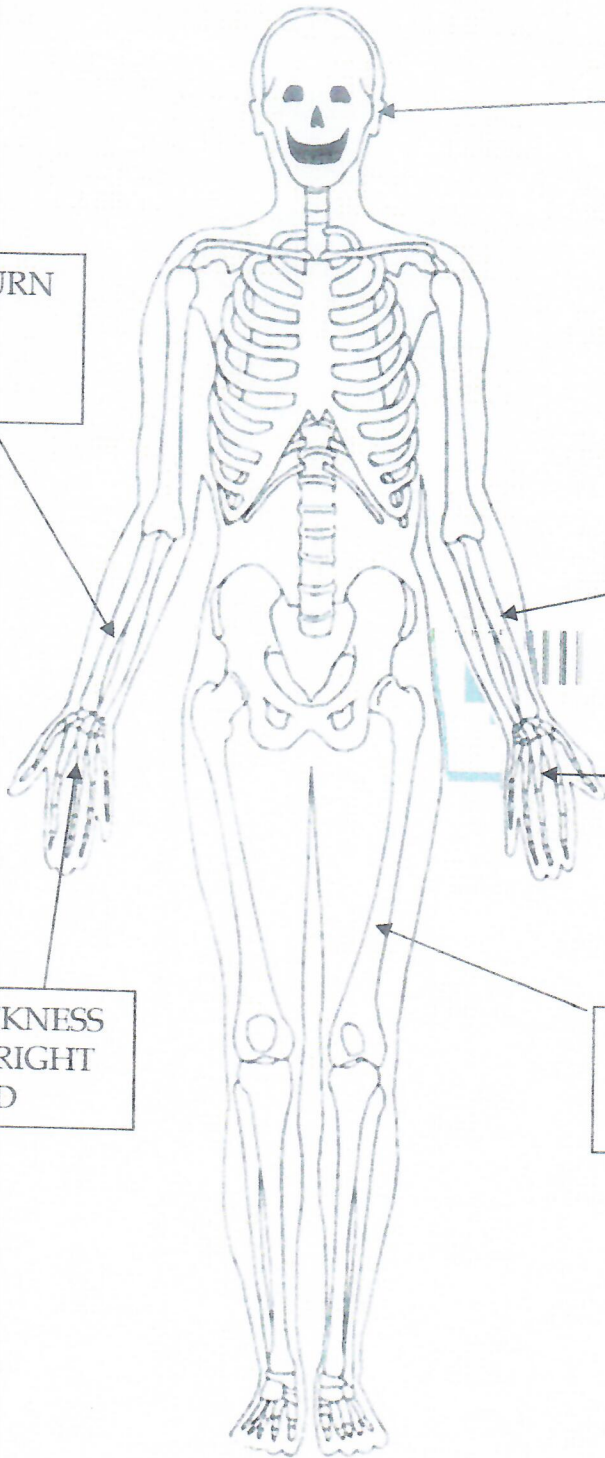
PARTIAL BURN TO  
LEFT FOREARM

FULL THICKNESS  
BURN TO LEFT HAND

FULL THICKNESS  
BURN TO RIGHT  
HAND

7 INCH  
LACERATION LEFT  
THIGH

2023 KMI First Aid Problem





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

## PATIENT ASSESSMENT

Gloves on  
HACK

| PROCEDURES |  | CRITICAL SKILLS   |  |
|------------|--|---|--|
| 1. HEAD    | <div><input type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/></div>  | <div><div>**A. Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus</div><div>**B. Check and touch the scalp</div><div>**C. Check the face</div><div>**D. Check the ears for bleeding or clear fluids</div><div>**E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding</div><div>**F. Check the nose for any bleeding or drainage</div><div>**G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration</div></div> |  |
| 2. NECK    | <div><input type="checkbox"/><br/><input type="checkbox"/></div>   | <div><div>**A. Check the neck <del>BP-DOC</del></div><div>**B. Inspect for medical ID</div></div>   |  |
| 3. CHEST   | <div><input type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/></div>  | <div><div>**A. Check chest area <del>for BP-DOC</del></div><div>**B. Feel chest for equal breathing movement on both sides</div><div>**C. Feel chest for inward movement in the rib areas during inhalations</div></div>  |  |
| 4. ABDOMEN | <div><input type="checkbox"/></div>  | <div><div>**A. Check abdomen (stomach) <del>for BP-DOC</del></div></div>  |  |
| 5. PELVIS  | <div><input type="checkbox"/><br/><input type="checkbox"/></div>   | <div><div>**A. Check pelvis <del>for BP-DOC</del></div><div>**B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)</div></div>   |  |
| 6. LEGS    | <div><div><div>L</div><div>R</div></div><div><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input type="checkbox"/></div></div>            | <div><div>**A. Check each leg <del>for BP-DOC</del></div><div>B. Inspect legs for injury by touch</div><div>C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf)</div><div>**D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?"</div><div>**E. Check for medical ID bracelet</div></div>  |  |
| 7. ARMS    | <div><div><div>L</div><div>R</div></div><div><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input type="checkbox"/><br/><input type="checkbox"/><input checked="" type="checkbox"/></div></div> | <div><div>**A. Check each arm <del>for BP-DOC</del></div><div>B. Inspect arms for injury by touch</div><div>C. Unresponsive: Check arms for paralysis (pinch inner side of wrist)</div><div>**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?"</div><div>**E. Check for medical ID bracelet</div></div>   |  |



## BURNS

| PROCEDURES                     | CRITICAL SKILLS  |
|--------------------------------|--|
| 1. DETERMINE BURN TYPE         | <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li>**A. Determine type               <ul style="list-style-type: none"> <li>▪ Thermal</li> <li>▪ Chemical</li> <li>▪ Electrical</li> </ul> </li> </ul>   |
| 2. DETERMINE BODY SURFACE AREA | <input type="checkbox"/> <ul style="list-style-type: none"> <li>**A. Determine Body Surface Area (BSA) using rule of nines</li> </ul>  |
| 3. BURN CARE<br>(All Types)    | <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <input type="checkbox"/><br/> <input checked="" type="checkbox"/><br/> <input type="checkbox"/><br/> <input type="checkbox"/><br/> <input checked="" type="checkbox"/><br/> <input type="checkbox"/><br/> <input type="checkbox"/><br/> <input checked="" type="checkbox"/><br/> <input checked="" type="checkbox"/><br/> <input type="checkbox"/><br/> <input checked="" type="checkbox"/> </div> <div style="flex: 2; padding-left: 10px;"> <ul style="list-style-type: none"> <li>*A. Remove patient from source of burn and prevent further contamination</li> <li>**B. Consider the type of burn and stopping the burning process initially with water or saline.</li> <li>C. Do not flush with water unless they involve an area less than 9% of the total body surface area)</li> <li>D. Remove smoldering clothing (do not remove any clothing that is melted onto the skin) jewelry</li> <li>**E. Continually monitor the airway for evidence of closure</li> <li>F. Prevent further contamination. Keep the burned area clean by covering it with a dressing. Cover partial- and full-thickness burns with dry clean dressings. In most cases place dry, sterile dressings onto the burned area.</li> <li>**G. Do not use any type of ointment, lotion or antiseptic</li> <li>**H. Do not break blisters</li> <li>**I. Ensure patient does not get hypothermic</li> <li>J. If eyes or eyelids have been burned, placed dressings or pads over them. Moisten these pads with sterile water if possible. Both eyes will be covered.</li> <li>K. If serious burn (partial or full-thickness burns) involves the hands or feet, always place a clean pad between toes or fingers when completing the dressing.</li> </ul> </div> </div> |

|                                    |  |   |
|------------------------------------|--|---|
| 4. CARE FOR<br>CHEMICAL<br>BURNS   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | A. Protect yourself from exposure to hazardous materials<br>B. Wear gloves, eye protection, and respiratory protection<br>**C. Flush the burned area for at least 20 minutes. (If possible and it can be done quickly, try to identify any chemical powders before applying water)<br>D. Apply a dry, clean dressing.<br>E. If dry lime is the agent causing the burn, do not flush with water. Instead use a dry dressing to brush the substance off the patient's skin, hair, and clothing.<br>F. Remove any contaminated clothing or jewelry.<br>G. Once this is done, you may flush the area with water.<br>H. Use caution not to contaminate uninjured areas when flushing or brushing |
| 5. CARE FOR<br>ELECTRICAL<br>BURNS | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | **A. Ensure safety before removing patient from the electrical source<br>**B. If the patient is still in contact with the electrical source or you are unsure, do not approach or touch the patient, contact power company<br>**C. Monitor the patient closely for respiratory and cardiac arrest<br>D. Treat the soft tissue injuries associated with the burn<br>**E. Look for both an entrance and exit wound  |
| 6. REASSESS                        | <input type="checkbox"/>   | **A. Reassess level of consciousness (AVPU), respiratory status, and patient response   |

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

## DRESSINGS AND BANDAGING - OPEN WOUNDS

| PROCEDURES                          | CRITICAL SKILLS   |
|-------------------------------------|---|
| 1. EMERGENCY CARE FOR AN OPEN WOUND | <input type="checkbox"/> *A. Control bleeding<br><input type="checkbox"/> *B. Prevent further contamination<br><input type="checkbox"/> *C. Bandage dressing in place after bleeding has been controlled<br><input type="checkbox"/> *D. Keep patient lying still   |
| 2. APPLY DRESSING                   | <input type="checkbox"/> A. Use sterile dressing<br><input type="checkbox"/> B. Cover entire wound<br><input type="checkbox"/> C. Control bleeding<br><input type="checkbox"/> D. Do not remove dressing  |
| 3. APPLY BANDAGE                    | <input type="checkbox"/> A. Do not bandage too tightly.<br><input type="checkbox"/> B. Do not bandage too loosely.<br><input type="checkbox"/> C. Cover all edges of dressing.<br><input type="checkbox"/> D. Do not cover tips of fingers and toes, unless they are injured.<br><input type="checkbox"/> E. 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 Jaw

- \*1. Examine; inside & outside
2. If end not impaled in mouth - pull it out
3. Position head for drainage: if spinal injury, immobilize 1<sup>st</sup> 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.")

### 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



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

Gloves

| PROCEDURES                               | CRITICAL SKILLS   |  |
|--|---|--|
| 1. RESCUER ESTABLISH UNRESPONSIVENESS    | <input type="checkbox"/> A. Tap or gently shake shoulders<br><input type="checkbox"/> **B. "Are you OK?"<br><input type="checkbox"/> C. Determine unconsciousness without compromising cervical spine (neck) injury<br><input type="checkbox"/> **D. "Call for help"<br><input type="checkbox"/> **E. "Get AED" ( <u>Note</u> : If AED is used, follow local protocol)  |  |
| 2. RESCUER 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 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<br><input type="checkbox"/> B. Check for presence of carotid pulse for 5 to 10 Seconds<br><input type="checkbox"/> **C. Absence of pulse<br><input type="checkbox"/> D. Immediately starts CPR if no pulse |  |
| 4. RESCUER POSITION FOR COMPRESSIONS     | <input checked="" type="checkbox"/> A. Locate the compression point on the breastbone between the nipples<br><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.<br><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 DELIVER CARDIAC COMPRESSION   | <input type="checkbox"/> A. Give 30 compressions<br><input type="checkbox"/> B. Compressions are at the rate of 100 to 120 per minute<br><input type="checkbox"/> C. Down stroke for compression must be on or through compression line<br><input type="checkbox"/> D. Return to baseline on upstroke of compression  |  |
| 6. RESCUER ESTABLISH AIRWAY              | <input type="checkbox"/> A. Kneel at the patient's side near the head<br><input type="checkbox"/> B. Correctly execute head-tilt/chin-lift maneuver   |  |

|   |  |  |
|---|--|--|
| 7. RESCUER VENTILATIONS BETWEEN COMPRESSIONS                        | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | A. Place barrier device (pocket mask/ shield with one way valve) on manikin<br>B. Give 2 breaths 1 second each<br>C. Each breath - minimum of .8 (through .7 liter line on new manikins)<br>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"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | A. Provide 5 cycles of 30 chest compressions and 2 rescue breaths<br>B. To check for pulse, stop chest compressions for no more than 10 seconds after the first set of CPR<br>C. Rescuer at patient's head maintains airway and checks for adequate breathing or coughing<br>D. The rescuer at the patient's head shall feel for a carotid pulse<br>E. If no signs of circulation are detected, continue chest compressions and breaths and check for signs of circulation after each set<br>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"/><br><input type="checkbox"/><br><input type="checkbox"/>   | A. Rescuer continues compressions while other rescuer turns (simulated) on AED and applies pads.<br>B. RESCUERS SWITCH rescuer clears victim, allowing AED to analyze. (Judges shall provide an envelope indicating a shockable or non-shockable rhythm)<br>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"/><br><input type="checkbox"/>   | A. Rescuer gives 30 compressions immediately after shock delivery (2 cycles).<br>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"/><br><input type="checkbox"/>   | A. After providing required CPR (outlined in problem), check for return of pulse (within 10 seconds)<br>**B. "Ask judge for presence of a pulse."  |



## MOUTH-TO-MASK RESUSCITATION

| PROCEDURES                                 |  | CRITICAL SKILLS   |
|--|--|---|
| 1. ESTABLISH UNRESPONSIVENESS              | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | A. Tap or gently shake shoulders<br><b>**B.</b> "Are you OK?"<br>C. Determine unconsciousness without compromising C-spine injury<br><b>**D.</b> "Call for help"<br><b>**E.</b> "Get AED" ( <b>Note:</b> 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"/><br><input type="checkbox"/><br><input type="checkbox"/>   | A. Correctly locate the carotid pulse (on the side of the rescuer)<br>B. Check for presence of carotid pulse for 5 to 10 second.<br><b>**C.</b> 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"/><br><input type="checkbox"/>   | A. Place barrier device (pocket mask/shield with one-way valve on manikin<br>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"/><br><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<br><b>**B.</b> "Patient is breathing and has a pulse"  |

## 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"/>                             | A. When placing patient on board place board parallel to the patient   |
|                          | <input type="checkbox"/>                             | B. Kneel at the patient's shoulders opposite the board (if used) leaving room to roll the patient toward knees<br>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"/><br><input type="checkbox"/> | A. Grasp the patient at the shoulder and pelvis area<br>B. Give instructions to bystander, if used to support  |
| 4. ROLLING THE PATIENT   | <input type="checkbox"/>                             | A. While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the shoulder and pelvis areas   |
|                          | <input type="checkbox"/>                             | B. The head and neck should remain on the same plane as the torso  |
|                          | <input type="checkbox"/>                             | C. Maintain stability by holding patient with one hand and placing board (if used) with other  |
|                          | <input type="checkbox"/>                             | D. Roll the body as a unit onto the board (if used) (board may be slanted or flat)   |
|                          | <input type="checkbox"/>                             | 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<br><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.<br><input type="checkbox"/> B. When placing patient on board place board parallel to the patient.<br><input type="checkbox"/> C. Quickly assess the patient's arms to ensure no obvious injuries.<br><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.<br><input type="checkbox"/> E. The third rescuer should kneel at the patient's hips.  |
| 3. PREPARING THE RESCUER | <input type="checkbox"/> A. Rescuers should grasp the patient at the shoulders, hips, knees, and ankles.<br><input type="checkbox"/> B. Give instructions to bystander (physically show), if used to support   |
| 4. ROLLING THE PATIENT   | <input checked="" 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.<br><input type="checkbox"/> B. On three, slowly roll. One, two, three roll together.<br><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)<br><input type="checkbox"/> D. Maintain stability by holding patient with one hand and placing board (if used) with other<br><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.<br><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"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | A. Rescuer One at the head must maintain in-line immobilization of the head and spine<br>B. Rescuer One at the head directs the movement of the patient<br>C. Other Rescuers control movement of the rest of body<br>D. Rescuer Two position themselves on same side<br>E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two.<br>F. Quickly assess posterior body, if not already done<br>G. Place long spine board next to the patient with top of board beyond top of head<br>H. Place patient onto the board at command of the Rescuer at head while holding in-line immobilization using methods to limit spinal movement<br>I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment |
| 2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | A. Select and use appropriate padding<br>B. Place padding as needed under the head<br>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"/><br><input type="checkbox"/>   | A. Using head set or place rolled towels on each side of head<br>B. Tape and/or strap head securely to board, ensuring cervical spine immobilization  |
| 5. REASSESS                                       | X<br>X   | **A. Reassess distal circulation, sensation, and motor function<br>**B. Assess patient response and level of comfort  |



## SHOCK

## PROCEDURES

## CRITICAL SKILLS

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