**\*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 stands for, the team may simply state BP-DOC- Bleeding, Pain, Deformities, Open wounds when making their checks. Teams my use the acronym “CSM” when checking circulation, sensation, and motor function.**

**INITIAL ASSESSMENT**

PROCEDURES CRITICAL SKILLS

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

# LIFE-THREATENING BLEEDING

PROCEDURES CRITICAL SKILLS

|  |  |  |
| --- | --- | --- |
| 1. DIRECT PRESSURE AND ELEVATION | □  □  □  □  □ | \*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 | □ | A. Apply as per tourniquet skill sheet |

## 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

# SPLINTING – FLAIL CHEST

PROCEDURES CRITICAL SKILLS

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

# PATIENT ASSESSMENT

PROCEDURES CRITICAL SKILLS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. HEAD | □ | | \*\*A.  \*\*B.  \*\*C.  \*\*D.  \*\*E.  \*\*F.  \*\*G. | Check head for BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus  Check and touch the scalp Check the face  Check the ears for bleeding or clear fluids  Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding  Check the nose for any bleeding or drainage Check the mouth for loose or broken teeth, foreign  objects, swelling or injury of tongue, unusual breath odor and discoloration |
| □ | |
| □ | |
| □ | |
| □ | |
| □ | |
| □ | |
| 2. NECK | □  □ | | \*\*A.  \*\*B. | Check the neck Inspect for medical ID |
| 3. CHEST | □ | | \*\*A.  \*\*B.  \*\*C. | Check chest area  Feel chest for equal breathing movement on both sides Feel chest for inward movement in the rib areas during inhalations |
| □  □ | |
| 4. ABDOMEN | □ | | \*\*A. | Check abdomen (stomach) |
| 5. PELVIS | □ | | \*\*A.  \*\*B. | Check pelvis 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   1. Inspect legs for injury by touch 2. 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 | R | \*\*A. Check each arm   1. Inspect arms for injury by touch 2. 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 | □ | \*\*A. Check back |

# DRESSINGS AND BANDAGING – OPEN WOUNDS

PROCEDURES CRITICAL SKILLS

|  |  |  |
| --- | --- | --- |
| 1. EMERGENCY CARE FOR AN OPEN WOUND | □  □  □  □ | \*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 | □  □  □  □ | 1. Use sterile dressing 2. Cover entire wound 3. Control bleeding 4. Do not remove dressing |
| 3. APPLY BANDAGE | □  □  □  □  □ | 1. Do not bandage too tightly. 2. Do not bandage too loosely. 3. Cover all edges of dressing. 4. Do not cover tips of fingers and toes unless they are injured. 5. 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.

# SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES CRITICAL SKILLS

|  |  |  |
| --- | --- | --- |
| 1. CARE FOR FRACTURE | □ | \*\*A. Check for distal circulation, sensation, and motor function   * Do not attempt to reduce dislocations (if applies) |
| 2. IMMOBILIZING FRACTURE | □  □  □  □  □  □  □ | 1. Selection of appropriate rigid splint of proper length 2. Support affected limb and limit movement 3. Apply appropriate padded rigid splint against injured extremity 4. Place appropriate roller bandage in hand to ensure the position of function 5. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips 6. Apply wrap distal to proximal   \*\*G. Reassess distal circulation, sensation, and motor function |
| 3. SECURING WITH SLING | □  □  □  □  □  □  □  □ | 1. Place sling over chest and under arm 2. Hold or stabilize arm 3. Triangle should extend behind elbow on injured side 4. Pull sling around neck and tie on uninjuredside 5. Pad at the neck (except when C-Collar is present) 6. Secure excess material at elbow 7. Fingertips should be exposed   \*\*H. Reassess distal circulation, sensation, and motor function |
| 4. SECURING SLING WITH SWATHE | □  □  □ | 1. Use triangle cravat or factory swathe 2. 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

**FINGER/FINGERS**

Immobilize Fracture

1. Tape injured finger to an adjacent uninjured finger; or
2. Tape injured finger to a tongue depressor, aluminum splint, or pen and pencil
3. Secure with sling and swathe

**COLLAR BONE**

Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above

**SHOULDER BLADE**

Support and limit movement of affected area Follow Procedures No. 1, No. 3 and No. 4 above

**NOTE: Do not reposition dislocations**

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

PROCEDURES CRITICAL SKILLS

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

|  |  |  |
| --- | --- | --- |
| 5. SPLINT | □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □ | 1. Maintain support while splinting   Living Splint:   1. Immobilize the site of the injury 2. Carefully place a pillow or folded blanket between the patients knees/legs 3. Bind the legs together with wide straps or cravats 4. Carefully place patient on long spine board 5. Secure the patient to the long spine board (if primary splint)   \*\*F. Reassess distal circulation, sensation, and motor function  Padded Board Splint:   1. 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.) 2. Cushion with padding in the armpit and groin and all voids created at the ankle and knee 3. Secure the splinting boards with straps and cravats 4. Carefully place the patient on long spine board 5. Secure the patient to the long spine board (if primary splint)   \*\*F. Reassess distal circulation, sensation, and motor function  Other Splints:   1. Immobilize the site of the injury 2. Pad as needed 3. Secure to splint distal to proximal 4. Carefully place patient on long spine board 5. Secure the patient to the long spine board (if primary splint)   \*\*F. Reassess distal circulation, sensation, and motor function |
| 6. REASSESS | □ | \*\*A. Assess patient response and level of comfort |

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

PROCEDURES CRITICAL SKILLS

|  |  |  |
| --- | --- | --- |
| 1. CARE FOR FRACTURE | □  □ | \*\*A. Assess for distal circulation, sensation, and motor function  B. Do not attempt to reduce dislocations (if applies) |
| 2. IMMOBILIZING FRACTURE | □  □  □  □  □  □  □ | 1. Support affected limb and limit movement 2. Place three cravats (triangular bandage) under ankle/foot 3. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) 4. Lower limb, adjust cravats to tie 5. Tie cravats distal to proximal 6. Elevate with blanket or pillow   \*\*G. Reassess distal circulation, sensation, and motor function |

# THREE-PERSON LOG ROLL

PROCEDURES CRITICAL SKILLS

|  |  |  |
| --- | --- | --- |
| 1. STABILIZE HEAD | □  □ | \*A. Stabilize the head and neck  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 | □  □  □  □  □ | 1. A second rescuer should kneel at the patient’s side opposite the direction the face is facing. 2. When placing patient on board place board parallel to the patient. 3. Quickly assess the patient’s arms to ensure no obvious injuries. 4. 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. 5. The third rescuer should kneel at the patient’s hips. |
| 3. PREPARING THE RESCUER | □  □ | 1. Rescuers should grasp the patient at the shoulders, hips, knees, and ankles. 2. Give instructions to bystander (physically show), if used to support |
| 3. ROLLING THE PATIENT | □  □  □  □  □  □ | 1. 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. 2. On three, slowly roll. One, two, three roll together. 3. 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) 4. Maintain stability by holding patient with one hand and placing board (if used) with other 5. Roll the body as a unit onto the board (if used) (board may be slanted or flat) Center the patient on the board. 6. Place the arm alongside the body |

## IMMOBILIZATION – LONG SPINE BOARD (Backboard)

PROCEDURES CRITICAL SKILLS

|  |  |  |
| --- | --- | --- |
| 1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD | □  □  □  □  □  □  □  □  □ | 1. Rescuer One at the head must maintain in- line immobilization of the head andspine 2. Rescuer One at the head directs the movement of the patient 3. Other Rescuers control movement of the rest of body 4. Rescuer Two position themselves on same side 5. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two. 6. Quickly assess posterior body, if not already done 7. Place long spine board next to the patient with top of board beyond top of head 8. Place patient onto the board at command of the Rescuer at head while holding in-line immobilization using methods to limit spinal movement 9. Slide patient into proper position using smooth coordinated moves keeping spine in alignment |
| 2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD | □  □  □ | 1. Select and use appropriate padding 2. Place padding as needed under the head 3. Place padding as needed under torso |
| 3. IMMOBILIZE BODY TO THE LONG SPINE BOARD | □ | A. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet |
| 4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD | □  □ | 1. Using head set or place rolled towels on each side of head 2. Tape and/or strap head securely to board, ensuring cervical spine immobilization |
| 5. REASSESS | □  □ | \*\*A. Reassess distal circulation, sensation, and motor function  \*\*B. Assess patient response and level of comfort |

# SHOCK

PROCEDURES CRITICAL SKILLS

|  |  |  |
| --- | --- | --- |
| 1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK | □  □  □ | \*\*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).  \*\*B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.  \*\*C. Check for weakness |
| 2. TREATMENT | □  □  □  □  □  □  □  □  □ | 1. Ensure the ABCs are properly supported. 2. Control external bleeding. 3. Keep the patient in a supine position.   \*\*D. Calm and reassure the patient, and maintain a normal body temperature.   1. 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) 2. Continue to monitor and support ABCs 3. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting.   \*\*H. Monitor the patient’s ABCs at least every five minutes.  \*\*I. Reassure and calm the patient |

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