

Normal Vitals

Pulse: 60-90 / regular
Respirations: 12-20 / easy
Skin: color, temp, moisture (PWD)
AVPU: alert and oriented
BP: 110-130/60-90
Temp: 98.6 (F)

Reasons for Abnormal Consciousness

Sugar (hypoglycemic diabetic?)
Temperature (too hot or too cold?)
O₂ (was there a lack of oxygen?)
Pressure (blow to head; stroke? Fainting?)
Electricity (lightning? Seizure disorder?)
Altitude (high altitude cerebral edema)
Toxins (any drugs/alcohol on board?)
Salts (overhydration without eating)

CONCUSSION/TBI ASSESSMENT

- Any temporary loss of consciousness
- Any altered mental status
- Amnesia (a gap in memory)

CONCUSSION/TBI TREATMENT

- Monitor for ↑ ICP (for 24 hours)
- Consider evacuation
- Consider spinal precautions

INCREASED INTRACRANIAL PRESSURE (↑ ICP) ASSESSMENT

- Deteriorating mental status
- Severe headache
- Persistent vomiting

INCREASED ICP TREATMENT

- Evacuate ASAP!! (if possible)
- Monitor airway and breathing
- Keep patient's core temp normal/warm

SHOCK ASSESSMENT (SEVERE BLEEDING OR FLUID LOSS)

Compensated (early) volume shock

- Increase in pulse over time
- Pale skin
- Increase in breathing over time
- Normal mental status

Decompensation (late signs)

- BP declines
- Mental status declines

ACUTE STRESS REACTION (ASR)

Sympathetic (adrenalin)

- Increase in pulse (temporary)
- Pale skin (temporary)
- Pain masking (insensitivity to pain)

Parasympathetic

- Decrease in pulse
- Pale skin
- Nausea and/or vomiting
- Fainting

RESPIRATORY DISTRESS ASSESSMENT

- Increased rate of breathing / labored
- Use of accessory muscles
- Noises
 - Stridor (upper airway constriction)
 - Wheezing (lower airway constriction)
 - Gurgles/rales (pulmonary edema)
 - No noise (collapsed lung)

RESPIRATORY TREATMENT

Position of comfort (usually sitting or standing)

Reassurance (calm the patient)

O₂ (cleanest oxygen possible)

Positive pressure ventilations (breathe for the patient, if necessary)

Drugs/meds (inhaler? Epinephrine?)

Asthma Protocol

Treatment for a patient in distress:

Position of comfort (P)
Reassure (R)
Oxygen (O)
Metered Dose Inhaler (MDI)

Asthma Protocol

Treatment for a patient in failure:
(respiratory failure = any altered mental status or an ability to only speak 1-2 word sentences)

0.3 mg epinephrine
MDI (up to 6-10 puffs)
40-60 mg prednisone
Evacuation
(and PROP, as needed)

Dislocation Protocol

WFRs are allowed to reduce only the following dislocations:

- Shoulder, patella, digits
- those caused by indirect torque or leverage
- Dislocations that occur in non-urban environments.

CPR Cessation Protocol

- If you have started CPR, you may stop if the following occur:
- You have been providing CPR for 30 consecutive minutes with no spontaneous return of pulse;
- The scene becomes dangerous;
- An authority declares the patient dead or takes over patient care.

Spine Assessment / Clearance Protocol

In order for you to be able to assess and potentially clear a spine, the following criteria must exist:

- The patient must be fully reliable (alert and oriented, not drunk, not in a stress response).
- The patient must be able to clearly focus on the assessment (they cannot have a significantly distracting injury).
- The patient must consent to the assessment.

Spine Assessment / Clearance Protocol

1. Ask if the patient has any current (or previous) neck or back/spine pain. Ask if the patient is experiencing any odd tingling, numbness, or burning sensations.
2. Palpate the vertebrae, from the occiput to the patient's pant-line, to see if the patient has any point tenderness.
3. Conduct a motor test (flexion/extension and abduction/adduction) on all four extremities. Conduct a sensory (sharp-dull) test on all four extremities.

If the patient has no pain or point tenderness and no motor or sensory deficit, spinal precautions can be discontinued.

Anaphylaxis Protocol – Assessment

The use of prescription medication is authorized only if/when the following symptoms appear:

- Any respiratory involvement (2° allergic reaction)
- Any altered mental status (2° allergic reaction)
- Nonsensical facial, tongue, or lip swelling

Anaphylaxis Protocol – Treatment

If/when a patient is experiencing anaphylaxis, the following medications and actions should be given/taken:

0.3 mg epinephrine (Epi Pen)
25-50 mg diphenhydramine (Benadryl)
40-60 mg prednisone
Evacuation (non-urgent, assuming meds worked)

TISSUE (SKIN) INJURIES TREATMENT

- Stop the bleeding (well-aimed direct pressure)
- Clean around wound (skin) with water (10 % providone iodine is acceptable)
- Pressure rinse the wound with clean water
- Optional: Final rinse of 1 % PI (iodine-diluted to amber beer color)
- Bandage/wrap

Monitor for infection

INFECTION ASSESSMENT

- Area is red and inflamed
- Warm to touch
- Pus and/or discharge
- Fever or red/black streaked veins

INFECTION TREATMENT

- Hot soak the wound; open it, if possible
- Aggressively re-clean the wound
- Consider antibiotics
- Consider evacuation

ASSESSMENT of an UNSTABLE (UNUSABLE) EXTREMITY INJURY

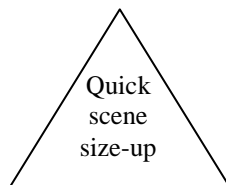
- Inability to move or use the part
- Inability to bear weight
- Crepitus (crunchy; hacky sack)
- Angulation or deformity

MUSCULOSKELETAL TREATMENT (for an unstable injury)

- Immobilize the part completely including proximal and distal joints
- Wrap the part as if it's fragile (an egg)
- Allow for swelling; make splint adjustable
- Monitor circulation (CSM) over time
- Evacuate (non-urgent if CSM is good)

PATIENT ASSESSMENT SYSTEM #1

Mechanism of injury (details: how fast, how high, when, changes in status?)

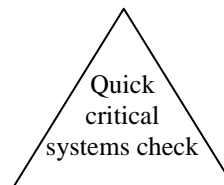


How many patients, rescuers, and resources?

Safety? Will it get dark and can you travel? Plan!

PATIENT ASSESSMENT SYSTEM #2

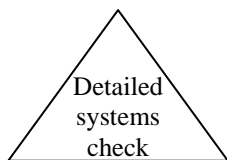
Circulatory: Bleeding? Pulse rate? Skin color? Ischemia??



Cognitive: AVPU, spine check, nervous system

Respiratory: any breathing problems?

PATIENT ASSESSMENT SYSTEM #3



Vitals: Pulse 60-90 bpm
Respiration: 12-20 bpm
Skin: pink, warm, dry
Temp: 98.6 F, 37.0 C
AVPU

Symptoms: "what hurts?"
Allergies & medications
Events: did something happen just prior to symptoms?
Last "ins & outs": bodily functions, food, hydration

PATIENT ASSESSMENT SYSTEM #4

A = Initial patient assessment

A' = Anticipated problems (over time)

Tx = Treatment plan of action (treatment of current problems, prevention of anticipated problems, and evacuation plan)