Delta Colorado First Aid problem

The First Aid team has been called to the Pillar section, with reports that a miner is hurt.

You arrive and find that the mining crew has dug Tom out of the cave area and moved him to a safe place.

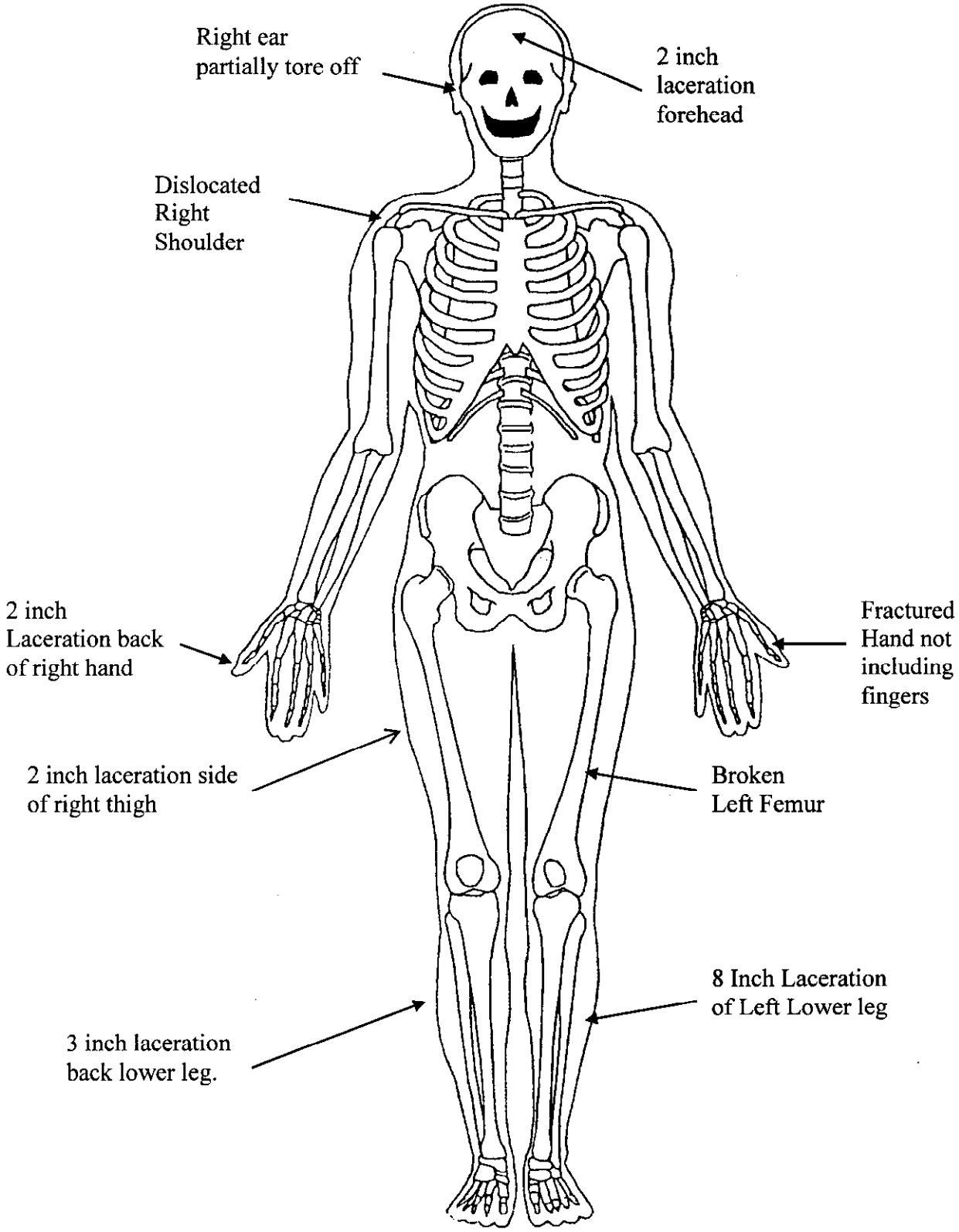
Tom is conscious and can only answer that he hurts and yes or no, he is alert and oriented as to where he is and what day it is.

Toms pulse is 80, his respirations are 12.

One of the rescuers has strained his little finger on his left hand, but can help you as a bystander.

Please hurry and take care of Tom, treat and prepare the patient for transport.

PATIENT ASSESSMENT



INITIAL ASSESSMENT

PROCEDURES		CRITICAL SKILL
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	□	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	□	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: 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.**

PATIENT ASSESSMENT

PROCEDURES			CRITICAL SKILL
1. HEAD	☐		*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	☐		*A. Check the neck for DOTS
	☐		*B. Inspect for medical ID
3. CHEST	☐		*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	☐		*A. Check abdomen (stomach) for DOTS
5. PELVIS	☐		*A. Check pelvis for DOTS
	☐		*B. Inspect pelvis for injury by touch (Verbally state inspection of crotch and buttocks areas)
6. LEGS	L	R	
	☐	☐	*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

	L	R	
7. ARMS	□	□	*A. Check each arm for DOTS
	□	□	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
8. BACK SURFACES	□		*A. Check back for DOTS

DRESSINGS AND BANDAGING - OPEN WOUNDS

2 inch laceration forehead

PROCEDURES	CRITICAL SKILL
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	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	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 G. Bandage from the bottom of the limb to the top (distal to proximal) if applicable

DRESSINGS AND BANDAGING - OPEN WOUNDS

Right ear Partially toe off

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	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	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

Left leg Femur splint

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

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	☐	*A. Assess for: ▪ Pain ▪ Swelling ▪ Deformity
	☐	B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	☐	A. Support affected limb and limit movement ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	☐	A. Select appropriate splinting method depending on position of extremity and materials available
	☐	B. 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	□	A. Maintain support while splinting
		Living Splint:
	□	A. Immobilize the site of the injury
	□	B. Carefully place a pillow or folded blanket between the patients knees/legs
	□	C. Bind the legs together with wide straps or cravats
	□	D. Carefully place patient on long spine board
	□	E. Secure the patient to the long spine board (if primary splint)
	□	*F. Reassess distal circulation, sensation, and motor function
		Padded Board Splint:
	□	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.)
	□	B. Cushion with padding in the armpit and groin and all voids created at the ankle and knee
	□	C. Secure the splinting boards with straps and cravats
	□	D. Carefully place the patient on long spine board
	□	E. Secure the patient to the long spine board (if primary splint)
	□	*F. Reassess distal circulation, sensation, and motor function
		Other Splints:
	□	A. Immobilize the site of the injury
	□	B. Pad as needed
	□	C. Secure to splint distal to proximal
	□	D. Carefully place patient on long spine board
	□	E. 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

TWO-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILL
1. STABILIZE HEAD	☐	*A. Stabilize the head and neck
2. PREPARING THE PATIENT	☐ ☐	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	☐ ☐	A. Grasp the patient at the shoulder and pelvis area B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	☐ ☐ ☐ ☐ ☐	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

2 inch laceration side of right thigh

PROCEDURES	CRITICAL SKILL
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	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	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 G. Bandage from the bottom of the limb to the top (distal to proximal) if applicable

DRESSINGS AND BANDAGING – OPEN WOUNDS

3 inch laceration back of lower leg

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	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	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

DRESSINGS AND BANDAGING - OPEN WOUNDS

8 inch laceration front of left lower leg

PROCEDURES	CRITICAL SKILL
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	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	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 G. Bandage from the bottom of the limb to the top (distal to proximal) if applicable

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	☐	*A. Check for distal circulation, sensation, and motor function ▪ Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	☐ ☐ ☐ ☐ ☐ ☐ ☐	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	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	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	☐ ☐ ☐	A. Use triangle cravat or factory swathe B. Swathe is tied around chest and injured arm *C. Reassess distal circulation, sensation, and motor function

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 (SOFT) UPPER EXTREMITY FRACTURES AND DISLOCATIONS (WRIST AND HAND)

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	☐	*A. Check for distal circulation, sensation, and motor function
	☐	B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	☐	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	☐	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	☐	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 UPPER EXTREMITY/LOWER EXTREMITY FRACTURES (AIR SPLINT)

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	☐	*A. Assess distal circulation, sensation, and motor function(fingers/toes)
2. IMMOBILIZE FRACTURE	☐	A. Grasp above and below the injury site
	☐	B. Maintain support
	☐	C. Properly apply air splint
	☐	D. Splint should be relatively free of wrinkles
	☐	E. Inflate splint to point that slight dent can be made
	☐	*F. Reassess distal circulation, sensation, and motor function (fingers/toes)
3. MONITOR AIR-INFLATED SPLINT	☐	*A. Periodically check for increase or decrease in pressure
	☐	*B. Monitor pressure in splint with finger tip
	☐	C. Make sure desired pressure is maintained
	☐	*D. Reassess distal circulation, sensation, and motor function (fingers/toes)

NOTE: Air splints may not be used with open (protruding bones) fractures. Air splints may only be used on the lower part of the extremities (from below the elbow on the arm and below the knee to the leg).

SHOCK

PROCEDURES		CRITICAL SKILL
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	☐	*A. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration
	☐	*B. Check for cool, clammy skin
	☐	*C. Check for weakness
2. TREATMENT	☐	A. Keep victim lying down
	☐	B. 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)
	☐	C. Elevate according to injury
	☐	*D. Reassure and calm the patient

✳ **Option 1: Elevate the lower extremities or foot end of the back board.** This procedure is performed in most cases. Place the patient flat, face up and elevate the legs or foot end of the back board 8 to 12 inches. Do not elevate any limbs with possible fractures or pelvic injuries until they have been properly splinted. Remember to consider the mechanism of injury for every patient.

Option 2: Lay the patient flat, face up. This is the supine position, used for patients with a spinal injury and patients who have serious injuries to the extremities that have not been supported. If the patient is placed in this position, you must constantly be prepared for vomiting.

Option 3: Slightly raise the head and shoulders. This position should be used only for responsive patients with no spinal injuries, life threatening chest or abdominal injuries and only for patients having difficulty breathing, but who have an open airway. A semi-seated position can also be used for patients with a history of heart problems. It is not recommended for moderate to severe cases of shock. Be certain to keep the patient's head from tilting forward.

Note: Injuries requiring the injured side to be tilted or placed down may be done after patient has been properly secured to a back board if a back board is required.