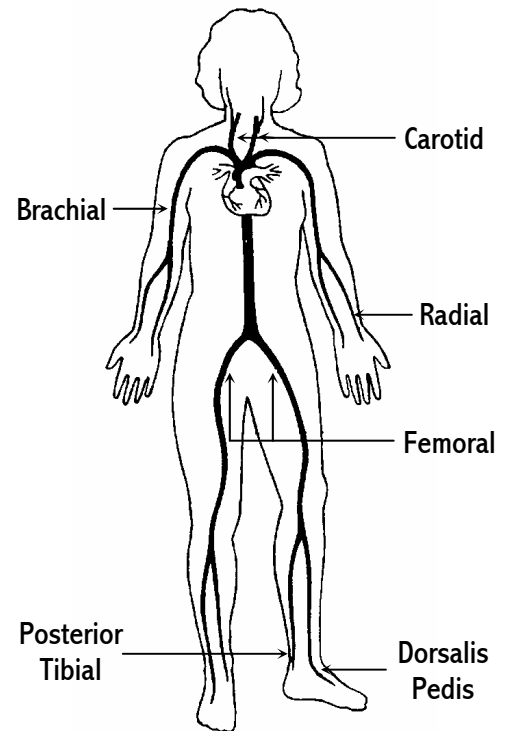




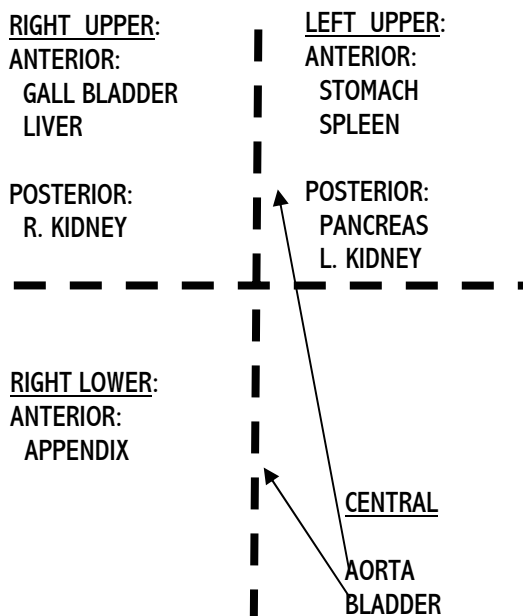
Wilderness First Aid Reference Cards

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Pulse/Pressure Points

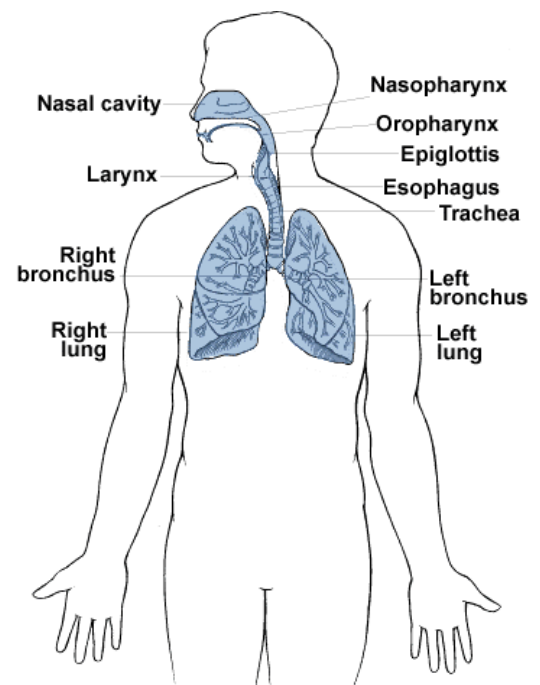


Abdominal Quadrants (Looking at Patient)



Tenderness in a quadrant suggests potential injury to the organ indicated in the chart.

Airway Anatomy



Patient Assessment System

Scene Size-up

MOI

- Major trauma
- Environmental
- Medical

Safety/Danger

- Move/rescue patient
- Body substance isolation
- Remove from heat/cold exposure
- Consider safety of rescuers

Resources

- # Patients
- # Trained rescuers
- Available equipment (incl. Pt's)

BLS

Respiratory

- Air in and out
- Adequate

Nervous

- AVPU
- Protect spine/C-collar

Circulatory

- Pulse
- Check for and Stop Severe Bleeding

STOP → THINK:

A – Continue with detailed exam

VPU – EVAC NOW

SOAP Note Information (Focused Exam)

Pt. Information

MOI

Environmental conditions

Position pt. found

Initial Px: ABCs, AVPU

Initial Tx

SAMPLE

Symptoms

Allergies

Medications

Past/pertinent Hx

Last oral intake

Event leading to incident

Physical (head to toe) exam: DCAP-BTLS, OPQRST

Normal Vitals

Pulse: 60-90

Respiration: 12-20, easy

Skin: Pink, warm, dry

LOC: alert and oriented

Possible Px: Trauma, Environmental, Medical

Current Px

Anticipated Px

Field Tx

S/Sx to monitor

Evac level

Patient Level of Consciousness (LOC)

Reliable Pt:

Calm

Cooperative

Sober

Alert

AVPU

A+ Awake and Cooperative

A- Awake and lethargic or combative

V+ Responds with sound to verbal stimuli

V- Obeys simple commands with verbal stimuli

P+ Pulls away from source of pain

P- Moves toward source of pain

U Totally unresponsive

Causes of Abnormal Consciousness:

Sugar

Temperature

Oxygen

Pressure

Electricity

Altitude

Toxins

Shock Assessment

Hypovolemic – Low fluid (Tank)

Cardiogenic – heart problem (Pump)

Vascular – vessel problem (Hose)

Volume Shock (VS) early/compensated

- ↑pulse
- Pale skin
- ↑respiration rate
- Normal AVPU

Volume Shock late/decompensated

- ↑↑↑pulse
- Pale skin
- ↑↑↑respiration rate
- ↓AVPU

Comment:

If a pulse drops but does not return to 'normal' (60-90 bpm) within 5-25 minutes, an elevated pulse is likely caused by VS and not ASR.

Tx: Stop visible bleeding, elevate legs, keep warm, manage psychological factors, ventilate if respirations are inadequate, give O₂ and IV fluids if available and appropriately trained.

Acute Stress Reaction

Sympathetic (fight or flight)

- ↑pulse
 - Pale skin
 - ↑respiration rate
 - Normal AVPU
 - Pain masking
 - Looks like early VS
- (neumonic = SASR = Spin up)

Parasympathetic (rest and digest)

- ↓pulse
 - Pale skin
 - ↓respiration rate
 - May feel light headed, dizzy, nauseous, faint, anxious
- (neumonic = PASR = passout)

Tx: For either condition, calm patient and remove stressors as much as possible

Head Injuries

Concussion:

Patient must be awake, cooperative, improving, and have amnesia.

S/Sx

- Patient is awake now
- Amnesia
- Can't have S/Sx of ↑ICP
- Nausea/vomiting (once) 2° to P-ASR
- Headache
- Tired

↑ICP:

S/Sx – early

- Patient is A- or lower
- C/O headache
- Persistent vomiting

S/Sx – late

- Ataxia
- Patient is VPU
- Vomiting persists
- Seizure
- Coma
- Cardiac and respiratory arrest

Spine Ruling Out Process (WFR or WEMT)

Patient must:

- Be reliable
- Report no pain when focused on spine
- Report no tenderness when spine palpated
- Have normal motor exam
- Have normal sensory exam
- Report no shooting, tingling or electric “pain” radiating from extremities

Motor Exam: Compare strength in both hands and feet. Have pt. resist:

- finger squeeze; pushing down on hand
- push ‘gas pedal’; pull up on foot

Sensory Exam: compare pt's ability to distinguish between pin prick and soft touch on back of hand and shin

- Use pin to prick
- Use cloth for soft touch

In cases where the spine can't be ruled out but the injury can be localized to the lumbar area, consult medical direction regarding need to continue c-spine stabilization.

Wound Cleaning

Partial thickness:

- Soap and water wash
- Scrub to remove particles
- 10% P.I.
- Keep moist
- Dress lightly

Full thickness, low to moderate risk:

- Clean w/in 2 hours of bleeding end
- Clean around area with 10% P.I.
- Pressure flush with drinkable water in short bursts along axis
- Bring edges toward (not touching) each other and hold in place with an occlusive dressing and/or steri-strips etc.

Full thickness, high risk:

Clean as previous, PLUS:

- Remove dead skin and tissue
- Remove foreign material
- Finish flushing process with 1% P.I. solution (strong tea or amber beer)
- Do not close in field
- Pack with thin layers of gauze soaked in 1% P.I. Remove and repack bid
- Dress with several layers of gauze. May place 10% P.I. between layers, but not directly on wound
- Consider splinting if wound is over a joint.

Common Causes of Pulse Changes

Strong, Slow:

- Normal sleep
- Simple fainting
- Early ↑ICP
- Well-conditioned athlete
- Hypothyroid

Weak, slow:

- Hypothermia
- Late ↑ICP

Irregular:

- Sinus arrhythmia
- Heart disease

Strong, fast:

- Early heat stroke
- Fever
- Hyperthyroid
- Early shock
- ASR
- Strenuous physical activity

Weak, fast:

- Overwhelming infection
- Late heat stroke
- Late shock
- Diabetic coma
- Some types of heart disease

Focused Survey Acronyms

From Patient:

SAMPLE = Signs/Symptoms,
Allergies, Medications,
Previous Injury, Last Meal/Drink,
Events

Pt = Patient
Hx = History
Px = Problem
S/Sx = Signs/Symptoms
Tx = Treatment

Observed by Rescuer:

CMS = Circulation, Motion,
Sensation

OPQRST = Onset, Provocation,
Quality (dull, sharp), Radiation,
Severity (1-10), Time

DCAP-BTLS = Deformities,
Contusions, Abrasions,
Punctures/Penetrations,
Burns/Bleeding, Tenderness,
Lacerations, Swelling

Hypothermia

98.6° to 90°:

Pt will be A to A-, shivering, have
↑urine output, ↓coordination and
dexterity

Tx:

Active rewarming – give food (carbs
first), liquids, remove from elements,
exercise, shelter, layers, add external
heat (heat packs or hot water bottles)

<90°:

Pt will be V, P or U; shivering will stop;
HR and respirations will decrease; Pt
may appear dead

Tx:

Passive rewarming – add insulating
layers (hypowrap), handle with care,
no rapid warming or movement, no CPR
(AED may be used). PPVs may be
given.

Heat Related Symptoms

If heat is identified as a potential MOI
and patient exhibits irrational behavior:

- 1) ALWAYS COOL PATIENT FIRST
- 2) Assess hydration status
 - If dehydration is established, hydrate with electrolyte solution
 - If hx includes copious H₂O, give electrolytes only
- 3) Complete focused survey
- 4) Treat symptoms as indicated by survey; continue to support cooling mechanisms

Heat exhaustion:

A- (irritable), temp. 99°-104°, pale

Heat stroke (early):

A- (irritable, combative), temp. >105°,
pale if dehydrated, flushed if hydrated

Heat stroke (late):

V, P or U, seizures, coma, death

Electrolyte Sickness:

A-, V, P or U; Hx of H₂O but no food;
can rapidly progress to ↑ICP

Patient SOAP Note

Rescuer:

Patient Information		Name:	
Age:	Weight:	Male	Female
Address:		Phone:	
		Date:	
		Time:	
Contact:		Phone:	
Scene Size-Up: Major Trauma Environmental Medical			
Describe MOI			
Describe Environmental Conditions			
Position Patient Found		Initial Px	A V P U on arrival
R / L side	Front / back	No respirations	No pulse Unstable spine
Laying / Sitting / Standing		Severe Bleeding	Vomiting Blocked Airway
Initial Tx			

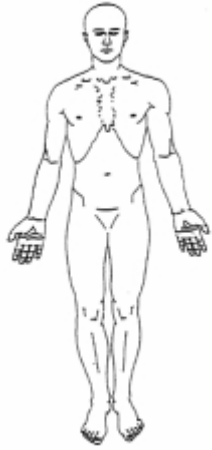
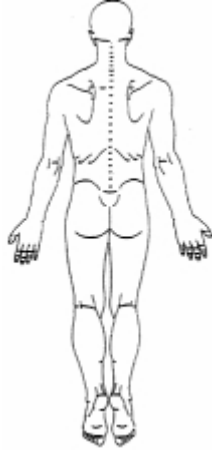
Subjective Information = What the patient tells you

Symptoms = Describe onset, cause & severity (1-10) of chief complaints			
Time			
Allergies = Local or systemic, cause, severity & Tx			
Medications = Rx, OTC, herbal, homeopathic & recreational			
Drug	Reason	Dose	Current
			Yes / No
			Yes / No
Notes			

Past relevant medical Hx = relate to MOI**Last food & fluids** = intake & output

H ₂ O	Calorie	Electrolyte
Urine color	Urine output	Stool
Events = Patient's description of what happened		Amnesia Yes / No

Objective Information = What you see**Physical Exam** = look for discoloration, swelling, abnormal fluid loss & deformity. Feel for tenderness, crepitus & instability. Check ROM and CSM.

Time		
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Vital Signs = get a baseline, then record changes

Time	Pulse	Resp	BP	Skin	Temp	AVPU

Assessment = What you think is wrong

Possible Px	Time	Current Px	Anticipated Px
<i>Trauma</i> ↑ ICP / Concussion Respiratory Distress Volume Shock Unstable Spine Trunk Injury Unstable Extremity Injury Stable Extremity Injury Wounds			
<i>Environmental</i> Dehydration / Low Na Hypothermia / Cold Heat Stroke / Exhaustion Frostbite / Burns Local / Systemic Toxin Local / Systemic Allergy Near Drowning Acute Mountain Sickness Lightning Injuries SCUBA / Free Diving			
<i>Medical S/Sx</i> Circulatory Respiratory Nervous Endocrine Genitourinary Musculoskeletal Skin / Soft Tissue Ears/Eyes/Nose/Throat Teeth / Gums			

Plan = what you are going to do

Field Tx	Monitor
Evacuation Level 1 2 3 4 GPS / Grid Coordinates Request ALS: Yes / No	

Additional Notes

Additional vitals

Time	Pulse	Resp	BP	Skin	Temp	AVPU

Radio Report

Base, this is _____ with _____

I have a _____ year old male/female whose chief complaint is: _____

as a result of: _____

Patient is currently A V P U and was found Laying/Sitting/Standing
on R/L/Front/Back side. Patient exam revealed _____

Spinal assessment revealed _____

Patient states _____

Initial vitals were: HR:_____ RR:_____ Skin:_____ BP:_____

Current vitals are: HR:_____ RR:_____ Skin:_____ BP:_____

Treatments given are: _____

Anticipated problems during transport are: _____

Evacuation priority is: 1 2 3 4

We require: Litter / More People / Helicopter / ALS / _____

Our evacuation plan is _____

Our GPS coordinates are: _____

LZ GPS coordinates are: _____