

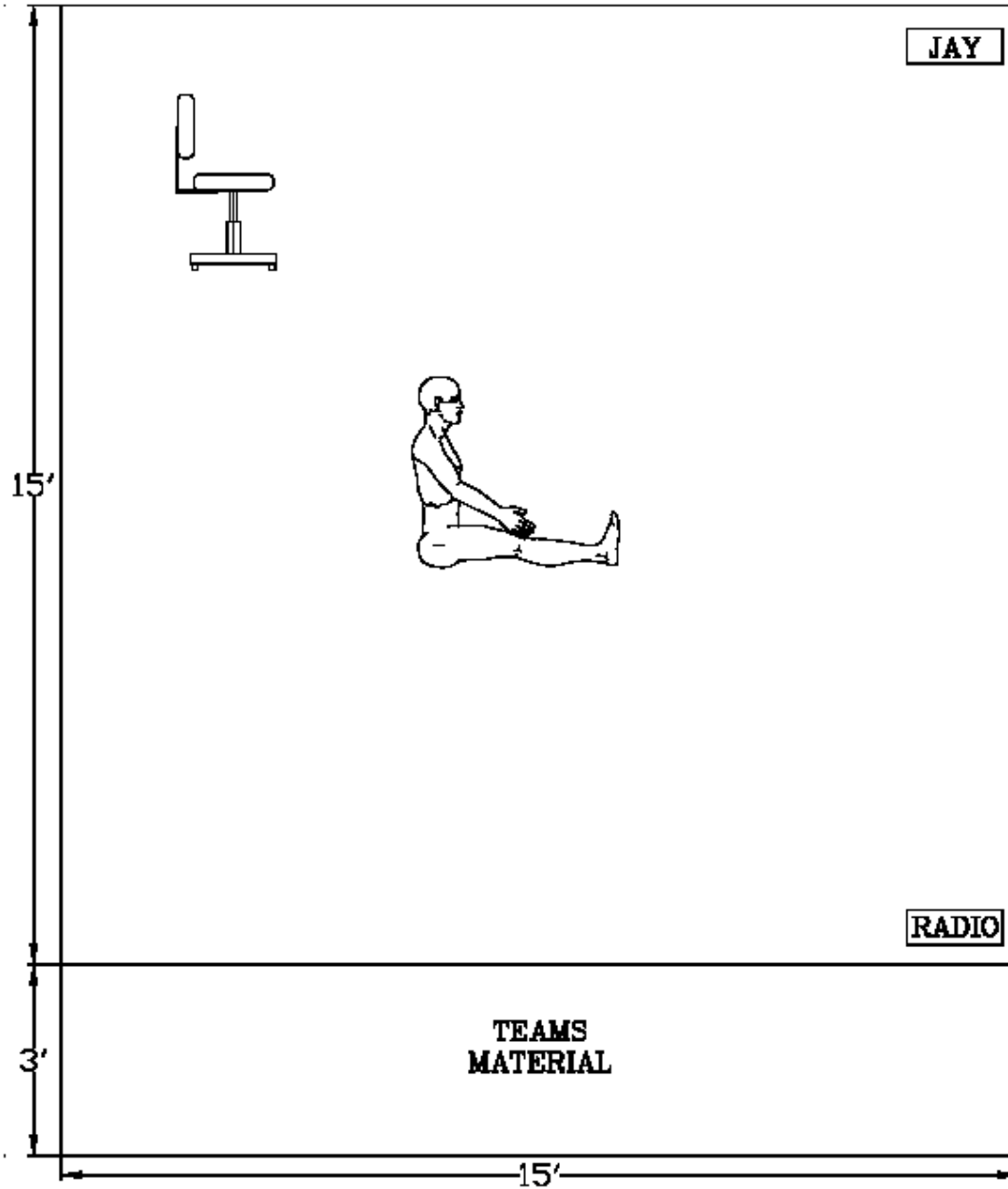
**KENTUCKY
STATE
FIRST AID
PROBLEM
2013**

PROBLEM

Jay and George are walking the returns to the surface from the 001 section. It's been a long three mile walk when they reach the 002 return split. Both men are tired. They decide to walk a couple breaks thru a man door to the #7 drive and call for a ride. Just before they reach the drive they find a supply motor and car on a side track. They switch the car around to take the motor outside. While switching something goes bad wrong. The motor strikes George and drags him under the motor and down the entry 35 feet. Jay pulls the motor forward. George is lying on his left side. Jay runs to the #7 drive phone and calls for help. You and your partner arrive in a diesel man bus. Please help and report to dispatch every 15 minutes of your progress and the status of the patients. Treat and Transport

FIELD LAY OUT

FIELD LAYOUT



GEORGE

**2" LACERATION
ABOVE RIGHT EAR**

**AVLUSION OF
RIGHT EAR**

**3" LACERATION
TOP OF SHOULDER**

**OPEN MID-SHAFT
FRACTURED
HUMERUS**

**CLOSED
FRACTURE
RIGHT PELVIS**

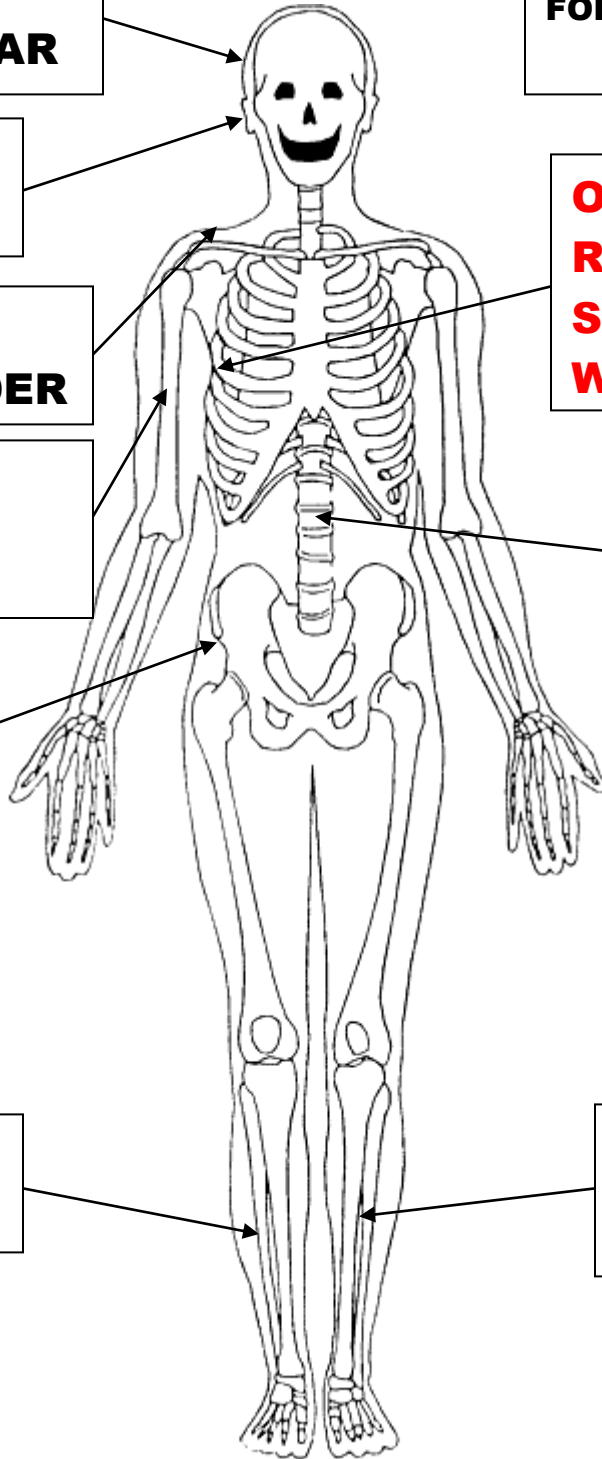
**OPEN FRACTURE
RIGHT FIBULA**

**RESPIRATIONS: 28
PERFUSION: 1 SECOND
MENTAL STATUS: ABLE TO
FOLLOW COMMANDS**

**OPEN FRACTURED
RIB WITH
SUCKING CHEST
WOUND**

**T-9 VERTEBRAE
CLOSED
FRACTURE**

**CLOSED FRACTURE
LEFT TIBIA &
FIBULA**



LIST OF INJURIES

AVLUSION OF RIGHT EAR

**2" LACERATION ABOVE
RIGHT EAR**

**T-9 VERTEBRAE
CLOSED FRACTURE**

**3" LACERATION TOP
OF SHOULDER**

**OPEN FRACTURED RIB WITH
SUCKING CHEST WOUND
RIGHT SIDE**

**CLOSED FRACTURE
RIGHT PELVIS**

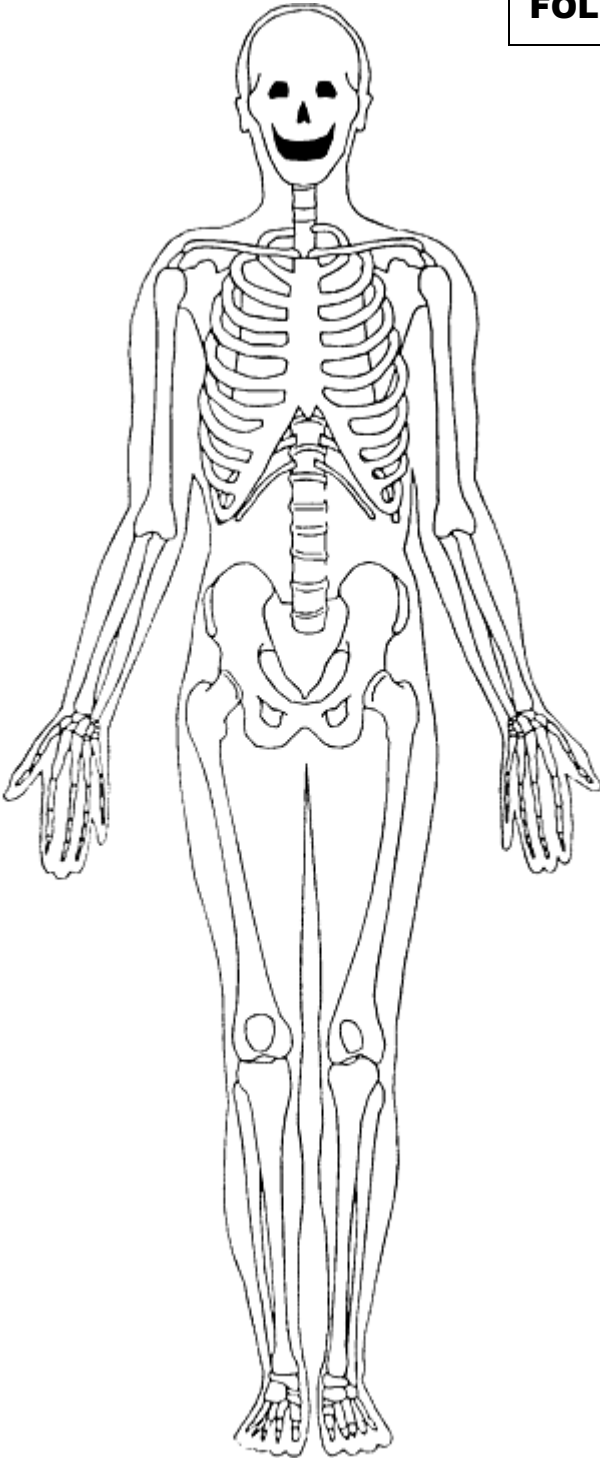
**OPEN MID-SHAFT
FRACTURED HUMERUS**

**OPEN FRACTURE
RIGHT FIBULA**

**CLOSED FRACTURE
LEFT TIBIA & FIBULA**

JAY

RESPIRATIONS: 29
PERFUSION: < 1.5 SECONDS
MENTAL STATUS: ABLE TO FOLLOW COMMANDS



LIST OF INJURIES

NONE

INITIAL ASSESSMENT

PROCEDURES	CRITICAL SKILL
1. SCENE SIZE UP	<input type="checkbox"/> *A. Observe area to ensure safety <input type="checkbox"/> *B. Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/> *A. Determine causes of injury, if possible <input type="checkbox"/> *B. Triage: Immediate, Delayed, Minor or Deceased. <input type="checkbox"/> *C. Ask patient (if conscious) what happened

George is delayed.

Jay is minor.

Assess George first

3. INITIAL ASSESSMENT	<input type="checkbox"/> *A. Verbalize general impression of the patient(s) <input type="checkbox"/> *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive <input type="checkbox"/> *C. Determine chief complaint/apparent life threat
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4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/> A. Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries <input type="checkbox"/> B. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds) <input type="checkbox"/> C. If present, treat sucking chest wound
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When assessment starts teams should see the sucking chest wound. The patient should be laid flat for the assessment. If the team treats the sucking chest wound before rolling the patient unto the backboard do not discount. If they roll the patient unto a backboard first do not discount. Both are critical for the care of this patient.

SUCKING CHEST WOUND

PROCEDURES		CRITICAL SKILL
1. EXPOSE WOUND	<input type="checkbox"/>	*A. Expose entire wound
2. SEAL WOUND AND CONTROL BLEEDING	<input type="checkbox"/> <input type="checkbox"/>	*A. Place occlusive dressing over wound (If occlusive dressing is not available use gloved hand) *B. Apply direct pressure as needed to stop the bleeding
3. APPLY AN OCCLUSIVE DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Keep patient calm and quiet *B. Explain to the patient what you are doing *C. Ensure dressing is large enough not to be sucked into the wound (two inches beyond edges of wound) D. Affix dressing with tape *E. Seal on three sides *F. Monitor patient closely for increasing difficulty breathing *G. Transport as soon as possible H. Keep patient positioned on the injured side unless other injuries prohibit *I. Reassess wound to ensure bleeding control *J. Assess level of consciousness(AVPU), respiratory status and patient response

5. ASSESS FOR CIRCULATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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).
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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

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.

TWO-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILL
1. STABILIZE HEAD	<input type="checkbox"/>	*A. Stabilize the head and neck
2. PREPARING THE PATIENT	<input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/>	A. Grasp the patient at the shoulder and pelvis area B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 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

CONTINUE WITH PATIENT ASSESSMENT

PATIENT ASSESSMENT

PROCEDURES	CRITICAL SKILL	
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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

AVLUSSION OF RIGHT EAR

2” LACERATION ABOVE RIGHT EAR

**TEAMS MAY DRESS AND BANDAGE BOTH WITH
THE SAME DRESSING AND BANDAGE**

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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.

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

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID
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3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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
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3" LACERATION TOP OF SHOULDER

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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.

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

CONTINUE PATIENT ASSESSMENT

4. ABDOMEN	<input type="checkbox"/>	*A. Check abdomen (stomach) for DOTS
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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
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

OPEN FRACTURE RIGHT FIBULA

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

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/>	*A. Assess for: <ul style="list-style-type: none"> ▪ Pain ▪ Swelling ▪ Deformity
	<input type="checkbox"/>	B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/>	A. Support affected limb and limit movement <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/>	A. Select appropriate splinting method depending on position of extremity and materials available
	<input type="checkbox"/>	B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/>	A. Remove or cut away clothing as needed
	<input type="checkbox"/>	*B. Assess distal circulation, sensation, and motor function
	<input type="checkbox"/>	C. Cover any open wounds with sterile dressing and bandage
	<input type="checkbox"/>	D. Measure splint
	<input type="checkbox"/>	E. Pad around splint for patient comfort

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

PROCEDURE	CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> *A. Assess for: <ul style="list-style-type: none"> ▪ Pain ▪ Swelling ▪ Deformity <input type="checkbox"/> B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/> A. Support affected limb and limit movement <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> A. Select appropriate splinting method depending on position of extremity and materials available <input type="checkbox"/> B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> A. Remove or cut away clothing as needed <input type="checkbox"/> *B. Assess distal circulation, sensation, and motor function <input type="checkbox"/> C. Cover any open wounds with sterile dressing and bandage <input type="checkbox"/> D. Measure splint <input type="checkbox"/> E. Pad around splint for patient comfort <input type="checkbox"/> F. Maintain support while splinting.

7. ARMS	L	R	
	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check each arm for DOTS
	<input type="checkbox"/>	<input type="checkbox"/>	B. Inspect arms for injury by touch
	<input type="checkbox"/>	<input type="checkbox"/>	C. Unresponsive: Check arms for paralysis (pinch inner side of wrist)
	<input type="checkbox"/>	<input type="checkbox"/>	*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?")
<input type="checkbox"/>	<input type="checkbox"/>	*E. Check for medical ID bracelet	

OPEN MID-SHAFT FRACTURED HUMRUS

SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES		CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/>	*A. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> ▪ Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use triangle cravat or factory swathe B. Swathe is tied around chest and injured arm *C. Reassess distal circulation, sensation, and motor function

CONTINUE PATIENT ASSESSMENT

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS
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T-9 VERTABRAE CLOSED FRACTURE

IMMOBILIZATION OF CERVICAL SPINE

PROCEDURES	CRITICAL SKILL
1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION	<input type="checkbox"/> A. Place head in a neutral, in-line position unless patient complains of pain or the head is not easily moved into position <input type="checkbox"/> B. Place head in alignment with spine <input type="checkbox"/> C. Maintain constant manual in-line immobilization until the patient is properly secured to a backboard with head immobilized
2. ASSESS CSM	<input type="checkbox"/> *A. Assess distal circulation, sensation, and motor function (on all extremities)
3. ASSESS CERVICAL REGION AND NECK	<input type="checkbox"/> *A. Inspect and palpate for injuries or signs of injuries using: DOTS acronym <input type="checkbox"/> B. Remove clothing or jewelry as necessary
4. BANDAGE ANY WOUND	<input type="checkbox"/> A. Any neck wounds
5. APPLY CERVICAL SPINE IMMOBILIZATION	<input type="checkbox"/> A. Apply properly sized collar or manual immobilization <u>One piece C-collar</u> <input type="checkbox"/> A. Select proper sized collar <input type="checkbox"/> B. Apply collar <input type="checkbox"/> C. Ensure that patient's head is not twisted during application <input type="checkbox"/> D. Ensure airway is open after placement <u>Two piece C-collar</u> <input type="checkbox"/> A. Select proper sized collar <input type="checkbox"/> B. Apply rear section to back of neck <input type="checkbox"/> C. Center rigid support on spine <input type="checkbox"/> D. Apply front section (overlaps rear section) <input type="checkbox"/> E. Ensure chin rests in chin cavity <input type="checkbox"/> F. Secure collar with Velcro straps <input type="checkbox"/> G. Ensure airway is open after placement
6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION DEVICE	<input type="checkbox"/> A. Immobilize patient to appropriate immobilization device <input type="checkbox"/> B. Use head set or place rolled blankets or towels on each side of head <input type="checkbox"/> C. Tape and or strap head securely to appropriate immobilization device
7. REASSESS	<input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> *B. Assess patient response and level of comfort

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<input type="checkbox"/> A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine <input type="checkbox"/> B. First Aid Provider at the head directs the movement of the patient <input type="checkbox"/> C. Other First Aid Provider control movement of the rest of body <input type="checkbox"/> D. Other First Aid Provider position themselves on same side <input type="checkbox"/> E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers <input type="checkbox"/> F. Quickly assess posterior body, if not already done <input type="checkbox"/> G. Place long spine board next to the patient with top of board beyond top of head <input type="checkbox"/> H. Place patient onto the board at command of the First Aid Provider at head while holding in-line immobilization using methods to limit spinal movement <input type="checkbox"/> 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"/> A. Select and use appropriate padding <input type="checkbox"/> B. Place padding as needed under the head <input type="checkbox"/> 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"/> A. Using head set or place rolled towels on each side of head <input type="checkbox"/> B. Tape and/or strap head securely to board, ensuring cervical spine immobilization
5. REASSESS	<input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function <input type="checkbox"/> *B. Assess patient response and level of comfort

SHOCK

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

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.**

Sucking chest wound with rib fracture should be tilted down.

Assessment of Jay

3. INITIAL ASSESSMENT	<input type="checkbox"/> *A. Verbalize general impression of the patient(s) <input type="checkbox"/> *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive <input type="checkbox"/> *C. Determine chief complaint/apparent life threat
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ENVELOPE #1

JAY SAYS HE IS HAVING TROUBLE BREATHING. HE FEELS A HEAVY PRESSURE ON HIS CHEST. HE IS DIAPHORETIC.

CONTINUE INTIAL ASSESSMENT

4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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).

CONTINUE PATIENT ASSESSMENT

PATIENT ASSESSMENT

PROCEDURES			CRITICAL SKILL
1. HEAD	<input type="checkbox"/>		*A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling
	<input type="checkbox"/>		*B. Check and touch the scalp
	<input type="checkbox"/>		*C. Check the face
	<input type="checkbox"/>		*D. Check the ears for bleeding or clear fluids
	<input type="checkbox"/>		*E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding
	<input type="checkbox"/>		*F. Check the nose for any bleeding or drainage
	<input type="checkbox"/>		*G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration
2. NECK	<input type="checkbox"/>		*A. Check the neck for DOTS
	<input type="checkbox"/>		*B. Inspect for medical ID
3. CHEST	<input type="checkbox"/>		*A. Check chest area for DOTS
	<input type="checkbox"/>		*B. Feel chest for equal breathing movement on both sides
	<input type="checkbox"/>		*C. Feel chest for inward movement in the rib areas during inhalations
4. ABDOMEN	<input type="checkbox"/>		*A. Check abdomen (stomach) for DOTS
5. PELVIS	<input type="checkbox"/>		*A. Check pelvis for DOTS
	<input type="checkbox"/>		*B. 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 for DOTS
	<input type="checkbox"/>	<input type="checkbox"/>	B. Inspect legs for injury by touch
	<input type="checkbox"/>	<input type="checkbox"/>	C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf)
	<input type="checkbox"/>	<input type="checkbox"/>	D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?"
	<input type="checkbox"/>	<input type="checkbox"/>	E. Check for medical ID bracelet

7. ARMS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/>		*A. Check back for DOTS

TEAM SHOULD SIT JAY IN THE DIESEL MANTRIP TO TRANSPORT.

SHOCK

PROCEDURES	CRITICAL SKILL	
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 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.