

## 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: <b>Immediate</b> , Delayed, Minor, or Deceased <input type="checkbox"/> *C. Ask patient (if conscious) what happened
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 threats
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, listen, and feel for breathing (3-5 seconds) <input type="checkbox"/> C. If present, treat sucking chest wound
5. ASSESS FOR CIRCULATION	<input type="checkbox"/> A. Check for presence of a carotid pulse (5-10 seconds) <input type="checkbox"/> B. If present, control life threatening bleeding <input type="checkbox"/> 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: (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 (\*) 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

### THIS TURNS INTO A RAPID 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

## Open Skull Fracture

### Skull Fractures and Brain Injuries

1. Assume spinal injuries and open airway with jaw thrust
2. Apply collar
3. Use loose gauze dressing- no direct pressure
4. Keep at rest, ask them questions
5. Don't elevate legs (on or off a backboard)
6. After entire body is immobilized- place patient on their side (recovery position) for drainage if needed

## 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. Expose wound *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

## 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 One piece C-collar <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 Two piece C-collar <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	<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"/> <input type="checkbox"/>	*A. Reassess distal circulation, sensation, and motor function *B Assess patient response and level of comfort

### CONTINUE ASSEMENT

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B Inspect for medical ID
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

### SUCKING CHEST WOUND

#### SUCKIN CHEST WOUND

PROCEDURES	CRITICAL SKILL
1. EXPOSE WOUND	<input type="checkbox"/> *A. Expose entire wound
2. SEAL WOUND AND CONTROL BLEEDING	<input type="checkbox"/> *A. Place occlusive dressing over wound (If occlusive dressing is not available use gloved hand) <input type="checkbox"/> B. Apply direct pressure as needed to stop the bleeding
3. APPLY AN OCCLUSIVE DRESSING	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
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### CONTINUE ASSEMENT

4. ABDOMEN	<input type="checkbox"/>	*A. Check abdomen (stomach) for DOTS												
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>	*A. Check pelvis for DOTS *B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)												
6. LEGS	<table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	L	R	<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"/>	<input type="checkbox"/>	*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
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### DISLOCATED RIGHT ANKLE

ACKNOWLEDGE BUT DO NOT ADDRESS TILL LAST

### CONTINUE ASSEMENT

7. ARMS	<table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	L	R	<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"/>	<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
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RECOGNIZE DIEBETIC BRECLET ON LEFT WRIST

# LIFE THREATENING BLEEDING INSIDE RIGHT BICEPT

## LIFE-THREATENING BLEEDING

PROCEDURES	CRITICAL SKILL
1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/> *A. Apply direct pressure with a gloved hand <input type="checkbox"/> *B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure <input type="checkbox"/> *C. Elevate the extremity except when spinal injury exists <input type="checkbox"/> *D. Bleeding has been controlled <input type="checkbox"/> *E. If controlled, bandage dressing in place
2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, PRESSURE POINTS SHALL BE UTILIZED	<input type="checkbox"/> *A. Apply pressure to appropriate pressure point and notify judge verbally that bleeding is controlled (Apply pressure to blood vessels leading to area – in arm, press just below armpit; in leg, press against groin where thigh and trunk join.) <input type="checkbox"/> B. If controlled, bandage dressing in place
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. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	<input type="checkbox"/> A. Apply as per tourniquet skill sheet

### External Bleeding

To Control: 1st: direct pressure  
 2nd: elevation & direct pressure  
 3rd: pressure point

**Last Resort: Tourniquet**

### Internal Bleeding

- \*1. Monitor breathing and pulse
- \*2. Keep patient still
- \*3. Loosen restrictive clothing
- \*4. Be alert if patient vomits

***BLEEDING NOT CONTROLLED USE TOURNIQUET***  
**TOURNIQUET**

PROCEDURES	CRITICAL SKILL
1. DETERMINE NEED OR USING TOURNIQUET	<p>If these conditions are met, a tourniquet may be the only alternative:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Direct pressure has not been successful in stopping bleeding</li> <li><input type="checkbox"/> B. Elevation of wound above heart has not been successful in stopping of bleeding</li> <li><input type="checkbox"/> C. Compression of pressure point has not been successful in stopping of bleeding.</li> </ul>
2. SELECT APPROPRIATE MATERIALS	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Select a band that will be between 3-4 inches in width and can be wrapped six or eight layers deep for improvised tourniquet or select factory tourniquet.</li> </ul>
3. APPLY TOURNIQUET	<p>Factory Tourniquet</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Wrap band around the extremity proximal to the wound (one inch above but not on a joint)</li> </ul> <p>Improvised Tourniquet</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> B. Apply a bandage around the extremity proximal to the wound (one inch above but not on a joint) and tie a half knot in the bandage</li> <li><input type="checkbox"/> C. Place a stick or pencil on top of the knot and tie the ends of the bandage over the stick in a square knot</li> <li><input type="checkbox"/> D. Twist the stick until the bleeding is controlled, secure the stick in position</li> </ul>
4. APPLY PRESSURE WITH TOURNIQUET	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Do not cover the tourniquet with bandaging material</li> <li><input type="checkbox"/> *B. Notify other medical personnel caring for the patient</li> </ul>
5. MARK PATIENT APPROPRIATELY	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Mark a piece of tape on the patient's forehead "TQ" and time applied</li> </ul>
6. REASSESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Assess level of consciousness (AVPU), respiratory status, and patient response</li> </ul>

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> *A. Expose wound <input type="checkbox"/> *B. Prevent further contamination <input type="checkbox"/> *C. Bandage dressing in place after bleeding has been controlled <input type="checkbox"/> *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> A. Use sterile dressing <input type="checkbox"/> B. Cover entire wound <input type="checkbox"/> C. Control bleeding <input type="checkbox"/> D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> *A. Do not bandage too tightly <input type="checkbox"/> *B. Do not bandage too loosely <input type="checkbox"/> *C. Do not leave loose ends <input type="checkbox"/> *D. Cover all edges of dressing <input type="checkbox"/> *E. Do not cover the tips of fingers and toes, unless they are injured <input type="checkbox"/> *F. Bandage from the bottom of the limb to the top (distal to proximal)

### NEED TO TAKE CARE OF RIGHT ANKLE

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

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/> *A. Assess for distal circulation, sensation, and motor function <input type="checkbox"/> B. Do not attempt to reduce dislocations (if applies)
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> A. Support affected limb and limit movement <input type="checkbox"/> B. Place three cravats (triangular bandage) under ankle/foot <input type="checkbox"/> C. Place pillow length wise under ankle/foot, on top of cravats (pillow should extend 6 inches beyond foot) <input type="checkbox"/> D. Lower limb, adjust cravats to tie <input type="checkbox"/> E. Tie cravats distal to proximal <input type="checkbox"/> F. Elevate with blanket or pillow <input type="checkbox"/> *G. Reassess distal 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"/> A. When placing patient on board place board parallel to the patient <input type="checkbox"/> 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"/> A. Grasp the patient at the shoulder and pelvis area <input type="checkbox"/> B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	<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 <input type="checkbox"/> B. The head and neck should remain on the same plane as the torso <input type="checkbox"/> C. Maintain stability by holding patient with one hand and placing board (if used) with other <input type="checkbox"/> D. Roll the body as a unit onto the board (if used) (board maybe slanted or flat) <input type="checkbox"/> E. Place the arm alongside the body

## 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 1: Elevate the lower extremities or foot end of backboard.** This procedure is performed in most cases. Place the patient flat, face up and elevate the legs of foot end of backboard 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.

**SUCKING CHEST WOUND AND SKULL FRACTURE SAY LAY PERSON ON INJURED SIDE SO TILT TO THE LEFT**

**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 the back board if a back board is required.