



First Aid Problem

2021

You and your team have been requested to assist with miners that are missing and communication has been cut to their location due to power outage. There have been several attempts at radio communication and no return. There has been no communication to the 2 crew members for 20 min. This crew was in charge of moving pallets underground and cutting them down to safely move from the area in a dumpster.

You and you team enter the area there is a patient sitting next to a fork lift and another you can see legs under pallets

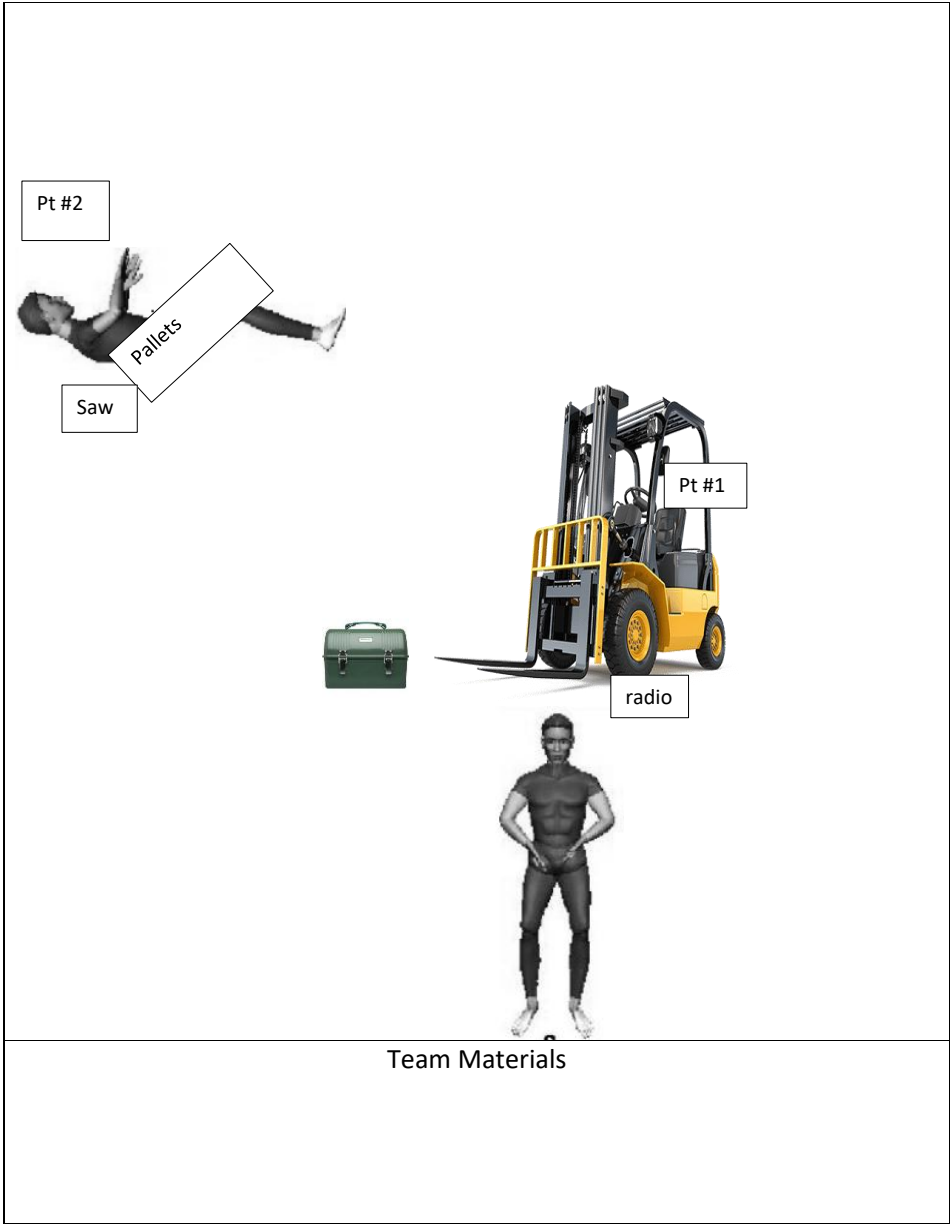
Your team will have a total of 30 min to complete this problem.

For Judges information:

Patient 1 was moving the forklift with pallets around he was groggy and did not notice patient 2 had moved location and had a circular saw in his hand. Pallets fell from the forklift striking patient 2 with the saw and cutting down his leg and amputating his small toe. Patient 1 has a drunken stare and slurred words.

Patient 2 is laying on the ground blank stare, is breathing hurts to move, trapped under pallets circular saw is still running. Patient has taped the trigger in the on position.

Field Layout



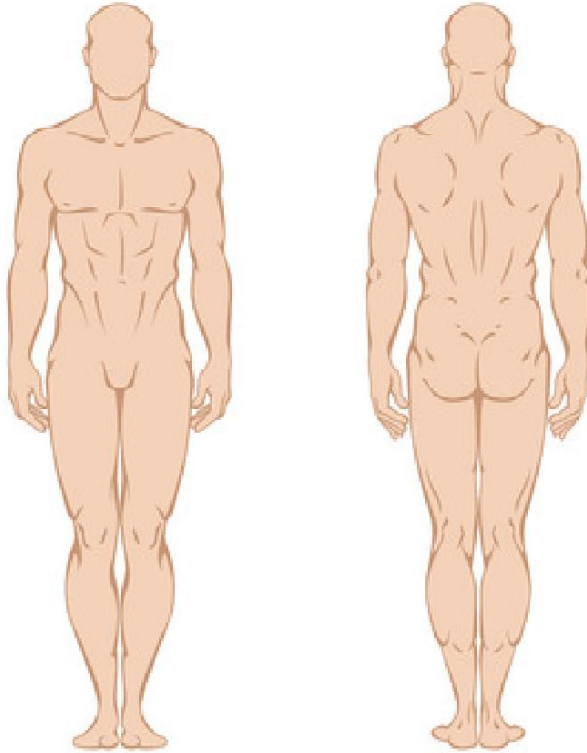
BP: 150/85

Pulse: 150

Resp: 28

CSM: >2

LOC: Slurred words,  
drunken appearance



front ———— back  
man body

List of injuries PATIENT #1

No injuries

## INITIAL ASSESSMENT

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

Alert to Verbal  
smells fruity and  
slurred words  
Alert to Verbal  
smells fruity and

**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 BP-DOC- Bleeding, Pain, Deformities, Open wounds stands for, the team may simply state BP-DOC- Bleeding, Pain, Deformities, Open wounds when making their checks.

- Teams may use the acronym "CSM" when checking circulation, sensation and motor function.

## PATIENT ASSESSMENT

PROCEDURES			CRITICAL SKILLS
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 BP-DOC: Bleeding, Pain, Deformities, Open wounds, Crepitus *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	<input type="checkbox"/> <input type="checkbox"/>		*A. Check the neck BP-DOC *B. Inspect for medical ID
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		*A. Check chest area for BP-DOC *B. Feel chest for equal breathing movement on both sides *C. Feel chest for inward movement in the rib areas during inhalations
4. ABDOMEN	<input type="checkbox"/>		*A. Check abdomen (stomach) for BP-DOC
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>		*A. Check pelvis for BP-DOC *B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)
6. LEGS	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 leg for BP-DOC 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
7. ARMS	L <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"/>		*A. Check each arm for BP-DOC 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 BP-DOC

Diabetic medical tattoo

Patient has orange juice and snickers bar in lunch box.

## SHOCK

PROCEDURES	CRITICAL SKILLS
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Check restlessness; anxiety; altered mental status; increased heart rate; normal to slightly low blood pressure; mildly increased breathing rate; pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration.</li> <li><input type="checkbox"/> *B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.</li> <li><input type="checkbox"/> *C. Check for weakness</li> </ul>
2. TREATMENT	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Ensure the ABCs are properly supported.</li> <li><input type="checkbox"/> B. Control external bleeding.</li> <li><input type="checkbox"/> C. Keep the patient in a supine position.</li> <li><input type="checkbox"/> *D. Calm and reassure the patient, and maintain a normal body temperature.</li> <li><input type="checkbox"/> E. 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)</li> <li><input type="checkbox"/> F. Continue to monitor and support ABCs</li> <li><input type="checkbox"/> G. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting.</li> <li><input type="checkbox"/> *H. Monitor the patient's ABCs at least every five minutes.</li> <li><input type="checkbox"/> *I. Reassure and calm the patient</li> </ul>

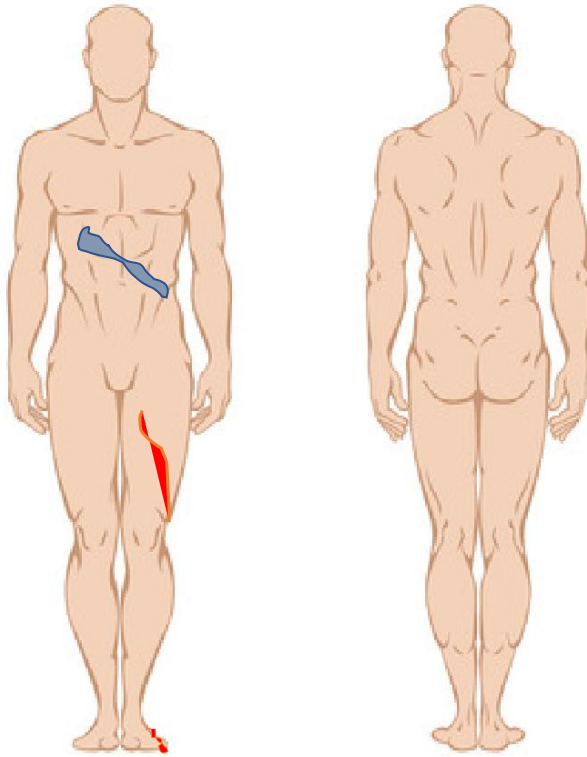
BP: 170/90

Pulse: 120

Resp: 32

CSM: <2

LOC: slow to respond  
alert and answers  
questions



front ——— back  
man body

### List of Injuries PATIENT #2

Patient was working in the area when he was thrown backwards. Patient was still holding the saw in his left hand when it slid down his body upon impact. Patient has bruising on his chest and small scrapes from impact of pallets.

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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
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
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
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).

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## PATIENT ASSESSMENT

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2. NECK	<input type="checkbox"/> <input type="checkbox"/>		*A. Check the neck BP-DOC *B. Inspect for medical ID
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		*A. Check chest area for BP-DOC *B. Feel chest for equal breathing movement on both sides *C. Feel chest for inward movement in the rib areas during inhalations
4. ABDOMEN	<input type="checkbox"/>		*A. Check abdomen (stomach) for BP-DOC
5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>		*A. Check pelvis for BP-DOC *B. Inspect pelvis for injury by touch (Visually inspect, verbally state inspection of crotch and buttocks)
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8. BACK SURFACES	<input type="checkbox"/>		*A. Check back for BP-DOC

Cannot feel below here on left side

Lateral cut to left leg bleeding profusely

Can Wiggle Toes, missing left pinky toe

LIFE-THREATENING BLEEDING

PROCEDURES	CRITICAL SKILLS
1. DIRECT PRESSURE AND ELEVATION	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Apply direct pressure with a gloved hand</li> <li><input type="checkbox"/> *B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure</li> <li><input type="checkbox"/> *C. Elevate the extremity except when spinal injury exists</li> <li><input type="checkbox"/> *D. Bleeding has been controlled</li> <li><input type="checkbox"/> *E. If controlled, bandage dressing in place</li> </ul>
2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Apply as per tourniquet skill sheet ←</li> </ul>

Bleeding from Leg is uncontrolled till tourniquet is in place

Amputations

\*1. Wrap in slightly moistened sterile dressing

2. Place in plastic bag or wrap in plastic

\*3. Keep part cool avoid freezing

\*4. Do not place in water or direct contact with ice

\*5. Transport with patient

6. Label with patients name

NOTE: Slings are required for all wounds of upper extremities, including shoulder and armpit wounds. Slings will not be required for upper extremity burns. However, if a burn and wound and/or fracture/dislocation are present on the same upper extremity, a sling shall be applied.

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## TOURNIQUET

### PROCEDURES

### CRITICAL SKILL

<p><u>1. DETERMINE NEED OR USING TOURNIQUET</u></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><u>If these conditions are met, a tourniquet may be the only alternative:</u></p> <p><u>A. Direct pressure has not been successful in stopping bleeding</u></p> <p><u>B. Elevation of wound above heart has not been successful in stopping of bleeding</u></p>
<p><u>2. SELECT APPROPRIATE MATERIALS</u></p>	<p><input type="checkbox"/></p>	<p><u>A. Select a band that will be between 1-4 inches in width and can be wrapped six or eight layers deep for improvised tourniquet or select factory tourniquet.</u></p>
<p><u>3. APPLY TOURNIQUET</u></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><u>Factory Tourniquet</u></p> <p><u>A. Wrap band around the extremity proximal to the wound (one inch above but not on a joint)</u></p> <p><u>Improvised Tourniquet</u></p> <p><u>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</u></p> <p><u>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</u></p> <p><u>D. Twist the stick until the bleeding is controlled, secure the stick in position</u></p>
<p><u>4. APPLY PRESSURE WITH TOURNIQUET</u></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><u>A. Do not cover the tourniquet with bandaging material</u></p> <p><u>*B. Notify other medical personnel caring for the patient</u></p>
<p><u>5. MARK PATIENT APPROPRIATELY</u></p>	<p><input type="checkbox"/></p>	<p><u>A. Mark a piece of tape on the patient's forehead "TQ" and time applied</u></p>
<p><u>6. REASSESS</u></p>	<p><input type="checkbox"/></p>	<p><u>*A. Assess level of consciousness (AVPU), respiratory status, and patient response</u></p>

DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILLS
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"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Cover all edges of dressing. D. Do not cover tips of fingers and toes, unless they are injured. E. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

Wrap toe in bandage

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

IMMOBILIZATION OF CERVICAL SPINE

PROCEDURES		CRITICAL SKILLS
1. ESTABLISH AND MAINTAIN IN-LINE IMMOBILIZATION	<input type="checkbox"/> <input type="checkbox"/> <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 B. Place head in alignment with spine 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"/> <input type="checkbox"/>	*A. Inspect and palpate for injuries or signs of injuries 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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	A. Apply properly sized collar or manual immobilization <u>One piece C-collar</u> A. Select proper sized collar B. Apply collar C. Ensure that patient's head is not twisted during application D. Ensure airway is open after placement <u>Two piece C-collar</u> A. Select proper sized collar B. Apply rear section to back of neck C. Center rigid support on spine D. Apply front section ( overlaps rear section) E. Ensure chin rests in chin cavity F. Secure collar with Velcro straps G. Ensure airway is open after placement
6. SECURE HEAD TO APPROPRIATE IMMOBILIZATION DEVICE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Immobilize patient to appropriate immobilization device B. Use head set or place rolled blankets or towels on each side of head 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

### TWO-PERSON LOG ROLL

PROCEDURES		CRITICAL SKILLS
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

**THREE-PERSON LOG ROLL**

PROCEDURES	CRITICAL SKILLS
1. STABILIZE HEAD	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Stabilize the head and neck</li> <li><input type="checkbox"/> B. One rescuer should kneel at the top of the patient's head and hold or stabilize the head and neck in position found.</li> </ul>
2. PREPARING THE PATIENT	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. A second rescuer should kneel at the patient's side opposite the direction the face is facing.</li> <li><input type="checkbox"/> B. When placing patient on board place board parallel to the patient.</li> <li><input type="checkbox"/> C. Quickly assess the patient's arms to ensure no obvious injuries.</li> <li><input type="checkbox"/> D. 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.</li> <li><input type="checkbox"/> E. The third rescuer should kneel at the patient's hips.</li> </ul>
3. PREPARING THE RESCUER	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Rescuers should grasp the patient at the shoulders, hips, knees, and ankles.</li> <li><input type="checkbox"/> *B. Give instructions to bystander (physically show), if used to support</li> </ul>
4. ROLLING THE PATIENT	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. While stabilizing the head, the rescuer at the patient's head should signal and give directions, all rescuers should slowly roll the patient toward the rescuers in a coordinated move, keeping the spine in a neutral, in-line position.</li> <li><input type="checkbox"/> B. On three, slowly roll. One, two, three roll together.</li> <li><input type="checkbox"/> C. The head and neck should remain on the same plane as the torso, the rescuer holding the head should not initially try to turn the head with the body. (if the head is already facing sideways, allow the body to come into alignment with the head)</li> <li><input type="checkbox"/> D. Maintain stability by holding patient with one hand and placing board (if used) with other</li> <li><input type="checkbox"/> E. Roll the body as a unit onto the board (if used) (board may be slanted or flat) Center the patient on the board.</li> <li><input type="checkbox"/> F. Place the arm alongside the body</li> </ul>

IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILLS
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Rescuer One at the head must maintain in-line immobilization of the head and spine</li> <li><input type="checkbox"/> B. Rescuer One at the head directs the movement of the patient</li> <li><input type="checkbox"/> C. Other Rescuers control movement of the rest of body</li> <li><input type="checkbox"/> D. Rescuer Two position themselves on same side</li> <li><input type="checkbox"/> E. Upon command of Rescuer One at the head, roll patient onto side toward Rescuer Two.</li> <li><input type="checkbox"/> F. Quickly assess posterior body, if not already done</li> <li><input type="checkbox"/> G. Place long spine board next to the patient with top of board beyond top of head</li> <li><input type="checkbox"/> H. Place patient onto the board at command of the Rescuer at head while holding in-line immobilization using methods to limit spinal movement</li> <li><input type="checkbox"/> I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment</li> </ul>
2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Select and use appropriate padding</li> <li><input type="checkbox"/> B. Place padding as needed under the head</li> <li><input type="checkbox"/> C. Place padding as needed under torso</li> </ul>
3. IMMOBILIZE BODY TO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet</li> </ul>
4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Using head set or place rolled towels on each side of head</li> <li><input type="checkbox"/> B. Tape and/or strap head securely to board, ensuring cervical spine immobilization</li> </ul>
5. REASSESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function</li> <li><input type="checkbox"/> *B. Assess patient response and level of comfort</li> </ul>

## SHOCK

PROCEDURES	CRITICAL SKILLS
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Check restlessness; anxiety; altered mental status; increased heart rate; normal to slightly low blood pressure; mildly increased breathing rate; pale (or bluish) skin (in victim with dark skin examine inside of mouth and nailbeds for bluish coloration.</li> <li><input type="checkbox"/> *B. Check for cool, moist skin; sluggish pupils; and nausea and vomiting.</li> <li><input type="checkbox"/> *C. Check for weakness</li> </ul>
2. TREATMENT	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Ensure the ABCs are properly supported.</li> <li><input type="checkbox"/> B. Control external bleeding.</li> <li><input type="checkbox"/> C. Keep the patient in a supine position.</li> <li><input type="checkbox"/> *D. Calm and reassure the patient, and maintain a normal body temperature.</li> <li><input type="checkbox"/> E. 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)</li> <li><input type="checkbox"/> F. Continue to monitor and support ABCs</li> <li><input type="checkbox"/> G. Do not give the patient anything by mouth. Do not give any fluids or food and be alert for vomiting.</li> <li><input type="checkbox"/> *H. Monitor the patient's ABCs at least every five minutes.</li> <li><input type="checkbox"/> *I. Reassure and calm the patient</li> </ul>