

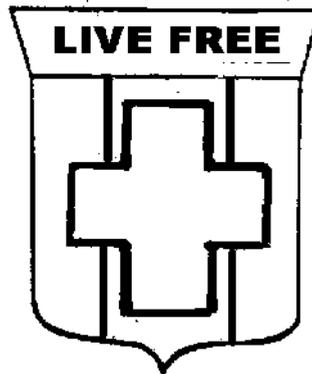


## SURVIVAL PAPER #SP97-2

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# *FAST FIRST AID #2*

## **Emergency Care Skills**



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# FAST FIRST AID PART TWO

## SKILL DEVELOPMENT OBJECTIVES

The student will be able to:

1. Perform a rapid scene assessment
2. Perform a rapid assessment and triage of multiple patients
3. Perform a thorough field assessment and body survey of a patient in order to determine the nature of the patient's complaints and injuries.
4. Quickly recognize and manage immediate life threatening conditions including:
  - a. Choking
  - b. Not breathing
  - c. No pulse
  - d. Severe bleeding
  - e. Shock
5. When necessary, safely extricate a patient from a life threatening environment with recognized techniques, including:
  - a. The clothing drag
  - b. The blanket drag
  - c. The fireman's carry
  - d. Various two-man carry's
6. Perform the following injury management techniques:
  - a. Perform the "Heimlich Maneuver" for a choking victim
  - b. Perform basic rescue breathing and CPR techniques
  - c. Effectively apply direct pressure, elevation and indirect pressure to stop bleeding
  - d. Apply effective bandaging to extremities
  - e. Splint long bone and joint fractures
  - f. Seal a sucking chest wound
  - g. Bandage exposed intestinal organs
  - h. Treat amputation sites and preserve amputated parts
7. Package patient for transportation including:
  - a. Spinal immobilization
  - b. Log rolling a patient onto a long board

- c. Securing a patient for transportation
8. Protection against blood-borne pathogens and other contaminants including:
- a. Protective equipment
  - b. Cleanup and decontamination

## ASSESSMENT

1. Be sure that more help is on the way.
2. Be sure that the scene is safe for you!
  - a. Presence of criminals, snakes, drug addicts, etc.
  - b. Spilled chemical, flammables
  - c. Unstable vehicles or structures
  - d. Electricity
  - e. Gas, Carbon Monoxide

3. How many victims/patients are there?

Avoid “tunnel vision”. Don’t overlook a seriously injured patient while treating another with minor injuries.

4. Determine which patients will need attention first (triage)

Triage in a multiple patient situation is an ongoing process starting with your visual triage as you arrive at the scene and decide what patient looks like he needs help first and again as you assess the patient’s signs and symptoms to make an informed triage.

### *EXERCISE*

*Students will break into small groups. Each student will have a ‘signs and symptoms’ card. The group will collectively assess triage themselves and then triage the group for treatment priority.*

## TRIAGE PRIORITY

### FIRST (RED)

Immediate life threatening conditions including:

- Breathing problems
- Cardiac Arrest
- Heavy Bleeding
- Impending Shock
- Heat Stroke
- Hypothermia
- Poisoning
- Diabetic Emergencies
- Open Chest and Abdominal Injuries

## SECOND (YELLOW)

Care is needed but can wait until more serious conditions are treated. These would include:

- Burns without shock or airway problems
- Multiple fractures
- Back injuries
- Eye injuries

## THIRD (GREEN)

“Walking Wounded” can wait until last for care and can be asked to help with others. These categories would include:

- Minor cuts and bruises
- Minor burns
- Strains and sprains
- Single fractures

## LAST PRIORITY (BLACK)

This is for the dead or dying (FTD). Patients with massive injuries or in profound shock, etc. If you have the resources to comfort these patients, do so; but not at the risk of those you can help.

5. As you are doing your scene assessment and visual triage, (who do I go to first?), take steps to protect against Blood-Born Pathogens that you may come in contact with.
  - a. Put on latex gloves
  - b. Cover mouth and nose
  - c. Cover eyes

*Students practice putting on gloves.*

6. Emergency Extrication

If the scene is unsafe or it will be unsafe or impossible for you to treat the patient in the location, then emergency extrication should be done. Remember that these techniques may cause aggravation of injuries and additional pain.

### **EXERCISE**

*Based on the information on the ‘signs and symptoms’ cards, decide which patients need to be extricated and select and practice the most appropriate technique listed below.*

- a. *Shirt collar drag (1 man)*
- b. *Blanket drag (1 man)*
- c. *For-and-aft carry (2 man)*
- d. *Seat carry (2 man)*
- e. *Fireman’s carry (1 man)*
- f. *Belt drag (1 man)*

7. Patient Assessment Steps

- a. ABC's – Airway, Breathing, Circulation
- b. "Chief complaint". What can they tell you?
- c. Vital Signs
- d. History
- e. Full body examination (find every injury)

**REMEMBER! (A B C D E x 2)**

**A ASSESS THE SCENE (Safety)**  
**A AIRWAY (Choking, Obstructions)**

**B BREATHING (Look, Listen and Feel)**  
**B BLEEDING (Look and Feel)**

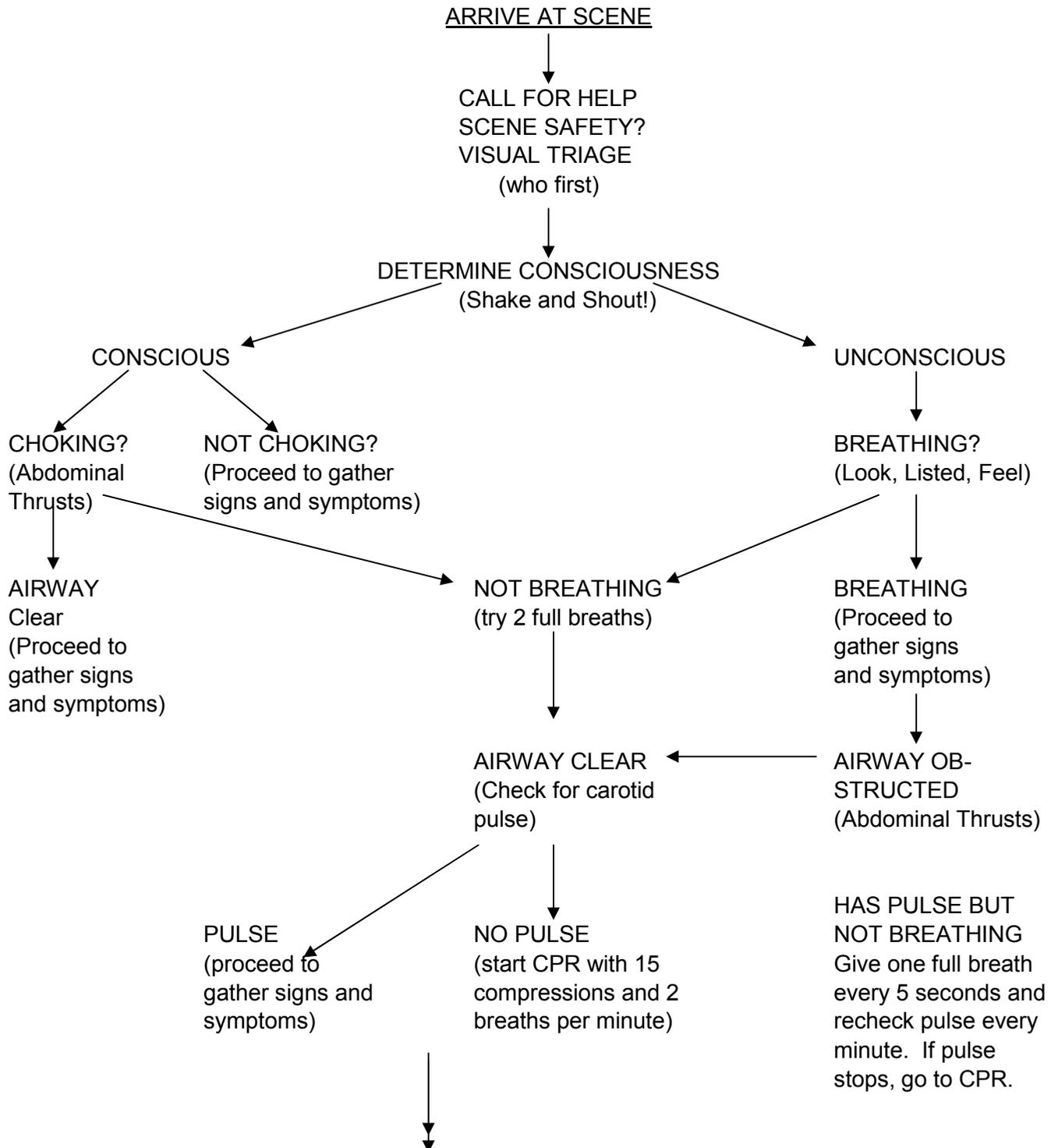
**C CIRCULATION (pulse, skin color)**  
**C CERVICAL SPINE IMMOBILIZATION**

**D DETERMINE WHAT IS WRONG (signs and symptoms)**  
**D DELIVER APPROPRIATE CARE**

**E EVACUATE TO SAFETY**  
**E EVALUATE EFFECTIVENESS OF YOUR ACTIONS**

Having established that (1) the scene is safe, (2) the patient that you need to assess first, (3) that the patient does or does not need to be extricated and having protected yourself against contamination, you can begin the process of assessing what is wrong with the patient in order to effectively treat the problem. **REMEMBER! TREAT EVERY LIFE THREATENING INJURY OR CONDITION YOU FIND BEFORE CONTINUING ASSESSMENT.**

### EMERGENCY MEDICAL ACTION SYSTEM



PATIENT IS NOW BREATHING AND HAS A PULSE AND IS:

↓  
CONSCIOUS

↓  
UNCONSCIOUS

LEVEL OF CONSCIOUSNESS?

- A** Alert (name, place, time)
- V** Verbal stimulated (shout)
- P** Pain stimulated (pinch)
- U** Unresponsive

CHIEF COMPLAINT?  
(What's wrong?)

Cold  
Hot  
Weak  
Nauseated  
Pain

PAIN!

- P** Provoked by what?
- Q** Quality (sharp, cutting)?
- R** Radiating (location)?
- S** Severity (compared to what)?
- T** Time (start, stop)?

HISTORY

- A** Allergic to anything?
- M** Medications taken, when?
- P** Previous injuries and illnesses?
- L** Last oral intake?
- E** Events proceeding this emergency?

USE WITNESSES &  
MECHANISM OF INJURY

EXAMINATION

SEVERE BLEEDING !  
(Use direct pressure,  
Elevation and indirect  
pressure NOW!)

SKIN COLOR, ETC.

PALE: Shock, Frostbite, Cold,  
Heart Attack  
BLUE: Heart Attack, Shock,  
Affixation, Not Breathing  
RED: Carbon Monoxide, Heat  
Stroke, High BP, Burns,  
YELLOW: Liver diseases,  
Cancer, Hepatitis B  
BLACK: 3<sup>rd</sup> Degree burns,  
Deep Frost Bite  
HOT: Fever, Heat Stroke, Burn  
COLD: Hypothermia, shock  
DAMP: Shock, Heat Exhaustion,  
Heart Attack, Insulin  
Shock  
DRY: Heat Stroke, Diabetic

PULSE

(Adult: 60-8, Child: 80-100)  
SLOW: Head Injury, Hypothermia  
FAST: Shock, Insulin Shock, Fear,  
Heart Failure

RESPIRATION

(Adult: 12-18, Child: 20-24)  
SLOW: Head Injury, Hypothermia  
FAST: Shock, Heart Failure, Fear,  
Diabetic Coma, Insulin Shock

#### PUPILS

(P.E.A.R.L. Pupils equal and reactive to light)  
UNEQUAL: Head Injury  
PIN POINT: Drugs, Poison  
DILATED: Lack of oxygen, Death

CONTINUE TO EXAMINE PATIENT FROM HEAD TO TOE. USE TOUCH, SMELL, HEARING TO DETECT SIGNS OF INJURY SUCH AS:

Blood	Tenderness	Deformity
Swelling	Bruising	Guarding
Loss of Movement	Loss of Sensation	Posturing
"Raccoon Eyes"	"Battle signs"	Depressions

#### TREATMENT SKILLS TO PRACTICE

*Abdominal thrusts (look, breath, sweep, 8 thrusts)*  
*Rescue breathing (1 every 5 secnds)*  
*CPR (15 compressions and 2 breaths)*  
*Stop bleeding (direct pressure, elevation, secure compress)*  
*Bandaging the hand*  
*Secure impaled object*  
*Bandaging the head*  
*Splint and swath the lower arm*  
*Splint leg*  
*Cover sucking chest wound*  
*Cover exposed intestines*  
*Cover injured eye*  
*Treat for shock (lie down, elevate feet, keep warm, nothing by mouth)*

#### PATIENT PACKAGING FOR TRANSPORT

*Immobilize the cervical spine*  
*Log roll to back board and secure*

*Log role onto blanket for movement to stretcher, etc.*

## SIGNS OF DEATH

*LIVIDITY:* The pooling of blood and fluids in the lower part of the body 15 to 30 minutes after death.

*RIGOR MORTIS:* Stiffening of body several hours after death

*DECOMPOSITION:* Obvious!!

## MORE FIRST AID INFORMATION

### HOW TO ESTIMATE BLOOD PRESSURE

In an emergency situation where you do not have a blood pressure cuff (sphygmomanometer) or stethoscope, you can get a rough estimate of a patient's blood pressure as follows:

	<u>PULSE POINT</u>	<u>LOCATION</u>	<u>SYSTOLIC B/P IS AT LEAST</u>
1	Radial Pulse	Inner Wrist	80 mm/hg
2	Brachial Pulse	Inner Upper Arm	70mm/hg
3	Femoral Pulse	Inner thigh near groin	60 mm/hg
4	Carotid Pulse	Side of neck	50mm/hg

NOTE: Anytime that a patient has a systolic blood pressure less than 80 mm/hg or less than 100 mm/hg with any signs or symptoms of shock, TREAT FOR SHOCK !

### SPLINTING GUIDE

1. Before splinting, check for circulation (pulse and capillary refill), ability to move and sensation below the injury.
2. If a long bone fracture, splint the joint on both sides.
3. In general it is best to splint an injury as you find it, avoiding any additional movement that will cause more damage and pain. For dislocations, the patient will almost always be in the best (most pain free) position, so splint it that way.
4. If a joint injury (sprain, dislocation, etc.), splint the bone on both sides.

5. Always pad the splint.
6. Do not cover bandaged wounds or pulse points.
7. If necessary, use the body as a splint (e.g. leg to leg, arm to chest, etc.).
8. DO NOT STRAIGHTEN A FRACTURE UNLESS THERE IS NO CIRCULATION BELOW THE INJURY.
9. Cover exposed bone ends with sterile dressing.
10. After splinting (and bandaging), recheck for circulation below the injury. If no circulation, redo the splint.

## PATIENT POSITIONING

In many situations, how a patient is positioned can affect his or her condition and survival. In most cases, the patient's chosen position (position of comfort) will be the best.

Seriously Ill or Injured	Supine (on back)
Minimally Ill or Injured	Sitting
Eye Injuries	Sitting
Respiratory Distress (breathing difficulty)	Sitting
Nose Bleeds (epistaxis)	Sitting with head down
Unconscious without Possible Spinal Injury*	Lateral (on left or right side)
Shock (severe blood loss, burns, etc.)	Supine with feet and legs elevated 8 to 12 inches
Third Trimester Pregnancy	on LEFT side (left lateral)
Abdominal Injury and Pain	Supine with knees raised
Lung Injury (air or blood in lung, flail chest, etc.)	On injured side to help uninjured lung work (lateral)

\* These patients should be secured to a backboard to protect the spine, then tip the board on its side. If the patient is in danger of aspiration of fluids that will compromise the airway and there is no time to use a backboard, they should be turned on their side with care while someone maintains manual stabilization of the cervical (neck) spine.