

Pt Assessment**1-Scene:** Safe? How many?

How bad? MOI for spine? BSI

2-Stop+fix: A, B, C, D, E²**3-Head-to-toe,** plus:

@ time:			
LOC	HR	RR	SCTM
BP	Pupils	Temp	
Symptoms		Onset: gradual, etc.	
Allergies		Provokes/ palliates	
Meds		Quality	
Pertinent med. history		Radiation/ region/refer	
Last In/Out		Severity 1-10	
Events		Time	

Focused Spine Assessment

if & only if >1 h from def. care

- A+Ox3 or 4 & sober
- No distracting injuries (pinch to confirm)
- Normal CSM (unless explainable) in all extremities
- No spinal pain or tenderness
- Note results in 'O'

Shock kills! Treat early

HR: rapid, weak

RR: rapid, shallow

SCTM: pale, cool, clammy

Tx: raise legs ~10", warm, H₂O**CPR**

2 breaths; ✓ pulse; 30 comp +

2 br (rept 5x); re-✓ pulse/resp

• Severe hypothermia: NO.

Rescue br 15min b4 xport

• Cold H₂O: GO & don't stop

• Lightning: GO. May need

breathing for a long time

Abdominal Evac?Abdominal pain plus

- S/sx of shock
- Blood in vomit, urine, feces
- Continuous pain > 24h
- Localized pain + rigidity, guarding, or tenderness
- Pain on movement
- Nausea/vomit/runs causing dehydration or lasting > 72h
- Fever > 102°F/39°C
- S/sx of pregnancy

Head/Brain Injury Evac?Any loss of consciousness; note how long LOC is ↓. Any s/sx of skull fx or brain injury. Also:

- DIC head: **D**isoriented, **I**rritable, **C**ombative
- Persistent nausea/vomit, vision Δs, ataxia, drowsy, seizure

Diabetes: Give Sugar**S:** I have a (*age, sex*) whose chief complaint is (*desc sx* – *OPQRST*). Pt states (*MOI/HPI*). Pt reports no other probs.**O:** Pt found (*desc position*). Exam reveals _____. *Vitals. SAMPLE***A:** *Problem list***P:** *Plan for each problem.* (1) Monitor ____; ...

Version 2.6

Musculoskeletal

Key is usability. Test:

- Passive range-of-motion
- Active range-of-motion
- Bear weight?

HyRICE: Hydrate, Rest, Ice, Compress, Elevate. (NSAID)

Tx for 'unusables' & fx

- Traction → normal position (STOP if px)
- Splint: rigid, padded. Immobilize joints above & below fx. (*Bones* above & below *joint* injury)
- Monitor CSM

For open fx add

- Irrigate & dress 1st!
- Start antibiotics!

Tx for dislocations

- Reduce ASAP if long evac
- Slow, steady traction-in-line. Relaxation is key
- HyRICE, work ROM 3x/day

Evac: ↓CSM, unusable, & 1st time dislocations.

Altitude

- AMS: "headache plus." Stop ascent, descend if no improv
- HACE: ataxia (feet together & eyes cl: balance?), ↓LOC
- HAPE: short breath @ rest, s/sx of shock, wet lung sounds & productive cough
- Tx: Descend! (600–1000m)

Wounds

Control bleeding

- Pressure & elevate; pres pnt
- Tourniquet: 10 minute max, loosen, re-tighten if needed

Prevent infection: clean it!

- Soap/H₂O around wound
- Remove foreign matter; scrub abrasions if needed
- *Pressure irrigate – only H₂O*
- Dress & bandage: gaping > ½" pack w/damp gauze

Can remove impaled obj in cheek, extremity, cold metal from body core

Evac: impaled, packed, dirty/contaminated/bites, cosmetic, joints/genitals.

Heat

- Exhaustion: HR/RR↑, n/v, SCTM: pale/cool/clammy
- Stroke: LOC Δs: DIC/U, SCTM: red & hot. Life threatening. Tx: Cool pt

Cold

- Mild: "the umbles"
- Mod: ↓LOC, uncontrol shiver
- Sev: no shiver, stupor/LOC:U
- Tx: warm, dry, no wind, warm food/drink, exercise if able, heat packs, hypo-wrap

Frostbite

Rewarm in 106°F/41°C H₂O or skin-to-skin

WFR Cheat Sheet Info Page

What is it: The Wilderness First Responder (WFR) Cheat Sheet is a two-sided Quick Reference Card to the WFR protocols that you can print and laminate to carry in your 1st aid kit.

Printing: If you prefer a smaller copy than prints by default, you can make the Adobe® Reader® print it smaller by clicking **Printer Properties** in the **Print** dialog and selecting a *smaller paper size*. Then select **Scale: Fit to paper** before printing.

Credits: This "field guide" is based on the Wilderness Medicine Institute curriculum. Thanks to Tod Schimelpfenig of WMI for his review and comments.

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