

Pt Assessment

- 1-Scene:** Safe? MOI for Spine?
BSI. How many? How bad?
2-Stop+fix: A, B, C, D, E²
3-Head-to-toe, plus:

@ time:			
LOR	HR	RR	SCTM
BP	Pupils	Temp	

Symptoms	Onset speed
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 distractions – physical or emotional; pinch to confirm
 - Normal CSM (unless explainable) in all extremities
 - No spinal pain or tenderness

Shock kills! Treat early

HR: rapid, weak
RR: rapid, shallow
SCTM: pale, cool, clammy
Tx: ID cause. Pt flat/temp/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?

- Localized pain + rigidity, guarding, or tenderness
 - Pain on movement/foot strike
 - Continuous pain > 12h
- Often associated with:
- S/sx of shock
 - Blood in vomit, urine, feces
 - Nausea/vomit/runs causing dehydration or lasting > 72h
 - Fever > 102°F/39°C
 - S/sx of pregnancy

Head/Brain Injury Evac?

- Won't wake to aggressive stim; note time LOR 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

S: I have a *age, sex* whose chief complaint is . Pt states *MOI/HPI - OPQRST*. Pt also reports . Pt denies other probs.
O: Pt found . Exam reveals . [Pt denies loss of consc'ness.] [...spinal pain/tenderness.] *Vitals*. Pt reports hx of *SAMPLE*.
A: *Potential problem list. Major probs considered & rejected.*
P: *What you've done (e.g. FSA) & plan to do for each problem.*

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 for resistance or ↑ pain
- 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?), ↓LOR
- HAPE: short breath @ rest, s/sx of shock, wet lung sounds & productive cough
- Tx: Descend! (600–1000m)

Wounds

Control bleeding

- Pressure+elevate; tourniquet

Prevent infection: clean it!

- Soap/H₂O around wound
- Remove foreign matter; scrub abrasions if needed
- *Pressure irrigate – only H₂O*
- Dress & bandage; gaping > ½" pack wet → dry

Can remove impaled obj in cheek; extremity for transport

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

Heat

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

Cold

- Mild: "the umbles"
- Mod: ↓LOR, uncontrol shiver
- Tx: warm + dry, heat packs, warm food/drink, exercise ok
- Sev: no shiver, stupor/LOR:U
- Tx: hypo-wrap w/heat packs; rapid, gentle evac

Frostbite

Rewarm in 100°F/38°C H₂O or skin-to-skin

Diabetes: Give Sugar

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.

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