Pt Assessment

1-Scene: Safe? MOI for Spine? BSI. How many? How bad?

2-Stop+fix: A, B, C, D, E
Re-✓ often for bad trauma

3-Head-to-toe (LAF), plus:

@ time:			
LOR	HR	RR	SCTM
BP	*Pupils*	*Temp*	

Symptoms	**O**nset speed
Allergies	**P**rovokes/eases
Meds	**Q**uality
Prior md hx	**R**adiate/**r**egion
Last In/Out	**S**everity 1-10
Events	**T**ime & **t**rend

Shock kills! Anticipate shock

⇑ *legs, manage temp, give H_20*

Early	**Late**
Anxious	LOR ↓, sleepy
HR↑, RR↑, n/v, skin P/C/C	HR ↑↑+weak, RR ↑↑+shallow
Treat cause	**Rapid evac**

Psychological First Aid

- Stress/anxiety s/sx like shock
- Create sense of connection, safety, progress is possible

Evac: Pt is danger to self/others, group impact too big, pt can't function

Focused Spine Assessment

- ***3 Re-✓s*:** Pt reliable: A+Ox3 or 4, sober. No distractions
- CSM: Normal/explainable x4
- Spine: No pain/tenderness

CPR

Check pulse; 30:2 (x5) - push hard, push fast; recheck pulse

- Sev hypothermia: mostly NO
- Cold H_20: GO & don't stop
- Lightning: GO. May need breathing for a long time

Anaphylaxis

- Do full pt assessment
- EPIPEN®/epinephrine 0.3ml; repeat as necessary
- Oral antihistamine; continue during evac

Abdominal Evac?

- Continuous pain > 12h
- Localized. Rigidity, guarding, or tenderness
- Pain: motion/foot strike

- S/sx of shock
- Blood in vomit, urine, feces
- Anorexia/vomit/runs causing dehydration or lasting > 72h
- Fever > 102ºF/39ºC
- S/sx of pregnancy

Head/Brain Injury Evac?

- Mild injury (A+Ox3 or 4, n/v, HA, irritability): observe 24h. Evac if not improving
- *Any* loss of responsiveness
- Rapid: vision ∆s, ataxia, lethargy, seizure, DIC, LOR ↓

Chest Injury Evac? ↑ SOB

** Rapid Evac Criteria **

Threat to life or limb

Musculoskeletal

Key is usability. Evaluate

Manage pain: OTC meds, ice, elevate, tape/brace/splint

Tx for 'unusables' & fx
- Traction→normal position. Stop for resistance or ↑ pain
- Splint: padded+compression = rigid. Immobilize joints above & below fx. (*Bones* above & below *joint* injury)
- Monitor CSM

For open fx add
- Irrigate fx, clean wound
- Start antibiotics

Reduce dislocations of patella, shoulder, jaw, obvious digits:
- Slow, steady traction-in-line. Relaxation is key. Treat pain

Evac: open, unusable, 1st time dislocations, CSM ↓

Heat

- Exhaustion = heat stress S/sx: HR↑, RR↑, n/v, cramps
- Stroke = Life threatening LOR ∆s: DIC/U, SCTM: hot & any. **Tx**: Cool pt, evac fast

Burns

- Cool site. Cleanest dressings (dry for big burns). NSAID

Evac: full thick,>10% TBSA

Frostbite

Rewarm 38°C H_20/skin-to-skin

Wounds

Control bleeding:
- Pressure+elevate; pressure dressing; tourniquet

Prevent infection: clean it!
- Soap/H_20 around wound
- Remove foreign matter; scrub abrasions if needed
- *Pressure irrigate*
- Dress & bandage; for gaping, pack wet → dry
- Change dressings every 24h

Remove impaled obj blocking air; fr limb transport/bleeding

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

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, add heat; rapid, gentle evac

Altitude

- AMS: "headache plus." Stop ascent, descend if no improv
- HACE: ataxia. Balance w/feet together, eyes closed? LOR ↓
- HAPE: shortness of breath @ rest, s/sx of shock, cough
- Tx: Descend (600–1000m)

Diabetes: Give Sugar

S: This is _. We have [age/sex who MOI]. Pt's chief complaint is _.
O: Exam found [wound, swelling, CSM, ROM]. Vitals are _. SAMPLE.
A: Problem list. Anticipated problems. Spinal injury *is/not* suspected.
P: What you've done; plan to do for each problem. What you need.

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.

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