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, plus:

<table>
<thead>
<tr>
<th>@ time:</th>
<th>LOR</th>
<th>HR</th>
<th>RR</th>
<th>SCTM</th>
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<tbody>
<tr>
<td>BP</td>
<td>Pupils</td>
<td>Temp</td>
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Symptoms | Onset speed
Allergies | Provokes/eases
Meds | Quality
Pertinent med history | Radiation/region/refer
Last In/Out | Severity 1-10
Events | Time/trend

Focused Spine Assessment
For wilderness settings only
• 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: kill! Anticipate shock
• Legs, manage temp, give H2O

CPR
Check pulse; 30:2 (x5) - push hard, push fast; recheck pulse
• Sev hypothermia: mostly NQ
• Cold H2O: GO & don't stop
• Lightning: GO. May need breathing for a long time

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 > 102°F/39°C
• 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 Δs, ataxia, lethargy, seizure, DIC, LOR ↓

Psychological First Aid
• Stress/anxiety s/sx like shock
• Thinking can be affected
• Create sense of: safety, calm, connection, hope, self & group can get things done

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

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Content based on NOLS Wilderness Medicine curriculum
**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: rigid, padded.
- Immobilize joints above & below fx. (Bones above & below joint injury)
- Monitor CSM

For open fx add
- Irrigate & dress 1st
- 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↑, RRT, n/v, cramps
- Stroke = Life threatening
  LOR ↓: 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 H₂O/skin-to-skin

**Diabetes: Give Sugar**

**Wounds**

Control bleeding:
- Pressure-releate; pressure dressing; tourniquet

Prevent infection: clean it!
- Soap/H₂O around wound
- Remove foreign matter; scrub abrasions if needed
- Pressure irrigate
- Dress & bandage; for gaping, pack wet → dry

Remove impaled obj blocking airway; limb for xport/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 eva

**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, cough
- Tx: Descend (600–1000m)

S: Who & where I am. I have a age, sex whose chief complaint is _.
A: I suspect problem list. Spinal injury is/is not suspected.
P: What you’ve done, e.g. FSA; plan to do for each problem; & 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.

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