

**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:

@ time:			
LOR	HR	RR	SCTM
BP	Pupils	Temp	

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 kills! Anticipate shock**↑ *legs, manage temp, give H<sub>2</sub>O*

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

**Chest Injury Evac? ↑ SOB****\*\* Rapid Evac Criteria \*\***

Threat to life or limb

**CPR**

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

- Sev hypothermia: mostly NO
- Cold H<sub>2</sub>O: 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

### 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, 1<sup>st</sup> time dislocations, CSM ↓

### Heat

- Exhaustion = heat stress  
S/sx: HR↑, RR↑, n/v, cramps
- Stroke = Life threatening  
LOR Δs: 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<sub>2</sub>O/skin-to-skin

### Wounds

Control bleeding:

- Pressure+elevate; pressure dressing; tourniquet

Prevent infection: clean it!

- Soap/H<sub>2</sub>O 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 evac

### 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)

### Diabetes: Give Sugar

**S:** *Who & where I am.* I have a *age, sex* whose chief complaint is *\_\_*.

**O:** Exam reveals *\_\_*. *Vitals. Spinal pain/tenderness? CSMx4. SAMPLE.*

**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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