

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/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! Treat early

HR: rapid, weak

RR: rapid, shallow

SCTM: **pale**, cool, clammyTx: ID cause. Pt flat/temp/H₂O**CPR**

✓ pulse; 30:2 (x5) re-✓

- Severe hypothermia: NO. Assist br'thing 10m 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, not A+Ox3 or 4

Diabetes: Give Sugar**S:** I have a *age, sex* whose chief complaint is __. Pt/witness states*MOI/HPI - OPQRST.* Pt also reports __. Pt denies other probs.**O:** Pt found __. Exam reveals __. Pt denies/reports loss of consc'ness. ...spinal pain/tenderness. *CSMx4. 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?

Rest, Ice, Compress, Elevate

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
- RICE, 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; 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; 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

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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