

Scenario # 11-1 -- Bent Knee

Knee is locked at almost 90 degrees. Pain behind patella. Moderate pain unless movement is attempted. Movement gives extreme pain. This is a difficult one to splint. It is fundamentally a splint choice problem. Work it out.

LOCATION: Bunny Hill

WEATHER: Warm & Bright

SAMPLE: Taking medication for high blood pressure but it is "under control."

INJURY: Soft tissue injury of knee

SYMPTOMS: Knee is locked at almost 90 degrees.
Pain behind patella.
Moderate pain unless movement is attempted.
Movement gives extreme pain.

OBJECTIVES: Bent Knee Splint (Alpine environment)
Splint Choice

Leader: _____

Assistant: _____

Patient: _____

Times: Begin: _____ Call: _____

Complete: _____

General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

Specific

- Y N Good lower extremity exam
- Y N checks distal CMS before splints
- Y N Effective bent knee splint
- Y N Ice pack
- Y N Checks distal CMS after splint

Scenario # 11-2 – Distal Femur. Reported as knee.

14 year old male reports that he really did a job on his knee. Not showing much discomfort and complaining about the knee but pretty good natured. Stated objective is to remove boot and package in a cardboard splint

This is an assessment problem recognizing that with a distal femur fracture and hemophilia, this is a REQUIRED IMMEDIATE CODE-3 transport for internal bleeding and shock. This patient should not be re-packaged. However, If patrollers try and pull the boot without identifying the distal femur, all hell breaks loose. SCREAM! And then go into shock right then.

If after finding the femur fracture, the patrollers elect to continue with boot removal, the leg requires an extreme degree of support during boot removal. If they don't do a really good job of supporting the leg, SCREAM! And immediate shock.

Five minutes into treatment, the patient becomes very anxious and shows altered LOC due to big-time shock regardless of how he/she is treated. Patient was compensating for shock and went over the edge. Vitals go all to hell. Within one to two minutes of onset of shock or when the patient is mis-handled, patient is in and out of consciousness.

LOCATION: Advanced slope

WEATHER: Warm & sunny

SAMPLE: Hemophilia. Patrollers had better find this before they get to work.

INJURY: Distal femur with internal bleeding

SYMPTOMS: Initial Vitals: BP 120/80; Pulse 105 and so-so; breathing 16
 Five min vitals: BP 80/65 ; Pulse 140 weak and thready; breathing 30
 Pain on palpation of distal femur

OBJECTIVES: Assessment Reinforcement
 Urgency Evaluation

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

- Y N Ask if scene safe?
- Y N Place skis uphill?
- Y N Introduce self to patient?
- Y N Ask permission to treat?
- Y N Gloves?
- Y N Timely call for equipment and help?
- Y N Appropriate equipment?
- Y N Good communication with patient?
- Y N Proper treatment of each problem?
- Y N Good use of helper(s)?

Assessment

- Y N Primary Survey (ABC)?
- Y N Unconscious, Vision Oriented?
- Y N Clear Neck and Back?
- Y N Determine chief complaint(s)?
- Y N Complete SAMPLE?
- Y N Head, eyes, ears, nose, mouth?
- Y N Throat, Clavicle, Chest?
- Y N Abdomen, Pelvis?
- Y N Legs, Push/Pull?
- Y N Shoulders/Arms, Grip?

Specific

- Y N Check for bleeding
- Y N Recognize Emergency/Ambulance
- Y N Continuous Vitals
- Y N checks distal CMS before splints
- Y N Continuous Stabilization (if splint)
- Y N Adequate splint (if done)
- Y N Distal CMS after splint
- Y N Ice pack
- Y N Checks distal CMS after splint

Scenario 11-3 Tib-Fib

Trail at bottom of intermediate slope. Package and then continue in first aid room. This is a multiple fracture from a twisting fall with very little structure left in the lower leg from the knee down. You are very sensitive to pain and there is a lot. You are cold. This is a stabilization and boot removal problem. Need to work boot removal even though the patient is not comfortable.

LOCATION: Trail at bottom of intermediate slope.

WEATHER: Cold, wet & windy day

SAMPLE: Nothing exceptional

INJURY: Tib-Fib multiple fracture

SYMPTOMS: Pain in lower leg.
Mild Hypothermia

OBJECTIVES: . Stabilization and boot removal

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Treat hypothermia
Y N Good lower extremity exam
Y N checks distal CMS before splints
Y N Continuous stabilization
Y N Effective quick splint
Y N Good cardboard splint
Y N Ice pack once in first aid
Y N Checks distal CMS after splint
Y N Immediate MD/ER

Scenario 11-4 Humerus Fracture with Nerve Impairment

(outdoors. dress warmly. Bring a pad)

Hit tower five. Break is high, just below shoulder. Distal Neuro Vascular severely impaired. Patient cannot tolerate adjustment. Distal N/V does not recover. At area alone.

LOCATION: Tower 5

WEATHER: Cool & calm evening

SAMPLE: Asthma

INJURY: Proximal humerus
Severe CMS impairment

SYMPTOMS: Pain, especially when fractured arm is handled

OBJECTIVES: Find injury and recognize impaired distal functions.
Splint with minimum of movement/jiggling to avoid unnecessary pain.

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Disqualify C-Spine
Y N Check for blood
Y N Ask patient to self splint
Y N Good upper extremity exam
Y N checks distal CMS before splints
Y N Effective humerus splint
Y N Sling/swath
Y N Ice pack
Y N Checks distal CMS after splint
Y N Immediate MD/ER
Y N Management report of lift accident

Scenario 11-5 Posterior Shoulder

Skiing through the trees, Joe Cool hooks a ski pole on a tree limb and is stopped abruptly. Shame he had his straps on.

LOCATION: In the trees

WEATHER: Cold and snowing

SAMPLE: Nothing exceptional

INJURY: Posterior Shoulder dislocation

SYMPTOMS: Extreme pain. Can reach head but cannot re-position arm
Distal NV is impaired.

OBJECTIVES: Practice posterior shoulder splint

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Disqualify C-Spine
Y N Check for blood
Y N Ask patient to self splint
Y N Good upper extremity exam
Y N checks distal CMS before splints
Y N Effective posterior shoulder splint
Y N Ice pack
Y N Checks distal CMS after splint
Y N Immediate MD/ER

Scenario 11-6 Skier's Thumb, Mild Hypothermia & Rib Fracture

LOCATION: Bottom of Roundhouse

WEATHER: Cold and damp

SAMPLE: Antibiotics for bronchitis (not helping because infection is viral)

INJURY: Probable rib fracture
Skier's Thumb

SYMPTOMS: Dopey due to hypothermia.
Thumb problem is concealed
Breathing, especially deeply, is uncomfortable
Rib palpation gives pain response.
Pain is local to one rib if they palpate thoroughly.
SSAMPLE is available with difficulty.

OBJECTIVES: Through assessment
Going to skin on rib problem

NOTE: Hand bandage without splint or no thumb treatment at all is ok depending on how urgent they believe the breathing problem is.

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Disqualify C-Spine
Y N Check for blood, esp. ribs
Y N Good upper extremity exam
Y N checks distal CMS before splints
Y N Effective forearm splint
Y N Sling/swath
Y N Transport rib problem down
Y N Checks distal CMS after splint
Y N Immediate MD/ER

Scenario 11-7 Elbow Fracture from fall due to Diabetic Shock

LOCATION: Intermediate slope with friend

WEATHER: Warm and clear. Hard pack snow.

SAMPLE: Diabetic Medic Alert Tag

INJURY: Elbow fracture due to outstretched hand – arm almost straight

SYMPTOMS: Patient lost full consciousness and fell on outstretched arm
 Altered LOC -- Quick recovery with sugar administration
 Fruity breath (Lifesavers?)
 Friend reports no food today
 CSM impairment with elbow fracture. Limb cold, numb. Restricted motor ability

OBJECTIVES: Reinforce importance of SSAMPLE
 Introduce diabetes treatment
 Practice elbow splint

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
 Y N Place skis uphill?
 Y N Introduce self to patient?
 Y N Ask permission to treat?
 Y N Gloves?
 Y N Timely call for equipment and help?
 Y N Appropriate equipment?
 Y N Good communication with patient?
 Y N Proper treatment of each problem?
 Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
 Y N Unconscious, Vision Oriented?
 Y N Clear Neck and Back?
 Y N Determine chief complaint(s)?
 Y N Complete SAMPLE?
 Y N Head, eyes, ears, nose, mouth?
 Y N Throat, Clavicle, Chest?
 Y N Abdomen, Pelvis?
 Y N Legs, Push/Pull?
 Y N Shoulders/Arms, Grip?

Specific

Y N Disqualify C-Spine
 Y N Find diabetes – administer sugar
 Y N Check for blood
 Y N Ask patient to self splint
 Y N Good upper extremity exam
 Y N checks distal CMS before splints
 Y N Effective elbow splint
 Y N Support arm somehow
 Y N Ice pack
 Y N Checks distal CMS after splint
 Y N Immediate MD/ER

Scenario 12-1 Anterior Shoulder Dislocation

Patient fell backwards after getting off the lift and caught him/herself with one hand. Forearm is six-eight inches from chest. Hurts like hell. Worse than you can imagine. Patient is showing shock symptoms from the intensity of the pain.

LOCATION: Top of ski lift

WEATHER: Clear and sunny day

SAMPLE: High blood pressure, taking a medication for it

INJURY: Anterior shoulder dislocation

SYMPTOMS: Severe pain. Cannot bring forearm to body

OBJECTIVES: Oxygen Admin
Practice anterior shoulder splint

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Ask patient to self splint
Y N Good upper extremity exam
Y N Administer O2
Y N checks distal CMS before splints
Y N Effective shoulder splint
Y N Ice pack
Y N Checks distal CMS after splint
Y N Immediate MD/ER

Scenario 12-2 Heart Attack

After getting off lift, patient complains to staff member about an elephant standing on his chest and falls to snow but remains conscious. Pain radiates to left arm. Patient is anxious. Lift operator yells for patroller. Patient has nitro but administration doesn't help.

LOCATION: Top of ski lift
 WEATHER: Cool and clear
 SAMPLE: Angina but this is different
 INJURY: Heart Attack
 SYMPTOMS: Elephant standing on chest
 Pain radiates to left arm
 OBJECTIVES: Heart attack analysis
 O2 administration

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
 Y N Place skis uphill?
 Y N Introduce self to patient?
 Y N Ask permission to treat?
 Y N Gloves?
 Y N Timely call for equipment and help?
 Y N Appropriate equipment?
 Y N Good communication with patient?
 Y N Proper treatment of each problem?
 Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
 Y N Unconscious, Vision Oriented?
 Y N Clear Neck and Back?
 Y N Determine chief complaint(s)?
 Y N Complete SAMPLE?
 Y N Head, eyes, ears, nose, mouth?
 Y N Throat, Clavicle, Chest?
 Y N Abdomen, Pelvis?
 Y N Legs, Push/Pull?
 Y N Shoulders/Arms, Grip?

Specific

Y N Bring Oxygen on call.
 Y N Administer O2 immediately
 Y N Immediate ambulance call
 Y N Seated position
 Y N Administer O2
 Y N Use PQRST

Scenario 12-3 Simple closed Tib-Fib and Non-specific Respiratory Distress

Hit & run collision with snowboarder who split. Middle of intermediate hill. Mellow about the collision but the leg hurts. General anxiousness.

LOCATION: Middle of intermediate hill.

WEATHER: C..c..c.cold outside. -12 F clear and dry

SAMPLE: Antibiotics for bronchitis

INJURY: simple closed Tib-Fib

SYMPTOMS: Respiratory Distress due to Bronchitis
Modest Tib-Fib pain

OBJECTIVES: O2 administration
Quick Splint Usage

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Ask patient to self splint
Y N Good lower extremity exam
Y N Administers O2 - canula
Y N checks distal CMS before splints
Y N Effective quick splint
Y N Ice pack?
Y N Checks distal CMS after splint

Scenario 12-4 Skiers Thumb and Major Bruise on opposite Humerus/Shoulder

This scenario allows judgment on treating the shoulder. It isn't a break and doesn't require a splint.

Complains of thumb. No report of bruise unless found on secondary. Bruise causes some minor numbness and motion difficulty but no pain on attempted displacement. Pain & swelling is on outside of limb only. There is no blood.

LOCATION: First Aid Room

WEATHER: Clear and warm outside

SAMPLE: On antibiotics for sinus infection

INJURY: Skier's Thumb
Bruise on Humerus

SYMPTOMS: Humerus is masked

OBJECTIVES: Evaluation scenario
Hand roll/splint
Humerus evaluation/possible splint

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Check for blood both sides
Y N Ask patient to self splint
Y N Good upper extremity exams
Y N checks distal CMS before splints
Y N Hand Roll
Y N Optional forearm splint
Y N Optional Humerus splint
Y N Ice pack both sides
Y N Checks distal CMS after splints
Y N Immediate MD/ER for thumb

Scenario 12-5 Rib Fractures & Closed Forearm Fracture

Fell ass over teakettle and bounced off a few BIG moguls.

LOCATION: Expert Mogul Slope

WEATHER: Clear and warm outside

SAMPLE: Has had chest cold for a while

INJURY: Multiple rib fractures, no penetration, no flail segment
Simple closed forearm fracture (Opposite side)

SYMPTOMS: Hurts to breathe in deeply but breathing is not particularly distressed
Coughing. It hurts like hell.

OBJECTIVES: Forearm splint, sling, etc.
O2 administration. Recognize that this is NOT an extreme emergency
Figure out how to transport it. (Probably hurt side down)

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Check for blood both places
Y N Uses OPQRST
Y N Applies Oxygen
Y N Good upper extremity exam
Y N Checks CMS before splint
Y N Applies good forearm splint
Y N Checks CMS after splint
Y N Recognizes non-emergency
Y N MD/ER

Scenario 12-6 Altitude Sickness and Twisted Knee

While you are a visiting patroller at Copper Mountain in Colorado. You and your buddies arrived last night. One of your buddies goes down in a twisting fall on his first run. You know that he is a better skier than what you just saw. This is your buddy's first skiing outside of the Tahoe area.

LOCATION: Intermediate Slope at Copper Mountain (11,000 feet)

WEATHER: Clear and cold outside. No wind.

SAMPLE: Denies any medical history, can't understand why he/she is feeling so bad.

INJURY: 2nd degree MCL. Torn miniscus.
Altitude Sickness.

SYMPTOMS: The knee will straighten most of the way, but it is uncomfortable both in place and more so on movement.
Throbbing Headache, Dizziness, Nausea, Insomnia, Apathy.

OBJECTIVES: Oxygen Administration
Learn to encourage straightening
Quick Splint Application

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Check for blood
Y N OPQRST for altitude sickness
Y N Administer O2
Y N Good lower extremity exam
Y N checks distal CMS before splints
Y N Good quick splint
Y N Ice pack
Y N Checks distal CMS after splint

Scenario 12-7 Humerus Laceration with substantial bleeding

He was skiing very fast and whacked a slow sign. The bolt holding the sign to the pole somehow got his arm. OUCH. He is sitting a few feet below the broken sign.

LOCATION: Intermediate slope

WEATHER: Clear and warm outside

SAMPLE: Allergic to penicillin/

INJURY: Humerus Laceration with substantial bleeding

SYMPTOMS: Arterial blood flow (spurting) Lots of blood all around.
Patient is very anxious, distracted.
After a few minutes, the LOR decreases markedly.

OBJECTIVES: Pressure bandaging
Oxygen administration

Leader: _____ Assistant: _____ Patient: _____

Times: Begin: _____ Call: _____ Complete: _____

General

Y N Ask if scene safe?
Y N Place skis uphill?
Y N Introduce self to patient?
Y N Ask permission to treat?
Y N Gloves?
Y N Timely call for equipment and help?
Y N Appropriate equipment?
Y N Good communication with patient?
Y N Proper treatment of each problem?
Y N Good use of helper(s)?

Assessment

Y N Primary Survey (ABC)?
Y N Unconscious, Vision Oriented?
Y N Clear Neck and Back?
Y N Determine chief complaint(s)?
Y N Complete SAMPLE?
Y N Head, eyes, ears, nose, mouth?
Y N Throat, Clavicle, Chest?
Y N Abdomen, Pelvis?
Y N Legs, Push/Pull?
Y N Shoulders/Arms, Grip?

Specific

Y N Immediately stops blood flow
Y N Ask patient to assist with bleeding
Y N Good upper extremity exam
Y N Recognizes need for O2 for shock
Y N checks distal CMS after bandaging
Y N Optional Humerus splint
Y N Ice pack
Y N MD/ER