

**Patient Assessment**  
**Supplement to the Emergency Report Form – Get it Out and Fill it Out!**

**1-Take Charge – Assign a Medical Leader**

**Stop(e)-First things first-Stay calm**

**S – Stop!**

**T – Think**

**O – Observe**

**P – Plan (Secure the site. Administer first-aid? Go for help? Bivouac?)**

**E – Execute the plan and adjust as needed.**

**2-Size up the Scene**

Scene Safety - determine if scene is safe for everyone – If not, make it safe

What happened and when? How many patients are involved?

Is additional help needed? If YES, **WAIT** until you have determined your location and have filled out the First Aid Report Form(s) on your patient(s) BEFORE sending anyone out for help.

**3-Perform Initial Assessment and Critical First Aid – ABCs and LOC**

Stabilize the spine if there is any suspicion of head/spinal injury

**Airway open – Breathing – Circulation** (Is there a pulse or major bleeding)? Follow CPR guidelines (present guidelines are CAB, but for the wilderness, assess if the airway is full of debris or if repositioned would allow an open airway/breathing)

**To Assess Level of Consciousness (LOC) – AVPU - How is the patient responding?**

**A-Alert V-Verbal P-Pain U-Unresponsive**

**4-Protect the Patient**

From environment (cold, wet, heat, lightening) – Fear and worry – reassure you are there to help.

From further injury – examine, and then move if needed (assess scene for safety)– follow spinal injury precautions and move only if necessary

**5-Head to Toe Assessment – USE GLOVES TO PROTECT YOU!**

Palpate the patient from head to toe, checking for deformities, contusions, abrasions, bleeding, punctures, lacerations – anything that would not normally be there – Don't forget the back!

Remove clothing only as needed to assess and treat– **DO NOT TAKE ALL THEIR CLOTHES OFF** – you might be out there for awhile.

**Vital Signs** – Retake depending on severity of injury. Looking for changes over time.

Heart Rate – 60 – 100 beats/min      Respirations – 12-20 breaths non-labored and equal

Skin – pink, warm and dry      Pupils – equal, round and reactive to light

**History – SAMPLE**

**S - Signs and Symptoms – What do you see and what are they telling you?**

**A - Allergies**

**M - Medications**

**P - Pertinent past medical history**

**L - Last oral intake**

**E - Events leading to the injury**

**6-Plan** – How you are going to get the patient out and how are you going to take care of the patient and the entire group – Remember to watch and take care of one another.

**7-Carry out plan**

## **Quick guides**

### **For Sprains, Stains, Fractures, Splinting**

#### **Look and feel for:**

##### **CMS**

C-Circulation

M-Movement

S-Sensation

##### **DOTS**

D-Deformity

O-Open wounds

T-Tenderness

S-Swelling

##### **For Treatment**

R-Rest

I-Ice

C-Compression

E-Elevation

- Assess CMS before and after splinting and assess frequently after splinting – you may have to re-wrap due to swelling
- Attempt to keep affected limb above heart
- Splint joints above and below the fracture
- Remove jewelry and constricting clothing

#### **The Rule of 3 – Survival – You can survive:**

- 3 minutes without air
- 3 hours without shelter
- 3 days without water
- 3 weeks without food