

SHOCK S/S

- LOR: anxious, restless, disoriented | HR: rapid | RR: rapid and shallow
- SCTM: pale, cool, clammy | Anxiety or restlessness | Nausea | Thirst
- Tx** - ABCs: open and maintain airway | Control bleeding, stabilize fractures | Keep patient calm | Maintain normal temp. | Patient flat and elevate legs

ALTITUDE ILLNESS S/S (Mild to Moderate)

Generally above 10K feet though can occur at any level

- Headache with one or more of the following:
- Nausea and possibly vomiting | Loss of appetite
- Mild lassitude (lack of energy), fatigue or weakness at rest | Insomnia
- Tx** - Don't go up until S/S go down | No improvement in 24-48 hours descend | Maintain adequate hydration and nutrition | Perform light exercise | Ataxia (loss of control of body movements) | Consider Diamox | Pain meds for headache are OK | Monitor for shortness of breath, ataxia, change in LOR.

DEHYDRATION S/S

- Thirst | Weakness, headache, fatigue, lightheadedness, irritability
- Dark, smelly urine | Diminished urine output
- History of inadequate water intake
- Patients may show S/S of shock and changes in LOR.
- Tx** - Drink water until no longer thirsty (plain H2O OK, sugar OK but not needed for rehydration); Cool H2O better, NO COFFEE/TEA or ALCOHOL | Takes time to treat and develop | Evac severely dehydrated patient

HYPOTHERMIA S/S (Mild/Medium)

- Shivering, numb skin with goosebumps
- Minor impairment of muscular performance, e.g. still and clumsy fingers
- Mental deterioration begins: poor decisions, confused and sluggish thinking
- Tx** - Dress patient in dry clothing (warm hat) | Feed and hydrate | Keep warm

HEART ATTACK (Myocardial Infarction)

- Persistent chest pain (*angina*) | Pain radiating to arms or jaw | Anxiety or denial | nausea or vomiting | lightheadedness | rapid, slow, weak and/or irregular heartbeat | history of angina (pain) or heart attack or risk factors | women can feel pain in lower back; feels like compression band around chest
- Tx** - Reduce anxiety | Place patient in Pos. of comfort | Support w/ Nitroglycerin at usual dose (*if BP > 100 & NO ED drugs taken for 48 hours*) | Check for NO Aspirin allergy | Aspirin: usual adult dose of 325mg or (4 qty x 81mg - Can give up to 3 doses in 24 hours)

HELPFUL HINTS

Establish a relationship | Introduce yourself | Explain your training | Ask permission to help | Allow patient to dictate distance between you | Ask patient what they want to be called | Do not use patients first name or nickname without their permission | Ask permission to touch the patient | Say please and thank you | Communicate calmly | Tell patient what you are doing and why | Ask open-ended questions "How do you feel?" "Describe your pain." | Explain why you are doing what you are doing - even if they are unresponsive as they might be able to hear you. | Listen carefully to responses | Take notes | Wilderness First Responders Rock! | Open more cans of calm.

SPINAL CORD INJURIES S/S

- Pain or tenderness on the spine | Weakness in extremities | Loss of strength or ability to move extremities | Loss of sensation in extremities | Numbness and tingling in hands and feet | Incontinence | S/S of shock | Shortness of breath
- Tx** - Stabilize the spine and control the head | Check CSMs in the extremities | Establish & maintain neutral spine alignment | Move the patient onto a pad | Maintain head stabilization w/hands or cervical (soft) collar | Evacuate!

BRAIN INJURY S/S (Mild)

- Brief change in mental status / responsiveness
- Nausea and/or isolated vomiting
- Temporary blurred vision (seeing stars)
- Headache, dizziness and/or lethargy | Short-term amnesia
- Tx** - ABCs | Consider cervical spine injury | If patient vomits, position on side | Control scalp bleeding | Do not control internal bleeding or drainage | Assess | Loss of responsiveness=EVAC

HEAT ILLNESS

• HEAT EXHAUSTION S/S

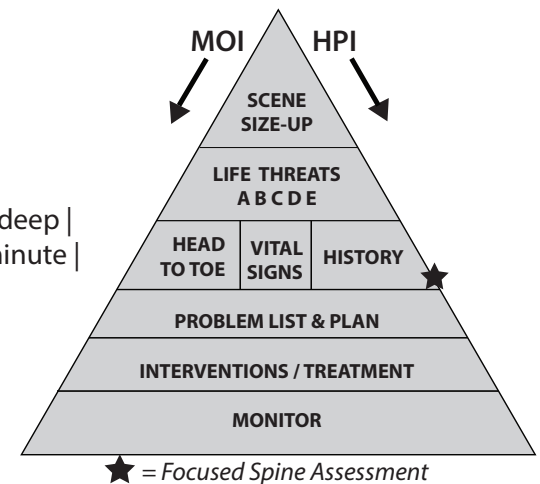
- Fatigue | Nausea and/or vomiting | Loss of appetite | Exercise-associated
- LOR: Dizziness and fainting possible
- HR & RR elevated
- SCTM: Pale, cool and clammy, or slightly flushed
- Tx** - Rest - avoid further heat | Hydrate | If muscle cramps, use gentle stretching

• HEAT STROKE S/S

- LOR changes: Disoriented, irritable, combative, unresponsive | Hallucinations & seizures | Ataxia (includes stumbling & mumbling) |
- HR/RR: increased
- SCTM: Hot color/moisture vary | T over 104F.
- Tx** - Aggressive cooling | Spray with H2O & fan patient | Immerse in cold water | Protect airway

CPR

1. Scene Size-Up
2. Check Responsiveness
3. Check Pulse for 10 seconds - if unresponsive start CPR
4. Compressions 2 inches (5cm) deep | Push hard and fast | 100-120 minute | 30 pushes then 2 breathes
5. Airway - open airway, head tilt chin lift
6. Check responsiveness every 2 seconds



VERBAL SOAP (subjective, objective, assessment, & plan) REPORT

- **SUBJECTIVE/SUMMARY/STORY (Who, What, Where) + VITALS/SAMPLE**
"This is names(s) _____ with a patient report/evacuation request."
We are currently located at (location/coordinates) _____."
I have a _____-year-old (M/F) whose chief complaint is _____."
The MOI/HPI is _____."
The patient is currently _____ (LOR)."
- **OBJECTIVE/OBSERVATIONS**
"Patient has _(injuries/signs of illness)_____."
"The patient's vital signs are (LOR, HR, RR, SCTM, BP, P, T) _____."
"Pertinent SAMPLE history includes _____."
- **ASSESSMENT (Problem List)**
"Based on the MOI there is / is not a possible spine injury."
"We suspect the following problems: _____"
- **PLAN**
TREATMENT
We protected the spine and then performed a focused spine assessment.
Based on the results of the FSA was maintained/released spine protection.
"Our treatment has included _____"
- EVACUATION
"Our evacuation/bivouac plan is to _____."
"We request the following supplies/support _____"
- ANTICIPATED PROBLEMS
"We will monitor for (list anticipated problems and responses) _____"