

ALWAYS	BSI. Is the Scene Safe?		HR > 100 Keep Warm. Transport. Assess continuous. HR 60-100 Assist Ventilation. Reassess every 30 seconds. Call ALS. Keep Warm. HR <60 Assist Ventilation. Reassess every 30 seconds. Compressions. Call ALS	Drying Warming Positioning Suctioning Stimulation Newborn Ventilation 3:1 Compression to ventilation 40-60 ventilations per minute Suction mouth before nose Pediatric Assessment Triangle Appearance, Breathing, Circulation	Tone Interactiveness Consolability Look or Gaze Speech or cry	Noticeable Characteristics 2 - Recognize familiar. Track objects eyes 3 - Bring objects to mouth, smile & frown 4 - Reaches out. Drools. 5 - Sleeps night. Tell Family vs. Stranger 6 - Teething. Upright. 1 syllable words. 7 - Afraid of strangers. Mood swings. 8 - Responds to no. Can sit. Peek-a-boo 9 - Pulls itself up. Puts stuff in mouth 10 - Responds to name. Crawls ok. 11 - Walks without help. Frustrated. 12 - Knows his or her name. Can Walk.	
	MOI (Trauma) / NOI (Medical) Number of Patients Additional Help? (ALS, Fire,Police,Hazmat) C-Spine? General Impression LOC - AVPU Chief Complaint Airway patent / clear? Breathing Adequate? Axillary Lung Sounds. Start oxygen if need. Assist ventilations. Check for bleeding. Check skin condition, color, temperature. Skin moisture. Capillary refill. Pulse!						
	Neurologic Signs Significant MOI extreme of age Alert-Person,Place,Time,Situation Intoxication Distracting Spinal Exam						
	Alert Verbal Stimuli Painful Stimuli Unresponsive						
	Progression Associated pain Sputum Talking tiredness Exercise tolerance						
	Appearance Pulse Grimace Activity Respiration						
	blue/pale absent no response none absent						
	extremity blue <100 grimace some flexion weak, irregular						
	body+extreme pink >100 cry flex arm leg resist strong. lusty						
	Take at 1min,5min >7 Usually Normal 4-6 Fairly Low <=3 Very Low PEDIATRIC						
Heat Exhaustion nausea/vomiting sweating cool, moist, pale skin rapid pulse rapid/shallow breath		HOT & COLD temp over 104 no sweating hot, dry, red skin rapid pulse difficulty breathing		95 to 93 92 to 89 88 to 80 <80 shivering. constricted vessels. rapid breathing loss of coordination. slow respirations. slow pulse coma. arrhythmias. weak pulse. unresponsive apparent death. cardiac arrest. unresponsive Dehydration Increased thirst. Dry mouth. Tired or sleepy. Decreased urine output. Headache. Dry skin. Dizziness.			
Severe Full thickness hands, feet, face, airway, genitalia. Full thickness more than 10% total surface area. Partial thickness over 30%. Respiratory Burns. Burns with Fractures. Under 5 or over 55 "Moderate". Circumferential Burns. Chemical burns. Compounding pre-existing. Moderate Full thickness 2% to 10% (excluding feet, face, hands, genitals, airway). Partial thickness 15 to 30%. Superficial over 50%. Minor Full thickness covering less than 2%. Partial thickness covering less than 15%. Superficial less than 50%.		Rule of 9's A C I Head 9 12 18 Chest 18 18 18 Back 18 18 18 Arm 9 9 9 Leg 18 16 13 1/2 Genital 1 1 1		BURNS			
Eye Opening 4 - Spontaneous 3 - In response to speech 2 - In response to pain 1 - None 15-13 - Mild Dysfunction 12-9 - Moderate <=8 Severe		Best Verbal Response 5 - Oriented Conversation (Infant Coos, Babbles) 4 - Confused Conversation (Infant Irritable Cry) 3 - Inappropriate Words (Infant Cries to Pain) (Child Cries) 2 - Incomprehensible (Infant Moans to Pain) (Child Moans) 1 - None		Best Motor Response 6 - Obeys Commands (Infant Normal Movement) 5 - Localizes Pain 4 - Withdraws to Pain 3 - Abnormal flexion (Decorticate) 2 - Abnormal extension (Decerebrate) 1 - None		Metabolic Oxygen Vascular Endocrine Seizure Trauma, toxins, thrombus Uremia Psych Infection Drugs Vertebrae Cervical 7 Thoracic 12 Lumbar 5 Sacral 5 Coccyx 4	
Signs/Symptoms Head Injury -Decreased mentation. -Irregular breathing pattern. -Widening pulse pressure. -Slow heart rate. -Ecchymosis eyes or mastoid -Failure of pupils to respond -Unequal pupil size. Loss of sensation/motor function. -Period of unconsciousness. -Amnesia -Seizures -Lacerations, contusions, or hematoma to the scalp -Numbness or tingling extremity -Dizziness -Visual Complaints -Soft area of depression on palpation -Nausea or vomiting -Visible fractures or deformities of the skull -Combative or abnormal behavior -Posturing		Alcohol, ingested toxins, Acidosis Epilepsy, endocrine, exocrine, environmental, electrolyte Infection, insulin Overdose, opiates, oxygen deprived, hypoxia/hypercarbia Uremia (renal failure) Trauma, temp, toxins, tumor Insulin, infection Psychosis, porphyria, poisonings Stroke, shock, syncope, space occupying lesions		NEUROLOGIC			
Mild ICP +BP. -Pulse. Pupils reactive. Cheyne-Stokes respirations. Patient localizes and removes painful stimuli. Followed by withdrawal and extension. Effects reversible.		Moderate ICP mid brain Widened pulse pressure. Bradycardia. Pupils sluggish or nonreactive. Central neurogenic hyperventilation. Decerebrate posturing. Survivable, permanent deficit.		Marked ICP low brain Unilateral fixed and dilated pupil. Ataxic respirations. Flaccid response to painful stimuli. Irregular pulse. Diminished BP. Most patients do not survive.			
PASG - For injuries to lower extremities/pelvis. Do not use PASG if: Pregnancy, Pulmonary Edema, Acute heart failure, Penetrating Chest, Groin Injuries, Major Head Injuries. Transport time of less than 30 minutes.		Distributive -Neurogenic -Psychogenic -Anaphylactic		Cardiogenic -Pump failure SHOCK -Septic		Hypovolemic -Hemorrhagic -Dehydration	
Minor Minor sprains. Fractures or dislocation of digits Moderate Open fractures digits. Non-displaced long-bone or pelvic. Major sprains of a major joint. Serious Displaced long bone. Multiple hand and foot. Open long-bone. Displaced pelvic. Dislocations major joints. Multiple digit amputations. Laceration of major nerves or blood vessels		Pain Paralysis Paresthesias Pulselessness Pallor Pressure		Circulation Movement Sensation Rest Ice Compression Elevation Splinting		Deformities Contusions Abrasions Punctures Burns Tenderness Lacerations Swelling	
Severe Multiple closed fractures. Limb amputations. Bilateral Femur Critical Multiple open fractures. Suspected pelvic with bleeding.		BONES & JOINTS		-Reduced Weight Bearing -Pain Management			
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