

Problem 1 – Points to review and treatment

ABCD (including need for spinal motion restriction)

Did patient fall from stool for medical reason?

Security or Rangers a good idea?

Anyone (friend/family) with him to help to reason with Pt.?

Is Pt. capable to waive his right to medical care:

GCS below 15, Does he know where he is, vitals within

Normal range, intoxicated, head injury?

Problem 2 – Points to review and treatment

ABCD – Always ABC first. Will need to assist ventilations.

Did patient fall or is this medical reason?

Call for AED

Admin Narcan - remember: there are no contraindications.

Wait 3-5 min and admin second dose if needed. After administer; put in recovery position. Monitor Vitals

BVM with supplemental O2 as soon as possible. Most important is to manage airway at all times and assist ventilations as needed.

Oral Airway. Might want to wait if patient has patent airway or can get in

Recovery Position. If Narcan is effective, probably will regain consciousness.

Problem 3 – Points to review and treatment

ABCD (including rule out need for spinal motion restriction)

LAP – Look, auscultate and Palpate.

Taping the occlusive dressing on 3 sides may prevent tension Pneumothorax.

Other signs to watch for: Trachea to move(deviate) to opposite side;
Distended Jugular veins, Cough that becomes productive (Hemoptysis) and
change in lung sounds.

If pt. will allow transport lying on affected side down (most will want to sit upright).

Get all OEC tech. to listen to lung sounds.

Problem 4 – Points to review and treatment

Skill only problem.

Review figure “8” around neck and opposing arm in the raised position.

Once completed then reduce arm to normal anatomical position and it

Will create pressure on the wound to control bleeding.

Problem 5 – Points to review and treatment

Skill only problem

Review method(s) to secure an impaled object.

Remember to cover both to limit Pt. from moving eye(s) at all as they tract
Together.