

AIDE MEMOIRE

SCENE ASSESSMENT

S **SAFETY:** perform a dynamic risk assessment (DRA) are there any dangers now or that may become apparent. Continually reassess.

C **CAUSE:** Including mechanism of injury (MOI) establish events leading up to the incident. Is this consistent with what you're seeing?

E **ENVIRONMENT:** are there any environmental factors that need to be taken into consideration? This could include things like weather, access & egress.

N **NUMBER OF PATIENTS:** establish how many patients there are.

E **EXTRA RESOURCES NEEDED:** could include other emergency services, specialist teams and additional ambulances.

Capacity & Consent

- Consent **MUST** be voluntary & can be verbal, written or implied
- **ALWAYS** assume capacity unless you can demonstrate a lack of
- An unwise decision is **NOT** evidence of lack of capacity
- You **MUST** always give as much information and support possible to assist an individual to make an informed decision
- Decisions **MUST** be in the patient's best interests
- You **MUST** consider the least restrictive option

2 Part Capacity Assessment

1

Is there an impairment of, or disturbance in the person's mind or brain? (permanent or temporary) (This covers a range of problems, including but not limited to psychiatric illness, emotional distress, learning disability, dementia, brain damage, neurological conditions, the effects of hypoxia, pain or acute behavioural disturbance).

YES - Move To Part 2

NO - Patient Has Capacity

2

An individual is unable to make a decision for themselves if they are unable to meet **any one** of the following criteria:

- **Understand** the information relevant to the decision.
(Adjustments should be used as appropriate to assist in understanding)
- **Retain** that information
- Use or **weigh** that information as part of the decision-making process
- **Communicate** their decision (through any communicative means).

Remember to document and evidence any assessment of capacity

DRS C ABCDE

D → SAFE APPROACH | CONSIDER EARLY CALL FOR HELP

R

RESPONSE

ALERT
RESPONDS ONLY TO VOICE
RESPONDS ONLY TO PRESSURE
UNRESPONSIVE

C

**CATASTROPHIC
HAEMORRHAGE**

INDIRECT PRESSURE
DIRECT PRESSURE
WOUND PACKING
TORNIQUETS

A

**AIRWAY PROBLEM
OBSTRUCTION?
NOISY?**

HEAD TILT CHIN LIFT
HIGH ENERGY MOI?
C-SPINE INJURY?
JAW THRUST

B

BREATHING

IS BREATHING SUFFICIENT
2 BREATHS IN 10 SECS
EQUAL CHEST RISE?

C

CPR

30:2
100-120 BPM
1/3 CHEST DEPTH
CALL FOR AED

D

**DISABILITY
TOP TO TOE**

AVPU
LOOK FOR OTHER INJURIES

E

**EXPOSE, EXAMINE &
ENVIRONMENT**

EXPOSE INJURIES
**CONSIDER TEMP &
ENVIRONMENT**

CAT HEAM

F

FIND & FEEL

Expose the wound site, look for the best place to apply a tourniquet.

A

APPLY TIGHT

Apply the tourniquet tightly approx 2- 4 fingers above the wound.

S

START TWISTING

Twist the windlass until severe bleeding has stopped. Lock & Check.

T

TIME APPLIED

:

P

PRESSURE

INDIRECT

DIRECT

P

PREPARE

Prepare your haemostatic agent while applying pressure to the wound.

P

PACK

Pack the wound tightly ensuring all bleeding surfaces are in contact with agent. Fill the wound + A bit more.

P

PRESS

DIRECT



P

PROTECT

BANDAGE

PRESSURE

MANAGEMENT OF CHEST INJURIES

Positioning

Reassurance

Occlusive / non occlusive dressings

Prepare for rapid deterioration



SIGNS & SYMPTOMS OF FRACTURES

**Loss of Power or
Unnatural Movement**

Deformity or Irregularity

Pain & Tenderness

Swelling & Or Bruising

DISLOCATIONS

**Dislocations require hospital
treatment**

**DO NOT ATTEMPT TO PUT
JOINT BACK INTO PLACE**

**CHECK PULSES ON
AFFECTED LIMBS**

REASSURANCE



Head Injury



Concussion VS Compression

CONCUSSION

- **Unconsciousness for a short period, followed by an increase in levels of response and recovery.**
- **Short term memory loss (particularly of the incident) irritability and confusion.**
- **Mild general headache.**
- **Pale clammy skin.**
- **Shallow / normal breathing.**
- **Rapid weak pulse (blood is diverted away from extremities).**
- **Normal pupils, reacting to light.**
- **Possible nausea / vomiting on recovery.**

COMPRESSION

- **Could have a history of recent head injury with apparent recovery, but then deteriorates.**
- **Levels of response become worse as condition deteriorates.**
- **Intense headache.**
- **Flushed dry skin.**
- **Deep noisy slow breathing (pressure build up on respiratory centre in the brain).**
- **Slow strong pulse (caused by rise in blood pressure).**
- **One or both pupils dilate as pressure builds on the brain.**
- **Condition becomes worse, fits may occur, no recovery.**



TEMPERATURE EXTREMES

Heat Exhaustion vs Heat Stroke

HEAT EXHAUSTION

Pale, sweaty skin
Nausea, loss of appetite, vomiting
Fast, weak pulse and breathing
Cramps in arms, legs, abdomen
“I feel cold”, but hot to touch

HEAT STROKE

High body temperature ($>40^{\circ}\text{C}$)
Confusion, agitation, disorientation
Throbbing headache
Possibility of seizures
Lowered levels of
response/unconsciousness
Nausea, vomiting
Flushed, hot, dry skin (no sweating)

BURN TREATMENT



HYDRATE FOR A MINIMUM OF 20 MINS

GENTLE APPLICATION USING TEPID
WATER. WATER TO BE AS CLEAN AS
POSSIBLE.



MAINTAIN BODY TEMPERATURE

TAKE ALL STEPS POSSIBLE TO MAINTAIN
BODY TEMPERATURE.



DRESS USING CLING FILM OR BURNS DRESSING

NEVER WRAP. APPLY IN SHEETS TO
ALLOW FOR SWELLING

OBS / TIME	:	:	:	:	:	:
AVPU						
RESPIRATORY RATE						
SPO2						
PULSE RATE						
BLOOD PRESSURE						
TEMPERATURE						

ATMIST HANDOVER

AGE

INCIDENT DATE / TIME

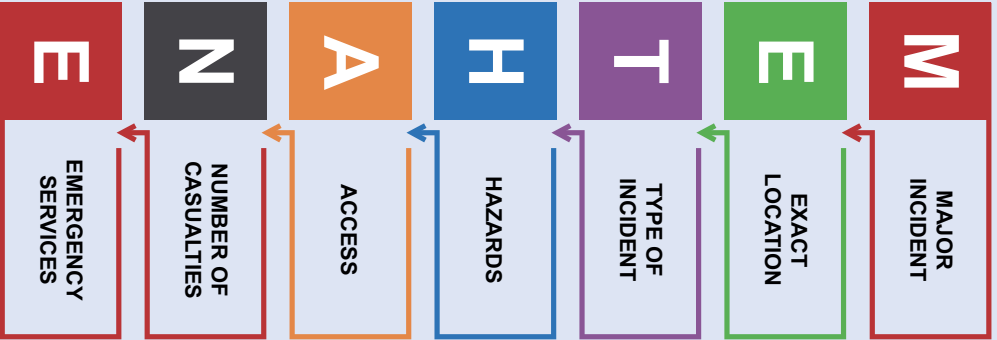
MECHANISM OF INJURY/ILLNESS

INJURIES FOUND / SUSPECTED

SIGNS & SYMPTOMS

TREATMENT GIVEN

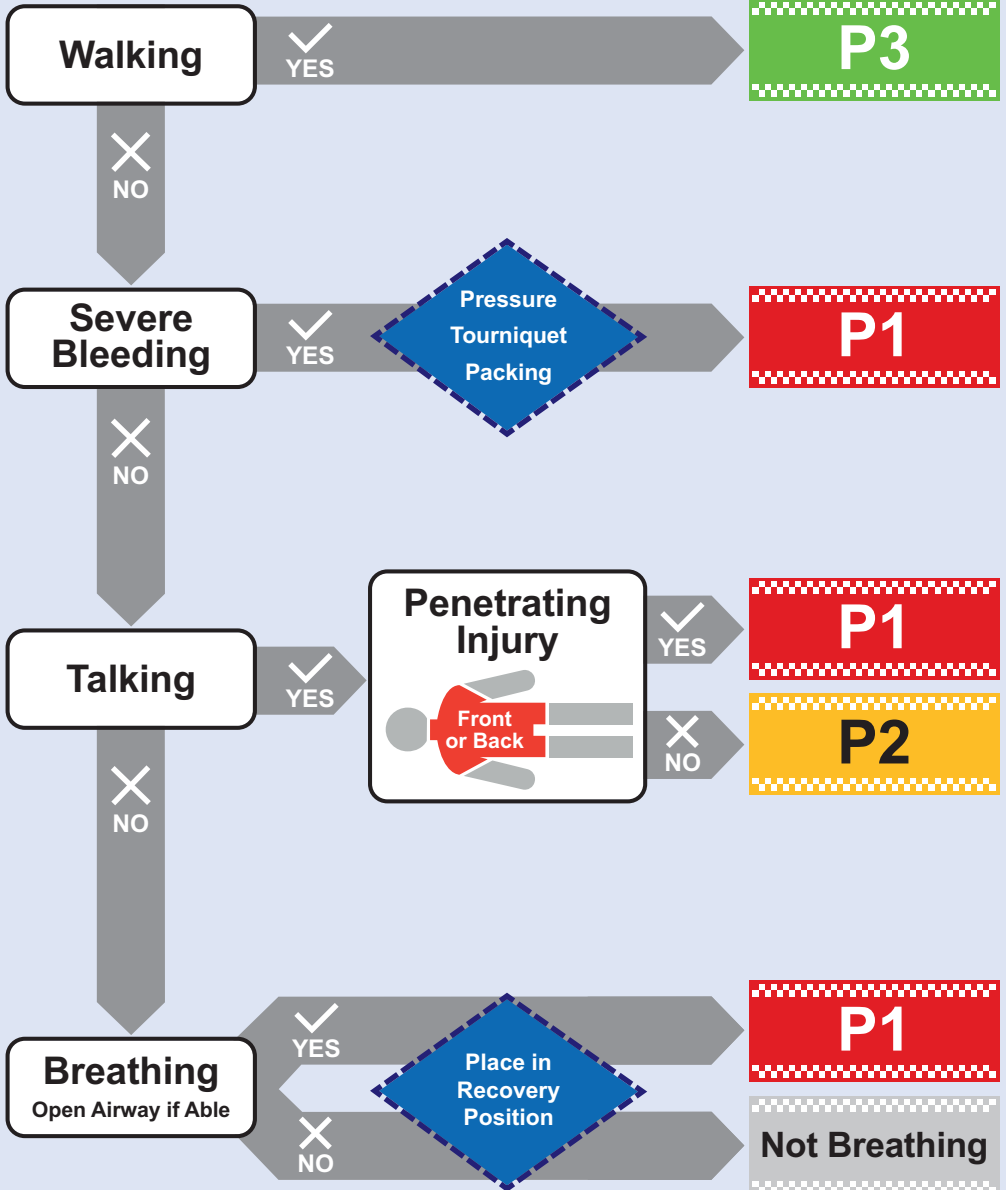
Ten Second Triage (TST)



Ten Second Triage (TST) Tally Chart

Not Breathing		P3		P2		P1	
11	1	11	1	11	1	11	1
12	2	12	2	12	2	12	2
13	3	13	3	13	3	13	3
14	4	14	4	14	4	14	4
15	5	15	5	15	5	15	5
16	6	16	6	16	6	16	6
17	7	17	7	17	7	17	7
18	8	18	8	18	8	18	8
19	9	19	9	19	9	19	9
20	10	20	10	20	10	20	10

Ten Second Triage (TST)



CPR if Resources Allow