Wilderness and Remote First Aid

Additional help, do so quickly. Be ready to check the person and obtain consent to give care from the person or, if a minor, from anyone the person trusts to consent. If the consent is not given, do not give care. If you do give care, correct any errors if discovered.

Is there someone who appears to be unconscious?

How many injured or ill people are there?

How did it happen?

What happened?

Identify available resources. Ask yourself:

- What supplies and materials do I have to help keep me safe?
- How far away is additional help?
- Is there someone to help me? Do I need other help?

Document everything you find out during the primary (initial) assessment.

C = check

B = call

A = care

CHECK

DO THE primary (initial) ASSESSMENT

- Scan the body for injuries.
- Check the person's level of consciousness.
- Look for deformity or open injuries.
- Check for breathing.
- Check for a pulse.
- Check circulation, sensation and motion (csM) at each extremity.

Look for Dots:

V = verbal

P = pain

R = responsive to voice

E = responsive to pain

R = responsive only to pain

If a spinal injury was suspected but there are no signs and symptoms of a severe hypothermia, give 2 rescue breaths before starting CPR.

Look for any signs of an increasing heart rate or an abnormal rhythm.

If the decision is to stay, continue care as trained and as needed.

If you find a life-threatening condition during the primary assessment, return to the person and call for help if possible and give care for the condition found. Then, if you find a life-threatening condition during the secondary (focused) assessment, continue to the secondary assessment and give care.

If you do not find a life-threatening condition, continue to the secondary assessment and give care.

Based on the person's condition and environmental conditions, especially extreme heat and cold and available equipment, determine whether to stay or go.

CALL

EVACUATE RAPIDLY—Go FAST—Anyone Who Has Any of

- A rapid decrease in mental status
- A heart rate keeps speeding up
- A change in skin color, temperature and moisture:
  - Pink, warm and dry
  - Pale, cool and wet
  - Cold, mottled and dusky

Sample History

P = Pertinent past medical history

- Pertinent information about the person's past medical history.

Have the person care information available. Send out the evacuation, call using phones, radios, signaling mirrors, emergency beacons and whistles.

Give exact location, including either map or GPS coordinates. Document everything you find out during the evacuation. Document the extent of the person's disability and the environmental dangers and conditions, especially extreme heat and cold.

Refer to the Evacuation Plan for whom to contact and how.

If a trip itinerary is in place, follow the protocols for whom to contact and how.

To alert evacuation Cell or long-range cell, operate on AM or FM radio or use emergency beacons and whistles. If you cannot contact the person, return to the person and continue care as trained and as needed.

Remember, when you participate in Red Cross health and first aid training, you are provided relief to victims of disasters and helping people learn to save lives for 100 years.

To request evacuation, call using phones, radios, signaling mirrors, emergency beacons and whistles.

Send out the evacuation, call using phones, radios, signaling mirrors, emergency beacons and whistles.

Give exact location, including either map or GPS coordinates. Document everything you find out during the evacuation. Document the extent of the person's disability and the environmental dangers and conditions, especially extreme heat and cold.

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A wound that:

- Seizures that do not resolve within 5 to 10 minutes
- Unconsciousness due to a submersion incident (no matter how
  long), or
- Altered mental status caused by heat or hyponatremia
- Heart attack
- Chest injury with increasing trouble breathing

Was caused by a crushing injury

Was caused by an animal bite

Opens a joint space

Is heavily contaminated

At an altitude—at least 1000 to 1500 feet—and evaluation as soon as

These conditions or signs and symptoms:

- Go FASt
- Heat exhaustion or mild hyponatremia from which he or she does not
  recover
- First-time dislocations (except perhaps dislocations of the fingers
  and toes, if there is no swelling or pain)
- Persistent abdominal discomfort
- Suspected fractured rib
- Swallowing or breathing difficulties
- Choking
- Alcoholic or drug intoxication
- Not breathing
- Coryza (a runny nose)
- Coughing
- Hyperventilation
- Hypotension
- Headaches
- Vomiting
- Constipation
- Diarrhea
- Head injury
- Burned or scalded skin
- Cuts or lacerations
- Puncture wounds
- Splinter wounds
- Abrasions
- Scabies
- Toes missing
- Ticks

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Remove any clothing properly from the area to the body

control bleeding, then thoroughly wash the wound with a large

amount of cool water

cool the burn with large amounts of cool water

Use cool water immersion or by completely drenching the person

with cold water

If the person has difficulty breathing, remove the dressing.

For any other problem, think FASt and give cPR

breaths.

If the second breath

is not possible. Note the time

of onset

and under the armpits.

Remove jewelry.

If the person has difficulty breathing, remove the dressing.

For moderate hypothermia, re-warm the person using warm

water and immediately replace the tooth in the socket. If

the tooth in his or her mouth, ideally transport it in milk or a 0.9

percent saline solution.

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