

Protocols and Medical Issues

From Medic Wiki

- [Street Medic Wikia](#) (beta), the online resource for street medics

Protocol

A street medic **protocol** is a concise document which guides the care rendered by street medics. Unlike [medical issues](#), protocols are written only to the scope of practice of basic street medics. They should be easy to memorize, and require no prior medical knowledge beyond first response initial assessment.

Additional purposes of street medic protocols are to standardize treatment, raise the quality of care, and reduce risk to the patient and the medic. All street medic protocols are guided by the [Athens manifesto](#) and [Some expectations of street medics](#), two collaboratively-developed consensus documents. These documents, in turn, are based on the fundamental code of Do No Harm.

Street medic protocols are often adapted by local groups to be more relevant to the needs of the population that group serves. Adapted protocols are often guided by [Points of unity](#).

List of street medic protocols

- [Initial assessment](#) - An organized way to recognize and respond to life-threatening emergencies in a crisis
- [Lifesaving skills](#) - Head tilt- chin lift, jaw thrust, abdominal thrusts, rescue breathing, recovery position
- [Triage](#) - When there are more injured than medics, triage assures that the most critical are cared for first
- [Heat injury and illness](#) - Care for heat cramps, heat exhaustion, and heat stroke
- [Cold injury and illness](#) - Care for hypothermia, frostnip, and frostbite
- [Burns and blisters](#) - Care for injuries from heat, fire, and friction (like from walking)
- [Open wounds](#) - Care for scrapes, cuts, punctures, torn flesh, or amputation
- [Shock](#) - Care for hypovolemic and anaphylactic shock
- [Strains sprains and breaks](#) - Care for muscle, joint and bone injuries
- [Wounds that are likely to become dangerously infected](#) - Learn to recognize these!
- [Infected wounds](#) - how to recognize and care for them

Initial assessment

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Initial assessment is an organized way to recognize and respond to life-threatening emergencies in a crisis. It can take from a few seconds to a minute, after which you either stay with the sick or injured person until further care arrives, or stay with them until both they and you agree it is o.k. for you to leave.

Take a deep breath

Imagine you find a friend or family member in medical distress or suddenly at a public gathering you find someone who injured or sick. What do you do? First of all, don't panic! **Take a deep breath** and think. The goals of your intervention should be:

1. Summon necessary resources to aid any victims (Police, Fire Department, Emergency Medical Services), and
2. Provide needed supportive assistance (CPR, bleeding control, spinal immobilization, traffic control, etc.) until more advanced help arrives, and
3. **Do not make the situation worse.**
4. **Avoid becoming an additional victim yourself.**

Survey the scene

As you approach victims, **survey the scene**:

- Is it safe?
- What could be dangerous? Look for things like:
 - potentially live electrical wires (Assume all wires are "live" until determined otherwise by fire department personnel.)
 - smell of flammable substances (gasoline, natural gas)
 - strong chemical odor (ammonia, chlorine)
 - fire
 - weapons in the possession of or near victims
 - falling debris
 - unstable structure
 - advancing police
 - an out-of-control crowd
 - traffic
- Can you get closer to possible victims without risk to yourself or others?
- How many people need help?

Eliminate or prepare for potential hazards to the injured or ill person, to yourself, and to bystanders. **DO NOT BECOME A VICTIM YOURSELF!**

Universal precautions / BSI (Body substance isolation)

- While providing emergency care for others, it is important to also protect yourself from diseases borne by body fluids, like HIV and hepatitis B or C. *Wear latex or plastic gloves* if you have to touch **ANY BODY FLUID**. It is best to wear them whenever providing medical care.
- No gloves? a plastic baggie will work in a pinch. Be aware that some people are allergic to latex; because of this more and more providers are switching to plastic (*Nitrile*) gloves.
- Remember, diseases can spread through rescue breathing (mouth-to-mouth resuscitation). Use a rescue breathing mask, if available.

Use any crowd for moving obstacles, directing traffic, getting help, and keeping a safe space around injured people. Speaking in a calm voice will help keep others calm. Remember, most people want to help.

Introduce yourself

- "Hi, I'm so-and-so. I have some first aid training. Would you like me to help you? RESPECT THE VICTIM'S WISHES.

Determine if the person is alert

- "Are you OK?"
- "What's your name?"
- "Do you know where you are? What day it is? What happened?"

If the person does not respond to normal conversation, shout and tap gently, but **do not** shake them, since this could make a neck or spine injury worse.

If the person does not respond to conversation, shouting, or tapping:

- *Call 911.*
- If other people are present, ask someone else to call 911 or seek help. Be certain someone actually has made contact with 911. Consider asking more than one person to place calls to 911.
- Ask people nearby if they know what happened.
- Look for medical alert bracelets or necklaces that tell of a health condition.
 - DO NOT REMOVE THE VICTIM'S CLOTHING SEARCHING FOR A MEDIC ALERT BRACELET OR NECKLESS.
 - DO NOT SEARCH A WALLET OR A PURSE FOR VICTIM IDENTIFICATION.
 - These action could easily be misinterpreted by bystanders or law enforcement personnel.
- If emergency services are not available (like in a very remote area), CONSIDER transporting the person to the hospital.
 - **NOTE: Transporting a victim who is not a family member is very risky, BOTH FOR THE VICTIM AND YOU! The significant risk of further injury must be weighed against the risks of waiting for help to arrive. THIS IS A LAST RESORT.**

Get their consent

Ask the victim if he or she is willing to accept your help. If they don't want to talk to you or be touched by you, or whatever, do your best to find out why and attempt to get them help that they will accept.

Consent

- Always say what you are about to do before touching a victim-- if this is an emergency, it is frightening and they are giving you trust by letting you share it with them. Victims have a right to refuse your help.
- If you think the victim's life is in danger, you have a responsibility to explain potential consequences, and to help them get care even if not directly from you.
- DO NOT physically restrain a victim who wants to get up and leave the scene.

What you discover during the first part of initial assessment affects how you do the second part. When you surveyed the scene and determined if the person was alert, you probably got an idea of the *mechanism of injury or illness (MOI)* or the cause of the problem. Do you think the person fell? Were they in a fight? Do they appear to be under the influence of some stuff? Pay attention.

The most important thing to consider before going on is:

Based on the MOI, do you suspect a spinal injury?

Suspecting spinal injury

If any part of the spine was fractured the spinal cord is at risk of being pinched, crushed, or severed. The most critical part of the spinal column is located in the cervical (neck) vertebrae. *Act as if* the cervical spine is injured if the injury involves:

- Any injury that leaves the person unconscious
- Sudden forceful stops (like a car accident)
- Falls from a height greater than the height of the person
- Diving from a height injuries
- Blunt trauma to the neck

If you suspect a spinal injury, cradle their head to keep it still, and follow the spinal precautions included in the rest of this handout while you complete initial assessment.

Check the ABCs

This is a way to review the potential life-threats to a person before moving on to focus on one particular problem. Always assess and treat systems in their order of priority. A comes before B...

- Airway
- Breathing
- Circulation
- Disability
- Environment

A-- is the Airway open?

If the person talked to you normally, the airway is open. If they didn't talk, put your face next to theirs and look, listen, and feel for breathing for 15 seconds:

- Look to see if their chest rises
- Listen for sounds of breathing
- Can you feel breath on your cheek?

Interventions to open the airway:

- Manually open it with the head tilt/ chin lift (or with the jaw thrust if you suspect spinal injury) [if you know how]
- If you suspect that the airway is blocked by a foreign body, manually expel material with the Heimlich maneuver (if you know how)
- If the victim is having an asthma attack, help him/her use his/her own inhaler.
- If the victim appears to be having an allergic reaction, s/he may need an epinephrine (*Adrenalin*) injection immediately. **HELP THE VICTIM** administer his own Epi-Pen, if available.
- Keep victim's airway open by rolling them into recovery position (**TAKE SPINAL PRECAUTIONS!**)

B-- is the person Breathing?

If they can talk normally to you, they are breathing, right? If they didn't talk, and there seems to be no airway obstruction, but no breath is coming out or in, the problem might be with their breathing system.

Interventions to start breathing:

- If they are in respiratory distress (irregularly timed breaths, unusually deep or shallow breaths) (like from an overdose), try to keep them awake and breathing on their own by pinching their shoulder or earlobe
- If the victim is not breathing on his/her own, start rescue breathing if you know how. Remember to observe BSI precautions
- Keep their airway open by rolling them into recovery position (**TAKE SPINAL PRECAUTIONS**)

C-- is their Circulation compromised?

The circulatory system is contained within the heart and blood vessels. If the person is breathing, their heart is beating. Don't waste time taking their pulse unless you know how.

- Look for bleeding. Remember that bulky clothing, sand, or rocks might disguise blood loss. Blood loss may also be internal. Even if you find one bleeding injury, keep looking-- there may be other hidden injuries that are more severe.
- If the victim is pale, cool, and clammy, and if s/he is becoming less alert, assume victim may be going into shock.

Interventions to help the heart and stop bleeding:

- If their heart is not beating, begin CPR. Be certain someone has called 911.
- If the person says they are having a heart attack, help them take their own *Nitro* pills. Be certain someone has called 911.
- To stop bleeding, Apply firm direct pressure to the injury. Use a sterile gauze pad, a clean cloth, clothing, or even your gloved hand if necessary. If the person is able, they can put pressure on their own injury. Elevate the injured area above the level of the heart **ONLY IF YOU DO NOT SUSPECT A SPINAL INJURY.**
- Don't lift the gauze or cloth to check if bleeding has stopped. This can dislodge the blood clot and make bleeding start again.
- Call 911 for a bleeding emergency if:
 - Bleeding does not stop in about 15 minutes
 - A wound is spurting blood (this usually means an artery has been cut)
- If they become light-headed, help them lie down and slightly elevate their feet. Keep them warm

D-- have they been Disabled?

Any person who cannot think, move, or take care of themselves as they normally do-- or any person with a potential spinal injury-- is disabled.

- Stay with them until they recover or help arrives.

Interventions to help:

- If you suspect spinal injury, they should be kept still with calm words and holding the head still until help arrives. Be certain someone has called 911.
- If you suspect diabetic emergency, CONSIDER offering the victim sugar or orange juice **ONLY IF THE VICTIM IS FULLY CONSCIOUS AND CAN SWALLOW.**
- If victim is scared or traumatized, sit with them, listen to them, and help them breathe; but be realistic about the limits of your care. Help them find further care if they want it
- If the victim appears to be intoxicated, keep an eye on them. Diabetic issues present similar symptoms to intoxication. Be careful not to antagonize a potentially intoxicated person.
- Call 911 if:
 - The person has MOI for spinal injury
 - The person does is unresponsive
 - If you suspect that the person is diabetic, even if the sugar you gave to the victim seemed to improve the his condition. You cannot RESOLVE a diabetic problem with sugar. Sugar simply may keep the situation from getting worse until help arrives.
 - The person presents a danger to self or others
- Keep an unresponsive person's airway open by rolling them into recovery position (**TAKE SPINAL PRECAUTIONS**)

E-- have they suffered / will they suffer Exposure to a dangerous environment?

While the environment in which you provide first aid might feel fine to you, pay attention to its effect on the sick or injured person.

- Extremes of heat and cold can complicate any first aid, but cold exposure is more dangerous than heat. Any person with serious blood-loss, burns, or any injury that leaves them disabled needs to be kept warm and dry in all but the hottest of weather.
- Exposure to fumes and chemicals are potentially life-threatening emergencies. Treat this type of exposure accordingly.

Think of other environments which can seriously hurt an injured or sick person. Remember that the purpose of initial assessment is to discover threats to a person's life, and protect against those first, before providing general first aid.

Interventions to protect a person from a dangerous environment:

- If you can safely help someone leave a dangerous environment, do it. Perform clothes-drag if appropriate to avoid an immediate crisis. The first choice is to avoid moving the patient. Only perform carries or BEAM if you are trained and it is necessary. Don't injure yourself!
- Be careful not to move someone into another dangerous environment (like where help cannot find you or where you can get boxed in)
- If the person is cold or could get cold, protect them from getting soaked with water. Pad under them and cover over them. Warm their hands and feet with your armpits if they want. Don't let yourself get too cold
- Learn how to use any crowd or bystanders to provide privacy, safety, or other needed help

Document your care

It is a good idea to keep notes about any problems you encounter in your initial assessment. Some medics put strips of adhesive tape on their pants and keep basic notes on it. Others write notes on the back side of protective gloves. They number their patients to maintain patient confidentiality, and take notes like this:

#1

19yo F w/(L) leg wound

"patient reports being hit with projectile"

Pt A/Ox4 (Patient is alert and oriented by 4 [Patient knows name, location, day of week, year, etc., and what happened])

A-- ok

B-- ok

C-- ok (minor bleeding (L) lower leg)

HR elevated w/i normal range

D-- difficulty moving w/o assistance

Pain 4 (out of 10) with pressure

E-- cold

Plan-- call 911, help her move inside, elevate leg, first aid.

Many medics write their notes after they have completed initial assessment and basic first aid, so that they can give the person all their attention. Documentation is always important, and becomes more important the more assessment skills you know, and the longer the person will be in your care.

Re-assess as needed

Signs for some life-threats take a while to show up. Keep an eye on the person while they are in your care. If they can talk, have a conversation. Not only is it good for their morale, but you can quickly assess changes in their level of alertness.

If the person's condition appears to change, assess again. Also, if you are going to be with the person a long time, assess them every few minutes, 15 minutes, hour, or few hours, depending on how injured or ill they are. Write down any changes for the better or worse.

Notes

It can be hard to tell what's wrong. Breathing problems may be due to asthma or anaphylaxis. Confusion could be due to diabetes, dehydration, psychological stress, or a head injury. Start from a place of love and respect, and harm none.

This material is intended as a training supplement. Reading this material is no substitute for first aid / medical training with a qualified trainer. We encourage you to pursue ongoing education, reviewing and upgrading your skills-- for the safety of both yourself and anyone you treat.

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