SPLINTING
Do not attempt to “set” bones in open fractures back in place. Focus on controlling blood loss, restoring circulation, and minimizing further damage to the bone, joint, and surrounding tissue by splinting and /or dressing the wound.

Chest & Abdominal Injuries Sucking Chest Wound- A hole in the chest that is too large to self-seal, collapsing a lung. Prepare an airproof patch made of Vaseline gauze, foil, or plastic—tape patch on all sides.

Flail Chest- When ribs break loose as a section within the rib cage, air capacity in the lungs is reduced; this is also called flail chest. Hold or cushion with gauze over the injured area to maintain some rib stabilization as much as the patient can tolerate until the evacuation.

Impaled Objects—When possible, cut the object close to the body—within 2“-3”. Pad with a bulky dressing to protect the object, as pulling or pushing through will damage internal organs and tissue. The only exception is in the cheek, where the object is pulled through, and the airway is guarded while bleeding is controlled.

Hypothermia occurs when the core body temperature drops below 95 degrees F. 90-95 degrees is mild, whereas anything under 90 is severe. To treat Mild-Moderate hypothermia, move the patient to a warmer shelter, out of wet clothing, and into a dry environment. Feed carbohydrates and warmed sweet drinks or simple snacks. Do all you can to promote heat entrapment until the patient regains a “warm” feeling.

Treat Severe Hypothermic cases by handling patients gently for rough movement, which can induce cardiac arrest. If breathing is undetectable, first perform 3 minutes of rescue breathing before any movement. Remove clothing and bundle the patient with as much dry insulation as possible. Insulate well from the ground. Place hot water bottles under the arms, around the neck, and in the groin area. Finish with a vapor barrier- a tent fly, plastic, or trash bag- to trap heat still left in the patient. Treat even if the patient appears dead- do not force food or liquids into the patient. Evacuate as soon as possible.

Hyperthermia Results when the core body temperature exceeds 101 degrees F. Sustained temperatures above 104 are life-threatening. Signs are hot, dry skin, inability to sweat, low blood pressure, fainting, and dizziness. Treat mild cases by moving the patient to a cooler area, loosening restrictive clothing, and sipping cool fluids or sitting in cool water. Severe cases are treated much the same way with the consideration of heat stroke, which is often caused by overworking in a hyperthermic state. If alert, treat as in mild cases, with cool baths being the optimum means of quick cooling. If unresponsive, place cooling packets under the arms, around the neck, and in the groin to cool blood as it flows and move to a shaded or cooler area.

Survival Pre-Plan: Know where you are going, tell friends and family, and have a check-in time and a plan in place for failing to check in by a specific time. Practice building shelters and carry shelter materials with you in your kit. Five-minute shelters work great for temporary needs. Practice fire-making skills and be able to light a fire within 5 minutes. Carry with quick-fire fuels and multiple combustion devices to multiply success. Be able to boil water from a wood fire within 15 minutes.

WILDERNESS FIRST AID

Survival Essentials

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LOOK AROUND! Assess the Scene. Is it safe? If not, you may need to move your patient or remove potential hazards. Look for hazards that could harm yourself, your patient, and other rescuers, such as Widow Makers, Cliffs, Loose Rocks, Slippery Slopes, poisonous plants, animal hazards, and flood plains.

Establish BSI: Body Substance Isolation. Wear gloves and eye/face protection for you and the patient (when available). When gloves are not available, use plastic bags or clothing, with reading or sunglasses to cover the eyes.

Determine MOI: Mechanism of Injury- how did the patient get hurt? Initial Assessment- ABC's
A- Airway: if they can talk, they can breath, but ask if they have a problem doing so. Otherwise, open the airway.
B- Breathing: how well are they breathing, if hard to breathe figure out why and fix the problem.
C- Circulation: check for pulse rate at the wrist, then look for major bleeding. If bleeding is found, expose the wound and use direct pressure to control it.
Perform Trauma Assessment (Head to Toe Exam). When in doubt, check it out! The most obvious injury is not always the most serious. Note LOR (Level of Responsiveness) **A- Alert**, can answer questions when asked **V- Verbal**, can wince or roll away when you speak or shout. **P- Painful**, can only respond when you pinch them
U- Unresponsive
Note Heart Rate In an unresponsive person, the carotid pulse (neck) is the easiest to find. Count the beats for 15 seconds & multiply by 4 to get beats per minute (BPM). Normal rates are strong and regular at 50-100 BPM. Note Respirations Normal unlabored breaths: 12-20 times per minute

MEDICAL HISTORY
If there is no apparent injury or the patient says they have a medical condition, get SAMPLE:
S- Signs & Symptoms: what do you hear, see, smell, feel, and what does the patient describe (pain, dizziness, etc.)
A—Allergies: Do they have any? Give examples, such as bees, latex, medication, foods, etc.
M—Medications: Did they forget to take their medications? Ask if you can assist them in getting a replacement.
P- Pertinent Medical History: is there anything that led them to become this way (diabetes, asthma, blood pressure, recent surgery, etc.)?
L- Last oral intake: when did they last eat or drink?
E- Events leading up to incident, what were they doing before they fell ill?

DOCUMENTATION: Make notes because you will not remember it all in an emergency. Always have a pencil and notepad in your outdoor gear bag.

SHOCK
Regardless of the type of shock, treatment is the same in the field; seek to prevent or minimize it by:
- Stop severe bleeding from open wounds
- Reduce pain and damage by splinting fractures
- Prevent further damage to suspected spinal injury
- Help heart attack victims take prescribed meds and avoid exertion while awaiting evacuation
- Give appropriate meds for allergic reaction
- Prevent or at least identify infections before they spread through the body to minimize the risk of septic shock. Treat for shock before symptoms appear!

4 primary support systems in wilderness care:
- Guard the patient's airway
- Give oxygen if available
- Maintain body core temperate
- Give psychological slupport

BLEEDING
Most bleeding can be stopped with direct pressure; use your hand and a barrier between your skin and the patient and simply apply pressure until bleeding slows or stops. If there is time, place a sterile dressing on the wound, then apply pressure. If bleeding is severe, insert fingers into the wound or pack it with absorbent material, then apply direct pressure. If there is tremendous blood loss or death is near, apply a tourniquet to the pressure point on the arm or leg only to stop blood loss. Note the Date and Time you place the tourniquet and mark TK on the patient's forehead with the date and time for rescuers. If you find a leak, plug it!

WOUND CARE
Cleaning, closing, and dressing a wound will prevent most infections. Wash your hands/ BSI before working on a wound. Irrigate the wound with sterile or bottled water whenever available, remove the remaining debris from the wound with tweezers, and then irrigate again. Then, close with butterfly bandages and dressing. In the event of a puncture wound, apply hot compresses for 20 minutes every 2 hours to draw out contaminants. Large open or gaping wounds should be irrigated to minimize infection, and left open, they should be packed with moist sterile gauze until a physician can be reached.

BURNS: In the field, pain management is of primary concern.
- Gently wash with lukewarm water and mild soap, pat dry.
- Leave blisters intact, dress with antibiotic ointment, and cover with a thin layer of gauze pad.
- Do not pack with ice; keep the patient warm and well-hydrated
- If you have no ointment or dressings, allow the wound to dry and scab over, which is a natural form of protection.

Do not use wet dressings as it chills, leading to hypothermia.