



# First Aid Sequence and Procedures Guide

## Checklist for the primary First Aider

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### A. Scene Size-Up

1. Identify immediate hazards (avalanche, rock fall, weather)?
2. Determine Mechanism Of Injury?
3. General Impression of seriousness?
4. Number of patients?
5. First aiders and patient put on personal protective gear -- gloves, mask, eye protection.

### B. Initial Assessment

1. Level of responsiveness?
2. Obtain consent to treat.
3. Protect spine if MOI suggests head or back injury.
4. Airway – Open? Clear any obstructions.
5. Breathing – Look, listen, feel.
6. Circulation – Check pulse. Look for severe bleeding.
7. Decision – Is protection of spine needed?
8. Expose and examine for major injuries.

### C. Decision to relocate patient if necessary

1. Do not move if spinal injury expected.
2. Do not expose rescuers to imminent harm.
3. Circumstances may present rescuers with a difficult decision.
4. Use judgment weighing urgency to provide treatment, severity of injury, and presence of immediate safety hazard(s).

### \*\* Begin Documenting all Findings on Medical Report Record \*\*

#### D. Secondary Assessment

1. Look, listen, feel, smell, ask – Head-to-Toe Exam
  - a. Scalp? Ears? Nose? Eyes? Mouth? Neck?
  - b. Shoulders? Arms? Fingers? Spine? Chest?
  - c. Abdomen? Pelvis? Legs? Feet? Toes CSMS?
2. Vital Signs
  - a. Level of responsiveness? (A+OX?)
  - b. Heart 50-100 (rate, rhythm, strength)?
  - c. Respiration 12-20 normal (rate, rhythm, effort)?

- d. Skin signs (color, temperature, moisture)?
- e. Blood pressure (weak, strong)?
- f. Pupils (equal size, shape, reactivity to light)?
- g. CSM's (Check extremities. Circulation/Sensitivity/Motion

### 3. Medical History

- a. Chief Complaint: Problem that caused patient to need help?
  - Onset – Problem occurred suddenly or gradually?
  - Provokes/Palliates – Illness? Accident? What makes it better or worse?
  - Quality – Describe the pain: Burning? Dull? Sharp? Cramping?
  - Radiation/Referred – Where is pain? Does it radiate?
  - Severity – On scale of 1-10, with 10 being worst pain ever?
  - Time/Trend – When did it start? How frequent? Deteriorating? Stable? Improving?
- b. Symptoms?
- c. Allergies?
- d. Medications?
- e. Past medical history?
- f. Last intake/output?
- g. Events recently?

### 4. Mental/psychological state? (calm, agitated, despair, scared?)

### 5. Overall Assessment

- a. Severity (life threatening, severe, moderate, low)?
- b. Trend (deteriorating, stable, improving)?

### 6. Determine significant injuries in order of severity. What treatment and/or actions should be/were taken.

### 7. Evacuation Decision

- a. Immediate? If not immediate, when?
- b. Resources requested (litter, helicopter, special meds)?

### 8. Patient Information

- a. Name? Age? Gender? Weight?
- b. Emergency contact? Emergency phone?
- c. Emergency contact location? Relationship?
- d. Permission to call emergency contact?

### 9. Retake and Document Vital Signs

- a. Every 20 minutes if responsive.
- b. Every 5 minutes if unresponsive.



# Medical Report Record (Retain at site)

For the First Aid Scribe to record the primary First Aider's findings.  
The Get Help Team needs to snap a photo of this card!

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## 1. Secondary Assessment – Head-to-Toe Exam

- a. Scalp? Ears? Nose? Eyes? Mouth? Neck? \_\_\_\_\_
- b. Shoulders? Arms? Fingers? Spine? Chest? \_\_\_\_\_
- c. Abdomen? Pelvis? Legs? Feet? Toes? CSM's? \_\_\_\_\_

## 2. Vital Signs – Record this item #2 findings in the chart on page 2

- a. Level of Responsiveness (Alert + Oriented x \_\_\_\_; \_\_\_\_\_ A+OX4 if conscious; (i.e., Alert+ Oriented to Person, Place, Time, Event) \_\_\_\_\_ AVPU if not conscious: Alert to? Voice? Pain? Unresponsive?)
- b. Pulse (50-100 normal. Note rate, rhythm, strength)?
- c. Respirations (12-20 normal. Note rate, rhythm, effort)?
- d. Skin signs (Note color, temperature, moisture)?
- e. Blood pressure (At radial or pedal. Note weak or strong)?
- f. Pupils (Note size, shape, reactivity to light)?
- g. CSM's (Check extremities. Circulation/Sensitivity/Motion)

## 3. Medical History

- a. Chief complaint? \_\_\_\_\_
  - b. Symptoms? \_\_\_\_\_
  - c. Allergies? \_\_\_\_\_
  - d. Medications? \_\_\_\_\_
  - e. Pertinent medical history? \_\_\_\_\_
  - f. Last intake/output? \_\_\_\_\_
  - g. Events recently? \_\_\_\_\_
4. Mental/psychological state?  calm  agitated  despair  scared  other \_\_\_\_\_
5. Overall Assessment
- a. Severity (life threatening, severe, moderate, low)? \_\_\_\_\_
  - b. Trend (deteriorating, stable, improving)? \_\_\_\_\_
6. List significant injuries in order of severity. Indicate treatment and/or actions taken: \_\_\_\_\_
7. Evacuation Decision
- a. Immediate? If not immediate, when? \_\_\_\_\_
  - b. Resources requested (litter, helicopter, special meds)? \_\_\_\_\_

## 8. Patient Information

- a. Name? \_\_\_\_\_ Gender? \_\_\_\_\_ Weight? \_\_\_\_\_
- b. Age? \_\_\_\_\_
- c. Emergency contact name? \_\_\_\_\_ email? \_\_\_\_\_
- d. Phone? \_\_\_\_\_
- e. Emergency contact address/location? \_\_\_\_\_
- f. Relationship? \_\_\_\_\_ Permission to call? Y? N? Unknown?

## 9. Vital Signs Record (20 minutes if responsive; every 5 minutes if not)

TIME	Initial	_____	_____	_____	_____
Level of Responsiveness -Alert? -Oriented?					
Pulse/min -Regular? -Strong?					
Respirations /min					
Skin (SCTM) -Regular? -Easy? -Color? -Temp? -Moisture?					
Blood Pressure (radial/pedal) -weak -strong					
Pupils (PERRL) -Size? -Equal? -Round? -React to Light?					
CSM's (arms/legs) -Circulation? -Sensitivity? -Motion?					