Communications & Documentation

SBAT	GRIEV_ING	CHART	SOAP	SAFR
Situation	Gather	Chief Complaint / Concern	Subjective	Search
Background	Resources	History	Objective	Alert
Assessment	Identify	Assessments	Assessment	File
Treatment	Educate	Rx (Treatments)	Plan	Reconcile
	Verify	Transport		
	Space			
	Inquire			
	Nuts & Bolts			
	Give			

Toxicology

SLUDGEM	DUMBELS
Salivation, sweating	Diarrhea
Lacrimation (excessive tearing of eyes)	Urination
Urination	Miosis (constriction of pupils), muscle weakness
Defecation, drooling, diarrhea	Bradycardia, bronchospasm, bronchorrhea (discharge of muscus from lungs)
Gastic upset & cramps	Emesis (vomiting)
Emesis (vomiting)	Lacrimation (excessive tearing of eyes)
Muscle twitching, myosis (pinpoint pupils)	Seizures, salivation, sweating

Neurologic Emergencies

AEIOU TIPS
Alcohol
Epilepsy, Endocrine, Electrolytes
Insulin
Opiods & Other Drugs
Uremia (Kidney Failure)
Tramua, Temperature
Infection
Poisoning, Psychogenic Causes
Shock, Stroke, Seizure, Syncope, Space-Occupying Lesion, Subarachnoid Hemmorhage

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Vehicle Extrication & Special Rescue

FAILURE
Failure to understand the environment or underestimating it
Additional medical problems not considered
Inadequate rescue skills
Lack of teamwork or experience
Underestimating the logistics of the incident
Rescue versus reccovery mode not considered
Equipment not mastered

BLS Resuscitation

STOP
The patient *starts* breathing and has a pulse.
The patient's care is *transferred* to another clinician or equal or higher-level training.
You are *out* of strength or too tired to continue CPR.
A *physician* who is present or providing online medical direction assumes responsibility for the patient and directs you to discontinue CPR.

Patient Assessment

AVPU	SAMPLE	OPQRST	DCAP-BTLS	GEMS	PERRL	TICLS
Awake and alert	Signs and symptoms	Onset	Deformity	Geriatric Patients	Pupils	Tone
Resposive to *verbal* stimuli	Allergies	Provocation/palliation	Contusions	Environmental Assessment	Equal	Interactiveness
Responsive to *pain*	Medications	Quality	Abrasions	Medical Assessment	Round	Consolability
Unresponsive	Pertinent past medical history	Region/radiation	Punctures	Social Assessment	Regular in size	Look or gaze
	Last known	Severity	Burns		React to light	Speech or cry
	Events leading up to injury/illness	Timing	Tenderness			
			Lacerations			
			Swelling			

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Team Approach to Healthcare

PACE

Probe

Alert

Challenge

Emergency

Medical Overview

4Ms Framework

What *Matters*

Medication

Mentation

Mobility

Trauma

MARCH

Massive hemorrhage

Airway

Respirations

Circulation

Head injury, hypothermia

Airway & Ventilation Management

BE MAGIC

Perform *bag-mask* preoxygenation

Evaluate for airway difficulties

Manipulate the patient

Attempt first-pass intubation

Use a supra*Glottic* airway if unable to intubate

Confirm successful intubation / *Correct* any issues

Respiratory Emergencies

PASTE

Progression

Associated Chest Pain

Sputum

Talking Tiredness

Exercise Tolerance

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Patients with Special Challenges

DOPE	CHILD ABUSE	TEN 4 FACES p
Displa-cement	Consistency of the injury with the child's devlopmental age	*TEN* bruising on torso, ears, or neck
Obstru-ction	History inconsistent with injury	*4* bruising anywhere on infant 4 months old or younger
Pneumo-thorax	Inappropriate parental concerns	*FACES* bruising on frenulum (narrow strip of tissue that joins upper lip to gums), angle of the jaw, cheeks, eyelids, or subconjunctivae
Equipment	Lack of supervision	*p* patterned bruising such as belt, hand, or other tool marks
	Delay in seeking care	
	Affect (body language)	
	Bruises of varying ages	
	Unusual injury patterns	
	Suspicious circumstances	
	Environmental clues	

Soft Tissue Injuries

RICES
Rest
Ice
Compression
Elevation
Splinting

Obstetrics & Neonatal Care

APGAR
Appearance
Pulse
Grimmace or Irritability
Activity or Muscle Tone
Respirations

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