

Communications & Documentation

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

Patient Assessment

AVPU	SAMPLE	OPQRST	DCAP-BTLS	GEMS
Awake and alert	Signs and symptoms	Onset	Deformity	Geriatric Patients
Responsive to <i>verbal</i> stimuli	Allergies	Provocation/palliation	Contusions	Environmental Assessment
Responsive to <i>pain</i>	Medications	Quality	Abrasions	Medical Assessment
Unresponsive	Pertinent past medical history	Region/radiation	Punctures	Social Assessment
	Last known	Severity	Burns	
	Events leading up to injury/illness	Timing	Tenderness	
			Lacerations	
			Swelling	

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 mucus 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
Opioids & Other Drugs
Uremia (Kidney Failure)
Tramua, Temperature
Infection
Poisoning, Psychogenic Causes
Shock, Stroke, Seizure, Syncope, Space-Occupying Lesion, Subarachnoid Hemorrhage

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 recovery mode not considered
Equipment not mastered



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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

Soft Tissue Injuries

RICES

Rest
Ice
Compression
Elevation
Splinting

Obstetrics & Neonatal Care

APGAR

Appearance
Pulse
Grimace or Irritability
Activity or Muscle Tone
Respirations

Patients with Special Challenges

DOPE	CHILD ABUSE	TEN 4 FACES p
Displacement	Consistency of the injury with the child's developmental age	<i>TEN</i> bruising on torso, ears, or neck
Obstruction	History inconsistent with injury	4 bruising anywhere on infant 4 months old or younger
Pneumothorax	Inappropriate parental concerns	<i>FACES</i> 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	<i>p</i> 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	



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