



Lowland Rescue
Casualty Carer
Check Cards

Version 2.0

Possible signs and symptoms:

- Confused • Agitated • Unpredictable • Aggressive
- Pacing back and forth • Vacant expression
- Distant and withdrawn • Depressed

- **CARE WHEN ASSESSING DANGER (D) and when EXPOSING (E) for potential weapons**
- **ASSUME NOTHING - there are many medical reasons for the above symptoms**

Threatening & unpredictable

**Accepting help
no attempt to harm**

DO NOT corner or attempt to restrain

DO NOT corner or attempt to restrain

Keep under constant observation. Note changes of position and direction of travel

Keep under constant observation.

Advise Control immediately of any changes

Listen, reassure and explain

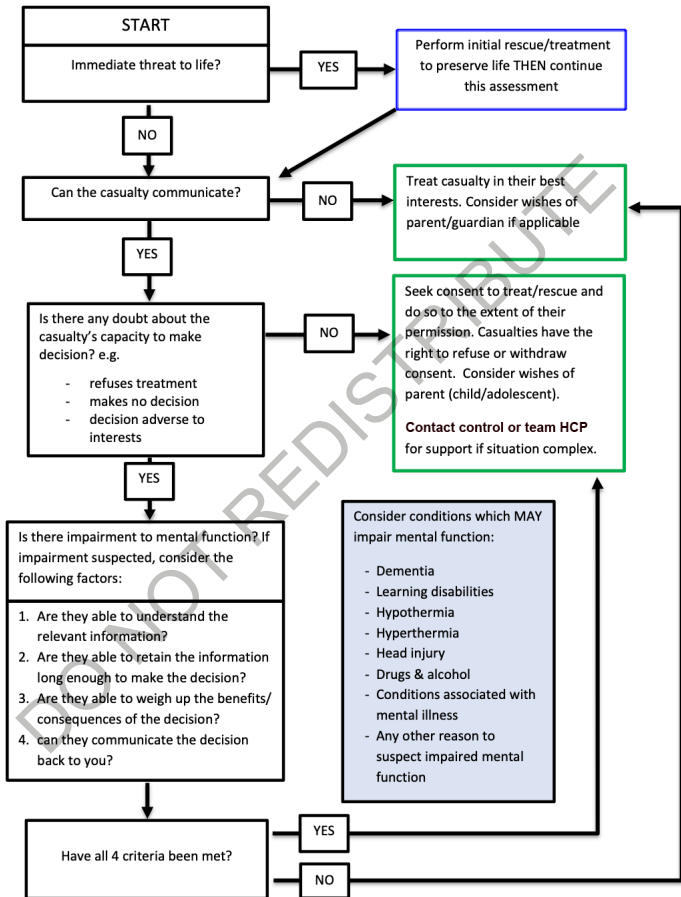
Involve other agencies and communicate accordingly

If self-harmed or suicidal must go to hospital for treatment and mental health assessment

NOTES

If casualty attempts to leave do not restrain.
The safety of the team comes first and the casualty second.

Consider support from Team HCP



PATIENT ASSESSMENT

ACTIONS		POSSIBLE SYMPTOMS		TIME:
D	Danger: Scene Safety MOI: TRAUMA / MEDICAL	Non Time Critical	Time Critical	
R	Assess Response: Alert / Voice / Pain / Unresponsive	A	V P U	AVPU
C	Life Threatening Bleed	time tourniquet applied: Control with: Direct Pressure (DP) Indirect Pressure (IP) Tourniquet (T)		CAT TIME
A	Look / Clear / Secure If P or U open airway using: MEDICAL: Head Tilt (HT) TRAUMA: Jaw Thrust (JT) Consider OP / NP / Suction TRAUMA: Give 100% Oxygen via non rebreather mask	write HT or JT as appropriate:		HTorJT
	Apply Pulse Oximeter	write OP or NP as appropriate:		OPorNP
	Check breathing rate for 10 seconds - and x 6	12, 18 or 24	0, 6, 30, 30+	SAT %
	BREATHING 12+ / MIN	Begin CPR - CARD 2		BR
	NO BREATHING OR 6 / MIN			
<p>TRAUMA</p> <p>Visual Check of Neck and Chest and Stabilise injuries If not already, administer 100% oxygen via non rebreather mask</p> <p>MEDICAL</p> <p>If Sats <94% give oxygen @ 15 l/min via non rebreather mask If known COPD aim for Sats 88-92% using 2-6 l/min via nasal cannula</p>				
continue assessment				

PATIENT ASSESSMENT

C

Find pulse and note rate
(adult :neck or wrist, child: arm)
Check central cap refill

>42
<120

<42
>120

PR

Consider internal bleed
(chest, abdo, pelvis, long bones)
If available consider pelvic splint

1 or 2
secs

+3
secs

CRT

Take blood pressure

BP

D

Take Temperature
Check Pupils
Visually check head
Sensory check (feet, legs, hands)
Consider FAST test
Take blood glucose level

36-38 °C

<35 or
>39 °C

TEMP

Pupils
equal
& reactive

Pupils
not equal
or reactive

SIZE

>4mmol/L
no action

<4mmol/L
see card 18

BGL

E

TRAUMA • Expose and do head to toe • Keep warm • Enquire SAMPLE
MEDICAL • Enquire SAMPLE • Examine as required - consider head to toe

Evaluate Casualty

TIME
CRITICAL

or

NON TIME
CRITICAL

Treat and Evacuate
See Treatment Cards







Breathing Rate

10 seconds	0	1	2	3	4	5	6	7	8	9	10	11	12
1 minute	0	6	12	18	24	30	36	42	48	54	60	66	72

← BVM → ← Non rebreather mask if oxygen indicated →

Pulse Rate

10 seconds	5	6	7	8	9	10	11	12	13	14	15
1 minute	30	36	42	48	54	60	66	72	78	84	90
10 seconds	16	17	18	19	20	21	22	23	24	25	26
1 minute	96	102	108	114	120	126	132	138	144	150	156

No Pain	Mild Pain	Moderate Pain	Severe Pain
0	1 - 3	4 - 6	7 - 10
		 	 
0	2	4	6
No Hurt	Hurts Little bit	Hurts Little More	Hurts Even More
			8
			10
			Hurts Whole Lot
			Hurts Worst

Step 1; Positional Pain Relief

Consider, where appropriate; immobilisation, elevation, cooling, casualty position

Step 2; Casualty's Own Medication

If available and appropriate, encourage casualty to administer their own pain relief within dosage limits

Step 3; Entonox

USE for pain;

- If indicated in check cards and not contraindicated below

DO NOT use for;

- Severe head injuries with impaired conscious level
- Violently disturbed psychiatric or intoxicated casualties
- Those who have scuba dived in last 24 hours
- Eye surgery with injection of gas within the last 8 weeks
- Abdominal pain where an obstruction is suspected
- Chest injuries

Signs and symptoms

Pain Score

/10

Allergies**M**edications**P**ast relevant medical history**L**ast oral intake**E**vents leading to incident

Return to assessment on completion of SAMPLE

CASUALTY NORMAL PARAMETERS

SPO2 Values

Normal	94 – 98%
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C.O.P.D. (2/6 litres)	88 – 92%
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Normal Breathing Rates per minute

Adult (12+ yrs)	12 – 20
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Child (1-12 yrs)	20 – 30
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Baby (0-1 yrs)	30 – 40
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Normal Pulse Rates per minute

Adult (12+ yrs)	60 – 100
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Child (1-12 yrs)	80 – 150
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Baby (0-1 yrs)	110 – 160
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Normal Blood Pressure

Adult	100 - 170 systolic
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Child & Baby	not applicable
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Temperature

Normal	36.1 - 37.5 °C
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Blood Glucose Level

Normal	4 - 7 mmol / litre
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Age Markers

AED	All ages above 1. Use paed pads / mode if <8
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BVM	All ages but use paed BVM if required
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OP Airway	Base on size
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NP Airway	12 years and over
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Suction	All ages but use paed catheter if less than 8yrs
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Tourniquet	Base on size
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CASUALTY MONITORING

TIME CRITICAL: Re-assess every 2 minutes
NON TIME CRITICAL: Re-assess every 5 minutes

	Airway Secure	Response	Breathing Rate	Capillary Refill	Pulse Rate	TC or NTC
Time	✓	A	12, 18 or 24	1 or 2 secs	>42 <120	
	X	V P U	0, 6, 30, 30+	3+ secs	<42 >120	

Breathing Rate

10 seconds	0	1	2	3	4	5	6	7	8	9	10	11	12
1 minute	0	6	12	18	24	30	36	42	48	54	60	66	72

Pulse Rate

10 seconds	5	6	7	8	9	10	11	12	13	14	15
1 minute	30	36	42	48	54	60	66	72	78	84	90
10 seconds	16	17	18	19	20	21	22	23	24	25	26
1 minute	96	102	108	114	120	126	132	138	144	150	156

Responders WILL NOT perform Basic Life Support when:

- The scene is too dangerous
- Unable to perform CPR and / or maintain it
- There are injuries incompatible with life (see below)
- A valid DNACPR form is present
- If doctor or other Health Care Professional stops the rescue

Injuries Incompatible with Life:

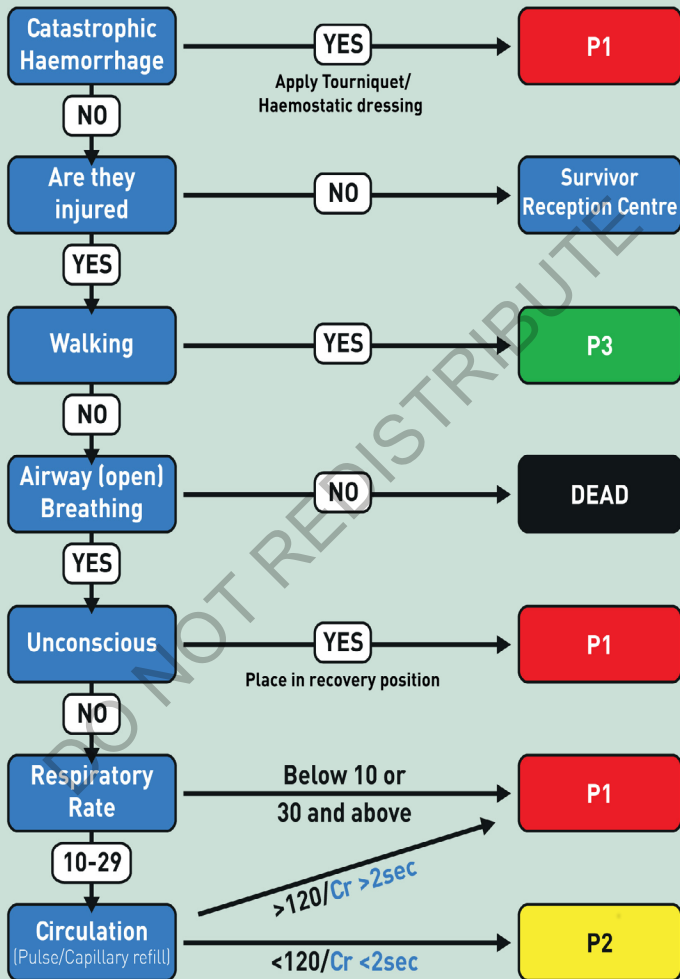
- Decapitation
- Body cut in half
- Massive skull & brain destruction
- Decomposition or Putrefaction
- Animals have picked at the body
- Rigor Mortis
- Whole body frozen (chest incompressible)
- Submersion for >90 minutes
- Incineration
- Hypostasis (accumulation of blood in the lower parts of the body after death under the influence of gravity)

Formal Recognition of Life Extinct:

This can be assessed by 2 or more competent and trained people using the UKSAR ROLE form, or Health Care Professional on scene.

**If you are in any doubt, at any time,
you MUST commence BLS.**

TRIAGE



CONTENTS

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TRAUMA

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IMMERSION / HEAT RELATED

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CARD 22 COLD AND HYPOTHERMIA

CARD 23 HEAT EXHAUSTION AND HEAT STROKE

Possible signs and symptoms:

Response P or U
(Casualty breathing)

TRAUMA

Maintain airway using
JAW THRUST or POSTURE
Prepare suction

Attempt **OP** or **NP**
GIVE OXYGEN @15 l/min
via non-rebreather mask

Treat traumatic injuries
Keep warm with blanket

If BGL <4, consider
administering small amounts
of **GLUCOSE GEL**
onto the gums via a gloved
finger until casualty is alert on
AVPU and BGL >4 mmol/L

Monitor, evacuate and hand over
to ambulance service

MEDICAL

Maintain airway using
HEAD TILT / CHIN LIFT
Prepare suction

Attempt **OP** or **NP**
GIVE OXYGEN @15 l/min
via non-rebreather mask

Place in recovery position
Keep warm with blanket

If BGL <4, consider
administering small amounts
of **GLUCOSE GEL**
onto the gums via a gloved
finger until casualty is alert on
AVPU and BGL >4 mmol/L

Monitor, evacuate and hand over
to ambulance service

NOTES

If at any point you cannot maintain the airway in a trauma casualty choose life over limb and use head tilt / chin lift or the recovery position.

Place **pregnant** casualties on their **left** side. **SEE CARD 19**

Possible signs and symptoms:

- Response U
- Breathing Rate 0 or 6
- Pale/blue colour

TIME CRITICAL

CHILD < 12 YEARS
 <2 BREATHS IN 10 SECS
 OR NO BREATHING - START CPR

INSERT OP AIRWAY

Prepare suction - consider paed suction catheter if < 8 years

Give **5 breaths**
 via pocket mask
If available USE OXYGEN
 @15 l/min

Give **1 minute of CPR**
15 compressions
 at a rate: **100-120** per minute
 Give **2 breaths** via pocket mask
If available USE OXYGEN
 @15 l/min

If available and over 1 years old,
 connect **AED** and follow prompts

Continue **15 compressions**
 to **2 breaths**, only stopping if
 shows obvious signs of life

NOTES

Always attempt CPR unless contraindicated. (see Recognition of Life Extinct - ROLE card)
 If Child BVM present consider using in place of face mask.

TIME CRITICAL

ADULT > 12 YEARS
 <2 BREATHS IN 10 SECS
 OR NO BREATHING - START CPR

If available, connect **AED** and follow **AED** prompts

INSERT OP or NP AIRWAY
 or if available use supra-glottic airway. Prepare suction

For adult drowned casualties,
 give **5 breaths** via BVM
 or pocket mask
If available, USE OXYGEN
 @15 l/min

Give **30 compressions**
 at a rate: **100-120** per minute

Give **2 breaths** via BVM
 or pocket mask
If available USE OXYGEN
 @15 l/min

Continue **30 compressions**
 to **2 breaths**, only stopping if
 shows obvious signs of life

If possible raise casualty's feet.

Possible signs and symptoms:

- Breathing 30+ • CRT 3+ secs • Pulse >120 • BP < 90 Systolic
- Pale • Cold and clammy • Loss of consciousness AVPU
- **Keep injured casualties warm and handle gently** •

NON-CATASTROPHIC

Sit or lie casualty down
Expose and examine wound

Apply direct finger pressure
to site and elevate if possible

Apply trauma dressing

If in pain, refer to
PAIN MANAGEMENT card

If not giving Entonox, and
casualty is **TIME CRITICAL**,
GIVE OXYGEN @15 l/min
via non-rebreather mask

If dressing bleeds through
SLOWLY, then
apply second dressing on top

If bleeding not controlled, treat
as **Catastrophic Bleed**

If casualty goes unconscious
maintain airway **SEE CARD 1**

CATASTROPHIC

Apply immediate direct or
indirect pressure

For limb bleeds use tourniquet

Dress wounds, consider **Celox**

If in pain, refer to
**PAIN MANAGEMENT
card**

If not giving Entonox
GIVE OXYGEN @15 l/min
via non-rebreather mask

DO NOT release tourniquet

Note time of tourniquet
application on
cards / tourniquet / forehead

Request immediate ambulance
back up

If casualty goes unconscious
maintain airway **SEE CARD 1**

NOTES

Do not pull out embedded objects. Pad around objects or open fractures. Pack deep holes with Celox dressings, then apply direct finger pressure. DO NOT push Celox into the torso.

Possible signs and symptoms:

- Breathing Rate 30+ • Cap refill 3+ secs • Pulse >120
- SATS <94% • BP < 90 Systolic • Loss of consciousness AVPU
- Pale, Cold and clammy • Bruising, discolouration, swelling
- Hardening in the abdomen • Loss of radial pulse

- **Keep injured casualties warm and handle gently** •

Examine 4 possible locations:
CHEST / ABDOMEN /
PELVIS OR LIMB FRACTURE
If pelvis or limb, consider splint if available

Lie casualty HEAD DOWN
Raise feet if possible but not if
leg or pelvis fractures present

**If in pain, refer to
PAIN MANAGEMENT
card**

If not giving Entonox and casualty is
TIME CRITICAL,
GIVE OXYGEN @15 l/min
via non-rebreather mask

Keep warm and reassure

Monitor, evacuate and hand over
to ambulance service

NOTES

Be ready to treat unconsciousness.....

SEE CARD 1

Be ready to resuscitate.....

SEE CARD 2

Possible signs and symptoms:

- Breathing Rate 30+
- Cap refill 3+ secs
- Pulse >120
- SATS <94%
- Pain
- Pale and sweaty
- Swelling, deformity, discolouration

- **Keep injured casualties warm and handle gently** •

CLOSED FRACTURES

Remove watches / jewellery from affected limb

If in pain, refer to **PAIN MANAGEMENT** card

If not giving Entonox **GIVE OXYGEN @15** l/min if pelvis or long bone or sats <94%

If available, **immobilise** fracture using splints
If indicated consider pelvic splint

Keep warm and reassure

Monitor and hand over to ambulance service

CRUSHED LIMBS

If limb is crushed for >30 mins apply and tighten tourniquet prior to release. For crush time <30 min apply and only tighten if life threatening bleed on release

OPEN FRACTURES

Control life threatening bleeding, if present

Remove watches / jewellery from affected limb

If in pain, refer to **PAIN MANAGEMENT** card

If not giving Entonox **GIVE OXYGEN @15** l/min if pelvis or long bone or sats <94%

Apply dressing to wound, pack around bone ends but **DO NOT** push back in

If available, **immobilise** fracture using splints
If indicated consider pelvic splint

Keep warm and reassure

Monitor, evacuate and hand over to ambulance service

NOTES

Be ready to treat unconsciousness.....

SEE CARD 1

Be ready to resuscitate.....

SEE CARD 2

Possible signs and symptoms: • Sats <94%

- Breathing Rate 30+
- Cap refill 3+ secs
- Pulse >120
- Pain
- Discolouration
- Pale and sweaty
- Deformity
- Wounds

- Keep injured casualties warm and handle gently
- **NEVER GIVE ENTONOX**

PENETRATING INJURY

Expose whole chest

If available, **GIVE OXYGEN**

@15 l/min via 100% oxygen mask

Pad around embedded objects
DO NOT PULL OUT

If commercial chest seal
available seal any holes

Single wound: use chest seal
Multiple wounds: use chest
seal and improvised dressings

If no commercial chest seal

Single wound: leave open
Multiple wounds: dress wounds
leave one wound open per side

If conscious, position casualty
in a sitting position

If unconscious, lie casualty on
their back and maintain airway
with **JAW THRUST**

Monitor closely, evacuate
and hand over
to ambulance service

BLUNT IMPACT INJURY

Expose whole chest

If available, **GIVE OXYGEN**

@15 l/min
via 100% non-rebreather mask

If conscious, position casualty
in a sitting position

If unconscious, lie casualty on
their back and maintain airway
with **JAW THRUST**

Monitor closely, evacuate and
hand over to ambulance service

NOTES

Wound size does not equal severity
Be ready to treat unconsciousness:

SEE CARD 1

Prepare to support breathing / CPR

SEE CARD 2

Possible signs and symptoms:

- Breathing Rate 30+
- Cap refill 3+ secs
- Pain
- Pale and sweaty
- Burnt facial hair
- Soot around mouth / nose
- Wheeze

• CAUTION: Pulse Oximetry unreliable in these casualties •

Suspect airway swelling

Cool facial burns for 20 minutes
Do not allow casualty to become cold

If in pain, refer to
PAIN MANAGEMENT card

If not giving Entonox
GIVE OXYGEN @15 l/min
via non-rebreather mask

Dress facial burns if possible, but
DO NOT use cling film on the face

Avoid lying conscious casualty down if struggling to breathe. Consider supported sitting

Monitor closely, evacuate and hand over
to ambulance service

NOTES

DO NOT burst blisters, or apply adhesive dressings.

DO NOT remove clothing stuck to a burn.

Be ready to treat unconsciousness.....

SEE CARD 1

Be ready to resuscitate.....

SEE CARD 2

Possible signs and symptoms:

- Breathing Rate 30+ • Cap refill 3+ secs • Pain
- Pale and sweaty • Reddening, blistering or charring

• **CAUTION: Pulse Oximetry unreliable in these casualties** •

Remove from cause
Remove watches / jewellery from affected area

Cool burn for at least **20** minutes
Do not allow casualty to become cold

**If in pain, refer to
PAIN MANAGEMENT
card**

If not giving Entonox and casualty is
TIME CRITICAL,
GIVE OXYGEN @15 l/min
via non-rebreather mask

When cooled, dress burns with cling film,
applying in pieces, do not wrap around

Monitor closely, evacuate and hand over
to ambulance service

NOTES

DO NOT burst blisters, or apply adhesive dressings.

DO NOT remove clothing stuck to a burn.

Be ready to treat unconsciousness.....

SEE CARD 1

Be ready to resuscitate.....

SEE CARD 2

Possible signs and symptoms:

- Pain • Skin loss • Reddening
- Blistering • Eye irritation

• **CAUTION: Consider personal and team safety** •

Remove from area of chemical spill
Stop burning process as soon as possible

Remove clothing or jewellery from burnt area,
unless stuck

Irrigate burn with copious amounts of cool / luke
warm **running** water for 20 minutes

Irrigate eyes if required

**If in pain, refer to
PAIN MANAGEMENT card**

DO NOT DRESS BURNS WITH CLING FILM

Request immediate ambulance back up

Monitor closely, evacuate and hand over
to ambulance service

NOTES

DO NOT burst blisters, or apply adhesive dressings.

DO NOT remove clothing stuck to a burn.

Be ready to treat unconsciousness.....

SEE CARD 1

Be ready to resuscitate.....

SEE CARD 2

Possible signs and symptoms:

- Breathing rate 30+
- Tripod position
- Soot around mouth and nose
- Singed facial hair
- Wheezing, coughing, shortness of breath

- **CAUTION: Pulse Oximetry unreliable in these casualties**
- **SUSPECT ALL SMOKE INHALATION CASUALTIES TO HAVE POSSIBLE AIRWAY BURNS – REQUEST AMBULANCE**

Remove casualty to fresh air, assess and treat any burns:

SEE CARDS 7 and 8

1

UNCONSCIOUS
NOT BREATHING

Give CPR

SEE CARD 2

2

UNCONSCIOUS
BREATHING

SEE CARD 1 - TRAUMA

3

CONSCIOUS

GIVE OXYGEN @15 l/min via non-rebreather mask

Reassure

Use position of comfort

Monitor frequently, evacuate and hand over to ambulance service

NOTE

Consider what was on fire – products of combustion.

Possible signs and symptoms:

- Breathing Rate 6 or 30+
- Cap refill 3+ secs
- Numbness
- Pins and needles
- Incontinence
- Loss of limb movement
- Mechanism which may suggest Spinal Injury
- Pain

Reassure, ask casualty not to move

If standing, ask casualty to lie down on appropriate stretcher

Hold head and neck in neutral alignment (MILS)

Watch for vomiting and clear airway as required
Prepare suction

If in pain, refer to PAIN MANAGEMENT card
BUT be aware of masking pain

If not giving Entonox, and **TIME CRITICAL**, if available
GIVE OXYGEN @15 l/min via 100% oxygen mask

Consider if you have to move **TIME CRITICAL / DANGER**,
or can you stabilise in location **NON TIME CRITICAL**.

If moving / extricating casualty allow conscious casualty to
maintain own immobilisation, use MILS for unconscious

Place or minimal log roll onto stretcher of choice

Secure the casualty to the stretcher and secure head

Monitor, evacuate and hand over ambulance

NOTES

Be ready to treat unconsciousness using **Jaw Thrust** **SEE CARD 1**

Be ready to resuscitate, using **graduated Head Tilt** **SEE CARD 2**

Possible signs and symptoms:

- Breathing Rate 6 or 30+ • Central cap refill 3+ seconds
- Loss of consciousness AVPU • Confusion • Irritable
 - Combative • Memory loss • Vomiting
- Bruising around the eyes • Bruising behind the ears
- Bleeding from ears or nose • Blood in white of eye

- **NEVER GIVE ENTONOX** •

Reassure, ask casualty not to move

If standing, ask casualty to lie down

Hold head and neck in neutral alignment (MILS)

Watch for vomiting and clear airway as required
Prepare suction

GIVE OXYGEN @15 l/min via non-rebreather mask

Dress head wound keeping head still

Consider if you have to move **TIME CRITICAL / DANGER**
or can you stabilise in location **NON TIME CRITICAL**

If moving / extricating casualty allow conscious casualty to
maintain own immobilisation, use MILS for unconscious

Place or minimal log roll onto stretcher of choice

Secure the casualty to the stretcher and apply head blocks
POSITION SLIGHTLY HEAD UP

NOTES

Be ready to treat unconsciousness using **Jaw Thrust** ... **SEE CARD 1**

Be ready to resuscitate, using **graduated Head Tilt** **SEE CARD 2**

Casualties have the potential to fit **SEE CARD 13**

Possible signs and symptoms:

- Response U
- Breathing Rate 30+
- Rigid or violent shaking
- In children (6 months - 6 years) temperature may be >38

• **CONSIDER REASON FOR FITTING** •

TRAUMA

Reassure. Clear the area around the casualty and protect their head

When fit stops, **ASSESS**

If unconscious maintain airway using **JAW THRUST**
Prepare Suction
Attempt **OP** or **NP** airway

GIVE OXYGEN @15 l/min
via non-rebreather mask

SEE CARD 12
HEAD INJURY

MEDICAL

Reassure. Clear the area around the casualty and protect their head

When fit stops, **ASSESS**

If unconscious maintain airway using **HEAD TILT / CHIN LIFT**
Place in recovery position
Prepare Suction
Attempt **OP** or **NP** airway

GIVE OXYGEN @15 l/min
via non-rebreather mask

Monitor and request ambulance

FEBRILE CONVULSION

Ensure Temperature is taken
Remove clothing and allow to cool
Reassure parents
Prompt parents to administer calpol if appropriate
Request HCP / Ambulance review

Possible signs and symptoms:

- Pain, Itching, Swelling, Rash, Redness
- Puncture marks
- Muscle cramps

INSECT

If stinger is embedded,
remove it by scraping

DO NOT use tweezers

Wash area with
soap and water

Apply cold compress to ease
pain and slow absorption

Observe for allergic reaction

SEE CARD 17

SNAKE

Keep casualty calm and
minimise movement

Treat limb as fractured and
immobilise

Do not use tourniquet
or suck wound

Monitor and request
Ambulance

Possible signs and symptoms:

- Pain - mild indigestion to vice like chest pain
 - Pain radiation to jaw, neck and arms
- Nausea / vomiting
- Pale, cold and clammy

Sit casualty down in comfortable position, loosen clothing and reassure. Avoid lying down unless unconscious

If in pain, refer to PAIN MANAGEMENT card

If not giving Entonox only give **OXYGEN** if **SATS <94%**

CHECK CASUALTY IS OVER 16, NOT ALLERGIC AND HAS NO SEVERE LIVER DISEASE, CLOTTING DISORDER OR GI BLEED

If available, administer 300mg of **ASPIRIN**

Tablet to be swallowed, chewed or dispersed in water

ASCERTAIN CASUALTY HAS NOT TAKEN VIAGRA OR SIMILAR MEDICATION IN LAST 24 HOURS, AND HAS RADIAL PULSE

If prescribed and available, encourage casualty to administer **GTN** spray or tablets in accordance with directions on pack

Monitor closely. Be prepared to resuscitate **SEE CARD 2**

If pain is still present, advise second dose of **their GTN**
DO NOT give until at least 5 minutes after the first dose
DO NOT give more than 2 doses in total

If **GTN** has been taken, monitor blood pressure
Evacuate and hand over to ambulance service

NOTES

300mg Aspirin can still be given if the casualty has already taken a daily 75mg dose.

Possible signs and symptoms:

- Breathing Rate 30+ • Tripod position
- Audible wheeze • Difficult and shallow breathing
- Unable to complete a sentence

• Pale, cold and clammy • Blue if severe

If Breathing Rate >36, or AVPU is P or U, or unable to speak,
realise that condition is
IMMEDIATELY LIFE THREATENING

Reassure and remove from trigger if appropriate
Encourage casualty to **SLOW / CONTROL BREATHING RATE**

Sit casualty in **upright** position or **stand and lean forwards**

If SATS <94% **give OXYGEN @15 l/min** via non-rebreather mask
(unless known COPD casualty, and then aim for SATS of 88-92%,)

If patient is asthmatic and has their own inhaler,
encourage them to use it.

Monitor, evacuate and hand over to ambulance service

NOTES

Take asthma seriously - it can kill

Avoid laying a conscious casualty down as this may aggravate breathing.

Be ready to give ventilatory support and be ready to resuscitate in extreme circumstances

SEE CARD 2

Possible signs and symptoms:

- Breathing Rate 30+ • Tripod position
- Audible wheeze • Difficult and shallow breathing
- Unable to complete a sentence

• Red flushed and swollen • Rash • Central cap refill 3+ secs

Reassure and remove from trigger if possible

Encourage casualty to **SLOW / CONTROL BREATHING RATE**

Place casualty in a position of comfort, **either sitting or lying down**

Encourage casualty to use their **ADRENALINE AUTO-INJECTOR** (called Epipen, Emerade or Jext) if they have one

GIVE OXYGEN @15 l/min via non-rebreather mask

If no improvement and their second adrenaline auto-injector available, administer **5** minutes after the first one

Monitor, evacuate and hand over to ambulance service

NOTES

Do not discontinue first aid procedures even if casualty shows improvement

Send used adrenaline pens to hospital with the casualty.

Be ready to give ventilatory support and be ready to resuscitate in extreme circumstances

SEE CARD 2

Possible signs and symptoms:

- Rapid loss of consciousness AVPU
- Aggressive
- Breathing Rate 30+
- Blood Sugar <4 mmol/L
- Pale, cold, clammy, sweaty
- Mimics drunkenness or stroke

• **NEVER GIVE INSULIN** •
as if given inappropriately it can kill

CASUALTY
UNCONSCIOUS

P or U

Maintain airway using
HEAD TILT / CHIN LIFT
Prepare suction

Attempt **OP** or **NP** airway
GIVE OXYGEN @15 l/min
via non-rebreather mask

Carefully administer small
amounts of **GLUCOSE GEL**
onto the gums via a gloved
finger until casualty is alert on
AVPU and BGL >4 mmol/L

Place in recovery position,
keep warm with blanket
Monitor, evacuate and hand
over to ambulance service

CASUALTY
CONSCIOUS

A or V

Sit the casualty down
and reassure

If SATS <94%
GIVE OXYGEN @15 l/min
via non-rebreather mask

Give sugary foods, drinks or
up to 3 tubes of **GLUCOSE GEL**
until casualty is alert on **AVPU**
and BGL >4 mmol/L

Re check BGL every 5 minutes
Monitor, evacuate and hand
over to ambulance service

NOTES

For high blood sugar (Hyper) treat
as Unknown Illness

SEE CARD 19

Consider **B.E.F.A.S.T.** for Stroke:

- **Balance:** Sudden loss of balance?
- **Eye:** Sudden loss of vision
- **Face:** Does the casualty's face droop on one side?
- **Arms:** Can the casualty raise both arms & keep them there?
- **Speech:** Is the casualty's speech slurred / altered?

If the casualty is **FAST +ve** with symptoms less than 3 hours in duration, contact control for immediate back up

The treatment of an unknown illness or Stroke will fall into one of the following three categories:

1

**UNCONSCIOUS
NOT BREATHING**

Give CPR

SEE CARD 2

2

**UNCONSCIOUS
BREATHING**

SEE CARD 1 - MEDICAL

3

CONSCIOUS

If in pain, refer to **PAIN MANAGEMENT** card

If not giving Entonox and SATS <94%

GIVE OXYGEN @15 l/min via non-rebreather mask

If not already done, check blood glucose level.

If <4mmol/L see card 18

Reassure and use position of comfort

Monitor, evacuate and hand over to ambulance service

Possible signs and symptoms:

EARLY SIGNS:

- Thirst • Dark coloured urine • Dizziness
- Headache • Tiredness • Dry lips mouth and eyes

LATE SIGNS:

- Lethargy • Confusion • Not passing urine
- Pulse > 90 • CRT > 2 • Seizures • Reduced consciousness

**CASUALTY
UNCONSCIOUS**

P or U

Maintain airway using
HEAD TILT / CHIN LIFT
Prepare suction

Attempt **OP** or **NP**
If available, **GIVE OXYGEN**
@15 l/min
via non-rebreather mask

Place in recovery position
Keep warm with blanket

If BGL <4 **CONSIDER
GLUCOSE GEL** applied
onto gums by gloved finger

Monitor, evacuate and
hand over to
ambulance service

**CASUALTY
CONSCIOUS**

A or V

Start oral rehydration
Small sips of water frequently
If available, commence oral
rehydration solutions

Record fluid volume intake

Monitor, evacuate and hand
over to ambulance service

Possible signs and symptoms:

- Agitation • Cough - may be frothy / bloody phlegm
- Breathing Rate 30+ • Unable to complete a sentence
- Pale and cold • Loss of consciousness AVPU

• **CAUTION:** Pulse Oximeter may not read on these casualties •

CASUALTY
UNCONSCIOUS

P or U

CASUALTY
CONSCIOUS

A or V

Rapid evacuation from water

Rapid evacuation from
water and reassure

Carry out assessment

Carry out assessment

If breathing maintain airway

SEE CARD 1**GIVE OXYGEN @15 l/min**
via non-rebreather mask

If not breathing start CPR

SEE CARD 2If appropriate, remove wet
clothing, wrap in blankets and
insulate from further heat lossMonitor and hand over
to ambulance service**NOTES**

Always attempt CPR unless contraindicated (see ROLE card)
Have suction ready or be ready to clear airway - vomiting is usual.
Suspect casualty to also have hypothermia if immersion > 30 minutes.

Possible signs and symptoms:

COLD:

- <30 mins immersion • Shivering • Conscious • Lucid

HYPOTHERMIA:

- >30 mins immersion • Loss of memory • Foetal position
- Reduced level of consciousness • Shivering replaced by spasm

- **CAUTION: Pulse Oximeter may not read on these casualties** •
- If immersed > 30mins, remove casualty carefully from the water and lay down •

HYPOTHERMIC: **TIME CRITICAL**COLD: **NON TIME CRITICAL**

If not breathing start CPR

SEE CARD 2

Protect from elements and further cooling

If unconscious
maintain airway, using
HEAD/TILT, CHIN LIFT
Place in recovery position
Prepare Suction
Attempt **OP** or **NP** airway

If appropriate,
remove wet clothing
and wrap in blankets
Give warm sweet drinks

GIVE OXYGEN @15 l/min
via non-rebreather mask

Insulate from further
heat loss and cover head

Remove outer wet clothing,
insulate from further
heat loss and cover head

Rational, shivering casualties
can be rewarmed by sitting
them in a warm shower

Monitor, evacuate and hand over
to ambulance service

NOTES

Supervise rewarming at **ALL** times.
Watch for post rescue collapse, and if it occurs

SEE CARD 1 or 2

Possible signs and symptoms:

EXHAUSTION:

- Sweating • Thirst • Weakness • Headache
- Nausea • Cramps

HEAT STROKE:

- Hot, dry skin • Confused • Fits
- Loss of consciousness AVPU

HEAT STROKE
TIME CRITICAL

HEAT EXHAUSTION
NON TIME CRITICAL

If not breathing start CPR

SEE CARD 2

Stop activity and
rest in a cool area

If unconscious
maintain airway, using
HEAD/TILT, CHIN LIFT
Place in recovery position
Prepare Suction
Attempt **OP** or **NP** airway

Remove excess or
tight clothing

Consider a cool drink

GIVE OXYGEN @15 l/min
via non-rebreather mask

Lie the casualty down
and raise their legs

Rapidly cool the casualty
by any means possible
until feels cool to touch

Cool and monitor
Should improve within
30 minutes

Monitor and rapidly hand
over to ambulance service

Monitor and hand
over to ambulance service

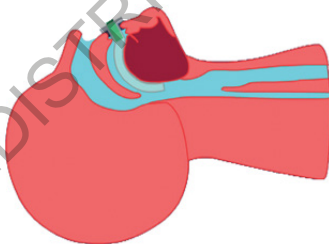
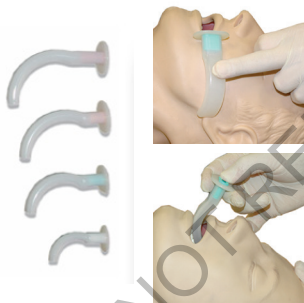
Head Tilt / Chin lift
MEDICAL



Jaw Thrust
TRAUMA



Oropharyngeal Airway (OP)



**DO NOT rotate on insertion
if 6 years old or less**

Nasopharyngeal Airway (NP)



2 person BVM



If using BVM, you must also use OP or NP airway



TREATMENT CARD - BLEEDING CONTROL

DIRECT PRESSURE



INDIRECT PRESSURE



TRAUMA BANDAGE



1. PLACE PAD OVER WOUND



2. THREAD DRESSING THROUGH PRESSURE BAR



3. WRAP DRESSING IN OPPOSITE DIRECTION



4. CONTINUE TO WRAP DRESSING



5. CLIP BAR ONTO DRESSING



Tourniquet



1. Place limb through tourniquet or thread tourniquet around upper part of limb. Tighten Velcro strap.



3. Tighten windlass and secure



4. Ensure to write time on tourniquet, patients forehead and in Cascare Cards

TOURNIQUET SHOULD BE APPLIED 5-6CM ABOVE THE WOUND. IF A SECOND TOURNIQUET REQUIRED PLACE ABOVE 1ST ONE.



NOTE: Once applied do not loosen/remove tourniquet. Monitor and rapidly evacuate

National Early Warning Score (NEWS2)

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9-11	12-20		21-24	≥25
SpO ₂ Scale 1 (%)	≤91	92-93	94-95	≥96			
SpO ₂ Scale 2 (%)	≤83	84-85	86-87	88-92 ≥93 on air	93-94 on oxygen	95-96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91-100	101-110	111-219			≥220
Pulse (per minute)	≤40		41-50	51-90	91-110	111-130	≥131
Consciousness				Alert			CPU
Temperature (°C)	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

HANDOVER

Name: _____ **A**ge: _____

Time of incident: _____

Mechanism of injury / What Happened:

Injuries / Complaints:

S igns and Symptoms:	Initial	Latest
Response Level (AVPU / GCS)		
Oxygen Saturation (%)		
Breathing (per minute)		
Pulse (per minute)		
Cap Refill (seconds)		
Blood Pressure		
Blood Glucose (mmol/l)		
NEWS Score		

Treatment given:

