

Check, Call, Care

- ✓ Is the Scene Safe? (Traffic, Fire, wires, Fluids -Need to Move Pt?)
- ✓ Help has been summoned (Notify need for Air Ambulance?)
- ✓ Help on the way - Confirmed
- ✓ Killer Survey Completed? (triage, if needed).
- ✓ Airway/Breathing
- ✓ Uncontrolled Bleeding (Signs of Circulation)
- ✓ Signs of Shock - RPM
 - ✓ Respirations (> 30/min?)
 - ✓ Perfusion (Capillary Refill < 2 Seconds)
 - ✓ Mental Status (Oriented/Follows Commands)
- ✓ Any Spinal/Neurological Concerns? (maintain Spinal immobilization)
- ✓ Treat for Shock (lie Pt. down, elevate feet 6"-10", maintain body temp, calm/quiet Pt. no food or drink)
- ✓ Secondary Survey Completed? (Head-to-Toe exam/injuries noted)
- ✓ Re-Assess Mental Status, Airway, and Shock Status
- ✓ Any Signs and/or Symptoms of a Closed Head Injury?
 - ✓ Confusion (Not Fully Oriented to Person, Place, Event)
 - ✓ Repetitive Questioning (i.e. "What Happened?")
 - ✓ Behavioral Changes (Combativeness, Lethargy)
 - ✓ Changes in Respirations (Patterned Breathing)
- ✓ Information Being Gathered and Copied for EMS/Police?
- ✓ Rider's Personal/Medical Information Meds, History, Allergies)
- ✓ Involved and/or Responsible Party(s)
- ✓ Witnesses to Accident

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