

Wilderness Expedition First-Aid Field Notes

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This document is a compilation of personal notes intended to be used by the author as a field reference when performing Wilderness Expedition First-Aid in remote areas. This is one example of how field notes can be organized on a single sheet.

It is challenging fitting all the information you might need into a single, double-sided sheet. Because of space and formatting constraints, notes were significantly abbreviated to allow them to fit. Because of the abbreviated nature of these notes, they may not make perfect sense to anyone other than the author of this document. There are obvious hazards when using information that is abbreviated and subject to misinterpretation.

Although intended for personal use, others are welcome to review, provide feedback or use this document.

Disclaimer:

Please note that information presented in this document was never intended for use by those who have NOT completed our Wilderness Expedition First-Aid Course.

All content in this document was created and published for information purposes only. It was never intended to be used as a substitute for professional medical advice and should NOT be relied on as health or personal advice.

Always seek the guidance of qualified health and medical professionals regarding health and medical related questions you may have. Do NOT delay seeking treatment or disregard advice from a medical professional based on information in this document.

To optimally use, print pages 3 and 4 on regular sized 8.5x11” printer paper.

Print at 100% if you want to be able to read the font and use the measuring scales.

It can be printed smaller or larger if you desire a different sized set of notes.

For single sheet use, print double sided with flip on short edge.

Use vertical markings on front page to help you fold it into a trifold pamphlet.

Waterproofing or printing on waterproof paper is optional.

The image shows a print settings dialog box with the following sections and options:

- Pages to Print:**
 - All
 - Current page
 - Pages: 3-4
 - [▶ More Options](#)
- Page Sizing & Handling:**
 - Buttons: Size, Poster, Multiple, Booklet
 - Fit
 - Actual size
 - Shrink oversized pages
 - Custom Scale: 100 %
 - Choose paper source by PDF page size
- Print on both sides of paper:**
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 - Flip on long edge
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- Orientation:**
 - Auto portrait/landscape
 - Portrait
 - Landscape

Glasgow Coma Scale (GCS)

Eye Opening	Spontaneous	4
	Response to verbal command	3
	Response to pain	2
	No eye opening	1
Best Verbal Response	Oriented	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
Best Motor Response	No verbal response	1
	Obeys commands	6
	Localizing response to pain	5
	Withdrawal response to pain	4
Best Motor Response	Flexion to pain	3
	Extension to pain	2
	No motor response	1

Head

Pupils Equal/Round/React to Light
 GCS <13 Any Time = Rapid Evac
 GCS 13 or 14 2-hours after injury = Evac
 Evac: skull fracture; vomit x2; seizure;
 neurological deficit; 60 years+; high impact;
 eye/vision issue; blood thinners; intoxicated
 Low Threshold for Evac if anything NOT right

Spine

Eval: "Walk the Spine" exam
 -NO pain/step-offs/deformity/crunching
 -Sensation: Fingers + Toes
 -Motor: Flex/Extend Foot and Hand
 Suspected spine injury = Immobilization
 Consider releasing immobilization if:

1. NO neurologic deficit	Neurogenic shock injury above T6
2. NO tenderness of spine	Normal Pupils 2-4mm bright 4-8mm dark
3. NORMAL mental status	
4. NO intoxication	
5. NO distracting pain/injury	



CPR

30 Compressions 100-120/min + 2 Breaths
 Extended CPR may be needed:
 Hypothermia, Lightning, Drowning

Altered Level of Responsiveness

Sugar; Temperature; Oxygen; Pressure
 Electricity; Altitude; Toxins; Salts

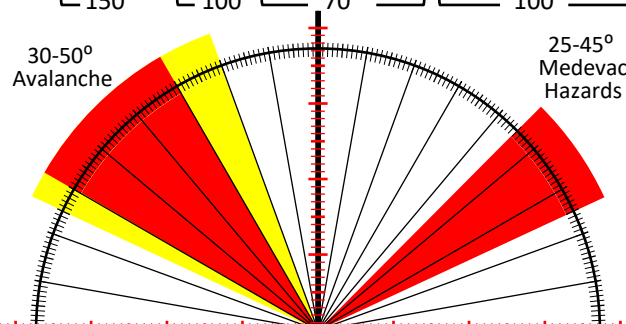
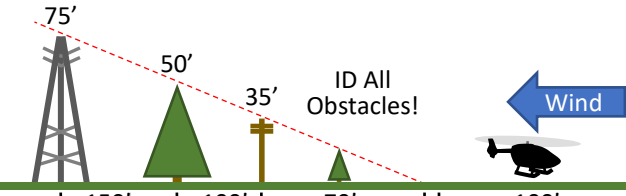
Snake Bite

NOTE: strike distance = snake length
 -can strike for several hours after Death!
 Tx: Move away from snake!
 -Calm patient
 -Take picture of snake only if safe
 -Do NOT delay Evac with first aid!
 -Rapid Evac
 -during evac: mark edge of redness
 -remove jewelry & constrictive clothing

Coral = Red touch Yellow
 PANI = Viper venom
 Symptoms can be delayed 8 hours

Surviving the Night

STOP: STOP/Time/Observe/Plan
 Plan: First Aid/Shelter/Fire/Signal/Water/Feed
 Rule of 3s: 3 whistle blasts; 3 fires; 3 etc.
 3min air; 3hrs shelter; 3d water; 3wk food



HR: 60-100/min regular
 Resp: 12-20/min regular/unlabored
 Cap Refill: ≤2 seconds
 Skin: pink/warm/dry
 Eyes: PERRL
 LOC: A&Ox4
 Temp: 97.6-99.6°F 36.4-37.6°C
 Glasgow Coma Scale: 15
 Systolic Blood Pressure: 6-12yrs >105 Radial ~70 13-18yrs >117 Femoral ~52 <90 = Shock Carotid ~42



Patient Assessment

Scene Safety and Precautions
 10-Second Scene Survey; Responsive?
Primary Exam - XABC
 X = eXsanguination – Stop the Bleed!
Secondary Exam - Head-to-Toe
Physical Exam: Circulation/Motor/Sensation
 Deformities/Open Wounds/Tenderness/Swelling
Vitals: Pulses, Resp, Skin, Eyes, AVPU
 Alert & Orientated person/place/time/event
History: SAMPLE; OPRQRST; SOAP

Signs/Symptoms	Onset of the event
Allergies	Provocation or palliation
Medications	Quality of the pain
Past medical history	Region and radiation
Last Oral Intake	Severity
Events Leading Up	Time (how long/ when)

Subjective: per victim; SAMPLE; OPQRST
 Objective: Physical exam; Vitals; CMS; DOTS
 Assessment: What you think is going on
 Plan: Your plan = treatment and evac plan

Treat for Shock

Weak/Absent Radial Pulses
 Confusion or is Unconscious
 Other findings: pale; ↑HR; ↑Resp; ↓BP
 Tx: Stop ALL Bleeding! Keep Warm, Rapid Evac

Hypovolemic
Distributive
Obstructive
Cardiogenic

Trauma

- Major Extremity Bleed:** Tourniquet (2" wide)
If Tourniquet fails, + 2nd Tourniquet above 1st
- Junctional Bleeds:** Pack the Wound
- Impaled Object:** Stabilize object & Evac
- Small Wounds:** dress; hold pressure 3-5min
- Close only clean wound: thorough irrigation
- Don't Close: dirty; puncture; bite; infected
- Rapid Evac:** severe bleed; eye; joint; shock

Chest

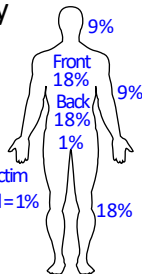
- Watch for signs Tension Pneumothorax:
- Difficulty Breathing
- Increased respirations
- Shock
- shortness of breath; fail chest or tension/open/severe/shock = Rapid Evac

Open Pneumo:
Use Occlusive Dressing
ONLY if can ID and Treat
Tension Pneumo

Bone & Joint (Wilderness Only)

- Most:** Rest/Ice/Compression/Elevation
- Dislocations:** Reduce & Splint vs Splint only
- Can reduce digits/kneecaps/shoulders
- Don't force reduction
- If it doesn't reduce easily – STOP
- otherwise splint and evac dislocations
- Open Fracture:** Clean and protect
- Rinse 1-3 liters cleanest water available
- Cover with moist, sterile gauze
- Angulated Fracture or Loss CMS:** Straighten
- to straighten: pull gently and slowly
- Stop if resistance or pain
- All Fractures:** Splint and Evac

Check CMS before/after reductions

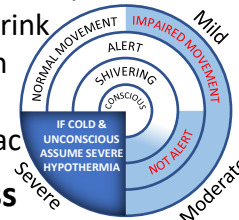


Burns

- Cool for 10 minutes and dress
- >10% Body Surface Area = Evac
- 3rd deg or face/hands/feet = Evac

Cold

- Frostbite:** Skin Freezes 28°F (-2°C)
- rewarm 98.6-102.2°F soak; dry gauze; Evac
- Hypothermia:** 95°F (35°C); Mild/Mod/Severe
- Mild:** 'umbles' - mumble/stumble/fumble
- Tx: dry/warm victim; food/drink
- Moderate:** Severe Confusion
- Severe:** Unconscious
- Tx: HypoWrap/be gentle/Evac



Heat Illness

- Exhaustion:** Tired; dizzy; may pass out
- Tx: rest; shade; fluids
- Evac if no improvement with 2 hours of rest
- Heat Stroke:** Life Threatening! 104°F (40°C)
- hot; confused or unconscious; drunken walk
- Tx: Rapid Cool First! Rapid Evac next
- Hyponatremia:** potentially Life Threatening
- Headache; drank too much; frequent urine
- Tx: stop drinking water and observe
- seizures/confused/drunken walk: Rapid Evac

Altitude

- Acute Mountain Sickness:** Headache
- Tx: STOP Accent; DON'T Sleep Higher
- Descend if no improvement
- HACE:** Confused; Drunken Walk
- Tx: Descend ASAP!!!; Rapid Evac
- HAPE:** Shortness of Breath
- Tx: Descend 3,300' (1000m)

After 9,000'
Climb high - sleep low
Sleep max +1,600'/day
+3,300' = extra day rest

Lightning

- CPR 30min+ if needed
- ABCs after pulse; Rapid Evac

Flash to Bang
5 sec = 1 mile
Ground Current
60' radius

Drowning

- ABCs – CPR and AED if needed
- Rapid Evac – even if seems OK

1-10-1 Principle
1 min catch breath
10 min self rescue
1 hr unconscious

Heart Attack

- Anyone: shortness of breath; pain chest/jaw/back/arm/shoulder
- Ladies: nauseous, lightheaded, tired
- Tx: calm person, aspirin and Rapid Evac!

Stroke

- FAST:** Face/Arms/Speech/Time
- numbness/weakness face, arm or leg; confusion; dizziness; balance issues; trouble speaking/seeing/walking
- severe headache for no other reason
- Tx: Rapid Evac!

Diabetes

- Low = 15gm sugar + recheck 15 mins
- Not sure? – give glucose and reassess
- Hypo or Hyperglycemic event = Evac
- Unconscious: Rapid Evac and
- Glucose gel/paste between gum/cheek
- Massage area and reassess 15-20min

Anaphylaxis

- Swelling; wheezing; dizzy; unconscious
- Give Epi; repeat 5-10min if needed
- Give antihistamine
- Rapid Evac – even if seems OK

Asthma

- Follow Asthma Action Plan!
- No plan = Rescue inhaler and Evac
- Evac if fail to improve or severe event

Abdominal

- Jumping causes Abd pain = Appendicitis
- Evac: pain with movement/walking; blood in stool or vomit; rigid abdomen; dehydrated; suspect pregnant; shock; ill >24 hours; pain >12 hours; >102°F

REST & Evac
NO Walking

TPA can be given up to 4.5 hours after stroke onset

3 gluc tabs; 1/2 cup juice; 6 candies; 1tbsp sugar = 15gms

Epi 0.3mg Adult
0.15mg Youth (33-66lbs)

If inhaler not available Coffee may help

Black Widow bite may look like Appendicitis