The following pages represent optional reference material that may be added at the back of a stack of forms in the ASRC Patient Record notebook. These pages could be printed on more durable waterproof plastic paper, rather than Rite-in-the-Rain paper. Unfortunately, plastic paper 2-part sets are not available.

**SAMPLE history**
- Symptoms
- Allergies
- Meds
- Pertinent history
- Last ate/drank
- Events prior

**BCLS**
- Circulation
- Airway
- Breathing

**3 Hs**
- Hypothermic
- Hungry
- Dehydrated

**AVPU Mental Status**
- Alert
- Verbal response
- Pain response
- Unresponsive

**Military MARCH 1° Survey**
- Massive hemorrhage
- Airway
- Respiration
- Circulation
- Head trauma/Hypothermia

**Signs of Trauma**
- Deformities
- Contusions
- Abrasions
- Punctures/Penetrations
- Burns
- Tenderness
- Lacerations
- Swelling

**Peds ABC Triangle**
- Airway & Appearance
  - (Open/Clear – Muscle Tone
   /Body Position)
- Work of Breathing
  - (Visible movement/
   Respiratory Effort)
- Circulation to Skin
  - (Color/Obvious Bleeding)

**Pelvic Binder IF** suggestive mechanism of injury AND ONE OF
- Hemodynamically unstable,
- Pulse >100 and systolic blood pressure <90,
- GCS <13 (decreased level of consciousness),
- Distracting injuries present, OR
- Patient complaining of pelvic pain.

**Swiss Hypothermia Grading, and Treatment Guidelines**

**HT I**:
- Conscious, shivering
  - Typical core temp: 35-32°C (95-90°F)
  - Warm environment and clothing, warm sweet drinks, active movement.
  - May be treated in field and released per medical command or per Group protocols.

**HT II**:
- Impaired consciousness, not shivering
  - Typical core temp: 32-28°C (90-82°F)
  - Avoid movement or head-up position, insulate, aggressive rewarming (hot packs, charcoal vest), warm IV fluids, warm humidified air or O₂, and cardiac monitoring.
  - If SBP <90 mm Hg, or ventricular arrhythmias, or core temp <28°C (82°F), try for air transport to tertiary care hospital with cardiac bypass/ECMO (extracorporeal membrane oxygenation) capabilities.

**HT III**:
- Unconscious, not shivering, vital signs present
  - Typical core temperature 28-24°C (82-75°F)
  - Manage as per HT II, above, plus: if needed, invasive airway.
  - If possible, air transport to tertiary care hospital with cardiac bypass/ECMO (extracorporeal membrane oxygenation) capabilities.

**HT IV**:
- No vital signs (check for 60 seconds for pulse)
  - Typical core temp: <24°C (<75°F)
  - Do not attempt/cease resuscitation (consult medical command if possible) if:
    - obvious signs of irreversible death
    - CPR not possible during evacuation, or unsafe for team
    - valid DNR order
    - avalanche burial ≥ 35 minutes, airway packed with snow, and asystole on monitor
  - Manage as per HT II and III, initiate standard CPR
  - May interrupt and resume CPR if needed during evacuation, as may survive despite pauses in CPR; might survive hours of basic CPR.
  - IV or IO access, up to 3 doses of 1 mg of epinephrine IV or IO, and defibrillate up to 3 times.

(common first aid/EMS/medical mnemonics 0.4