



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

**SCENE / Patient Assessment
Airway Management**

Welcome / Croeso

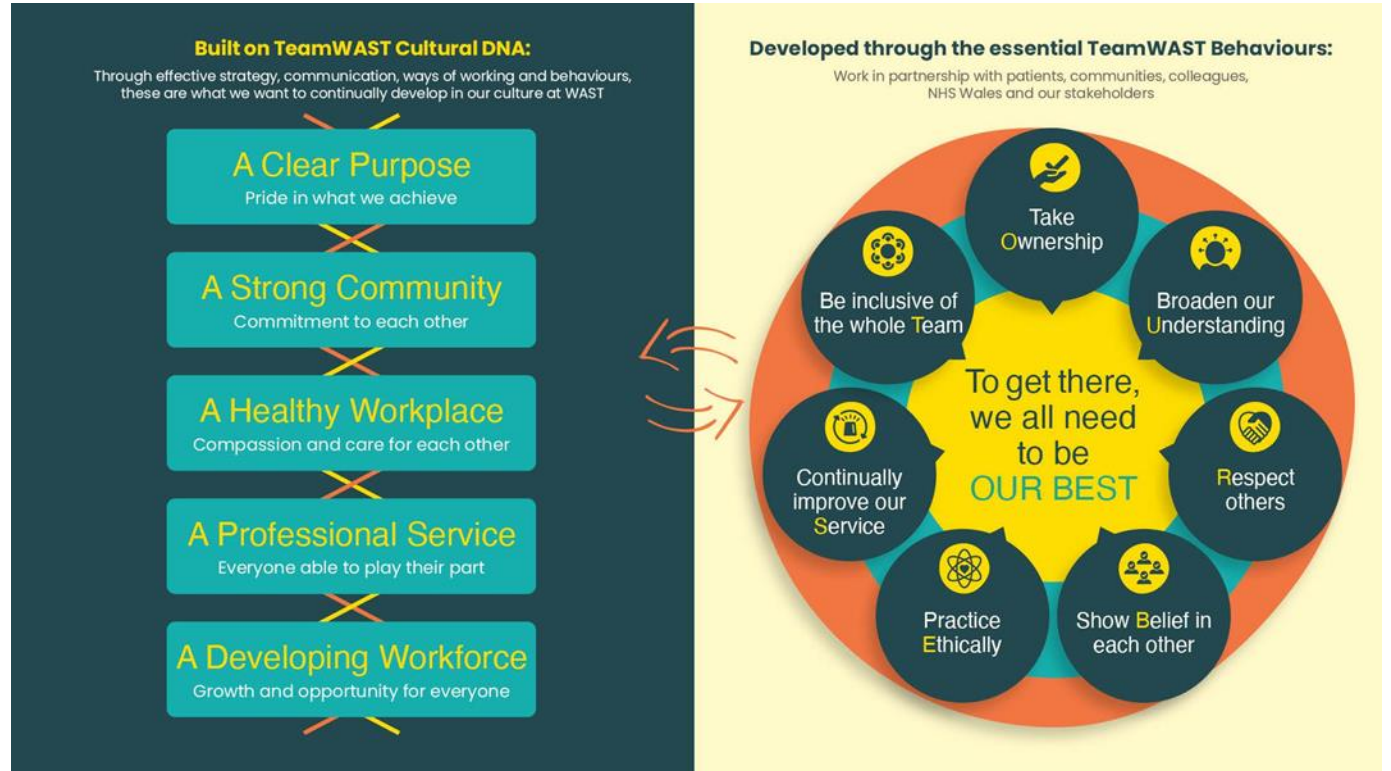
Community First Responder Initial Training Day One





Housekeeping

- Welcome
- Introductions
- Fire exits/tests
- Breaks
- Mobiles
- WAST behaviours
- Order of the day





Order of the day

Paperwork and Sign offs
Knowledge Check
Manual Handling
Conflict Resolution
BREAK
Non-Injury Fallers
Kit Introduction
Patient Assessment
LUNCH
Recap
Airway Management
Practice Time
CLOSE





By the end of this session you should be able to:

- Demonstrate correct use of the Manger Camel Lifting Equipment when assisting a non-injury faller.

Demonstrate the appropriate and safe techniques to deescalate or escape from a conflict situation.

Have an understanding of equipment carried by a Community First Responder.

Demonstrate an appropriate systematic patient assessment of an adult patient.

Recognise Normal Airway and demonstrate the correct management of a compromised airway.





Learning Outcomes:

By the end of the day volunteers will be able to:

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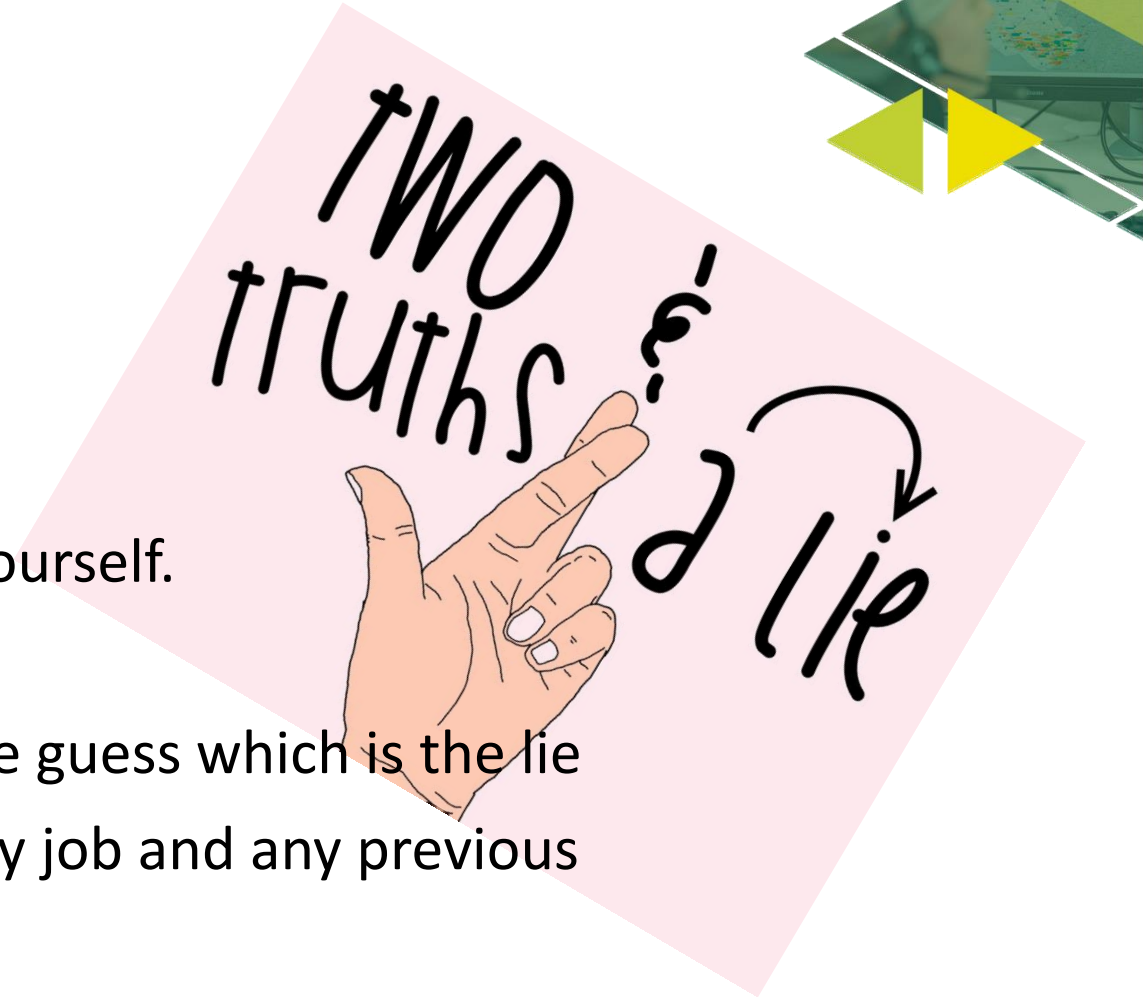
Recognise Normal Airway and demonstrate the correct management of a compromised airway.





Ice-Breaker

- Please take a piece of paper and a pen.
- Write your name, 2 truths and 1 lie about yourself.
- Put it into the box
- Take it in turns to read them aloud, while we guess which is the lie
- Then, tell us about yourself, include your day job and any previous medical experience





Knowledge Check-Induction



Safer Handling



Group Work





Conflict Resolution



Group Work





Break Time





Non-Injury Fallers

Group Work

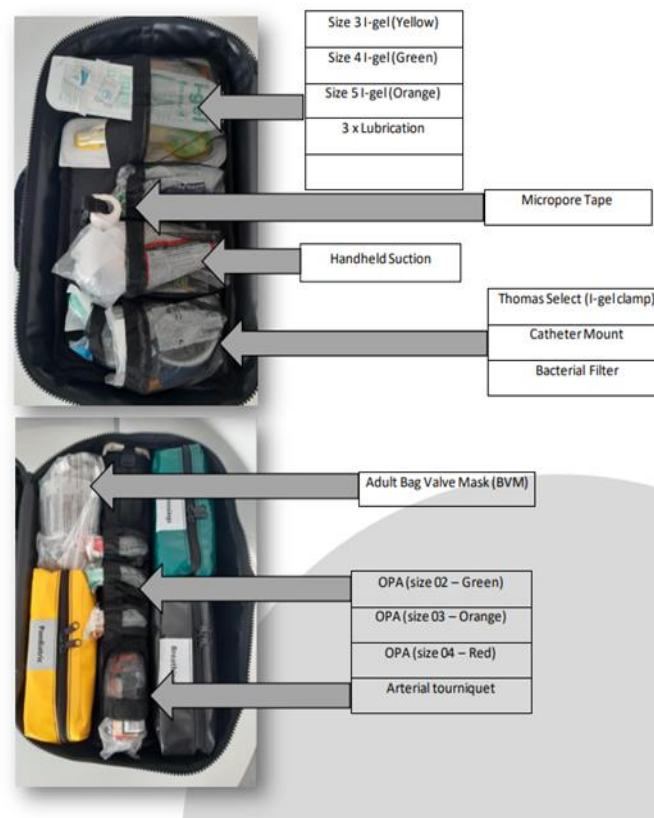




Kit Introduction and Oxygen Therapy

Group Work

Welsh Ambulance Service NHS Trust – Volunteer First Responder Equipment Layout



Welsh Ambulance Service NHS Trust – Volunteer First Responder Equipment List
Enhanced Skills Modular bag

The new modernised modular style 'Volunteer First Responder' response bag will have a standardised layout, an approved equipment list and a pan-Wales approach. No additional equipment should be carried in these bags.

The Enhanced Skills Modular bag does not replace the First Responder bag; this must also be taken to the patient's side.

These items can only be used by trained volunteers.



Enhanced Skills (Silver Module Bag)		
Pulse Oximeter (SpO2)		
Automatic Blood Pressure Cuff		
Glucometer		
Tympanic thermometer		
Pen Torch		

Enhanced Skills (Medication)		
Paracetamol		





Cylinder Features.

Cylinder features.

Convenient
carry handle

Flow selector

Easy on/off hand wheel

"Live"
content gauge

Clear product identity

Flat base



Batch label

Collar label

Cylinder bar code

Firtree outlet

Capstan

Schrader outlet



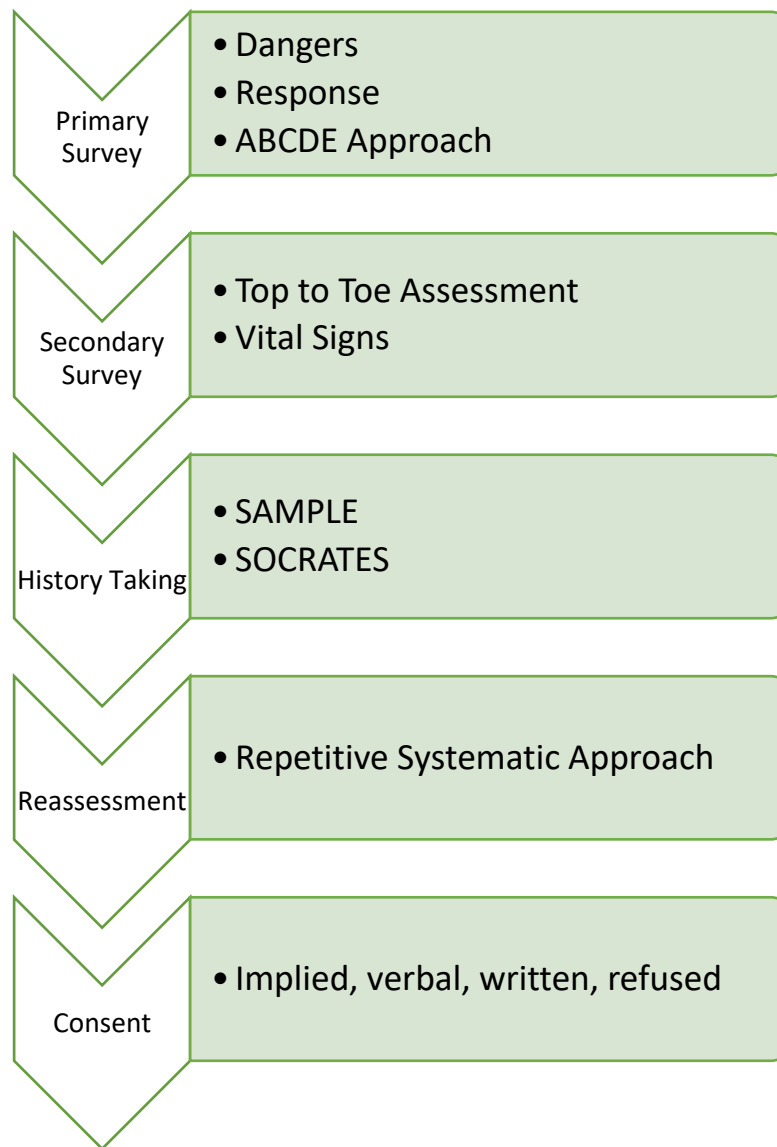
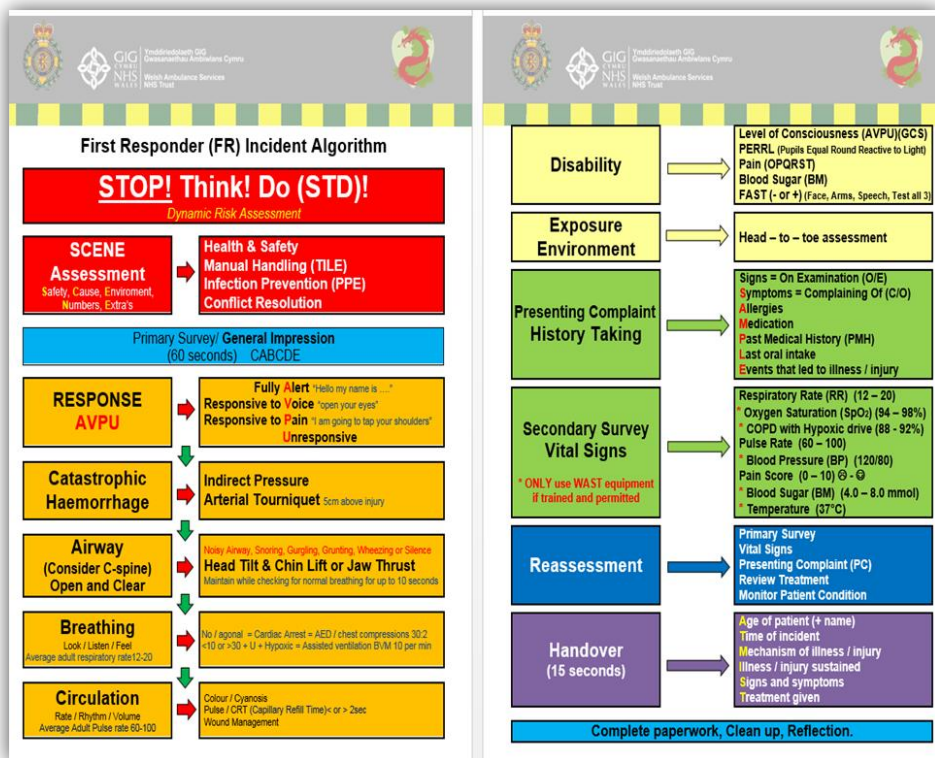


By the end of this session you should be able to:

- Describe the CABCADE approach to initial casualty assessment
- Explain factors that affect airway, breathing, circulation and neurological function
- Describe procedures of a secondary survey
- Describe procedures of a History take to include:
 - SAMPLE
 - SOCRATES



Patient Assessment





SCENE Assessment

Safety

- Your safety
- Safety of those around you

Cause

- MOI
- What's happened?

Environment

- Where are you?
- Who/what's around?

Numbers

- How many patients?
- STEPS 123+

Extra Resources

- Have you called for back up?
- What help do you require?

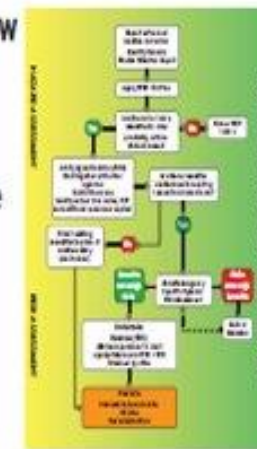


Dangers

+ PLUS

PLUS means follow the CBRN First Responder Flow Chart to consider what actions can be undertaken to save life, using the following principles:

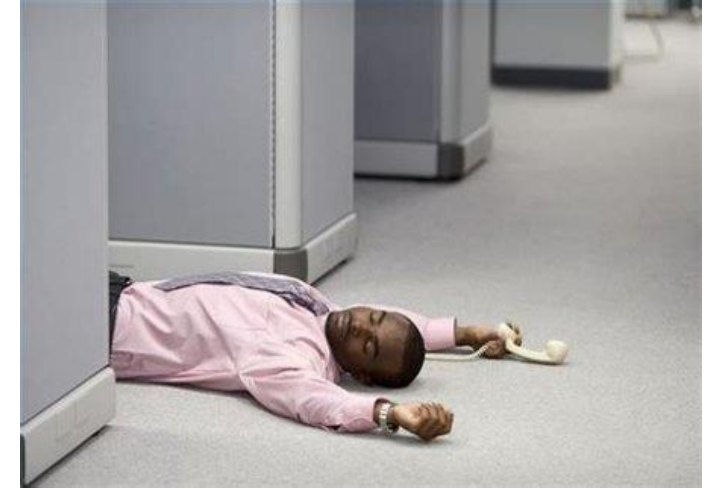
- **Evacuate** – Get people away from the scene of contamination.
- **Communicate and Advise** – Give immediate medical advice and reassurance that help is on its way.
- **Disrobe** – Remove clothing.
- **Decontamination** – Dry decontamination should be the default process.





Dangers

- Global overview
- What position is the patient in?
- What is their colour?
- Can you hear breathing?
- What is their age, gender and ethnicity?
- Anything unusual, smells, sounds, temperature of the room?



Use all your senses to help build the picture!





Primary Survey

General impression (60 seconds)

AVPU

Catastrophic haemorrhage

Airway (consider c-spine)

Breathing

Circulation

Disability

Expose / **E**nvironment

**Repetitive
Systematic
approach**





To rate the LOC we use the acronym **AVPU**.

- **A** Alert, the patient looks at you/ is aware of your presence
- **V** Verbal, patient opens their eyes when asked (you may have to shout)
- **P** Pain, patient opens their eyes to a painful stimulus (shoulder squeeze)
- **U** Unresponsive



Clinical Assessment Catastrophic Haemorrhage

Blood on the floor and 4 more

- chest
- abdomen
- pelvis
- long bones



Identify a catastrophic haemorrhage early, considering MOI and use a stepwise approach to stop blood loss.

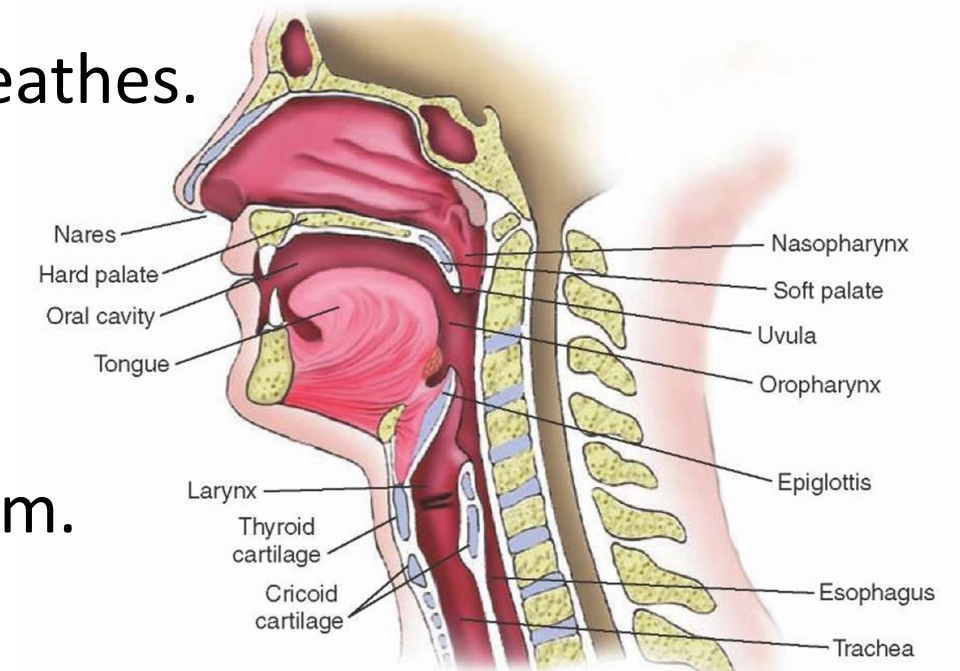


Clinical Assessment Airway

Assessment of the airway involves three steps:

- **Look** for signs of airway obstruction.
- **Listen** for noisy or absent breathing.
- **Feel** for air movement as the patient breathes.

If the patient is not managing their own airway, it will need to be managed for them.

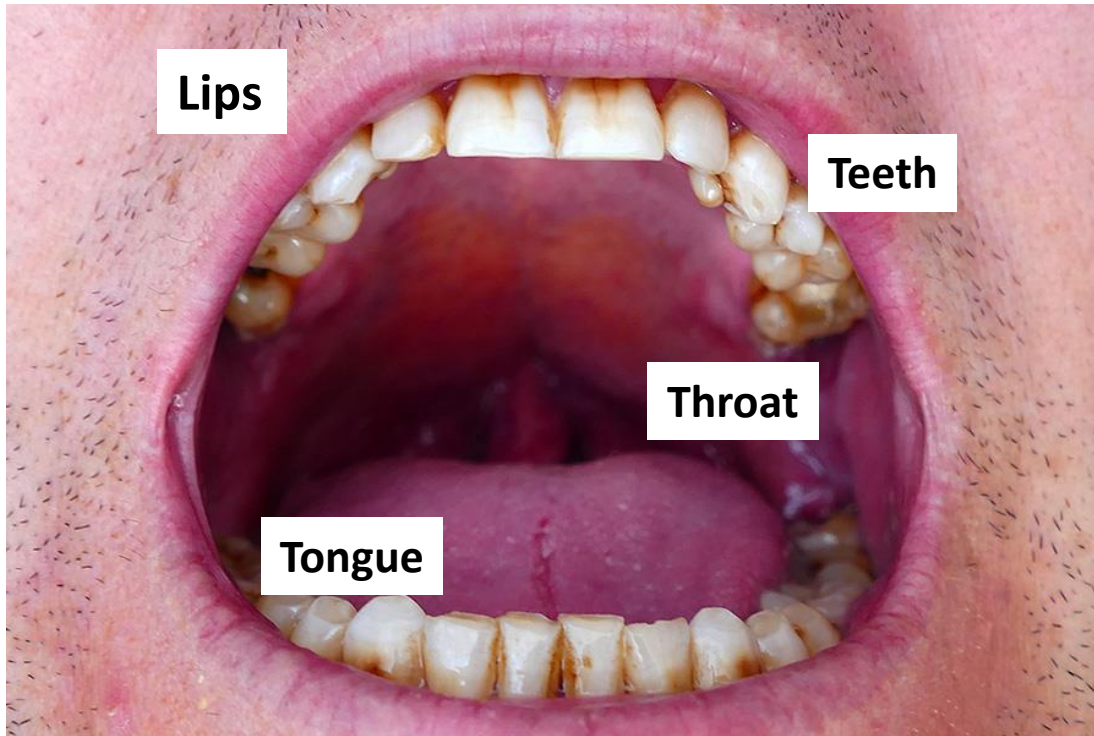




Look:

The airway should be looked into prior to opening to ensure it is patent.

Think:



Patient Assessment Airway

Consider:

- Colour
- Swelling
- Soot
- Dentures
- Trauma
- Blood
- Vomit
- Secretions
- Foreign bodies



The Blocked Airway

Listen – for sounds of obstruction

- ▶ Snoring
- ▶ Gurgling
- ▶ Stridor – a high pitched sound usually on breathing in
- ▶ Silence

Feel – for movement of air

The airway can be obstructed in 4 main ways:

Kinked



Cut



Crushed



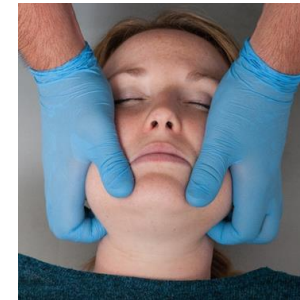
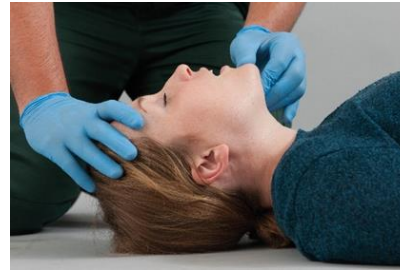
Blocked





Step-wise Airway Management

- ▶ Airway Clear? Use Suction/postural drainage (recovery position)
- ▶ Head tilt/chin lift
- ▶ Jaw thrust (neck injury)
- ▶ Triple Airway Manoeuvre
- ▶ Oropharyngeal Airway Insertion (OPA)
- ▶ Nasopharyngeal Airway (NPA)
- ▶ iGel





Clinical Assessment Breathing



- Once the airway is open, you are ready to move onto breathing. Again **LOOK, LISTEN** and **FEEL**.
- Is it adequate to support life?
- A normal rate is between **12-20** breathes per minute.
- Less than 10 or more than 30 you may have to assist the patient with their breathing.
- Consider agonal or ineffective breathing



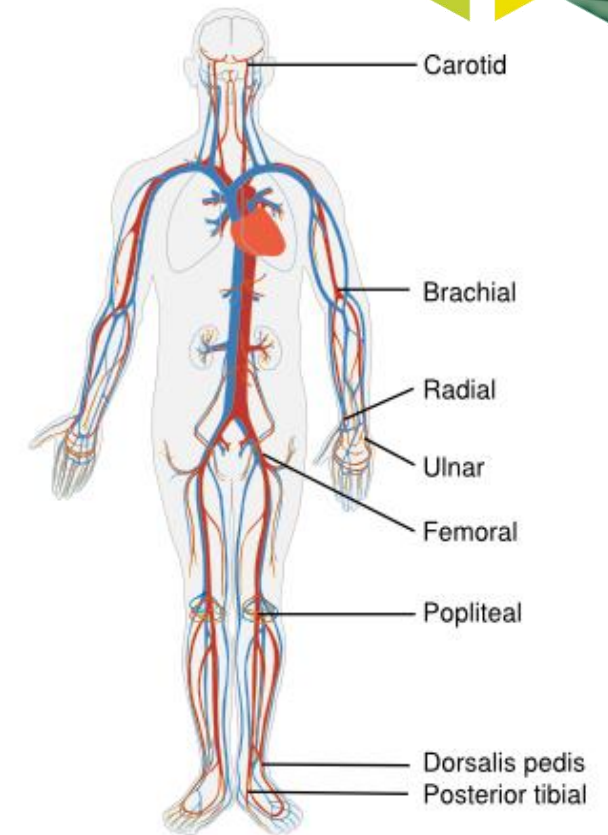


Clinical Assessment Circulation

You can obtain a good idea of the patient's circulation by looking at the colour of their face and limbs. Pale or blue extremities may be an indication of poor circulation. Consider the patient's ethnicity.

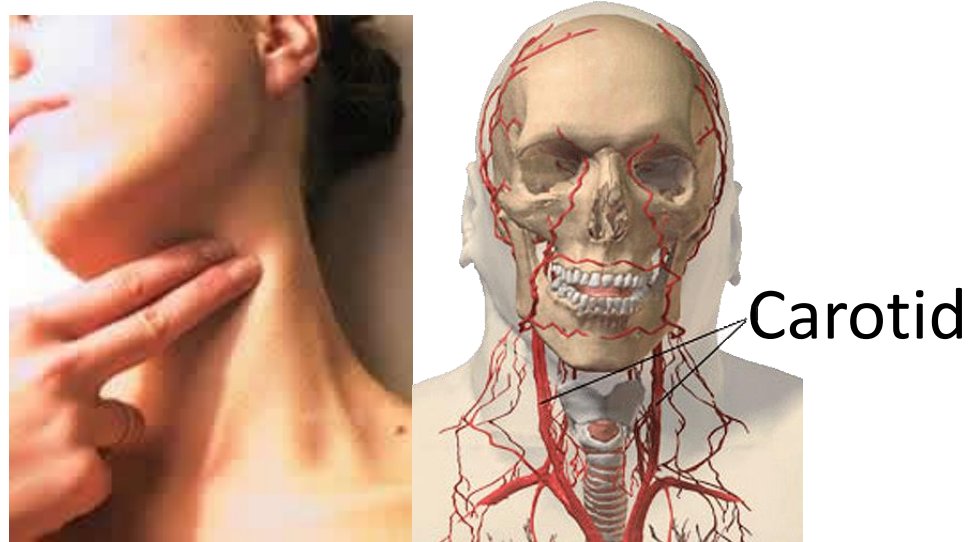
Pulses can be found at the wrists and neck, when a patient is hypotensive (low blood pressure) the pulses at the wrist may disappear.

- Normal is **60-100** beats per minute.





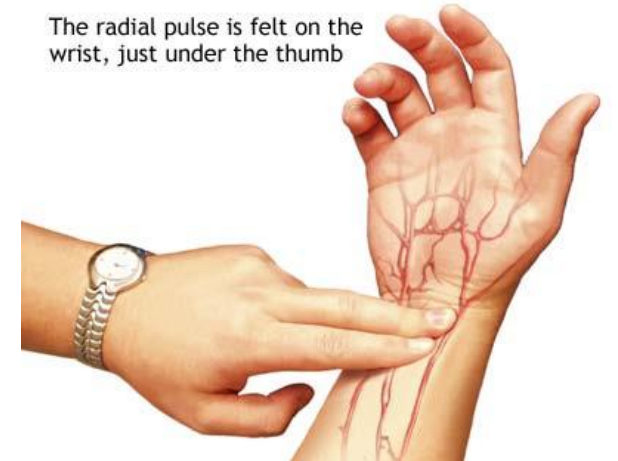
Circulation – Taking a Pulse



Clinical Assessment



The radial pulse is felt on the wrist, just under the thumb



Regular Rhythm – feel for 15 seconds then times by 4

Irregular Rhythm – count for full 60 seconds



Capillary Refill Time-CRT

To check blood flow at the extremities, we can press on the nail bed for 5 seconds. When we release, the colour (blood) should return in less than 2 seconds. If it is extended, it shows the patient has poor circulation at this time.



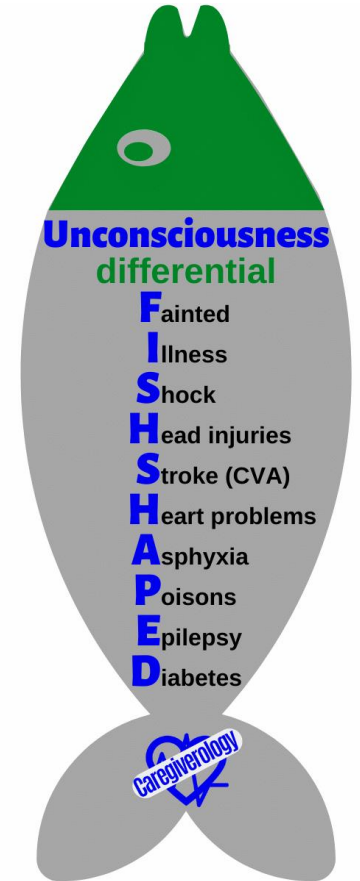


Clinical Assessment Disability

This refers to the patient's level of consciousness, or how awake they are.
We can look at 3 aspects of the patient under 'disability'

- ✓ Level of consciousness
- ✓ Pupils
- ✓ Blood sugar

Please note pupils and blood sugars are covered in a later session





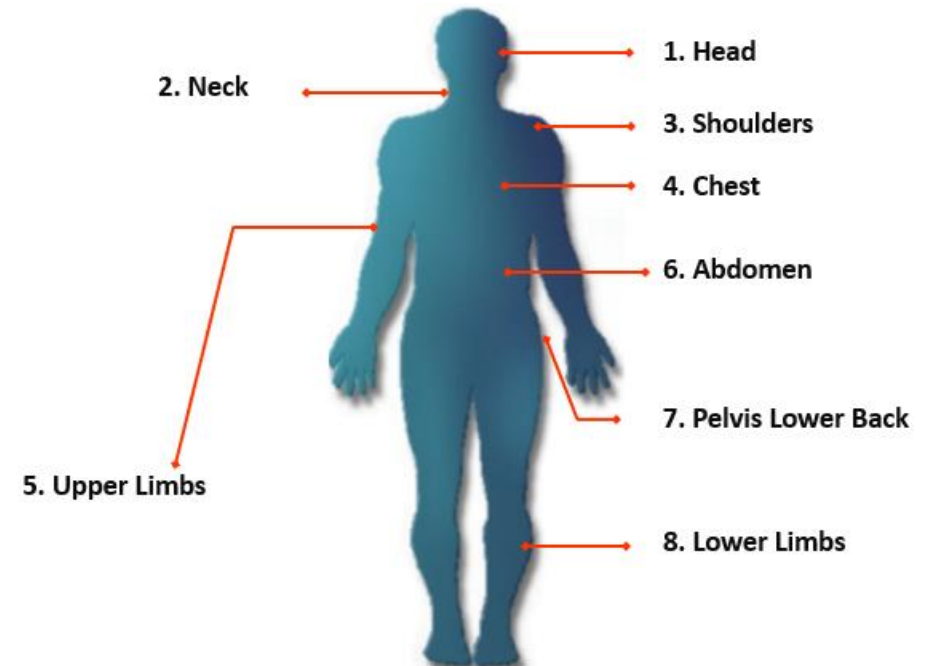
Clinical Assessment Expose Environment

You will undertake a full head to toe assessment under the secondary survey.

This is a quick look early on that will give you clues to obvious injuries/illness that need to be managed quickly.

Look for:

- ✓ Hidden bleeding.
- ✓ Unusual rashes.
- ✓ Deformed limbs.





Clinical Assessment





Clinical Assessment Secondary Survey

Unconscious Patient

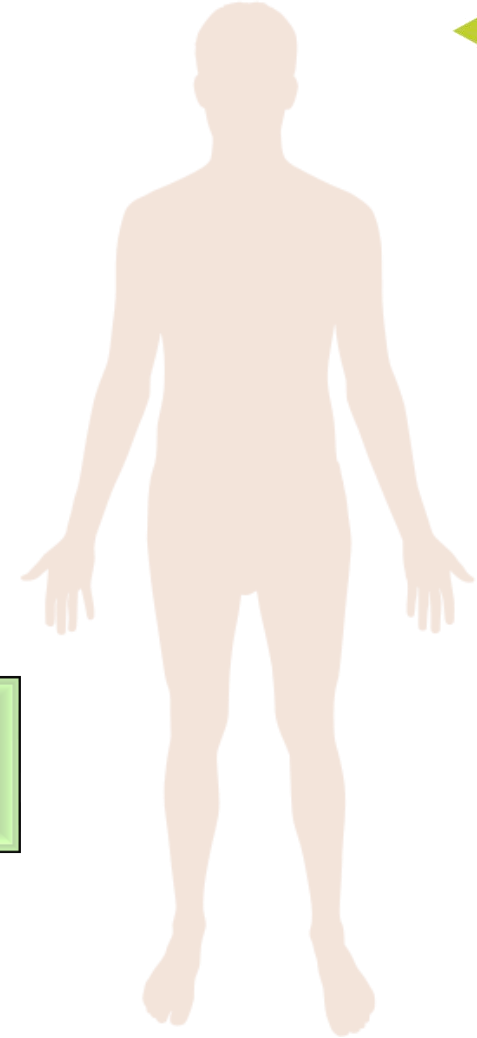
Secondary Survey (unconscious patient)

Starting at the head, move methodically down the body using your sense of touch, sight and smell.

- Recovery Position?
- Head
- Pupils
- C-spine
- Chest
- Arms/Wrists/Hands
- Abdomen
- Pelvis
- Legs/Feet.

Remember!

- ▶ Record any findings
- ▶ Check for medical bracelets





Clinical Assessment Secondary Survey

Recovery Position

Indications

- a spontaneously breathing and unconscious patient without a spinal injury.

Advantages

- Simple and quick procedure for single rescuer
- No equipment required
- Allows for postural drainage of secretions or vomit from the patients mouth.

Contra-Indications

- Patients with spinal Injury
- Patients who require assisted ventilations or advanced airway management.

Disadvantages

- Patient can still aspirate – not a definitive or guaranteed airway
- Sometimes difficult to assess patients breathing

Recovery Position will be demonstrated during airway session



Clinical Assessment

Secondary Survey

Conscious Patient

Presenting Complaint History Taking



Signs = On Examination (O/E)
Symptoms = Complaining Of (C/O)
Allergies
Medication
Past Medical History (PMH)
Last oral intake
Events that led to illness / injury

Secondary Survey Vital Signs

* ONLY use WAST equipment
if trained and permitted



Respiratory Rate (RR) (12 – 20)
* Oxygen Saturation (SpO₂) (94 – 98%)
* COPD with Hypoxic drive (88 - 92%)
Pulse Rate (60 – 100)
* Blood Pressure (BP) (120/80)
Pain Score (0 – 10) ☹ - ☺
* Blood Sugar (BM) (4.0 – 8.0 mmol)
* Temperature (37°C)





S Site
O Onset
C Character
R Radiation
A Association
T Timing
E Exacerbation/Relieving
S Severity





SAMPLE

S Pale, Sweat & Clammy
A Nuts & Codeine
M Simvastatin & Aspirin
P ↑ Cholesterol
L 18:00
E Treadmill workout for
15 mins with onset of pain

SOCRATES

S Central chest
O Working out
C Crushing sensation
R Goes into my left arm
A Feel sick
T Had pain for 30 minutes
E Lying flat
S 8/10





Reassessment

Your patient's clinical condition is dynamic and frequently changing, either due to the illness or injury they have acquired, or as a result of an intervention you have performed.

Continue to reassess your patient's condition;

- ✓ Primary Survey
- ✓ Vital Signs
- ✓ Presenting complaint
- ✓ Review of treatment



Handover



ATMIST Clear, concise and to the point	
A	Age of the patient
T	Time that the incident/illness occurred
M	Mechanism of injury/medical condition
I	Injuries sustained
S	Signs and Symptoms
T	Treatment given/ immediate needs





What is Consent?



In the United Kingdom, case law has determined that adult patients with mental capacity must give consent before they are touched or treated. Failure to do this leaves yourselves open to civil claims for trespass against the person, which includes assault and battery (Dimond2008); therefore, you must seek valid consent to treat your patient.

Key Points:

- ✓ A partnership between patient and those providing care
- ✓ A legal requirement
- ✓ Can be refused
- ✓ May be unobtainable due to patient's condition.





Consent

Types of consent: Implied, Verbal, Written, Refused

Young people and children

- Should be involved
- Over 16 presumed to have capacity
- Younger children
- Parental responsibility
- Competent child v Parental responsibility.



CONSENT IS:
CLEAR COHERENT
WILLING ONGOING









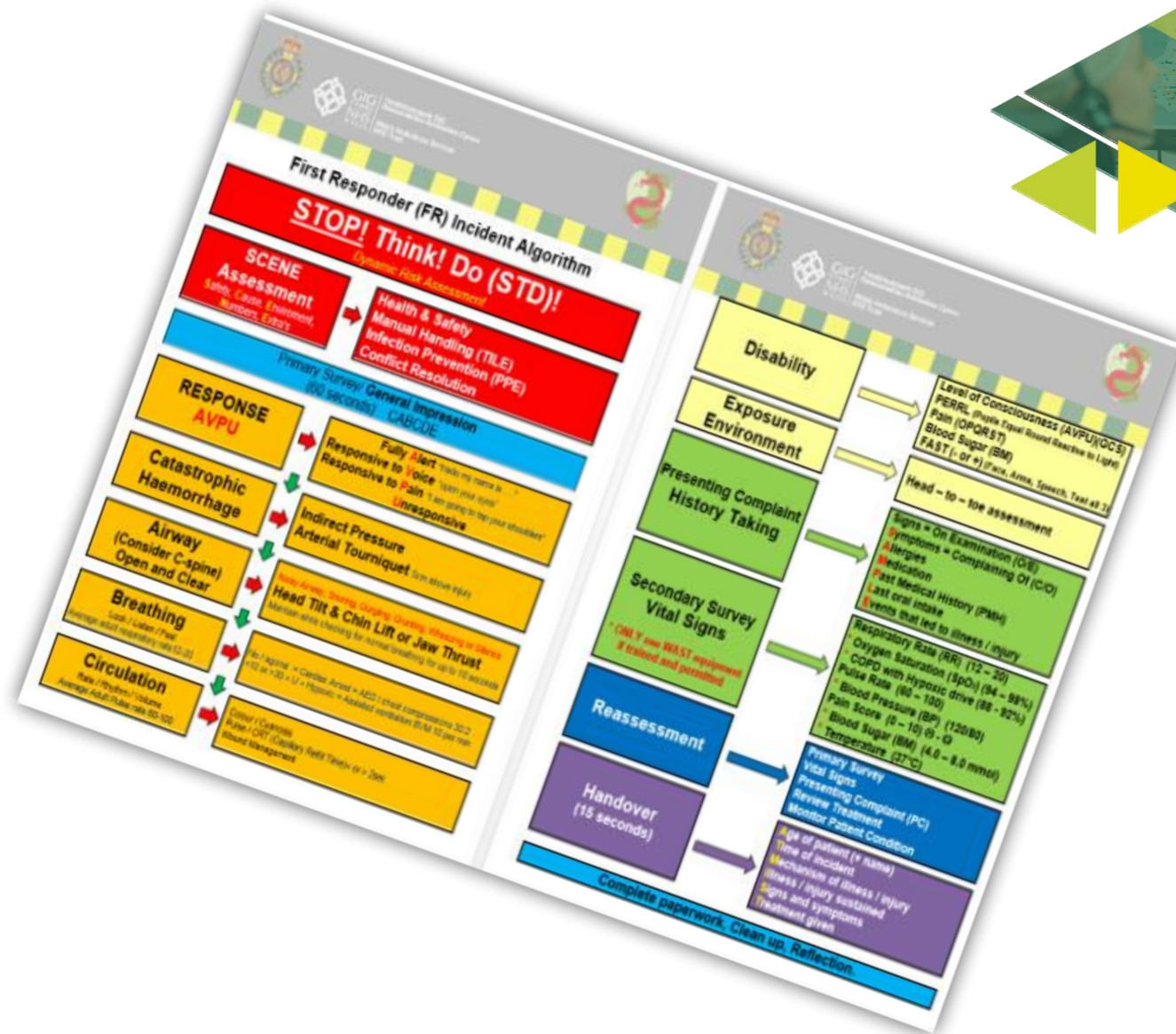
Airway Management

Group Work





Practice Time





At the end of session: A wellbeing checklist

- ✓ Reflect on what went well today.
- ✓ Recognise what was difficult.
- ✓ Check in with the colleagues around you.
- ✓ Reflect for a moment on the difference you made to people and be **proud**.
- ✓ Are you ok? Use support scale below if you're not.
- ✓ Go home: **rest, restore** and do something you **enjoy**!



Diolch Thank You

- | | |
|------------------------------------|---|
| ❖ <i>Feeling a bit down?</i> | <i>Talk to a colleague</i> |
| ❖ <i>Finding things difficult?</i> | <i>Talk to the management team</i> |
| ❖ <i>Need Professional advice?</i> | <i>Call Wellbeing Support Service 0300 321 4700</i> |
| ❖ <i>Don't know what to do?</i> | <i>Call the Samaritans</i> |

www.wastkeepertalking.com

