Important consideration when examining the nose and ears of a patient with a head injury.	Type of injury which must be suspected if a diving accident is involved or unknown.
Indication for use of the pneumatic anti-shock garment(PASG)	Best indicator of a brain injury.
Approximate amount of sudden blood loss in an adult, child and infant that is considered serious.	Action which should be taken when a sucking chest wound is discovered.
Six types of open soft tissue injuries.	Four primary forms of emergency bleeding control.

Spinal Injury. The patient's neck and back should be properly immobilized before removing the patient from the water.	Look for blood or cerebrospinal fluid draining from the nose or ears.
Altered or decreasing mental status. May include confusion, disorientation, repetitive questioning by the patient, and unresponsiveness.	Use the PASG if signs of shock are present and the patient's lower abdomen is tender and a pelvic injury is suspected.
IMMEDIATELY seal the wound with an airtight dressing.	ADULT: 1,000 ml (1 liter) CHILD: 500 ml (1/2 liter) INFANT: 100-200 ml
1. Pressure-Direct and/or Diffuse 2. Elevation 3. Pressure point 4. Tourniquet	1. Abrasion 2. Laceration 3. Penetration/Puncture 4. Avulsion 5. Amputation 6. Crush Injury

Percentage of total skin surface RULE OF NINES INFANT	Important assessment consideration when a bone or joint injury is encountered.
Percentage of total skin surface. RULE OF NINES CHILD	Percentage of total skin surface RULE OF NINES ADULT
Involves all the dermal layers and may extend to subcutaneous layers, muscle, bone or organs. Pain usually absent due to nerve destruction. Skin may be white and leathery, or black and	Involves outer layer of skin (Epidermis). Characterized by redness, tenderness, mild to moderate pain. CLASSIFICATION OF BURN???
Proper sequence for immobilizing a patient to a long spine board.	Involves epidermis and dermis. Produces blisters and severe pain. CLASSIFICATION OF BURN???

Assess pulse, motor function, and sensation distal to the injury before and after splinting. (P)ulse, (M)otor function,(S)ensation distal to injury	Head and Neck.....18% Each Upper Extremity.....9% Anterior Trunk.....18% Posterior Trunk.....18% Each Lower Extremity.....14%
Head and Neck.....9% Each Upper Extremity.....9% Anterior Trunk.....18% Posterior Trunk.....18% Each Lower Extremity.....18%	Head and Neck.....14% Each Upper Extremity.....9% Anterior Trunk.....18% Posterior Trunk.....18% Each Lower Extremity.....16%
Superficial % OF ADULT BODY SURFACE INVOLVED SEVERITY Greater Than 50% Moderate	Full Thickness % OF ADULT BODY SURFACE INVOLVED SEVERITY Less Than 2% Minor 2-10% Moderate
Partial Thickness. % OF ADULT BODY SURFACE INVOLVED SEVERITY Less Than 15% Minor 15-30% Moderate	1. Pad voids between the patient and the board. 2. Immobilize the patient's torso to the board. 3. Immobilize the patient's head to the board. 4. Secure the patient's legs to the board.

Six contraindications for using a traction splint.	
General considerations concerning distance to splint above and below a skeletal injury.	Type of injury which may necessitate use of a traction splint.

	1. Presence of a Knee injury. 2. Presence of a Hip injury. 3. Presence of a Lower leg or ankle injury. 4. Presence of a Pelvis injury.
Painful, swollen, deformed mid-thigh with no joint or lower leg injury.	BONE INJURIES: Immobilize the joint above and the joint below the injury. JOINT INJURIES: Immobilize the bone and joint above and below the injury.