

RNLI
CASUALTY CARE
Check Cards



TP-FA-136-02

ASSESSMENT

ACTIONS		POSSIBLE SYMPTOMS		TIME:							
D	Danger: Consider MOI	LITTLE SICK	BIG SICK								
R	Assess Response: Alert / Voice / Pain / Unresponsive	A	V P U	IF BS PREP O₂							
C	Life Threatening Bleed	YES	Direct Pressure (DP) Indirect Pressure (IP) Tourniquet (T)								
A	If P or U open airway using: Illness / Immersion: Head Tilt Injury: Jaw Thrust Attempt Plastic Airway Prepare Suction	NO	time tourniquet applied: _____ write HT or JT as appropriate: _____								
B	Check breathing rate for 10 seconds	12, 18 or 24	30, 30+	IF BS GIVE O₂							
	EFFECTIVE INEFFECTIVE	Begin CPR – see Card 2									
C	Check central capillary refill Press for 5 seconds	1 or 2 SECS	3+ SECS	IF BS GIVE O₂							
E	UNCONSCIOUS (P or U) Expose: Trunk Examine Casualty: Head to toe CONSCIOUS (A or V) Enquire: Use S.A.M.P.L.E. then examine as required	Evaluate	BIG SICK or LITTLE SICK	Treat and Evacuate							
	10 secs	INEFFECTIVE	2	3	4	5	6	7	8	9	10
	1 min	INEFFECTIVE	12	18	24	30	36	42	48	54	60
	← BVM →		Free Flow Mask (FFM)								

Signs and symptoms

Allergies

Medications prescribed

Past relevant medical history

Last meal

Events leading to incident

BIG 3 MONITORING

BIG SICK: Monitor every 2 minutes
LITTLE SICK: Monitor every 5 minutes

	Response	Breathing Rate	Capillary Refill	Pain score						
Time	A	12, 18 or 24	1 or 2 seconds							
	V P U	30, 30+	3+ seconds							
10 secs	INEFFECTIVE	2	3	4	5	6	7	8	9	10
1 min	INEFFECTIVE	12	18	24	30	36	42	48	54	60

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CASUALTY INFORMATION

Name:

Address:

Date of birth:

Oxygen given at 15 litres per minute:

Time:

Via:

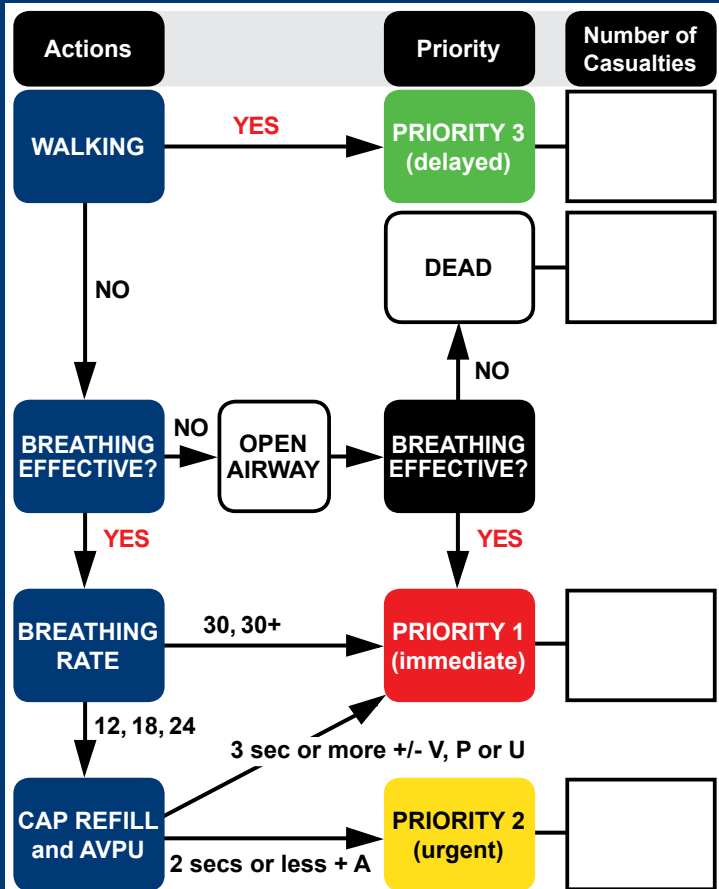
BVM / FFM

Drugs given:

<input type="checkbox"/>	Glucogel	Time:	<input type="text"/>	amount:	<input type="text"/>	: tubes
<input type="checkbox"/>	Aspirin	Time:	<input type="text"/>	amount:	<input type="text"/>	: tablets
<input type="checkbox"/>	GTN	Time:	<input type="text"/>	amount:	<input type="text"/>	: sprays
<input type="checkbox"/>	Salbutamol	Time:	<input type="text"/>	amount:	<input type="text"/>	: puffs
<input type="checkbox"/>	Seasick tablet	Time:	<input type="text"/>	amount:	<input type="text"/>	: tablets
<input type="checkbox"/>	Paracetamol	Time:	<input type="text"/>	amount:	<input type="text"/>	: tablets
<input type="checkbox"/>	Penthrox	Time:	<input type="text"/>	amount:	<input type="text"/>	: doses
<input type="checkbox"/>	Entonox	Time:	<input type="text"/>			

Casualty's own medication:

TRIAGE



NOTE: ALL TOURNIQUET CASUALTIES ARE **PRIORITY 1 (P1)**

10 secs	INEFFECTIVE	2	3	4	5	6	7	8	9	10
1 min	INEFFECTIVE	12	18	24	30	36	42	48	54	60

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Remember: Positioning and immobilisation can reduce pain.

Initial pain score

Time

ENTONOX

Indications:
Moderate to severe pain

Do NOT give entonox if casualty:

- Has a head injury
- Has a chest injury
- Had eye surgery within 4 weeks
- Has been diving in the last 24 hours
- Has abdominal pain outside of childbirth
- Is a violently disturbed psychiatric patient

PARACETAMOL

Indications: Mild to moderate pain
Dose: 2 x 500mg tablet

Do NOT give paracetamol if casualty is under 18 years old or HAS:

- Taken paracetamol or products containing paracetamol within 4 hours or exceeded maximum daily dose
- An allergy to paracetamol

Wong-Baker FACES® Pain Rating Scale



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Possible signs and symptoms:

Response P or U

(Casualty breathing effectively)

INJURY

Maintain airway using

JAW THRUST

Attempt plastic airway

Prepare suction

GIVE OXYGEN @15 l/min
via free flow maskTreat traumatic injuries
Keep warm with blanket
ReassureConsider use of glucose gel
Monitor and
rapidly evacuate**ILLNESS /
IMMERSION**

Maintain airway using

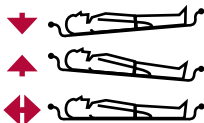
HEAD TILT / CHIN LIFT

Attempt plastic airway

Prepare suction

GIVE OXYGEN @15 l/min
via free flow maskPlace in recovery position
Keep warm with blanket
ReassureConsider use of glucose gel
Monitor and
rapidly evacuate**NOTES**

If at any point you cannot maintain the airway in an injured casualty – choose life over limb and use graduated head tilt / chin lift or the recovery position.

Place **pregnant** casualties on their **left** side.Transport slightly **head down** except:Transport **head up** if head or brain injury.Transport **level** if diving illness/drowned.

Possible signs and symptoms:

- Response U • Not Breathing effectively • Pale / blue colour

INSERT PLASTIC AIRWAY

Prepare suction

For child casualties, or adult casualties suffering from lack of oxygen, give **5** breaths.

OXYGEN @15 l/min via **BVM** / pocket mask

Adult: **30** compressions Child: **15** compressions
At a rate: **100-120** per minute

Give **2** breaths **OXYGEN @15** l/min
via BVM / pocket mask

Continue ratio Adult-**30:2** / Child-**15:2**
only stopping if shows obvious signs of life

If available, connect AED and follow prompts
If possible raise casualty's feet.

If casualty recovers keep them on their back if possible.
The casualty may fit.

NOTES

Remove chest seal when using BVM.

Transport slightly **head down** except:



Transport slightly **head up** if head or brain injury.



Transport **level** if diving illness/drowned.



Always attempt CPR unless submersion time is more than 90 minutes,
casualty is decomposed or is a victim of non-survivable trauma.

Possible signs and symptoms:

- Breathing Rate 30+
- Central cap refill 3+ seconds
- Pale
- Cold and clammy
- Change in AVPU
- Bleeding

Keep injured casualties warm and handle gently

EXTERNAL BLEED

Sit or lie casualty down
Expose wound

Apply direct pressure
and elevate if possible

Dress wounds
with **trauma dressing**

If in pain give pain relief.

SEE PAIN RELIEF CARD

BIG SICK GIVE OXYGEN

@15 l/min via free flow mask

If bleeding not controlled
use **Windlass Technique**

If bleeding still not controlled,
treat as **Life Threatening Bleed**

Reassure.
If casualty goes unconscious
maintain airway

SEE CARD 1

LIFE THREATENING BLEED

Apply immediate direct or
indirect pressure

For limb bleeds use tourniquet(s)

Dress wounds

If in pain give pain relief.

SEE PAIN RELIEF CARD

BIG SICK GIVE OXYGEN

@15 l/min via free flow mask

DO NOT release tourniquet

Note tourniquet application time
on cards/tourniquet/casualty.

If bleeding not controlled use
second tourniquet above first.

Reassure.
If casualty goes unconscious
maintain airway

SEE CARD 1

NOTES

Do not pull out embedded objects. Pad around objects or open fractures. Pack deep holes with dressings, then apply pressure.

If limb is **crushed** for more than **15 minutes** and evacuation is necessary, apply tourniquet **just prior to release**.

Possible signs and symptoms:

- Breathing Rate 30+ • Central cap refill 3+ seconds
- Pale • Cold and clammy • Change in AVPU
- Bruising, discolouration, swelling
- Hardening in the abdomen

Keep injured casualties warm and handle gently

Examine 4 possible locations:
CHEST / ABDOMEN / PELVIS OR LIMB
FRACTURE

Lie casualty HEAD DOWN
Raise feet if possible

If in pain - give pain relief

SEE PAIN RELIEF CARD

If **BIG SICK**
GIVE OXYGEN @15 l/min
via free flow mask

Insulate and keep warm
Reassure

Monitor and rapidly evacuate
SLIGHTLY HEAD DOWN

Possible signs and symptoms:

- Breathing Rate 30+
- Central cap refill 3+ seconds
- Pain
- Pale and sweaty
- Swelling, deformity, discolouration

Keep injured casualties warm and handle gently

OPEN FRACTURES

Control life threatening bleeding, if present

Remove watches / jewellery from affected limb

If in pain give pain relief.

SEE PAIN RELIEF CARD

If **BIG SICK**
GIVE OXYGEN @15 l/min
via free flow mask

Apply dressing to wound,
pack around bone ends but
DO NOT push back in

Stabilise in location
where possible.

If **DANGER** - move

Immobilise fracture using
frac straps.
For lower limbs use 6 frac
straps including a pelvic strap

CLOSED FRACTURES

Remove watches / jewellery
from affected limb

If in pain give pain relief.

SEE PAIN RELIEF CARD

If **BIG SICK**
GIVE OXYGEN @15 l/min
via free flow mask

Stabilise in location
where possible.

If **DANGER** - move

Immobilise fracture using
frac straps.
For lower limbs use 6 frac
straps including a pelvic strap

Monitor, insulate, reassure and evacuate

NOTES

If limb is crushed for more than **15 minutes** and evacuation is necessary, apply tourniquet **just prior to release**

Transport **HEAD DOWN** if unconscious.



Possible signs and symptoms:

- Breathing Rate 30+
- Central cap refill 3+ seconds
- Pain
- Pale and sweaty
- Deformity
- Discolouration
- Wounds

NEVER GIVE ENTONOX – see Pain Relief Card
Keep injured casualties warm and handle gently

BLUNT IMPACT INJURY

If **BIG SICK**
OXYGEN @15 l/min
 via free flow mask

If conscious, transport casualty
 in a sitting position leaning
 towards the injured side

If unconscious lie casualty on
 their side, injured side down

**Reassure, monitor closely
 and Evacuate**

If **UNCONSCIOUS**
**TRANSPORT SLIGHTLY
 HEAD DOWN**



NOTES

Wound size does not equal severity
 Remove chest seal when using BVM

PENETRATING INJURY

If **BIG SICK**
GIVE OXYGEN @15 l/min
 via free flow mask

Pad around embedded objects
DO NOT PULL OUT

Seal any holes in chest
 with trauma dressing
**BUT BREAK SEAL
 IF CASUALTY WORSENS**

If conscious transport casualty
 in a sitting position leaning
 towards the injured side

If unconscious lie casualty on
 their side, injured side down
UNLESS embedded object

Apply dressing to any additional
 wounds and apply pressure

**Reassure, monitor closely
 and Evacuate**

Possible signs and symptoms:

- Breathing Rate 30+
- Central cap refill 3+ seconds
- Pain
- Pale and sweaty
- Burnt facial hair
- Soot around mouth / nose

If chemical burn, **DO NOT USE CLING FILM** • Flush with water and seek medical advice • Cover with damp dressing

Suspect airway swelling

If in pain - give pain relief

SEE PAIN RELIEF CARD

If **BIG SICK**

GIVE OXYGEN @15 l/min via free flow mask

Cool facial burns for at least 10 minutes

If wheezing, give **2 puffs**

SALBUTAMOL INHALER via spacer

Dress facial burns if possible and if necessary cool for a further **10 minutes**

Monitor and if required follow by **2 puffs** every 2 minutes to a maximum of **10 puffs**

Rapidly evacuate,
AVOID LYING CONSCIOUS CASUALTY DOWN

NOTES

DO NOT burst blisters, or apply adhesive dressings.
DO NOT remove clothing stuck to a burn.

Transport **HEAD DOWN** if unconscious.



Possible signs and symptoms:

- Breathing Rate 30+
- Central cap refill 3+ seconds
- Pain
- Pale and sweaty
- Reddening, blistering or charring

If chemical burn, **DO NOT USE CLING FILM** • Flush with water and seek medical advice • Cover with damp dressing

Remove watches / jewellery from affected area

Cool burn for at least **10** minutes

If in pain - give pain relief

SEE PAIN RELIEF CARD

If **BIG SICK** GIVE OXYGEN

@**15** l/min via free flow mask

Dress burns with cling film or burn bags and if necessary cool for a further **10** minutes

Reassure, monitor and rapidly evacuate

NOTES

DO NOT burst blisters, or apply adhesive dressings.
DO NOT remove clothing stuck to a burn.

Transport **HEAD DOWN** if unconscious.



Possible signs and symptoms:

- Breathing rate 6 or 30+
- Central cap refill 3+ seconds
- Numbness
- Pins and needles
- Pain
- Incontinence
- Loss of limb movement

Reassure, approach from the front, ask not to move

Encourage casualty to lie on appropriate stretcher if standing

Hold head and neck in neutral alignment

Watch for vomiting and clear airway as required

If **BIG SICK** OXYGEN @15 l/min via free flow mask

If in pain - give pain relief **SEE PAIN RELIEF CARD**

Stabilise in location where possible. If **DANGER** - move

If moving casualty, size and apply collar

Immobilise lower limbs, use 6 frac straps including a pelvic strap

Log roll on to appropriate stretcher and secure

NOTES

If **BIG SICK** TRANSPORT SLIGHTLY HEAD DOWN



ADULT COLLAR SIZING

Place this edge of the check card on the casualty's shoulder

Adult **NO-NECK** Bottom of chin

Adult **SHORT** Bottom of chin

Adult **REGULAR** Bottom of chin

Adult **TALL** Bottom of chin

Child **PETITE** Bottom of chin

Child **PEDI** Bottom of chin

Child **INFANT** Bottom of chin

CHILD COLLAR SIZING

Place this edge of the check card on the casualty's shoulder

ADULT COLLAR SIZING

Place this edge of the check card on the casualty's shoulder

Adult **NO-NECK** Bottom of chin

Adult **SHORT** Bottom of chin

Adult **REGULAR** Bottom of chin

Adult **TALL** Bottom of chin

Child **PETITE** Bottom of chin

Child **PEDI** Bottom of chin

Child **INFANT** Bottom of chin

CHILD COLLAR SIZING

Place this edge of the check card on the casualty's shoulder

Possible signs and symptoms:

- Breathing Rate 6 or 30+ • Central cap refill 3+ seconds
- Change in AVPU • Confusion • Irritable
- Combative • Memory loss • Vomiting • Fitting
- Bruising around the eyes • Bruising behind the ears
- Bleeding from ears or nose • Blood in white of eye

NEVER GIVE ENTONOX

Reassure, approach from the front, ask not to move

Encourage casualty to lie on appropriate stretcher if standing

Hold head and neck in neutral alignment

Watch for vomiting and clear airway as required

If **BIG SICK** GIVE OXYGEN @15 l/min via free flow mask

Dress head wound keeping head still

Stabilise in location where possible. If **DANGER** - move

If moving casualty, size and apply collar

Immobilise lower limbs, use 6 frac straps including a pelvic strap

Log roll on to appropriate stretcher and secure

LOOSEN COLLAR – TRANSPORT SLIGHTLY HEAD UP

NOTES

Casualties have the potential to fit. If casualty fits, immediately remove all straps and collar if applied.

Possible signs and symptoms:

- Response U
- Breathing Rate 30+
- Rigid or violent shaking

CONSIDER REASON FOR FITTING

INJURY

Reassure. Clear the area around the casualty and protect their head

When fit stops, **ASSESS**

If unconscious maintain airway using **JAW THRUST**
Attempt plastic airway
Prepare Suction

If **BIG SICK**
GIVE OXYGEN @15 l/min
via free flow mask

Consider **Glucose Gel** for all casualties

Rapidly evacuate

SEE CARD 10

ILLNESS

Reassure. Clear the area around the casualty and protect their head

When fit stops, **ASSESS**

If unconscious maintain airway using **HEAD TILT / CHIN LIFT**
Attempt plastic airway
Prepare Suction
Place in recovery position

If **BIG SICK**
GIVE OXYGEN @15 l/min
via free flow mask

Consider **Glucose Gel** for all casualties

Rapidly evacuate for assessment by ambulance crew

Possible signs and symptoms:

- Pain • Itching • Swelling • Rash • Redness
- Puncture marks • Muscle cramps

INSECT	JELLYFISH	PORTUGUESE MAN-OF-WAR	WEEVER FISH	SNAKE
If stinger is embedded remove it by scraping	Scrape off any remaining tentacles, avoid rubbing	Scrape off any remaining tentacles, avoid rubbing	Immerse injured limb in warm water until pain eases	Keep the casualty calm and minimise movement
Wash area with soap and water	If possible apply cold sea water	If possible apply warm sea water	Wash area with soap and water	Treat limb as fractured Remove jewellery & immobilise with frac straps
Apply cold compress to ease pain and slow absorption	Avoid applying fresh water or cold packs as can increase pain	Avoid applying fresh water as can increase pain	Check and care for puncture wound	Do not use tourniquet or suck wound
<p>Watch for up to 30 minutes in case of anaphylaxis</p> <p style="text-align: center;">SEE CARD 15</p>				Evacuate on stretcher to A&E via Ambulance

Possible signs and symptoms: • Central chest pain • Central cap refill 3+ seconds • Crushing or constricting pain • Pain may also be present in shoulders, upper abdomen, neck, jaw and arms • Pale, cold and clammy • Nausea • Impending doom

Sit casualty down in **W** position,
loosen clothing and reassure.

If in pain - give Entonox **SEE PAIN RELIEF CARD**

If **BIG SICK** **GIVE OXYGEN**
@15 l/min via free flow mask

**CHECK CASUALTY IS OVER 18 AND HAS NOT TAKEN VIAGRA
OR SIMILAR IN LAST 24 HOURS**

Administer one spray of **GTN** under their tongue

**CHECK CASUALTY IS OVER 16, NOT ALLERGIC AND HAS NO
SEVERE LIVER DISEASE, STOMACH BLEED OR CLOTTING DISORDER**

Administer 300mg of **ASPIRIN**
Casualty chews tablet

Monitor closely. Be prepared to resuscitate

SEE CARD 2

If pain is still present, give second spray of **GTN**
DO NOT give until at least 5 minutes after the first
DO NOT give more than 2 sprays in total

During all transport avoid head down positions, unless
administering CPR

NOTES

300mg Aspirin can still be given if the casualty has already taken a daily 75mg dose.

Possible signs and symptoms:

- Breathing Rate 30+ • Tripod position
 - Audible wheeze • Difficult and shallow breathing
 - Unable to complete a sentence
- Pale, cold and clammy • Blue if severe

Reassure and remove from trigger if possible

Encourage casualty to **SLOW BREATHING RATE**

Sit casualty in upright position, tripod position
or stand and lean forwards

If **BIG SICK** GIVE OXYGEN @15 l/min via free flow mask

Give 2 puffs SALBUTAMOL INHALER via spacer

Monitor and if required follow by
2 puffs every 2 minutes to a maximum of 10 puffs

Rapidly evacuate in position of comfort

NOTES

Take asthma seriously - it can kill.

Avoid laying a conscious casualty down as this may aggravate breathing.

Possible signs and symptoms:

- **Breathing Rate 30+** • **Tripod position**
- **Audible wheeze** • **Difficult and shallow breathing**
- **Unable to complete a sentence**

• **Red flushed and swollen** • **Rash** • **Central cap refill 3+ secs**

Reassure and remove from trigger if possible

Encourage casualty to **SLOW BREATHING RATE**

Sit casualty in upright position, tripod position
or stand and lean forwards

If **BIG SICK** **GIVE OXYGEN @15 l/min** via free flow mask

Encourage casualty to use **ADRENALINE PEN** if they have one

Give **2 puffs SALBUTAMOL INHALER** via spacer

Monitor and if required follow by
2 puffs every 2 minutes to a maximum of 10 puffs

If no improvement and second adrenaline pen available,
administer 10 minutes after the first pen

Rapidly evacuate in position of comfort

NOTES

Do not discontinue first aid procedures even if casualty shows improvement
Avoid laying a conscious casualty down as this may aggravate breathing
Send used adrenaline pens to hospital with the casualty.

Possible signs and symptoms:

- Rapid Change in AVPU • Aggressive
- Pale, cold, clammy, sweaty • Mimics drunkenness
- Dizzy • Fatigue • Vacant Expression

• **NEVER GIVE INSULIN** •
as if given inappropriately it can kill

**CASUALTY
CONSCIOUS**

A or V

Sit the casualty down
and reassure

If **BIG SICK**

GIVE OXYGEN @15 l/min
via free flow mask

Give sugary foods or up to **3**
tubes of **GLUCOSE GEL** until
casualty is lucid and alert on
AVPU

If casualty recovers encourage
to eat slow release
carbohydrates and check
own sugar levels

Must be seen by
ambulance crew

**CASUALTY
UNCONSCIOUS**

P or U

Maintain airway using
HEAD TILT / CHIN LIFT
Attempt plastic airway
Prepare suction

GIVE OXYGEN @15 l/min
via free flow mask

Place in recovery position,
keep warm with blanket

Apply **GLUCOSE GEL**
directly or via a gauze into the
casualty's gums – up to 3 tubes

Reassure, monitor and rapidly
evacuate, slightly head down

Possible signs and symptoms:

- History of event • Breathing Rate 30+
- Difficult and shallow breathing • Skin rashes
- New stubbornness • Vision and speech problems
- Pins and needles • Chest, sinus or joint pains • Confusion
- Weakness, numbness or paralysis • Altered personality
- Unable to complete a sentence • Frothy blood from mouth

NEVER GIVE ENTONOX

**CASUALTY
CONSCIOUS**

A or V

Ideally, lie the casualty down
and minimise movement

GIVE OXYGEN @15 l/min
via free flow mask

Encourage casualty to drink
water if not feeling sick

Protect from elements
reassure, monitor and evacuate
as level as possible

**CASUALTY
UNCONSCIOUS**

P or U

Maintain airway using
HEAD TILT / CHIN LIFT
Attempt plastic airway
Prepare Suction

GIVE OXYGEN @15 l/min
via free flow mask

Place in recovery position,
keep warm with blanket

Monitor and rapidly evacuate,
as level as possible

NOTES

Continue with first aid procedures even if casualty shows improvement
Keep diving equipment for examination by authorities
Evacuate dive computer and buddy with the casualty.

Possible signs and symptoms:

- Yawning • Pale and sweaty • Shivering
- Retching • Vomiting

SEVERE SEASICKNESS:

- Collapse • Incontinence • Lethargic, weak
- Disorientated • Incapacitated

**CASUALTY
CONSCIOUS**

A or V

Administer seasick tablet
to be chewed or sucked

1 for casualty **5-12** years
2 for casualty **13 yrs** above

Do not give second dose
within 8 hours

Place the casualty in a
well ventilated area but
keep warm

Encourage frequent
sips of water

Focus on horizon
or encourage sleep

**CASUALTY
UNCONSCIOUS**

P or U

Maintain airway using
HEAD TILT / CHIN LIFT
Attempt plastic airway
Prepare Suction

GIVE OXYGEN @15 l/min
via free flow mask

Place in recovery position,
keep warm with blanket

Reassure, monitor and rapidly
evacuate, slightly head down

The treatment of an unknown illness or Stroke will fall into one of the following four categories:

1

**UNCONSCIOUS
NOT BREATHING**

Give CPR

SEE CARD 2

2

**UNCONSCIOUS
BREATHING**

SEE CARD 1

3

**CONSCIOUS
BIG SICK**

Reassure

GIVE OXYGEN @15 l/min
via free flow mask

If in pain - give pain relief

SEE PAIN RELIEF CARD

Use position of comfort

Monitor and rapidly evacuate

4

**CONSCIOUS
LITTLE SICK**

Reassure

If in pain - give pain relief

SEE PAIN RELIEF CARD

Monitor and evacuate

NOTES

Consider use of **GLUCOSE GEL** for all casualties.

Consider **F.A.S.T.** for Stroke:

- **Face:** Does the casualty's face droop on one side?
- **Arms:** Can the casualty raise both arms and keep them there?
- **Speech:** Is the casualty's speech slurred / altered?
- **Time:** To evacuate rapidly!

Possible signs and symptoms:

- Confused • Agitated • Unpredictable • Aggressive
- Pacing back and forth • Vacant expression
- Distant and withdrawn • Depressed

Take care when assessing D (Danger) and also when checking (E) Expose for potential weapons or items that could injure

Confusion and unpredictable behaviour could be due to
INJURY, ILLNESS or IMMERSION

**THREATENING &
UNPREDICTABLE**

**KEEP
OFF**

**ACCEPTING HELP, NO
ATTEMPT TO HARM**

**ALLOW
ON**

DO NOT corner or
attempt to restrain

DO NOT corner or
attempt to restrain

Keep under constant
observation. Note changes of
position and direction of travel

Keep under constant
observation

Listen, reassure
and explain

Advise Coastguard immediately
of any changes

If self-harmed or suicidal must
go to hospital for treatment and
mental health assessment

Involve other agencies and
communicate accordingly

If casualty goes quiet or collapses reassess

NOTES

If casualty attempts to leave do not restrain.

The safety of the crew comes first, the SAR unit second and the casualty third.

Harmful, agitated or purposefully violent behaviour presents a real hazard. People presenting like this, **REGARDLESS OF THE CAUSE**, including **BIG SICK** should be **MANAGED OFF THE SAR UNIT** or **OUTSIDE THE RI II**

Possible signs and symptoms:

- Agitation • Cough - may be frothy / bloody phlegm
- Breathing Rate 30+ • Unable to complete a sentence
- Pale and cold • Change in AVPU

CONSCIOUS

A or V

Rapidly remove from water and reassure

Carry out assessment

If **BIG SICK** ...

GIVE OXYGEN @15 l/min
via free flow mask

If appropriate, remove wet clothing, wrap in blankets and insulate from further heat loss

Rapidly evacuate

Make casualty aware of potential for later complications

UNCONSCIOUS

P or U

Rapidly remove from water

Carry out assessment

If breathing maintain airway using recovery position

SEE CARD 1

If not breathing normally start CPR

SEE CARD 2

NOTES

Transport **LEVEL**

Always attempt CPR unless submersion time is more than 90 minutes, the casualty is decomposed or is a victim of non-survivable trauma.

Have suction ready or be ready to clear airway - vomiting is usual.

Suspect casualty to also have hypothermia if immersion > 30 minutes



Possible signs and symptoms:

COLD:

- <30 mins immersion • Shivering • Conscious • Lucid

HYPOTHERMIA:

- >30 mins immersion • Loss of memory • Foetal position
- Change in AVPU • Shivering later replaced by spasm

• CAP REFILL IS NOT RELIABLE – USE AVPU AND BREATHING RATE

- If immersed > 30mins, remove casualty carefully from the water and lay down – lift horizontally on to ALBs

COLD

LITTLE SICK

HYPOTHERMIC

BIG SICK

Protect from elements and further cooling

If appropriate,
remove wet clothing
and wrap in blankets
Give warm sweet drinks

Insulate from further heat loss
and cover head

Rational, shivering
casualties can be
rewarmed ashore

If unconscious
maintain airway, using
HEAD/TILT, CHIN LIFT
Attempt plastic airway
Prepare Suction
Place in recovery position

OXYGEN @15 l/min
via free flow mask

Remove outer wet clothing,
insulate from further
heat loss and cover head

Monitor and rapidly evacuate,
SLIGHTLY HEAD DOWN

NOTES

Cold casualties can be rewarmed - **SAT** in a warm shower.
Supervise rewarming at **ALL** times.

Possible signs and symptoms:

EXHAUSTION:

- Sweating • Thirst • Weakness • Headache
- Nausea • Cramps

HEAT STROKE:

- Hot, dry skin • Confused • Fits
- Change in AVPU

**HEAT
EXHAUSTION**

**LITTLE
SICK**

Stop activity and
rest in a cool area

Remove excess or
tight clothing

Encourage the casualty to
drink water
Consider pain relief – see Pain
Relief card

Lie the casualty down
and raise their legs

Cool and monitor
Should improve within
30 minutes

**HEAT
STROKE**

**BIG
SICK**

If unconscious
maintain airway, using
HEAD/TILT, CHIN LIFT
Attempt plastic airway
Prepare Suction
Place in recovery position

GIVE OXYGEN @15 l/min
via free flow mask

Rapidly cool the casualty
by any means possible
until feels cool to touch

Monitor and rapidly evacuate

LIFESAVING INTERVENTIONS

- Unconscious and breathing
- Choking
- Resuscitation
- Major Bleeding

INJURY

- Fractures
- Chest injuries
- Burns - facial
- Burns - rest of body
- Spinal injuries
- Head injuries
- Bleed
- External Bleeding
- Internal Bleeding
- Other injuries

Notes / Location

ILLNESS

- Fits, seizures and convulsions
- Stings and bites
- Non-traumatic chest pain / discomfort
- Asthma
- Anaphylaxis
- Diabetic - Low blood sugar (Hypo)
- Diving related
- Seasickness
- Unknown illness / Stroke
- Other illnesses

IMMERSION / HEAT RELATED

- Drowning – Unconscious
- Drowning – Conscious
- Cold
- Hypothermia
- Heat exhaustion
- Heat stroke
- Other

AIRWAY MANAGEMENT

- Suction Plastic Airway iGel Recovery Position
 Back Slaps Abdominal Thrusts

OXYGEN

- Free Flow Mask Bag and Valve Mask Pocket Mask Time

CPR

- Defibrillator RNLI AED or Other
 Number of shocks Chest Compressions

DRUGS

- Glucogel Time amount: : tubes
 Aspirin Time amount: : tablets
 GTN Time amount: : sprays
 Salbutamol Time amount: : puffs
 Seasick Tablet Time amount: : tablets
 Paracetamol Time amount: : tablets
 Pentrox Time amount: : doses
 Entonox Time Casualty's meds:

DRESSING / STABILISATION

- Emergency care bandage Triangular bandage Crepe
 Ambulance dressing Tourniquet Frac straps
 Gauze Collar Eyewash
 Burn bag / Cling film Hot / Cold water Other D/S

TEMPERATURE CONTROL

- Warmed Blanket / Balaclava / Bag
 Cooled Other temperature control

POSITIONING

- W Position Lying Tripod
 Recovery Position Sitting

No treatment given / required

STRETCHERS

- Orange basket Neil Robertson Ambulance pouch
 Spine board PS1 Other

ENROLLED PERSONNEL

NAME:

LIFEBOAT

RNLI Certified

RNLI Registered Paramedic

Doctor

LIFEGUARD

Lifeguard

RNLI Registered Paramedic

DUTY OF CARE / HANDOVER

Lifeboat

Lifeguard

Coastguard

Air Ambulance

Ambulance

Police / Coroner

Helicopter

Relative

Other

CASUALTY CONDITION ON HANDOVER

Pronounced dead

Unconscious, not breathing

Unconscious, breathing

Conscious

Declined collar and board

Declined treatment

Advised to attend Doctor

Exposed to Blood Borne Virus (BBV)

Possible signs and symptoms:

- Rapid change in AVPU
- Coughing
- Not breathing effectively
- Pale/blue colour

MILD

Encourage cough

Continue to check either for deterioration to ineffective cough or until obstruction relieved

Monitor and reassure

SEVERE (ineffective cough)

Give up to 5 back blows

Give up to 5 abdominal thrusts if obstruction not cleared (under 12 months give up to 5 chest thrusts)

Repeat alternating between back blows and abdominal/chest thrusts until obstruction clears or casualty goes unconscious

If casualty goes unconscious assess and if not breathing effectively start CPR

SEE CARD 2

Monitor and rapidly evacuate

NOTES

Ensure ambulance called as soon as possible.

Casualty must go to hospital even if obstruction cleared when abdominal thrust(s) used.

TRiM Contacts

Title	Email	Telephone
TRiM Contact	trim@rnli.org.uk	07584 613612
RNLI Operations Room		08451 668222

HANDOVER

Name:

Age:

Time of incident:

Mechanism (what happened?):

Injury / illness / immersion - Details of:

Signs and Symptoms:

Treatment given:



Lifeboats

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The contents of this publication have been adapted from an original course concept, which was conceived and designed by Paul Savage.