

Yo! This month I'm gonna delve a little deeper into the care and treatment of a fallen compadre. And I'm gonna give youse some mnemonics to help guide you. Remember, you're just a Good Samaritan on the side of the road, so no one is going to be upset if you don't remember this. But if you do get the chance to help someone get home to their family, then none of this is for naught.

Disclaimer: You're not a sawbones or a paramedic, so don't mistake this for medical advice. Before attempting this or any new exercise, always check with your physician (or civil attorney).

You checked the **ABCs**. There's no major trauma. Traffic is rerouted and the firefighters are on their way. Now what? Grab a pen and paper (or tell that chick who is just googly-eyed over your new found uber skills to go get you one) and jot down the following:

AVPU

Check to see how alert the person is. This helps determine how bad the injury is, especially if it's a brain injury. "**A**" stands for totally "alert". "**V**" means that the person responds to "verbal" commands, but is not completely alert. It's "**P**" if the person only responds to "painful" stimuli; (that doesn't mean you can punch someone to see if they respond; although you might be able to tweak a nipple in the name of science, just don't tell anyone I said that). And "**U**" would be for "unresponsive".

PERRL

PERRL tells medics about the responsiveness of the eyes, which tells them a little bit about the condition of the brain. Have the person look off into space and shine a flashlight into their eyes for a second. This tells you if the "**P**upils are **E**qual, **R**ound and **R**eactive to **L**ight". You can tell the medics, "Yes, both pupils reacted equally to the light" or "Nope, he's fubar". That's a medical term developed by the Department of Defense just prior to the end of WWII. Sort of.

OPQRST

All you're really trying to do with this is to find out who, what, where, when and how of the injuries. "**O**" is for "onset"; what was the patient doing when it started; was the onset sudden, gradual or part of an ongoing problem? "**P**" is for "Provocation"; does any one factor make the problem worse? "**Q**" is for "Quality" of pain; this should be the person's own description of the pain. Your question can be open ended, like, "Can you describe the pain for me?", or leading, like, "Is it sharp, burning, tearing, dull, or something else?", and, "Is it constant; or like a heartbeat and throbbing?" "**R**" is for "Region" or "Radiation"; where is the pain located and does it radiate to any other part of the body? "**S**" is the "Severity"; "On a scale of 1-10, with 10 being the worst pain you've ever felt, how would you rate the severity of your pain?" And "**T**", is for "Time"; how long has the pain been going on and was it caused by this wreck or did you have it before?

SAMPLE

Signs and Symptoms, **A**llergies, **M**edications, **P**ertinent Medical History, **L**ast Oral Intake, **E**vent Leading Up to This

Signs and Symptoms - Find out what the major complaint is and see if you can come up with a cause. If the guy says, "My head hurts" and you see a big hole in his skull with blood and brains hanging out, that would be a sign for the symptom.

Allergies - You won't be administering any drugs, but it's nice if you can find out if the guy is allergic to any medicines, which will make the medics' job just a wee bit easier.

Medications - See if you can come up with a list of medications that the person is taking. Sometimes medications can tell the medics if there's another problem which might need to be addressed. It can

also be used to make sure that a conflict between medications doesn't occur; such as giving nitro, for a bad heart, which lowers blood pressure; to someone who is on Viagra or Cialis, which also lowers blood pressure; which, when taken together, can lower blood pressure to very dangerous levels.

Pertinent Medical History - Pertinent, because eventually the doctors might need to know every detail; but while lying on the side of the road you really don't need to know that he has hemorrhoids. If the person is HIV positive, that's pertinent. Knowing that his mother has six toes and bunions on her left foot? Not so much.

Last Oral Intake - Knowing the last time a person had something to eat might make a difference in treatment and explaining some of the symptoms. If the guy is lying on the side of the road and he begins to smell fruity and starts acting like he's toasted, it would be nice to know if he's a diabetic or just polluted. Does he have hypoglycemia? What about dehydration? Did he just piss himself?

Event Leading Up to This - Is this a case of some cager turning left in front of a motorcycle? Maybe the motorcyclist has a history of heart disease or syncope and either had a heart attack or stroke or passed out just before going down. These things would help.

GCS

GCS stands for Glasgow Coma Scale. This scale is used to give a number to the state of the person being assessed. It measures three things from one to four, five or six; eye movement, verbal ability and motor skills (eye movement goes to "four"; motor skills scale goes to "six"); with one being, "does not open eyes", "makes no sound" and "makes no movement", respectively; and the highest number for, "opens eyes spontaneously", "oriented and talks normally" and "obeys commands", respectively. Hell, a rock can score a three!

I struggled about whether or not to include a lot of this stuff. Most of it is way too advanced for a typical side of the road assistance. You will never be expected to know this. You will never be accused of making a mistake if you don't. It is not necessary to remember any of it and you can still be a Good Samaritan. My hopes are that none of you ever have to do anything on the side of the road, ever. But if you happen to remember one thing; if you are able to give rescue personnel one piece of information that will help or speed up treatment; then you have done someone a great service. And even if they never know it, you can feel good about that, all day long.

Latin Steel FireBam

Cut out and keep with your pocket CPR card:

AVPU

Alert, voice, pain, unresponsive

PERRL

Pupils equally round and responsive to light

OPQRST

Onset, provocation, quality, region, severity, time

SAMPLE

Signs, allergies, medicines, past history, last intake, event

GCS (1=nothing; top # = fully responsive)

Eye – 1-4 Verbal – 1-5 Motor – 1-6