

Name: Key

## CHAPTER 12 WORKSHEET

### ON-THE-FIELD ACUTE CARE & EMERGENCY PROCEDURES

**MATCHING:** Match the following terms with the appropriate response.

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|---------------------------------|--|
| <u>J.</u> 1. Ambulatory Aid     | A. Cerebrovascular incident or "brain attack"                                    |
| <u>G.</u> 2. Cardiogenic Shock  | B. Pressure against the arterial walls between heart beats                       |
| <u>E.</u> 3. Carotid Artery     | C. Pressure against the arterial walls when the heart contracts/beats            |
| <u>B.</u> 4. Diastolic Pressure | D. May be used to assist an athlete from the field/court for further evaluation  |
| <u>F.</u> 5. Hypoxia            | E. Location for a pulse check in an unconscious adult or child                   |
| <u>D.</u> 6. Manual Conveyance  | F. A term for reduced oxygen supply  |
| <u>H.</u> 7. Metabolic Shock    | G. Inadequate job of pumping blood   |
| <u>I.</u> 8. Sphygmomanometer   | H. A life-threatening circulatory condition that may be caused by severe illness |
| <u>A.</u> 9. Stroke             | I. Device used to measure blood pressure   |
| <u>C.</u> 10. Systolic Pressure | J. Used to transport a mildly injured athlete over a greater distance            |

**SHORT ANSWER:** Answer the following questions with a brief response.

11. Define *unconsciousness*. A state of insensibility; the athlete lacks conscious awareness.
12. Identify causes that can bring about a state of unconsciousness. A blow to the head or solar plexus, general shock or fainting (syncope).
13. Define *primary survey*. What does performing this assessment involve/entail? It determines the existence of life-threatening situations. It involves evaluating LOC, circulation, airway, breathing, profuse bleeding and signs/symptoms of shock.
14. Which method of opening the airway should be used on an athlete who has a suspected neck injury? Why? The modified jaw thrust technique should be used by professionals in an attempt to minimize cervical spine movement.
15. What are the two important considerations one must keep in mind when splinting a fracture? ① Splint from one joint above the fx to one joint below the fx. ② Splint in position the pt. is found; do not move pt until splinted if possible
16. Why is compression of an acute injury important? It can assist in the ↓ hemorrhage & edema formation by mechanically reducing the space available for swelling accumulation.
17. The athlete who is unconscious or describes experiencing sensation loss or unusual sensations in the arms/legs should be treated as having a/an spinal injury.
18. What is the most important principle to bear in mind when using a spine board to transport an individual with a suspected neck and/or spinal injury? What is the goal of this principle? Spinal motion restriction (SMR) - to maintain the head/neck in neutral alignment & the long axis of the body throughout the entire transport process.

## LISTING

What are the three types of *hemorrhage*?

19. Venous
20. Capillary
21. Arterial

Identify four conditions that may predispose an athlete to *shock*.

22. Extreme fatigue
23. Extreme exposure to heat or cold
24. Extreme dehydration and mineral loss
25. Illness

Identify the goals of treatment for acute *musculoskeletal* injuries.

26. Protect injured tissue from further injury
27. Reduce secondary hypoxic injury
28. Control pain and swelling

## INJURY ASSESSMENT

29. At the field hockey game, you notice that one of your players has stopped running down the field. She has dropped to her knees and is grasping her throat with both hands. The officials have moved down the field with the play and have not seen the downed player. What might the condition be and how are you going to care for the athlete?

The athlete likely has an obstructed airway, indicated by the universal sign of choking (both hands grasping the throat). First, the scene must be made safe by stopping play. Instruct a coach, student aide or teammate to alert officials of the situation. Determine if it is a partial or complete obstruction. If partial, encourage athlete to keep coughing without further assistance. If complete, direct personnel (per the EAP) to call 911. AT should position themselves behind the athlete and provide abdominal thrusts in quick succession until the object is coughed up, the athlete begins coughing/breathing or the athlete goes unconscious. If unconscious, begin CPR & check for the object & providing breaths.

30. In the weight room, you and several of the athletes are moving some of the free weights to make room for some new equipment. One of the men accidentally drops one of the plates on his finger. Immediately upon looking at the finger he turns very pale and breaks out into a sweat. What is occurring and what can you do to minimize the trauma/condition and care for the victim?

The athlete is likely experiencing shock as a result of his psychological reaction to seeing his injured finger. Instruct athletes to exit the weight room. Have personnel (per the EAP) call 911 and retrieve an AED. Have athlete lie down. Keep injured finger out of sight from athlete. Handle the athlete w/ patience & gentle firmness. Reassure the athlete. Loosen any tight clothing. Do not give him anything by mouth until a physician has determined no surgical procedures are indicated. Care for the finger as able (e.g. control bleeding, splint, apply ice, etc.) and out of view of athlete.