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Wilderness first responder study guide

[I just received my first wilderness certification responder from Wilderness Medical Associates. It's a 70-hour, 10-day course on backcountry medicine. I got my first 100% test in two years! Here's the study guide I did and used. Good luck, stay safe!!!!] It's official! Circulator: Shock: Inadequate infusion pressure in the circulatory system, resulting in inadequate oxygenation of tissues. Types of shock: Cardiogenic: Pump failure, Caused by heart attack, chest trauma, or heart disease. S/Sx: Radiation chest pain/pressure, ↑Respiratory rate, Variable pulse Tx: An adult aspirin, nitroglycerin so prescribed, PROPR, mild vascular discharge: Vessel dilation; Caused by anaphylaxis, heat stroke, toxins, or systemic infection. S/Sx: ↑Respiratory rate, ↑Heart rate, •Exit of urine, WITHOUT core Tx: Treat the cause. Horizontal position, hydration. Volume: Fluid loss; Caused by loss of blood or other bodily fluids S/Sx: (Compensated) ↑Respiratory Rate, ↑Heart Rate, Shell Coring (Decompensated)Very Rapid Heart+Respiratory Rate, •Level of Consciousness Tx: Evacuated, Stop Volume Loss, Isolated, Hydrate, Elevate Legs Nervous: A change in mental state may be caused by trauma or components of the acronym STOPS. Traumatic Brain Injury (TBI): S/Sx: Mechanism of injury + any loss of consciousness, amnesia, or, altered mental state. Anticipated problems: ↑Intracranial pressure Tx: Monitor for ↑ICP Increase in intracranial pressure (↑ICP): S/Sx: Following a TBI; deterioration of mental state, persistent vomiting or severe headache Tx: Rapid evacuation. Sugars Oxygen temperature pressure electricity (Convulsions / Elecpassation) Altitude Toxins Respiratory salts: Distress: Difficulty breathing, speaks in short sentences. Failure: Speaks only 1-2 words at a time. A+Lethargic, V or P on AVPU. Arrest: Don't breathe. U on AVPU. Parts of the system: Upper Airways Problems: Lower Airway Blockages Problems: Swelling due to irritating or histamine release. Spasm due to irritant (asthma). Alveole problems: The introduction of fluids (breathing water, blood, vomiting) or other irritants. Chest wall trauma: several broken ribs, puncture wound. Respiratory unit problems (brain): Hyperventilation (temporary), decreased unit-STOPATS that cause disruption of the brain homeostasis. Asthma: Treatment for someone with respiratory distress with a history of asthma: Position best breathReassurance, slow deep breathing oxygen, additional / looking for the best air positive pressure ventilation, saving breathing if in failure Meter Dose Inhaler after necessary Treatment for someone in respiratory failure with history of asthma: 1st 0.3mg Epinephrine two 6-10 puffs meter dose Inhaler 3rd 40-60mg Prednison The anticipated problem with any wound is infection; therefore, aggressive cleaning of wounds is necessary. Wound cleaning: 1st Clean/rub around the wound with clean water. 2. Wipe around the wound with 10% iodine solution. 3rd Tweeze any large objects in the wound. Wound. Irrigate the wound with clean water and increase the pressure, tweeze after necessary. 5. Once clean, leave 1% iodine solution to pee in the wound (no pressure). 6. Dress wound with sterile wet gauze with 1% iodine, light wrap. Infection: S/Sx: Increased redness, pain, heat, swelling after 24 hours (Localized), Fever, malaise, regional swelling, red stripes, vascular shock/volume (systemic), Tx: Incise / abscess drain, irrigate / dress, allow drainage, soak hot x4 per day, antibiotics, evacuate (localized). Aggressive hydration, antibiotics, sugar, PROPR, urgent (systemic) evacuation. Musculoskeletal: Stable vs unstable: An MS injury is unstable if: 1. It cannot be moved, used, or bear weight 2. It's deformed 3. There is impairment of the SCM treatment for a stable lesion of MS: Rest Ice Compression Elevation (RICE), splint/sling for comfort, NSAID for pain/swelling, CSM's monitor. Treatment for an unstable Lesion of MS: Atel in position found, unless ischemia+deformation, isolation, hydration+food, monitoring of the MSC. Dislocations: The injury method must be torque/leverage not impact/crush, palpated to ensure that there are no broken bones (refined pain). Only the field reduces the shoulders (baseball position), the rotor (push medial while straightening the leg) and the figures (TIP). Thermoregulation: Hypothermia: Normal cold response S/Sx: Shivering, A +O. Mild Hypothermia S/Sx: Change of mental state (still Awake), strong shiver, shell-core. Tx: Rewarming, food + fluids, isolate. Severe hypothermia S/Sx: V, P, or U on the AVPU scale, shell-core, do not tremble Tx: Aggressive reheating, urgent but gentle evacuation, food + fluids when possible Heat diseases: Heat exhaustion S/sx: Submissive mental state, core-shell (red skin), sweating. Tx: Fluids, food, cooling. Heat Stroke S /sx: Large changes in mental state, vital signs for volume shock. A: Volume shock, ↑ICP. Tx: Aggressive cooling, fluids and food, evacuation (urgent if not improved). Frostbite/Frostnip: Frostnip S/Sx: The patient may feel his extremity (stinging with the knife), pale/red. Tx: Rewarm, protect from trauma/refreezing. S/Sx frostbite: Hard, pale or blue skin, without feeling with the knife. Tx: Rewarm if; immediate evacuation is impossible and the extremity will not be used and refreezing can be prevented. 600-800mg ibuprofen, pain control, bandage/splint, antibiotics, asAP evacuating. Anaphylaxis: A histamine response to an antigen ingested, injected, inhaled or absorbed. S/Sx: Respiratory distress, hives, altered mental state, tightly scratched throat. Tx: 1st 0.3mg epinephrine 2nd 25-50mg Benadryl 3rd 40-60mg prednisone 4th prednisone Protocols: Wilderness First Response learn unique skills that can be performed in certain circumstances that professional urban rescuers cannot perform these skills are: Administration of prescribed for anaphylactic shock Administration of medicines prescribed for severe asthma Reduction of simple dislocations (shoulder, rotula, figure) Assessment and cleansing of the spine Aggressive wound care and/or and/or Of the objects pricked Termination of CPR after 30 minutes There is no such thing as the perfect first aid kit, so you should consider your needs, including the duration of your trip, the size of your group, and where you will be traveling, and then build a kit that meets them. The common image of a first response is someone with a set of brisk gloves smoothly bandage a spurting wound or administration of an EpiPen to a patient who has an anaphylactic reaction. Injuries, we imagine, are easy to see and easy to repair. Please support our sponsors: Free Wilderness Medicine (WFR) Quiz (Contains 304 questions) Cookies are disabled on your computer. This test uses cookies to track the question that should be displayed. Because you do not have cookies enabled, the same question will be asked repeatedly. looks like shock, their depends, slow to respond, increased HR and superficial RR, muscle spasms, skin is P/C/C, muscle cramps, weakness probably had tons of water. basically they look like they are dehydrated, but they had a good intake of water. Treatment is feed salted food without water. Evacuate if theirs is weird. Wilderness First Responder (WFR) is the definitive medical training course for outdoor educators, guides, SAR team members, and others who work or play in remote areas. The curriculum is comprehensive and practical, including all the essential principles and competences necessary for the assessment and management of medical problems in isolated and extreme environments. The 5-day format is for individuals and sponsors with less time available for local training and requires 25 hours of pre-course training. Students must register at least 2 weeks before the course date. All students must complete all the work before the course before arriving at the course. 25 hours of pre-course training and 45 hours on the Training Site Class Format This course covers the same material and meets the same criteria as our Standard Wilderness First Response. It is designed for students and professionals who have tight and self-discipline programs to complete about 25 hours of pre-course training. Students will have access to the WFR Study Guide two to four weeks before the start of the course. They are required to complete assigned reading, case studies, study guide, and tests. The following on-the-spot instruction strengthens and expands the knowledge already acquired. As students arrive familiar with the teaching material, on-site training during the day can focus on wildlife and rescue scenarios and practical skills. Evenings are reserved for studies and missions. Expect rescue scenarios with invented victims and simulated injuries to prepare for emergencies Sessions can be filmed for improved learning. The 5-day WFR course has undergone five years of development and testing. Conscious preparation, study and pre-course time are essential for success. This is not a short version of our standard course. Established customers WMA International and other who are interested in this new format are encouraged to contact us about this offer. Manuals The following teaching materials are provided by WMA International at no additional cost: Completion and certification completion notes are based on 100% presence, satisfactory performance on written homework and questionnaires, proven proficiency with practical skills and an 80% or better grade on the final written exam. WMA International is committed to making reasonable accommodation for any student with special needs. Certification All eligible students who successfully complete the course will receive Wilderness First Responder, Anaphylaxis and BLS/Healthcare Provider certifications at CPR level. The CPR course is based on the 2015 ILCOR/AHA guidelines. All WMA certifications remain valid for three years. The course is recorded for 70 hours of credit for continuing education through CAPCE. Recertification of recertification may be obtained at any time during the three years following the course. Recertification options include the 36-hour advanced wilderness first aid course, the 36-hour WFAA-to-WFR Bridge course, or the 24-hour open recertification course. Premise Upon registration of the sponsor, the sponsor will send students information to access their online pre-course materials via Moodle two to four weeks before the first day of their course. Students must be at least 18 years old to participate in the 5-day WFR course. Some course sponsors may set a higher minimum age or set other requirements in accordance with their schedule. No previous medical training is required. Program General Concepts in Wilderness and Rescue Patient Medicine Critical Body Assessment System Systems: BLS and CPR; Anaphylaxis and asthma practical skills: lifting, moving and extrication; Stabilization of the spine and packaging of bedding; Wound cleaning and exploration of environmental topics: Exposure control; Bites and stings; Altitude disease; Cold injuries; Diving emergencies; Thermoregulation; Lightning; Close to the snow; Avalanche musculoskeletal systems: Assessment of spinal injuries; Musculoskeletal injuries; The atethation of the extremity; Other dislocations: Medical legal problems; Injuries of soft tissues; Toxins; Search and rescue; Backcountry Medicine; Emergency birth; Medical Kits Certifications All eligible students who successfully complete the course will receive Wilderness First Response, Anaphylaxis, and provider of nursing at THE LEVEL of CPR Certifications. The CPR course is based on the 2015 ILCOR/AHA guidelines. All WMA certifications remain valid for three years. The course is recorded for 70 hours of credit for continuing education through CAPCE capce

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