

BC EMR Evaluation Checklist – **Electrical Contact**

Call Details:

You are called to a private residence, for report of an electrical incident.

Instructions to role players:

The patient is an unresponsive 22 year old male who was attempting to fix a plumbing leak in the basement. Although most of the water has been pumped out, the carpet is still wet. While kneeling and using an electric saw to cut some pipe, the patient accidentally cut into live electrical wires. All relevant information is available from the patient’s Wife.

Participant’s name: _____ Time Started: _____

	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Scene Survey					
Hazards	Electrical cord	Disconnect power safely			Breaker panel or Fortis
MOI	Electric shock				Suspect Spinal Injury
# of Patients	1				
Additional Resources Needed	Fortis (Power company)	Ensure power is off before entering			May need to wait for Fortis
Approach					
Identify self		Introduce yourself			
What Happened?	Using power saw and went unconscious				Relayed by friend
Please do not move (if applicable)		Spinal Precautions			Found supine
Primary Survey					
C-Spine (if necessary)	Possible	Manual Stabilization			
LOC (AVPU)	Unresponsive				Obtain more advanced care if not transporting
Airway	Blocked by tongue	Modified Jaw Thrust; Airway inserted			
Breathing	12; effective				
Circulation					
Skin	Pale; Cool Present; erratic Partial and Full thickness burns; bilateral lower legs	Expose and begin immediate cooling of burned areas			
Pulse Check					
RBS					
Critical Interventions					
Oxygen	94	10 lpm Cover with blanket Est.%; Cool 10 minutes Keep still Apply pulse oximeter			Recorded with Vitals
Blanket					
Bleeding					
Position					
Pulse Oximeter					
Transport Decision	Load and Go	<input type="checkbox"/> Notify Hospital <input type="checkbox"/> Burn dressings			Burns cooled while prepping for transport

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	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Spinal Considerations	Move head into spinal neutral one plane at a time				
	Stop neutral alignment if pain or resistance				
	Collar properly sized and applied if in spinal neutral				
	Position immobilization device before moving/rolling				
	Manual stabilization throughout roll/lift				
	Padding may be required to maintain spinal neutral				
	Straps secured from chest to feet				
	Straps rechecked for tightness upon completion				
	Head secured last				
	Manual stabilization maintained until head secured				
Excessive movement avoided					
Secondary Survey					
History					
Signs and Symptoms Allergies Medications Past medical Hx Last Meal Events leading up	Unresponsive None None None Breakfast Using power saw				
Onset Provoke Quality Region/Radiate Severity Time	Unresponsive				
Vital Signs					Second set of Vitals
Glasgow Coma Scale Eye Opening Verbal Motor	8 2 2 4				8
Respirations Rate Rhythm Quality	12 Regular Deep				same
Pulse Rate Rhythm Quality	120 Irregular Weak				135; Irregular; Weak
Skin Condition	Pale; Cool				same
Blood Pressure	130/85				140/90
Pupils	6 mm; Equal; Reactive				same
Blood Glucose	N/app				N/app

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Vital Signs Cont.	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Oxygen Saturation	95%	Simple Mask; 10 lpm <input type="checkbox"/> Compare pulse rate on Oximeter to palpation or auscultation <input type="checkbox"/> Difference of less than 10 bpm considered accurate			94% <input type="checkbox"/> Non-rebreather; 15 lpm
If Inaccurate	<input type="checkbox"/> Difference greater than 10 bpm	<input type="checkbox"/> Remove from finger <input type="checkbox"/> Use warmer finger <input type="checkbox"/> Remove nail polish <input type="checkbox"/> Consider earlobe or toe <input type="checkbox"/> Re-apply oximeter and compare			
Monitor IV If started by IV-Endorsed Paramedic	<input type="checkbox"/> Check IV site <input type="checkbox"/> Correct Solution <input type="checkbox"/> Amount remaining <input type="checkbox"/> Calculate Flowrate <input type="checkbox"/> Check Flowrate	Standard=15gtts/ml Macro=10gtts/ml Micro=60gtts/ml Gtts/min=volume to be <u>infused x gtts/ml</u> Infusion time(minutes)			IV started before 3 rd set of Vitals
IV Complications	<input type="checkbox"/> Interstitial <input type="checkbox"/> Circulatory Overload <input type="checkbox"/> Throbosis or Thrombophlebitis <input type="checkbox"/> Catheter Embolism <input type="checkbox"/> Site Infection <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Air Embolism	<input type="checkbox"/> Discontinue <input type="checkbox"/> TKVO, Semi-sit, O2 <input type="checkbox"/> Discontinue <input type="checkbox"/> Discontinue, Retain catheter <input type="checkbox"/> Discontinue <input type="checkbox"/> TKVO / Discontinue <input type="checkbox"/> Left side, head down 30 degrees, check IV for leaks, O2			

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Vital Signs Cont.	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Change IV Bag	<input type="checkbox"/> Requested by IV-Endorsed Paramedic <input type="checkbox"/> 50 ml or less remaining <input type="checkbox"/> Glass to plastic before altitude	<input type="checkbox"/> Wash hands <input type="checkbox"/> Wear gloves <input type="checkbox"/> Turn off flow control clamp <input type="checkbox"/> Gently remove dressing and tape from IV site <input type="checkbox"/> Hold sterile gauze over puncture site <input type="checkbox"/> Grasp hub of catheter and pull straight back <input type="checkbox"/> Pressure for 3-5 minutes <input type="checkbox"/> Bandage when bleeding stopped <input type="checkbox"/> Inspect catheter for completeness <input type="checkbox"/> Document time and volume used			
IV Documentation	<input type="checkbox"/> Time Started and Discontinued <input type="checkbox"/> Amount of solution infused <input type="checkbox"/> Type of solution <input type="checkbox"/> Complications				
Head to Toe					
Head					
Look	Unremarkable				
Feel	Unremarkable				
Neck					
Look	Unremarkable				
Feel	Unremarkable				
Chest					
Look	Unremarkable				
Listen/Auscultate	Equal-Bilateral				
Feel	Unremarkable				
Abdomen					
Look	Unremarkable				
Feel	Unremarkable				
Pelvis					
Look	Unremarkable				
Feel	Unremarkable				
Lower Extremities					
Look	Burns on lower legs				
Feel	Unremarkable				
Pulse	Present				
Motor	Normal				
Sensory	Normal				

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Head to Toe Cont.	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Upper Extremities Look Feel Pulse Motor Sensory	Unremarkable Unremarkable Present Normal Normal				
Back Look Feel	Unremarkable Unremarkable				
Appropriate Treatment	More advanced care needed	<input type="checkbox"/> Check I.V. with vitals once started by advanced care			
Oxygen Saturation	92% <input type="checkbox"/> Non-rebreather; 15 lpm Use lowest flowrate needed to maintain 95% saturation	<input type="checkbox"/> Adjust up or down by 1 lpm each minute <input type="checkbox"/> Within minimum and maximum flow-rates for delivery method			Treat the patient...NOT the oximeter
Documentation		Completed			

Time Ended		Successful	Yes	No	

Comments: _____

Participant's Name: _____ Date: _____

Participant's Signature: _____

Evaluator's Name: _____ Date: _____

Evaluator's Signature: _____