Achievable

CCMA DUMP SHEET

Burns, diabetes and stroke

Burns

Degree	Depth	Looks like
First (superficial)	Epidermis	Redness, tenderness. No scar
Second (partial-thickness)	Epidermis into dermis	Redness, **blisters**, pain
Third (full-thickness)	Through subcutaneous tissue	**No pain**: nerves destroyed. Deep red, gray, brown or black
Fourth	Into muscle and bone	Not universally accepted

Rule of nines	%	Rule of nines	%
Head and neck	9%	Front of torso	18%
Each upper limb	9%	Back of torso	18%
Each lower limb	18%	Genital area	1%

A severe burn (American Burn Association) affects 25% of total body surface area, or involves the eyes, ears, face, hands, feet or groin.

Treated in the office if the patient can be seen immediately: partial-thickness under 15% of body surface, full-thickness under 2%. Larger or complicated burns go to a hospital, preferably with a burn unit.

Other office emergencies

- **Syncope:** supine, loosen clothing, cold cloth to the forehead. Stay supine **at least 10 minutes** after regaining consciousness
- **Seizure:** protect from injury, clear the area, **nothing in the mouth, do not hold them down.** Call 911 if consciousness does not return in 10—15 minutes, the seizure runs more than a few minutes, a second follows immediately, the patient is pregnant or diabetic, or there is head trauma. Febrile seizures come with a rapid rise over 101.8 °F (38.8 °C)
- **Anaphylaxis: difficulty talking signals throat edema and imminent airway obstruction.** Epinephrine and oxygen ready. Death possible within 1 hour untreated
- **Epistaxis:** sit up, lean **forward**, pinch, constant pressure **10—15 minutes**. Anterior bleeding is venous; posterior is arterial and harder to stop
- **Poisoning:** 1-800-222-1222. **Syrup of ipecac is no longer recommended**
- **Heatstroke:** red, hot, **dry** skin with altered consciousness. A true emergency
- **Hypothermia:** core temperature below 95 °F (35 °C). **Frostbite:** rewarm in water no hotter than 105 °F (40.6 °C); **never rub**
- **Sprain** = ligament. **Strain** = muscle and tendon
- **Impaled object:** leave it in place, stabilize it, transport
- **Tetanus for a wound:** after a complete primary series, a booster at 10+ years for a clean minor wound, 5+ years for any other. Unknown or incomplete series: a dose for every wound, plus TIG for a dirty or major wound

Diabetic emergencies and stroke

	Insulin shock (hypoglycemia)	Diabetic coma (hyperglycemia)
Onset	**Rapid**	**Slow**
Cause	Too much insulin, too little food, unusual exercise	Too little insulin, overeating, stress, infection
Signs	Tachycardia, **profuse sweating**, headache, irritability, vertigo, hunger, seizures	Malaise, **dry mouth**, polyuria, polydipsia, nausea, vomiting, **fruity acetone breath**
Treat	**Glucose immediately**; tablets preferred	Transport regardless; added glucose will not harm
Tells them apart	**Improves quickly with glucose**	No quick improvement

F.A.S.T.: Face drooping, Arm weakness, Speech difficulty, Time to call 911. Thrombolytics must be given **within 3 hours** of onset, best within **90 minutes**. If onset is unknown, the clock starts when the patient was **last known well**.