

- Use the acronyms. Try answering on pages 1 and 2 and then check your answers on page 3 and 4.
- Separately consider and discuss with a partner the treatment:

| | Situation | Answer Here |
|----|---|-------------|
| 1 | In the DRCABCDE survey, what is the very first thing you must ensure before approaching a casualty? | |
| 2 | If you identify "life-changing" bleeding, which letter of the primary survey are you addressing? | |
| 3 | What are the two methods mentioned for opening a casualty's airway? | |
| 4 | For how many seconds should you look, listen, and feel to check for normal breathing? | |
| 5 | What does the C in ACVPU stand for, and why was it newly added? | |
| 6 | How would you categorize a casualty who only responds when you speak to or shout at them? | |
| 7 | If a casualty is "Alert" in the ACVPU scale, what kind of characteristics are they displaying? | |
| 8 | When performing a head-to-toe secondary (DOTS) survey, what are you looking for when checking for "Deformity"? | |
| 9 | Which part of DOTS involves identifying fluid buildup or bruising? | |
| 10 | In SAMPLE , what is the difference between a "Sign" and a "Symptom"? | |
| 11 | Why is it important to ask about "Last Ins and Outs" in a medical history? | |
| 12 | What specific question should you ask a casualty regarding their Allergies ? | |
| 13 | If a casualty has a pre-existing condition like Diabetes, which letter of SAMPLE does this fall under? | |
| 14 | What is the first step (B) in the BLEEDS acronym for wound management? | |
| 15 | During a bleed, when should you apply Secondary Pressure ? | |

Answers

| | Question | Answer |
|----|---|---|
| 1 | In the DRCABCDE survey, what is the very first thing you must ensure before approaching a casualty? | Danger: Ensure the scene is safe for you, bystanders, and the casualty. |
| 2 | If you identify "life-changing" bleeding, which letter of the primary survey are you addressing? | C – Catastrophic Bleed. |
| 3 | What are the two methods mentioned for opening a casualty's airway? | Jaw thrust or Head-tilt/Chin-lift. |
| 4 | For how many seconds should you look, listen, and feel to check for normal breathing? | 10 seconds. |
| 5 | What does the C in ACVPU stand for, and why was it newly added? | Confusion: Newly added to signify high risk. |
| 6 | How would you categorize a casualty who only responds when you speak to or shout at them? | Voice (casualty responds only when spoken to). |
| 7 | If a casualty is "Alert" in the ACVPU scale, what kind of characteristics are they displaying? | Awake, alert, responding normally. |
| 8 | When performing a head-to-toe secondary (DOTS) survey, what are you looking for when checking for "Deformity"? | Misaligned limbs or depressions. |
| 9 | Which part of DOTS involves identifying fluid buildup or bruising? | S – Swelling. |
| 10 | In SAMPLE , what is the difference between a "Sign" and a "Symptom"? | Signs are what you detect using your senses; Symptoms are what they feel. |
| 11 | Why is it important to ask about "Last Ins and Outs" in a medical history? | To know when they last ate, drank, vomited or went to the toilet. |
| 12 | What specific question should you ask a casualty regarding their Allergies ? | Ask if they were exposed to anything different. |
| 13 | If a casualty has a pre-existing condition like Diabetes, which letter of SAMPLE does this fall under? | P – Past Medical History. |
| 14 | What is the first step (B) in the BLEEDS acronym for wound management? | B – Barriers: Put on gloves and eye protection. |

| | Question | Answer |
|----|---|--|
| 15 | During a bleed, when should you apply Secondary Pressure ? | When the first dressing is soaked or not controlling the bleed. |
| 16 | If a first dressing is soaked through, what is the action regarding the second dressing? | Add a second dressing over the first. |
| 17 | In SCALD , how do you estimate if a burn covers 1% of the casualty's body area? | The size of the Casualty's Palm and fingers . |
| 18 | Name the locations where a burn is considered critical due to sensitive skin. | Face, neck, hands, genitals and joints . |
| 19 | What is the recommended duration for cooling a burn with water? | 20 minutes . |
| 20 | How should cling film be applied to a burn? | Applied in length strips . |
| 21 | In FISHSHAPED , what is the likely cause if the casualty has a bitten tongue or is very confused and exhausted? | E – Epilepsy . |
| 22 | What does the A in FISHSHAPED stand for? | Asphyxia . |
| 23 | Under the MEDS acronym, name two situations where you are permitted to stop CPR. | Medical Help Arrives, Exhaustion, Danger, or Signs of Life . |
| 24 | How often must you re-check an unconscious patient? | Every two minutes . |
| 25 | In a MIST handover, what information are you providing for the M ? | Mechanism (What happened). |
| 26 | You are using DRCABCDE and DOTS on a casualty in a full suit of armour. Which letter is most technically difficult? | Exposure (E) and Examine (DOTS) because you can't treat what you can't see. |
| 27 | A casualty reports a bad kebab three days ago. In SAMPLE is the "toilet question" now vital when diagnosing this casualty? | The toilet question is not always vital , but relevant to this situation. |
| 28 | If you stop CPR due to "Exhaustion," does that mean you can take a little break or perhaps a nap? | It means you are physically unable to continue . |
| 29 | A mime actor is smiling and pointing at his throat. Using ACVPU is he "Voice" or "Alert"? | If he is awake and oriented, he is Alert . |
| 30 | A pirate hits the deck. Do you check his wooden leg for DOTS ? | You still check for DOTS (Deformity, Open Wounds, Tenderness, Swelling) on any suspected injury site. |