

# **Motorcycle First-Aid Checklist**

## **CHECK, CALL, CARE**

- ☐ **Is the Scene Safe? (Traffic, Fire, Wires, Fluids—Need to Move Pt.?)**
- ☐ **Help has been summoned (Notify need for Air Ambulance/Extrication?)**
- ☐ **Help on the way—Confirmed!**
- ☐ **Killer Survey Completed? (triage, if needed)**
  - ☐ **Airway/Breathing**
  - ☐ **Uncontrolled Bleeding (Signs of Circulation)**
  - ☐ **Signs of Shock—RPM**
    - ☐ **Respirations (>30/min?)**
    - ☐ **Perfusion (Capillary Refill <2 Seconds)**
    - ☐ **Mental Status (Oriented/Follows Commands)**
- ☐ **Any Spinal/Neurological Concerns? (maintain Spinal Immobilization)**
- ☐ **Treat for Shock (lie Pt. down, elevate feet 6”-10”, maintain body temp, calm/quiet Pt., no food or drink)**
- ☐ **Secondary Survey Completed? (Head-to-Toe Exam—injuries noted)**
- ☐ **Re-Assess Mental Status, Airway, and Shock Status**
- ☐ **Any Signs and/or Symptoms of a Closed Head Injury?**
  - ☐ **Confusion (Not Fully Oriented to Person, Place, Event)**
  - ☐ **Repetitive Questioning (i.e. “What Happened?”)**
  - ☐ **Behavioral Changes (Combativeness, Lethargy)**
  - ☐ **Changes in Respirations (Patterned Breathing)**
- ☐ **Information Being Gathered and Copied for EMS/Police?**
  - ☐ **Rider's Personal/Medical Information (Meds, History, Allergies)**
  - ☐ **Involved and/or Responsible Party(s)**
  - ☐ **Witnesses to the Accident**