

# 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**