Wilderness Medicine Acronyms Reference

Field reference for WFA and WFR training

PAS Patient Assessment System **WFA** Wilderness First Aid **WFR** Wilderness First Responder

SCENE SIZE-UP

STERI

- **S** **Safety** (BSI, PPE)
- **T** **Terrain**
- **E** **Environment**
- **R** **Resources**
- **I** **Impression** (of patient and situation)

Scene Concepts

- **BSI** Body Substance Isolation (gloves, eye protection, mask)
- **PPE** Personal Protective Equipment
- **MOI** Mechanism of Injury
- **NOI** Nature of Illness

PRIMARY ASSESSMENT

ABCDE

- **A** **Airway**
- **B** **Breathing**
- **C** **Circulation** (blood sweep, stop major bleeds first)
- **D** **Disability** (LOC, brain, spinal cord, nerves)
- **E** **Environment** (hypowrap, cool down, expose injuries)

AVPU *Level of Consciousness*

- **A** **Alert**
- **V** **Verbal** responds to verbal stimuli
- **P** **Pain** responds to painful stimuli
- **U** **Unresponsive** to all stimuli

A&O x4 *Alert and Oriented to:*

- **1** **Person** "what's your name"
- **2** **Place** "where are we"
- **3** **Time** "what day/month/year"
- **4** **Event** "what happened"

SECONDARY ASSESSMENT

DOTS *Head-to-toe exam findings*

- **D** **Deformities**
- **O** **Open wounds**
- **T** **Tenderness**
- **S** **Swelling**

CSM *Extremity neurovascular check*

- **C** **Circulation** (color, warmth, capillary refill, distal pulse)
- **S** **Sensation**
- **M** **Motor** function / motion

SAMPLE *History*

- **S** **Signs** and Symptoms
- **A** **Allergies**
- **M** **Medications**
- **P** **Pertinent** medical history / Problems
- **L** **Last** ins and outs (food, water, urine, stool, menstruation)
- **E** **Event** leading up

OPQRST *Pain / symptom characterization*

- **O** **Onset**
- **P** **Provokes** / Palliates
- **Q** **Quality** (sharp, dull, crushing, burning)
- **R** **Radiates** / Refers
- **S** **Severity** (1 to 10)
- **T** **Time** (course over time)

Vital Signs

- **LOC** Level of Consciousness (AVPU + A&O)
- **HR** Heart Rate (per minute)
- **RR** Respiratory Rate (per minute)
- **Skin CTM** Color, Temperature, Moisture (PWD = Pink, Warm, Dry = normal)

SPECIFIC CONDITIONS

STOP-EATS *Causes of altered mental status*

- **S** **Sugar** (hypo/hyperglycemia)
- **T** **Temperature** (hypothermia or heat stroke)
- **O** **Oxygen** (asphyxia, drowning, CO, hypoxia)
- **P** **Pressure** (elevated ICP from TBI, brain swelling)
- **E** **Electricity** (stroke, seizure, disrupted brain activity)
- **A** **Altitude** (typically above 8,000 ft)
- **T** **Toxins** (poisoning, drugs, CO, alcohol)
- **S** **Salts** (electrolyte derangement, hyponatremia)

AEIOU-TIPS is another acronym for the same differential.

Head Injury

- **TBI** Traumatic Brain Injury
- **ICP** Intracranial Pressure (elevated ICP is a life threat)
- **LOC** Loss of Consciousness (or Level of Consciousness, by context)

BE-FAST *Stroke recognition*

- **B** **Balance** (sudden loss)
- **E** **Eyes** (sudden vision changes)
- **F** **Face** (droop, asymmetry)
- **A** **Arms** (drift, weakness)
- **S** **Speech** (slurred, garbled, can't repeat)
- **T** **Time** (note onset, evac immediately)

Altitude Illness

- **AMS** Acute Mountain Sickness
- **HAPE** High Altitude Pulmonary Edema
- **HACE** High Altitude Cerebral Edema

COMMUNICATION

SAR Search and Rescue **PCR** Patient Care Report

SOAP Note

- **S** **Subjective** (chief complaint, history, what patient/bystanders report)
- **O** **Objective** (vitals, exam findings, observations)
- **A** **Assessment** (impression, problem list, differential)
- **P** **Plan** (treatments, evac decision, monitoring)

SBAR *Quick radio/phone comms framework*

- **S** **Situation** (one-liner with chief complaint: "30M with suspected lower leg fracture from a fall")
- **B** **Background** (relevant history, mechanism, time of injury)
- **A** **Assessment** (impression, vitals, current status)
- **R** **Recommendation** (what you need: ground team, helo, advice, ETA)

C-SPINE CLEARANCE

NEXUS *Clinical decision rule, not a letter-based mnemonic*

All 5 criteria must be true to clear C-spine in the field:

1. **No C-spine or neck pain**
2. **Sober** (no intoxicants or impairing factors)
3. **A&O x4**
4. **No neurologic deficits**
5. **No distracting injuries**

EVACUATION RED FLAGS

- Any change in LOC
- Persistent vital sign abnormalities
- Suspected spine injury
- Suspected internal bleeding (abdominal pain, distension, shock signs)
- Open or angulated fractures
- Compartment syndrome signs
- Suspected HAPE / HACE
- Severe or unresolved chest pain or dyspnea
- Anaphylaxis
- Signs of serious infection (sepsis indicators)