

WILDERNESS FIRST AID & INJURY PREVENTION GUIDE

Prevent. Stabilize. Evacuate.



PREVENT

ASSESS

STABILIZE

EVACUATE

KNOWLEDGE • SKILL • DISCIPLINE • SURVIVAL

Independent educational field guide • verify current laws, local conditions, and expert guidance

SYSTEM PRIORITIES

START WITH THE SYSTEM

Prevent the injury, recognize the emergency and avoid making it worse

Remote first aid begins with scene safety and early communication. The goal is not improvised heroics; it is to control immediate threats, protect breathing and circulation, prevent further harm, monitor changes and reach professional care.

1 Core principles

- Check scene safety before contact. Fire, unstable trees, thin ice, wildlife, tools and water can create additional patients.
- Activate emergency communication early for serious illness, major trauma or deteriorating condition.
- Address life threats first: responsiveness, breathing, severe bleeding and environmental exposure.
- Use clean technique, simple immobilization and frequent reassessment rather than aggressive field procedures.
- Document time, mechanism, symptoms, treatment and changes for rescuers and medical professionals.

A medical kit without practiced decision-making is a pouch of optimistic inventory.

2 First-hour priorities

- Train through a recognized first-aid or wilderness first-aid course before remote travel.
- Build a kit around realistic hazards, personal medications, wound care, bleeding control, burns and immobilization.
- Carry two communication or signaling paths where possible and share the emergency plan.
- Review allergies, medical conditions, medications and evacuation triggers before deployment.
- Run drills for severe bleeding, cold exposure, burns, eye injury, fractures and loss of communication.

Follow the training you have received and the directions of emergency dispatch. Do not perform invasive procedures beyond your qualification.

FIELD RULE

When symptoms are severe, worsening, unexplained or beyond training, protect the patient and seek professional help early rather than waiting for certainty.

PRIORITY ASSESSMENT MATRIX

CHOOSE DELIBERATELY

Priority assessment matrix

Use a structured scan. Findings in the highest-priority rows override camp tasks, schedules and equipment concerns.

Priority	Look for	Immediate objective	Escalation
Scene safety	Fire, water, falling objects, weapons, electricity, wildlife, traffic or unstable terrain	Remove or control the hazard without creating another casualty	Call for rescue when safe access or removal is not possible.
Responsiveness and breathing	Unresponsiveness, abnormal or absent breathing, airway obstruction	Follow trained CPR/AED and airway procedures; dispatch emergency help	Immediate emergency response.
Severe bleeding	Rapid blood loss, pooling, soaked dressings or traumatic amputation	Direct pressure and trained bleeding-control methods	Immediate evacuation and emergency guidance.
Circulation and shock signs	Pale, cool, clammy skin; weakness; altered behavior; rapid breathing	Limit movement, protect temperature and monitor closely	Urgent evacuation for serious injury or worsening signs.
Neurologic concern	Confusion, seizure, severe headache, weakness, head injury or loss of consciousness	Protect airway and spine as trained; prevent further injury	Urgent or immediate emergency evaluation.
Environmental illness	Hypothermia, heat illness, dehydration, altitude or immersion	Stop exposure and begin trained supportive care	Evacuate when severe, worsening or unable to correct.
Wounds and injuries	Burns, fractures, sprains, eye injury, infection or pain	Clean, cover, immobilize and monitor within training	Professional care for deep, contaminated, disabling or worsening injury.

Decision note: Reassess after every intervention and whenever the patient changes. A normal finding once is not a lifetime warranty.

REMOTE FIRST-AID RESPONSE WORKFLOW

REPEATABLE BEATS HEROIC

Remote first-aid response workflow

Use the same sequence under stress. It protects the responder, finds life threats and creates a usable handoff to rescuers.

1

MAKE THE SCENE SAFE

Stop tools and fire, control animals, avoid water or fall hazards, use protective barriers and determine the mechanism of injury.

2

CHECK AND CALL

Assess responsiveness and breathing. Activate emergency services or the expedition communication plan early for life threats.

3

CONTROL IMMEDIATE THREATS

Follow current trained procedures for CPR, severe bleeding, airway problems and environmental exposure.

4

FOCUSED EXAM AND PROTECTION

Identify pain, deformity, burns, wounds, neurologic changes and medical history. Clean, cover or immobilize only within training.

5

MONITOR AND EVACUATE

Record vital observations and trends, protect temperature, prevent food or drink when unsafe, and prepare a clear transfer report.

COMMON REMOTE MEDICAL SCENARIOS

ADAPT BEFORE CONDITIONS FORCE IT

Common remote medical scenarios

These pages emphasize recognition and decision thresholds. Exact treatment should follow current certified training and emergency-dispatch guidance.

1 Bleeding and wounds

- Use protective barriers when available.
- Apply firm direct pressure for serious bleeding.
- Do not repeatedly lift dressings to check.
- Clean minor wounds with appropriately clean water and cover.
- Evacuate deep, contaminated, gaping or function-threatening wounds.

2 Sprain, fracture or crush

- Stop movement and expose the area carefully.
- Check circulation, sensation and movement beyond the injury.
- Immobilize in the position found unless trained circumstances require otherwise.
- Recheck after splinting.
- Evacuate deformity, open fracture, loss of circulation or inability to travel safely.

3 Burn or eye injury

- Stop the burning process and remove ongoing exposure.
- Cool thermal burns with cool clean water when appropriate; avoid ice.
- Protect with clean non-stick covering.
- Do not remove embedded eye objects.
- Seek urgent care for deep, large, facial, airway, electrical, chemical or eye injuries.

4 Illness and dehydration

- Track intake, output, vomiting, diarrhea, fever and mental status.
- Use safe water and oral fluids only when the person is alert and can swallow.
- Protect from temperature extremes.
- Separate suspected contaminated food or water.
- Evacuate confusion, severe weakness, persistent vomiting, blood, severe pain or inability to hydrate.

FAILURE MODES AND CORRECTIONS

DIAGNOSE THE SYSTEM

Failure modes and corrections

Medical problems worsen when the scene stays dangerous, communication is delayed, heat loss is ignored, or a temporary improvement is mistaken for resolution.

Failure signal	Likely cause	Best correction
Responder is injured	Hazard not controlled before contact	Stop, reassess the scene and request specialized rescue.
Bleeding continues	Pressure inadequate, wound not exposed or dressing disturbed	Apply continuous trained bleeding control and activate emergency response.
Splint increases pain or numbness	Too tight, poor position or swelling	Loosen or adjust within training and reassess circulation immediately.
Patient becomes confused or drowsy	Shock, head injury, temperature illness, poisoning or worsening medical condition	Protect airway and temperature; initiate urgent evacuation.
Wound becomes red, swollen or draining	Infection or retained contamination	Seek medical evaluation; do not rely on field remedies.
Plan delays evacuation repeatedly	Wishful thinking, weather or unclear thresholds	Use predetermined triggers and communicate early while options remain.

FIELD CARD, RED FLAGS AND SOURCES

CARRY THE STANDARD

Emergency assessment, documentation and evacuation card

Write down what happened and what changed. Stress edits memory with the confidence of a bad proofreader.

FIELD CHECKLIST

- ☐ Scene hazards controlled before patient contact.
- ☐ Protective barriers used when available.
- ☐ Responsiveness and breathing assessed.
- ☐ Emergency communication activated for serious or worsening conditions.
- ☐ Severe bleeding controlled using trained methods.
- ☐ Patient protected from cold, heat and wet ground.
- ☐ Focused exam and mechanism documented.
- ☐ Circulation, sensation and movement checked around injuries.
- ☐ Medications, allergies and medical history recorded.
- ☐ Time and response to care documented.
- ☐ Evacuation route and assistance requirements identified.
- ☐ Patient reassessed until transferred to professional care.

STOP / REASSESS

Unresponsiveness, abnormal breathing, severe chest pain or signs of stroke.

Uncontrolled bleeding, major trauma, amputation or penetrating injury.

Confusion, seizure, repeated vomiting, worsening headache or loss of consciousness.

Severe burn, eye injury, open fracture or loss of circulation or sensation.

Rapid deterioration, severe dehydration, suspected poisoning or inability to keep the person safely in the field.

AUTHORITATIVE STARTING POINTS

American Red Cross - first aid steps
<https://www.redcross.org/take-a-class/first-aid/performing-first-aid/first-aid-steps>

American Heart Association - CPR and emergency care
<https://cpr.heart.org/>

Wilderness Medical Society
<https://wms.org/>

CDC - emergency preparedness
<https://www.cdc.gov/emergency/>

This guide is not medical advice and does not replace certified first-aid training, emergency dispatch or professional care. Call emergency services for life-threatening or worsening conditions.