

4. **SCTM**  
Skin Color  
Temperature  
Moisture

**AVPU**  
A+Ox0-4 (name, place, time,  
event)  
Verbal stimuli  
Painful stimuli  
Unresponsive

3. **LOC - Level of Consciousness**

2. Circulation (BPM, BP, SpO<sub>2</sub>)

1. Respiration (RR, effort, depth,  
noise, odor)

**Vital Signs**

## Medical History

### SAMPLE

Signs and Symptoms (OPQRST)

Allergies

Medication

Past history

Last oral intake

Events

### OPQRST

Onset

Provokes/Palliates

Quality

Region/Radiation

Severity

Time

**CSM**  
Circulation  
Sensation  
Motion

1. Head to Neck  
2. Shoulders and Chest  
3. Abdomen  
4. Back  
5. Arms and Legs

Look, feel, palpate, ask

**Head-to-Toe Examination**

Take notes

## SECONDARY ASSESSMENT

1. Size up the Scene & Safety  
2. Are there others injured who are  
in need of medical assistance?  
3. Evacuate (as needed)

## RE-EVALUATE

**ABCDE**  
Airway  
Breathing  
Circulation  
Disabilities  
Examine/Expose

Immobilize C-Spine (as needed)

## PRIMARY ASSESSMENT

## CALLING EMS

Only **MEDICAL** personnel are bound by confidentiality, so **DO NOT** give the **OPERATOR** incriminating information

1. Nature of Emergency
2. Exact Location
3. Callback Number
4. Your Qualifications
5. Details on the Patient

Stay on the line, and expect police

6. Evacuate (as needed)

5. Get consent - informed or implied

4. **BSI** - Body Substance Isolation

3. **MOI** - Mechanism Of Injury

2. Size up the Scene & Safety

1. Ground yourself

## BEFORE FIRST AID

Riot Medicine

# Street Medics' Checklist

*Calm - Consent - Privacy*



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