

# Dislocation Review RED



Date: \_\_\_\_\_

Reviewed Staff: \_\_\_\_\_

Reviewers: \_\_\_\_\_

**Situation: A student was playing volleyball when he/she runs into the wall and dislocates their shoulder**

*Victim: Stand near the wall while cradling your arm in pain.*

*Witness: A student notices the situation and notifies a staff member at the information counter.*

**Checklist - (Facilitator/victim will verbalize bold words in parenthesis):**

*If 3 (\*) missed, staff automatically does not meet requirements*

- \_\_\_ Grab the AED, first aid kit, radio and cell phone\*
- \_\_\_ Check the scene (Facilitator: **scene is safe**)
- \_\_\_ Check the victim and ask “are you okay?” (Victim: **“My shoulder hurts a lot”**)
- \_\_\_ Ask the victim what happened? Where does it hurt? Do you hurt anywhere else? Has this ever happened to you before? Did you hear or feel anything?\*
- \_\_\_ Tell him/her you are first aid certified and want to help; obtain consent
- \_\_\_ Tell the victim not to move his/her injured shoulder\*
- \_\_\_ Assist victim to seated position while keeping arm stabilized
- \_\_\_ Direct someone to call 911 and University Police\*
- \_\_\_ Ensure bystanders or other staff open doors and meet EMS
- \_\_\_ Stay with victim and try to keep calm until EMS arrives\*
  - \_\_\_ Monitor signs of life and watch for signs of shock
- \_\_\_ Fill out an accident report\* (Facilitator: **What information should be included on the report?**) Explain what SAMPLE stands for

After EMS departs:

- \_\_\_ Inform Pro Staff about the emergency, call Mo if after hours\*

**Other**

- Check for knowledge of building address and appropriate phone number
- Does staff member have CPR pocket mask clipped on?
- For all dislocations other than fingers, call 911 and University Police

<u>Location</u>	<u>Phone Number</u>	<u>Address</u>
REC	608-785-5225	1601 Badger St
Mitchell Hall	608-785-8696	1820 Pine St

Rec info: all staff members  
MH info: only if staff member works there

Symptoms of shock: confusion, altered level of consciousness, pale/ashen appearance, cool/moist skin, rapid breathing, excessive thirst, nausea or vomiting

**Please write comments on back of sheet →**

- Met Requirements  Did not meet requirements \_\_\_ (Facilitator: **Paige will contact you**)

Signature of Facilitator: \_\_\_\_\_ Signature of Reviewee: \_\_\_\_\_