**Rolled Ankle Review Green**

Date: ____________     Reviewed Staff: ____________ Reviewers__________________

**Situation:** A student has hurt his/her ankle before and thinks he/she may have rolled it. The victim does not want University Police or EMS called and feels he/she will just to the doctor to get it checked out.

**Victim:** Lie on the ground gripping your ankle in pain, telling the responder you do not want the police and you know what’s wrong.

**Witness:** Run to the office/intramural supervisor and explain your friend hurt their ankle badly.

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**Checklist - (Verbalize words in parenthesis)**

___ Grab the AED, first aid kit, radio and cellphone*
___ Check the scene **(scene is safe)**
___ Check the victim and ask “are you okay?” **(Victim responds that their ankle hurts)**
___ Ask the victim what happened? Where does it hurt? Do you hurt anywhere else? Has this ever happened before? Did you hear or feel anything?*
___ Tell victim you are first aid certified and want to help; obtain consent
___ Move victim to a comfortable position (sitting/lying down) while stabilizing injury
___ Radio other staff for bag of ice and to bring the transportation chair*
___ Apply ice while keeping injury stabilized
___ Stay with victim and try to keep calm until he/she feels like he/she is ready to leave.
   ___ Watch for signs of shock**
   ___ Fill out an injury report*
___ Explain transportation options and give pink transportation slip to victim*
   ___ Make sure he/she leaves with University Police or a friend

**(Victim insists that he/she is fine and that he/she would like to just go home and to his/her own doctor)**

After victim departs
___ Inform Pro Staff about the emergency, call Mo after hours

**Other**

- Check for knowledge of building address and appropriate phone number
- Does staff member have CPR pocket mask clipped on?
- Keep in mind “RICE”: Rest Immobilize Cold Elevate

**Location** | **Phone Number** | **Address**
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REC | 608-785-5225 | 1601 Badger St
Mitchell Hall | 608-785-8696 | 1820 Pine St

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

**Comments**

☐ Met Requirements  ☐ Did not meet requirements  ____ (1-2 week re-testing)

Signature of Facilitator: _____________________ Signature of Reviewee: _____________________