

Health & Fitness



VOLUME 1, ISSUE 4

AUGUST 2011

Upcoming Events within the county,

- **Paradise Blood Drive**
Veterans Hall
August 3rd, 12:30-5:30
- **Summer Sizzler 10K**
Cedar Grove, Bidwell Park
August 7th
- **Nutrition Workshop**
Fleet Feet, Chico
August 18th, 6:30pm
- **Salmon Run 10K**
Riverbend Park, Oroville
September 24
- **Ignite the Fight 5K**
Bidwell Park
October 22nd



INSIDE THIS ISSUE:

Ignite the Fight 5k Run	1
BMI	1
FireFit (Part 2)	2
Crews in Action	3
Healthy Cooking	4
Paleo Diet	4
CE Article: AEIOU-TIPS	5
CE Answer Sheet	6

SERVICEMASTER SELECT HOSTS 5K AT BIDWELL PARK ON OCT. 22, 2011 TO BENEFIT FIREFIGHTER CANCER SUPPORT NETWORK

BY: Kimberly Fleming

Representatives from ServiceMaster Select announced that proceeds from the ServiceMaster Ignite the Fight 5k, held on Oct. 22, 2011 will support the Firefighter Cancer Support Network (FCSN). The race location is at Bidwell Park in the One Mile Recreation Area. This 1st annual event will encourage a healthy activity in a family friendly environment, while addressing the importance of cancer awareness that can help firefighters, their families and residents within Butte County.

The race will begin at 8:30 a.m. and race-day registration will open at 7:15 a.m. on Oct. 22, 2011. Each participant is provided a race bib, goodie bag and breakfast following the race. Fleet Feet Chico will collect all race times and post them on the Fleet Feet website following the event. When registered by Oct. 1, 2011 participants are guaranteed a t-shirt, with graphics designed by local Chico artist Jake Early. A raffle will also be held following the race with prizes including: 4 premier tickets to the Jay Leno Show in Los Angeles, a 2 night vacation stay at Harrah's or Harvey's Lake Tahoe, and many others.

The FCSN, founded in 2005, provides timely assistance to all fire service members and their families in the event of cancer diagnosis. The mission of the FCSN is, "To provide Fire Department members and their families with an op-

portunity to receive assistance when dealing with cancer.

Together we can provide comfort, strength, and hope through our own experiences in dealing with the devastating effects of cancer.

Together we can educate Fire Department members regarding the importance of cancer screenings and early detection.

Together we can promote an awareness that cancer does not have to be dealt with alone." The FCSN maintains and continuously updates a roster of mentors who have personal experience with many types of cancers who will personally guide firefighters with cancer through the process of dealing with their specific illness. The FCSN also provides awareness to fire service members and their families about the importance of cancer prevention and screening by coordinating educational opportunities with various health programs. The FCSN works in collaboration with the American Cancer Society and the Lance Armstrong Foundation.

This race could not be possible without the support and efforts of hosting company ServiceMaster Select and local sponsors including Butte County Fire/CAL FIRE, The Butte County Firefighters Burn & Benevolent Fund, Cronin Disaster Services, Adecco, Rabobank and others.

ServiceMaster Select is happy to offer the Fire Station challenge! The station that brings in the most funds for this event via participants, local business sponsors, or from your own fundraising efforts, will receive a 50" flat screen television or a \$500 gift card to Best Buy to use any way they wish for their station. We thank you for your support and participation in this event! Registration for the 1st annual ServiceMaster Ignite the Fight 5k can be completed at WWW.SIGNMEUP.COM/76841. Registration can also be completed by signing up in the Fleet Feet Chico store at 241 Main Street Chico, Calif. 95926 or by contacting Kimberly Fleming at kfleming@shasta.com and requesting a registration form. The advanced entry fee is \$30 for adults and \$20 for children 12 and younger. Registration fees go up to \$35 for adults and \$25 for children if registered after Oct. 1, 2011. Participants will also have an opportunity to make an additional donation to the FCSN on the day of the race.



The Truth About BMI

By Adam Eaglin, Men's Health Magazine

Americans think the body mass index can tell them if they're at a healthy weight. But they're wrong

The next time you happen to catch a Minnesota Vikings game, take a look at Adrian Peterson, the team's 6'1, 217-pound running back. Now ask yourself: what kind of physical characteristics would you attribute to him? Athletic? Lean? Fit? All of these certainly sound like valid answers to us—but his clinical classification might surprise you. By any normal standards, Peterson is one of the fittest men on the planet. But by our country's system of measuring body fat, he's overweight. If you're like most people, you've probably heard of

the 'body mass index,' or, as it's more informally known, BMI. It's a popular formula used to not only gauge if a person is overweight or obese, but also how great their risk is for future health problems.

BMI is a relatively straightforward equation that measures a person's body fat by comparing their weight to their height:

$$\text{(Weight in pounds)} / (\text{Height in inches})^2 \times 703$$

You can also figure out your BMI without doing any math, here: Log onto <http://nhlbisupport.com/bmi/>

for an online calculator.

There are four different categories a person can fall into, ranging from underweight to obese. They are:

- *18.4 or lower: Underweight.
- *18.5 to 24.9: Normal weight.
- *25 to 29.9: Overweight.
- *30 or higher: Obese.

According to the National Institutes of Health, being overweight or obese by this measure can put you at risk for heart disease, type II diabetes, and even some cancers.

But BMI doesn't work well for individual people. One of the formula's obvious flaws, explains Alan Aragon, the *Men's Health* Weight

Cont. on Pg 2



FireFit Program (Part 2)

(intensity) of the established Target Heart Rate (THR), 1-

Pre-Season Fitness Module: (6 weeks 'ramping up' with 2 weeks of transition to 'fire season' to total 8 weeks)

Objective: Provides training to transition from a post-season maintenance program in preparation of the upcoming Fire Season Fitness Module. Initial concentration is on building muscle strength with a moderate cardiovascular component and transition to later focus on muscle endurance with a slightly increased cardiovascular component (including both moderate and vigorous intensity). Flexibility is a continuous focus during all phases. This is the phase to prepare the mind and body for the final transition to fire season. The goal is for each individual to be fully prepared (physically and mentally) for the first day of the fire season. Mental Preparation/Fitness is a key component during this phase. Each exercise component will be broken down using the F.I.T. Principal. F = frequency, I = intensity, T = time.

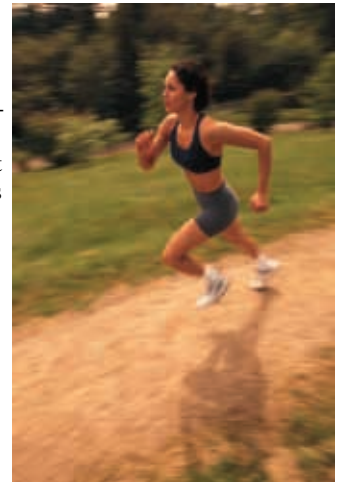
• **Cardiovascular:** during the course of the module, cardiovascular capacity will increase through the implementation of both moderate and rigorous intensity conditioning (cross training) to minimize injuries. Cardiovascular training should be done 4-6 days a week (*frequency*) with a duration of 30-60 minutes of activity (*time*) at an intensity of 70-85%

2 days of rest is highly encouraged for maximum results. Those beginning the program should start at the minimal F.I.T. level of 4 days a week, 30 minutes at 70% THR. During the final 2-weeks of the pre-season module, cardiovascular fitness should include vigorous intensity conditioning 5-6 times weekly in preparation for the fire season work. This should include cross-training (to mitigate overuse injuries and boredom) while increasing the frequency and intensity levels. These activities should include work specific activities such as pack hiking. A minimum of 1 day of rest is still recommended.

• **Muscle Strength:** Muscle strength is developed by lifting loads exceeding 70% of your maximal strength, and lifting them as many times as possible. The first 6 weeks of the Pre-Season Fitness phase will include concentration on increasing muscle strength. A baseline fitness level should have been maintained throughout the Post-Season and muscles should be prepared to increase the load at this time. Muscle strengthening exercises should be done a minimum of 2 days a week (*frequency*) initially (first 2 weeks for beginners) and increasing to 3 days a week. Each exercise should be done for 8-12 repetitions using 70-90% of maximum weight (*intensity*) for 1-3 sets (*time*) with a 1-2 minute rest interval between sets. **Be sure to allow 48**

hours between strength workouts to allow for recuperation of muscles.

• **Muscle Endurance:** Muscle endurance is developed when lifting a lighter load, less than 70% of maximal strength, and lifting repeatedly. The last 2 weeks of the Pre-Season phase will encourage a transition again from the now achieved muscle strength phase to concentrating on muscle endurance for work hardening. The F.I.T. Principal stays pretty much the same as used in the muscle strength program other than an increase in the repetitions and change in weight. The objective here is to start concentrating on elongating the muscle fibers, building muscle endurance, and preparing the muscles for long duration tasks such as digging handline. Muscle endurance exercises should still be 2 done 3-4 days a week (*frequency*) but now increasing the repetitions to 12-20 reps using 50-70% of maximum weight (*intensity*) for 1-3 sets (*time*) with 1 minute intervals between sets. Circuit training can also be considered for this phase. During the initial 6 week pre-season phase, calisthenics (push ups, chin ups, tricep dips, abdominals, back exten-



(Cont. on Pg. 5)

"He who overcomes others is strong. He who overcomes himself is mighty."-Tao Te Ching

BMI (cont from Pg 1)

Loss Coach and a nutritionist in California, is that it has no way of discriminating between fat and muscle—which is the case with Peterson.

Part of the problem is that BMI was never designed as a tool for judging any individual person's weight—either by physicians or the general public, says Timothy Church, a professor of health at Pennington Biomedical Research Center. In fact, the formula was originally intended to measure the collective weight of an entire population, but because of its straightforward math and distinctive categories (i.e., if you score a 25 on the BMI scale, you're overweight), it soon also took off.

Here's how BMI was born: In the early part of the 20th century, medical studies began to show a link between excess weight and an early death. So doctors and insurance companies started to seek out an easy method to determine a person's body-fat percentage. Insurance companies were especially concerned with this task, and devoted portions of their budget to discovering an obesity-determining calculation.

It wasn't, however, until physiology researcher Ancel Keys published a study in 1972 called "Indices of Relative Weight and Obesity," that the modern version of BMI came about. Keys conducted a series of studies on male populations in order to test if any pre-existing mathematical equations could measure a group's relative amount of body-fat. Fortunately for him, one did. The "Quetelet Index," (a.k.a., weight divided by height, squared) which was developed by Belgian statistician Adolphe Quetelet in the mid-1800s, proved to be successful.

To Keys' credit, he never intended for physicians or insurance companies to use this equation—but BMI was just too perfect. Because it was simply a math equation, it was quicker, easier, and cheaper to use than more direct and accurate measures—like the underwater weighing test, which measures how much you weigh by how much water you displace, and the skin fold measurements, which calculates how much fat you have beneath your skin.

"BMI was really pushed by [companies like] Metro-

politan Life," Church said. "It was meant to give them an excuse to charge [their clients] more."

The formula received its official stamp of approval in 1985, when the NIH cited it as the index of obesity. Ever since then, BMI has gradually become more and more accepted—now it's the standard, go-to formula for determining what makes a healthy weight, even among regular people, says Frank Hu, Ph.D., professor of health and nutrition at the Harvard School for Public Health.

Another issue is gender. The Quetelet Index—and corresponding Keys study—were both created from research on male populations. An entirely different formula was originally used for determining obesity in female populations, and yet, doctors use the same equation for both genders, says Church. In the beginning, the NIH differentiated between men and women by establishing different "thresholds" for

Cont on Pg 3

BMI (cont from Pg 2)

one's BMI, to account for the variance between men and women in the equation. But even that difference dissolved in 1998. When pressed for the reasons why, an NIH spokesperson declined to comment. So why has no one tried to change the system? One reason is that imprecise numbers from BMI aren't dangerous, says Hu. And besides, doctors are able to determine risk factors using other measurements. Still, the alternatives to BMI aren't perfect either. The most common of which is the waist circumference test, which measures abdominal obesity (a.k.a., the fat around your stomach). It's slightly better than BMI at measuring someone's risk for illnesses like heart disease and diabetes, say our experts, because it measures fat specifically, instead of taking into account the weight of a person's muscle mass. The truth is, people know if they're overweight—so be your own judge. Look in the mirror, monitor your jean size, and talk to your doctor. But don't rely on a flawed formula to determine your health status.

Crews in Action

Technical Rescue off of
Dark Canyon, Concow



Veg Fire, Big Bend Rd,
Concow



Rehire Academy
Shelter Deployments



FF Survival Class



Multi Company
Training



Special thanks to Elvis for hitting me
with the stream right after I took this
picture.



All pictures by Mike Waters

I can't be in all places all the
time, so if you have pictures
you would like to see printed.
Send them to me via email.



BBQ Chicken and Cheddar Foil Packet Dinner

This simple-to-make meal is a nice change from the usual camping or grill food. (Serves 4)

Ingredients:

- 3 Tbsp barbecue sauce
- 4 small boneless, skinless chicken breast halves (about 1 lb)
- 2 small unpeeled red potatoes, thinly sliced
- 1 red or green bell pepper, seeded and sliced
- 1 green onion, finely chopped
- 1/4 tsp salt
- 1/8 tsp black pepper
- 1 1/2 cup shredded reduced-fat Cheddar cheese

Directions:

Preheat oven to 375°F. Place a foil sheet, approximately 12 x 12 inches, on a work surface. Spoon about 1 teaspoon of the barbecue sauce in the center of the foil sheet. Place one chicken breast half over barbecue sauce and spread another teaspoon of sauce over chicken. Top with a quarter of the potato, bell pepper and onion. Sprinkle with a little of the salt and pepper. Fold foil in half to cover contents; make narrow folds along edges to seal. Repeat with remaining ingredients to assemble three more packets. Place packets on a baking sheet and bake for 35 minutes. Open foil packets with scissors and carefully pull back

edges (contents may be very hot). Sprinkle a quarter of the cheese over the top of each chicken breast half and return to oven, unsealed, for 2 minutes or until cheese is melted. With a spatula, transfer the contents of each packet onto individual serving plates, if desired.

Tips:

For camping or outdoor grill, preheat charcoal or grill and place packets on grill. Cook until chicken is cooked through.



Recipe courtesy of:



www.calorieking.com

Nutritional Info (per serving)

Calories	286
Kilojoules	1,197 kj
Fat	4.8 g
Sat Fat	2.3 g
Cholesterol	77 mg
Sodium	753 mg
Carbs	19 g
Fiber	2.4 g
Total Sugars	3 g
Protein	40 g
Calcium	207 mg

Paleo Diet: Smart eating or latest fad?

By Michael d'Estries, Mother Nature Network

In the quest for optimum health and weight, should humans consider looking back at what their ancestors consumed? That's the theory proposed by the "Paleo Diet" (aka, Caveman Diet), which recommends taking cues from the age of hunters and gatherers and leaving some of our modern food groups behind. The idea is simple: You eat a diet that's gluten-free, but rich in lean, organic meats, fish, poultry, eggs, vegetables, fruit and nuts. As much as possible should be sourced locally. You exclude grains, legumes, dairy products, salt, refined sugar and processed oils. All of this measures up to a eating regimen that, according to Loren Cordain, professor of health and exercise at Colorado State University, is a "powerful way to normalize health and well-being." Cordain is joined by thousands of others who have found similar success on the Paleo — with the site Whole9 providing perhaps the best description of the benefits saying:

"Eating like this is good for maintaining a healthy metabolism, and reducing inflammation within the body. It's been doing great things for my energy levels, body composition and performance in the gym. It also helps to minimize my risk for a whole host of lifestyle diseases and conditions, like diabetes, heart attack and stroke."

WebMD, which always does a decent job of uncovering

the truth behind these diets, quizzed a

bunch of health specialists who agreed that better health can be achieved on the Paleo, but still believe moderation is the key to overall well-being.

"People who eat diets high in whole grains, beans, and low-fat dairy tend to be healthier because these foods are nutrient-rich and there are mountains of research about the health benefits of diets that include, not exclude, these foods," Keith Ayoob, EDd, RD, and assistant professor at New York's Albert Einstein School of Medicine told the site.

That "mountains of research" bit touched upon by Ayoob is one of the problems facing the Paleo from gaining more scientific backing. There just haven't been enough large studies to satisfy experts; which is one of the main reasons why U.S. News & World Reports ranked

the diet nearly dead last in every category for its first ever "Best Diets" report.

"For the Paleo Diet, additional evidence is needed to show conclusively whether or not it is as effective as some people hypothesize," Ben Harder, general manager of Health and Science at the magazine told ABC News. "The most relevant studies have been small, as our published review of the Paleo Diet indicates. We hope researchers will publish more — and larger — studies on the Paleo Diet so that health experts, including our expert panel, have more evidence to consider in the future."

Still interested in giving the Paleo a shot? Wikipedia has some great background information on the diet — while the official site can get you started on meal plans and other advice.

Recent "Tail Gate Safety Topics" sent out to the Unit

All TGSTs can be accessed via Outlook, under Butte: Training Bureau:
Health & Safety: TGST

- TGST, July 26th, 2011, Heat Reminder
- TGST, July 22nd, 2011, Who Is Your Buddy?
- TGST, July 14th, 2011, Ash Pit Advisory
- TGST, July 7th, 2011, Overhaul Ops and SCBA Use
- TGST, July 1st, 2011, Fire Sprinklers Save Lives

CE Article: AEIOU-TIPS and the Altered Patient

BY: Steve Whitehead, <http://theemtspot.com/>



The AEIOUTIPS acronym holds a special place in my paramedic heart. It stands alongside OPQRST and SOAP as one of the three most useful acronyms I ever learned in medicine. I'm a believer in AEIOUTIPS for several reasons. Unlike mnemonics like my first cardiac

arrest algorithm, (Shock, shock, shock. Everybody shock. Little shock, big shock, big shock, little shock.) AEIOUTIPS has remained relevant. That helpful cardiac arrest rhyme may have helped me through my first ACLS class, but it barely lasted through my first year as a paramedic. Once someone thought up high dose Epinephrine, things got complicated. And, unlike more well known acronyms such as DCAP-BTLS-TIC, AEIOUTIPS has actual clinical application. That means I actually run through it in my head while I'm in the middle of patient care. I have never once exposed a trauma patient's chest and actually thought to myself, "OK, I don't see any deformities...and I don't see any contusions...and I don't see any abrasions..." You see my point.

So what is this AEIOUTIPS acronym? It's an acronym to help you remember the most common causes of altered mental status (AMS). This is useful when your patient is anything less than alert and oriented and you can't figure out why.

Let's face it, some differential diagnosis jump out at you. It isn't tough to figure out what's really wrong with the dude that got hit by a car. The COPD patient who's tripodding and breathing 30 shallow breaths a minute isn't much of a mystery either. But the confused or unconscious patient can be a real puzzler.

The next time your patient has an altered mental status and you find yourself puzzled by what's going on, manage the basics and run through the AEIOUTIPS acronym in your head.

A is for alcohol.

It's first on the list for a reason. Alcohol plays a role in a large percentage of the altered mental states that we encounter. Sometimes it's obvious. Other times it isn't. Does the patient have an odor on their breath? Does their environment suggest alcohol consumption?

E is for epilepsy (and other forms of seizure).

Could the patient have had a seizure? Inquire about the patient's medical history and check their prescription medications. Do you note any oral trauma or urinary incontinence? Look closely for repetitive focal movement. Was the onset of altered mentation sudden?

I is for insulin.

Check the refrigerator (Insulin), the medicine cabinet and the patient's body (Medic Alert tags) for evidence of diabetes. Could the patient be hypoglycemic (or possibly hyperglycemic). Don't forget a routine glucose check on all of your altered mental status patients. The ones we can't figure out tend to always get their blood glucose checked. It's when we are convinced that the cause of altered mentation is something else on the list that blood sugar can sneak up on us. Most of us have at least one good story about the stroke or the seizure that turned out to be a hypoglycemic event.

O is for overdose (and oxygenation).

If medication bottles are present, does the pill count add up? Is there evidence of drug use at the scene? We discussed alcohol, but don't forget about other substances that can cause mental status changes. Consider opiates (and check those pupils). Hallucinogens, delirants and inhalants also produce altered mentation to varying degrees. They account for some of our more unusual mental status presentations.

Also consider an acute hypoxic event. Airway patency, lung sounds and skin should be evaluated early. If the patient is on home oxygen ensure that the supply is uninterrupted.

U is for uremia (or underdose).

Does the patient have a history of renal

AEIOU-TIPS (Cont. on Pg. 6)

FireFit (Cont. from Pg. 2)

sions, calf raises) are recommended in conjunction with the muscle strength and endurance exercises as long as caution is taken as not to 'overuse' the muscle groups and still allow for adequate recovery time. **Be sure to allow 48 hours between strength workouts to allow for recuperation of muscles.**

- **Flexibility:** Stretching will always be one of the most important components of any exercise program. Flexibility includes a good pre-exercise warm up and post exercise stretching regime and cool down. An appropriate warm up should consist of a slow activity such as jogging to warm up the muscles and large, limbering stretches to further prepare the muscles for activity. After the workout is complete, the body should slow and cool down allowing the heart rate to recover and end with slow, static stretches of each muscle group used during exercise. Each stretch should be held for 20-30 seconds using good breathing techniques and no bouncing.

- **Rest:** The body needs 1-2 days of rest per week during the Pre-Season Module with light or no activity to be done other than something fun and enjoyable. This will allow the muscles to recuperate and help mitigate overuse injuries.

What is Mental Toughness and How to Develop It?

Just as the body is strengthened for physical challenges, preparing the mind for the obstacles, frustrations, and challenges of the fire environment enhances overall performance. Your workout routine is a great place to begin to challenge your mental toughness. As Dr. Jim Loehr, sport psychologist explains, "There are four key elements to 'toughness': strength, flexibility, responsiveness, and resilience. Each component has a mental, physical, and emotional aspect to it – it's not just mental toughness." *Mental Strength - you have strong concentration skills. You are physically strong. You can resist buckling under great emotional pressure. Mental Flexibility – the more rigid you are (inflexible), the easier it is to be thrown off by your opponent. The more physically flexible you are, the better you are physiologically to compete. Toughness does not mean being hard or mean. Basketball great Michael Jordan is an example of a responsive athlete. Michael is alive and spirited. Responsiveness is a sign of healthy competitiveness. Resilience refers to speed of recovery – mentally, emotionally, and physically. Great competitors have a great capacity to handle failure with grace. They are able to bounce back from disappointments or mistakes and keep competing."*

Mental toughness/fitness also means having the natural or developed psychological edge that enables you to, generally cope better than your opponents with the many demands that are placed with you as a performer and to be more consistent and better than your opponents in remaining determined, focused, confident, resilient, and in control while under pressure. A key component to mental toughness/fitness is learning how to condition your mind to think confidently and be able to overcome

(Stay tuned for next month's Part 3)

AEIOU-TIPS (Cont. from Pg. 5)

failure or renal disease? Have they been urinating? Look for signs of increased toxins (mainly nitrogen) in the blood like jaundice, recent fatigue, dehydration, unusual thirst and peripheral swelling.

Some folks also add “underdose” or non-compliance to medication to the U category. Medication non-compliance can contribute to altered mental states, but the true cause of altered mentation will, most likely, be found somewhere else on this list. Is the patient taking their prescribed medications?

T is for trauma.

Could there have been an unreported traumatic event? Could the patient have been assaulted? Could there have been a previous head injury that lead to the current change in mental status? (Think lucid interval.) Your assessment should include a through look at the head as well as a search for causes of occult bleeding in the chest abdomen and pelvis.

I is for infection.

Is there a source of infection? Has the patient been ill recently? Is the patient immuno-compromised? Are they in a high risk category for sepsis such as kids, the elderly, and patients taking chemotherapy and immuno-suppressive therapies? Feel the patient skin. Take a temperature if you have that ability. Pay close attention to the blood pressure. Most of our sepsis patients will show some degree of hypotension before they become noticeably altered.

P is for psychiatric (and poisoning).

This is one where non-compliance to medications can be an important precipitating factor. Does the patient have a history of psychiatric events? Could the current presentation be a simple episode of catatonia or some sort of psychosis? Psychiatric disorders can precipitate some unusual, what-the-heck-is-going-on type presentations. If you feel like you’ve ruled out everything else, consider an acute psychotic episode. Also consider the possibility of poisoning, both intentional and unintentional. Consider the environment where the patient was found. Could the patient have had contact with a poison. Consider that ingestion is only one potential route for poisons. Chemicals like organophosphates can be absorbed through the

skin and carbon monoxide is inhaled.

S is for stroke (and shock).

Not just occlusive stroke, but anything that might put pressure on the brain. This includes lesions, tumors and spontaneous hemorrhage. Do a thorough neurological evaluation and look for motor deficits in the patients response to stimuli. Note muscular weakness in the face and take a good look at the pupils.

While we specifically addressed hypovolemic shock and septic shock, consider other causes of shock like cardiogenic and anaphylactic shock. Pay close attention to the patients hemodynamic stability and consider an underlying shock state.

AEIOUTIPS takes a little practice. Your first few times working through the acronym will feel awkward. But with a little time and patience, the memory tool can become a trusted friend during some of your more challenging calls. I’ve talked through these nine points out loud with my partner on the way to the hospital when an altered patient has us both scratching our heads over what was going on.

While I may not always nail the cause of altered mental status, I rarely find an altered patient who falls outside of the AEIOUTIPS list.

CE Answer Sheet: AEIOU-TIPS

Complete this answer sheet from the previous CE article and forward it to the Training Office for grading and credit. (1 CE hours Credit for successful completion)

Name: _____ Station: _____

1. AEIOU-TIPS is a acronym for evaluating chest pain?

- ☐ True
☐ False

2. Alcoholics will always have an odor of alcohol on them as a clue for the EMT?

- ☐ True
☐ False

3. Diabetic patients always have the tell-tell signs of insulin in the fridge and medic alert tags on their bodies?

- ☐ True
☐ False

4. Doing a pill count is the most reliable way of ruling out whether someone overdosed?

- ☐ True
☐ False

5. Medication non-compliance can also cause an altered level of consciousness?

- ☐ True
☐ False
☐ I don't know

6. Skin temperature can be a good indicator of whether an infection is present?

- ☐ True
☐ False

7. A provider can get valuable clues from the patients environment?

- ☐ True
☐ False

8. The U in AEIOU-TIPS stands for “Unknown Reason”?

- ☐ True
☐ False

9. With a little practice, AEIOU-TIPS is an easy to use acronym for pt assessments?

- ☐ True
☐ False

10. Traumatic events are always acute injuries for patients with an AMS?

- ☐ True
☐ False

Comments: _____

B2115, St. 54 Crews, & S2106 hiking at Sunset L.O.

**For Suggestions or Comments:**

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Training and Safety Bureau

176 Nelson Ave

Oroville, CA 95965

Phone: 530-966-8682

Email: Mike.Waters@Fire.Ca.Gov

"Let No Man's Ghost Say His Training Let Him Down!" -Unknown Author