



SCR OEC6 Changes

Central Division
South Central Region

OEC 6 Changes Recap



Following is a list of content changes that came with the 6th edition of the OEC manual. For more information, reference specific Articles relating to a given topic on the nspsouthcentral.org website.

- 1) Patient Assessment is more clearly organized into a clear 5-part process. Related [Article](#).
- 2) Primary Assessment prioritizes life threatening bleeding over Airway and Breathing. Related [Article](#).
- 3) Tourniquet use is no longer considered a controversial use. Related [Articles](#).
- 4) With the “Stop the Bleed” campaign, packing a wound (with or without a hemostatic dressing) is one of the recommendations when a tourniquet cannot be used.
- 5) Hemostatic gauze is recommended where direct pressure alone is ineffective or not practical.
- 6) Oxygen saturation is added to the complete set of vital signs. Related [Articles](#).
- 7) Dorsalis pedis pulse is added to the complete list of locations where pulse can be detected.
- 8) Assessing Eye Movement has become an official OEC skill.
- 9) Auscultation expands to 8 sites.
- 10) Indications for oxygen therapy is considered objective material.
- 11) Pulse Oximetry has become a prominent skill. Related [Article](#).
- 12) SALT triage method is discussed in detail. Related [Articles](#).
- 13) The pathophysiology of shock being defined as the three basic causes of shock is objective material. Related [Articles](#).
- 14) Trendelenburg’s Position and elevating legs is no longer recommended for patients in shock. Related [Article](#).
- 15) The stroke scale Field Assessment Stroke Triage for Emergency Destination (FAST-ED) Scale is introduced.
- 16) The mnemonic SLUDGEM or DUMBELS for nerve agent exposure is introduced.
- 17) Use of Naloxone (Narcan) is discussed. NOTE: It is not objective material. Related [Article](#).
- 18) “Assisting with a Metered Dose Inhaler” is included. OEC Skill emphasizes the “assist” aspect of this skill.
- 19) Assisting a patient with Aspirin is objective material.
- 20) Administering Nitroglycerin is an OEC Skill (15-1) and objective material.
- 21) The importance of anticoagulants is highlighted in several chapters (Ch 15, 21, and 31). Related [Article](#).
- 22) The Finger Sweep is an OEC Skill.

- 23) RISE replaces RICES to accommodate two main changes in philosophy for soft tissue injuries (i.e. Reduce the use of ice, and Eliminate the application of compression).
- 24) The list of tractions devices emphasizes Sager, Slishman and Kendrick. Related [Articles](#).
- 25) “Patients with pelvic fractures should NOT be logrolled unless absolutely necessary.” Also, “Commercial binders are better than a “homemade” sheet binder.” Related [Articles](#).
- 26) SMR Mechanism of Injury is updated with “any fall greater than a height of 3 feet, elderly adult fall from standing or anyone falling down 5 or more stairs”. Related [Article](#).
- 27) “Performing Neutral Head Alignment” is added to the SMR skill.
- 28) Placing a patient on a Full-Body Vacuum Mattress is added as an OEC Skill.
- 29) Spinal Motion Restriction (SMR) and Pregnancy – Guidance is more specific regarding the position to transport pregnant women.
- 30) Description of the management of dental injuries is objective material.
- 31) Handoff Reports are highlighted in the 6th Edition and considered objective material.
- 32) Knowing how to handle a possible sexual assault is considered objective material
- 33) “Mood, Adjustment, or Affective Disorder” replaced the outdated terminology of neurosis.
- 34) Active Shooter information is discussed under the topic of Terrorism.
- 35) Description of the RECCO system is objective material.
- 36) Eliminated - Figure Eight Skill for clavicle fractures. Related [Article](#).
- 37) Eliminated - Reducing a Posterior Sternoclavicular (S/C) Injury. Related [Article](#).
- 38) Eliminated - Immobilizing a Seated Patient with the use of a short board or a vest-type immobilization device, such as a KED.

Our appreciation goes to the NSP Southern Division, which provided much of the content above. For further detail, go to [PowerPoint Presentation \(southernnsp.org\)](http://southernnsp.org).

Since its origins in 1939 as “Ski Safety and First Aid”, today’s Outdoor Emergency Care has come a long way. The OEC curricula has continually evolved as new medical information becomes available. OEC is written following the principle of *evidence-based medicine*, and thus the changes that come with each new edition. The source for the content in this bulletin is the 6th edition of Outdoor Emergency Care manual.

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