Pre-Lecture
I. You Are the EMT

Time: 10 Minutes

Small Group Activity

This activity will introduce your students to issues related to soft-tissue injuries. As you know, these types of injuries are frequently seen in the prehospital environment. An appreciation for the potential severity of soft-tissue injuries can be gained through this activity.

Purpose
To introduce students to the complexities and issues surrounding soft-tissue injuries.

Instructor Directions
1. Direct students to read the “You Are the EMT” scenario found near the front of Chapter 24.
2. You may wish to assign students a partner or group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions.
3. You may also use this as an individual activity to ask students to turn in their comments on a separate piece of paper.

Lecture
I. Anatomy of the Skin

Time: 5 Minutes

Slides: 1-9

Lecture/Discussion

A. Largest organ of the body
1. Epidermis is the external, watertight covering.
2. Dermis is the inner layer, containing the structures of the skin.
3. External surfaces of the body not covered by skin are covered by mucous membranes.

B. Functions of the skin
1. Keeps bacteria out and water in
2. Reports to brain about environment
3. Controls body temperature by constricting and dilating blood vessels
4. Cools body by sweat evaporation
II. Soft-Tissue Injuries

A. There are three types of soft-tissue injuries.
   1. Closed injuries occur beneath the skin or mucous membrane but the surface remains intact.
   2. Open injuries involve a break in the surface of the skin or the mucous membrane.
   3. Burns occur when the soft-tissue receives more energy than it can absorb.

B. Causes of burns
   1. Thermal heat
   2. Friction heat
   3. Toxic chemicals
   4. Electricity
   5. Nuclear radiation

III. Closed Injuries

A. Contusions, or bruises, result when a blunt force strikes the body.
   1. Epidermis remains intact, but cells within the dermis are damaged, and small blood vessels are usually torn.
   2. Depth of the injury varies.
   3. The patient may have swelling and pain.
   4. Buildup of blood produces a characteristic blue or black discoloration called ecchymosis.

B. Hematoma is a pool of blood that has collected within damaged tissue or in a body cavity.
   1. Occurs whenever a large blood vessel is damaged and bleeds rapidly
   2. Usually associated with extensive tissue damage
   3. Can result from a soft-tissue injury, fracture, or injury to a large blood vessel

C. A crushing injury occurs when a great amount of force is applied to the body for a long period of time.
   1. The extent of damage depends on how long the force is applied.
   2. In addition to damaging soft tissues, continued compression will cut off circulation, producing further tissue destruction.

D. Compression can also result from the swelling that occurs whenever tissues are injured.
   1. If swelling is excessive or occurs in a confined space, tissue pressure will increase to dangerous levels (compartment syndrome).
2. Excessive swelling often follows injury of the brain, spinal cord, and the extremities.

E. Severe closed injuries can damage internal organs.

F. Assess all patients with closed injuries for more serious hidden injuries.

G. Be alert for signs of shock or internal bleeding.

H. Emergency medical care
   1. Small contusions require no special emergency medical care.
   2. Follow proper BSI precautions.
   3. Provide oxygen and maintain the airway as indicated.
   4. Treat a closed soft-tissue injury by applying the acronym ICES:
      a. Ice (or a cold pack) slows bleeding and reduces pain by causing blood vessels to constrict.
      b. Compression over the injury slows bleeding by compressing the blood vessels.
      c. Elevating the injured part just above the level of the patient’s heart decreases swelling.
      d. Splinting decreases bleeding and reduces pain by immobilization.
   5. Be alert for signs of developing shock.
   6. If the patient appears to be in shock, elevate the legs, give supplemental oxygen, and transport to the hospital.

IV. Open Injuries

Time: 20 Minutes

Slides: 15-22
Trauma Slides: 8, 11, 14, 16, 23, 31, 34
Lecture/Discussion

DOT Ref 5-2-II-B

A. In open injuries, the protective layer of skin is damaged, often resulting in extensive bleeding.

B. A break in the skin or mucous membrane means that the wound is contaminated.

C. Contamination means that infective organisms or foreign bodies, such as dirt, gravel, or metal, are present.

D. There are four types of open soft-tissue wounds.
   1. Abrasion
      a. A wound of the superficial layer of the skin, caused by friction when a body part rubs or scrapes across a rough or hard surface
      b. Usually does not completely penetrate through the dermis, but blood may ooze from the injured capillaries
   2. Laceration
      a. A smooth or jagged cut caused by a sharp object or a blunt force that tears the tissue
      b. Depth of laceration can vary.
      c. Lacerations may be linear or stellate.
      d. If an artery is involved, there is often severe bleeding.
   3. Avulsion
      a. An injury that separates various layers of soft tissue, so that they are either completely unattached or hanging as a flap, is an avulsion.
      b. An amputation is a complete avulsion and can involve other body parts, such as the scalp, ear, nose, penis, or lips, as well as the extremities.
   4. Penetrating wounds are injuries that result from sharp, pointed objects.
      a. They have relatively small entrance wounds.
b. Penetrating wounds can damage structures deep within the body.
c. A penetrating injury to the chest or abdomen can cause rapid, fatal bleeding.
d. Stabbings and shootings often result in multiple penetrating injuries.

5. Gunshot wounds are a distinctive form of penetrating wounds.
   a. They have some unique characteristics that require special care.
   b. It is important to find out the type of gun that was used in the shooting.
   c. Shotgun wounds create multiple paths of missiles (shot) and create a larger surface area and volume of tissue damage.
   d. Carefully document the circumstances surrounding any gunshot injury, the patient’s condition, and the treatment you give.
   e. Always look for both entrance and exit wounds.
   f. The entrance wound is usually smaller than the exit wound.

6. Open wounds caused by crushing may involve damaged internal organs or broken bones.
   a. Internal bleeding may be severe.
   b. Soft tissues, vessels, and nerves may be damaged.
   c. They frequently result in a painful, swollen, deformed area.

E. Emergency medical care
   1. Follow BSI precautions.
   2. Be sure the patient has an open airway and administer oxygen if necessary.
   3. Assess the severity of the wound, removing any clothing that may be covering it.
   4. First treatment priority is ABC, including controlling bleeding.
   5. Apply a dry, sterile compression dressing over the entire wound.
   6. Apply pressure to the dressing with your gloved hand.
   7. Maintain pressure and secure the dressing with a roller bandage.
   8. If bleeding continues or recurs, leave the original dressing in place.
   9. Apply a second dressing over the first, and secure with another roller bandage.
   10. Splint the extremity to stabilize the injury, even if there is no fracture, to help minimize movement, further control bleeding, and keep the dressing in place.

V. Chest Wounds

Time: 10 Minutes

Slides: 23-24
Lecture/Discussion
DOT Ref 5-2-II-B-2

Note: Refer to local EMS protocols for treatment of open chest wounds.

A. A penetrating wound to the chest may cause air to enter the chest (pneumothorax) or blood to collect in the chest (hemothorax).
1. Ordinarily, the pressure inside the chest cavity is slightly lower than the pressure of the atmosphere.
2. Inhalation further reduces this pressure and air will move through a wound just as it moves through the nose and mouth during normal breathing.
3. Air that enters through the wound remains in the pleural space, and the lung does not expand; when the patient exhales, air passes back through the wound.
4. “Sucking chest wounds” reduce the ability of the lungs to provide fresh oxygen to the blood.

B. Chest wound management
1. Keep the patient supine and administer oxygen. The patient may be placed in a position of comfort if no spinal injury is suspected.
2. Seal a sucking chest wound with an occlusive dressing large enough that it is not pulled or sucked into the chest cavity.
3. Depending on local protocol, seal the dressing on all four sides or seal only three sides to create a flutter valve, which allows air to leave the chest but not return.

VI. Abdominal Wounds

A. An open wound in the abdominal cavity may expose internal organs.

B. Organs may even protrude through the wound (evisceration).
   1. Do not touch or move the exposed organs.
   2. Cover the wound with sterile gauze compresses moistened with sterile saline solution.
   3. Secure with a sterile dressing.
   4. Do not use any material that adheres or loses its substance when wet, such as toilet paper, facial tissue, paper towels, or absorbent cotton.
   5. If the patient’s legs and knees are uninjured, flex them to relieve pressure on the abdomen.

C. Immediate transport is necessary for all patients with abdominal wounds.

VII. Penetrating Wounds

A. Impaled objects

B. Do not attempt to move or remove the object unless it is impaled through the cheek.
   1. Consult medical control if the foreign body interferes with chest compressions or with transport.
   2. Remove any clothing covering the injury.
   3. Control bleeding.
   4. Use a bulky dressing to stabilize the object.
   5. Manually secure the object by incorporating it into the dressing.
   6. However, if the object is impaled in the cheek and obstructs breathing, restoring the airway takes priority.
   7. If the object is long, first secure it to minimize motion, then cut off (shorten) the exposed portion.
   8. After the object is secured, provide prompt transport.
VIII. Amputations

Time: 5 Minutes
Slide: 28
Trauma Slide: 36
Lecture/Discussion
DOT Ref. 5-2-II-B-2

Note: Refer to local EMS protocols for treatment of amputations.

A. Surgeons can often reattach an amputated part.

B. Care of partial amputations
   1. Make sure to immobilize the part with bulky compression dressings.
   2. Splint to prevent further injury.
   3. Do not sever any partial amputations.

C. Care of complete amputations
   1. Wrap the part in a dry sterile dressing and place it in a plastic bag.
   2. Put the bag in a cool container filled with ice.
   3. Keep the part cool without allowing it to freeze.
   4. Transport the amputated part with the patient.

IX. Neck Injuries

Time: 5 Minutes
Slide: 29
Trauma Slide: 22
Lecture/Discussion
DOT Ref. 5-2-II-B-2

A. Open neck injuries can be life threatening.

B. Veins of the neck open to the environment may suck in air and possibly cause an air embolism.

C. To control bleeding and prevent the possibility of air embolism, follow these steps:
   1. Cover the wound with an occlusive dressing.
   2. Apply manual pressure, but do not compress both carotid vessels at the same time.
   3. Secure a pressure dressing over the wound by wrapping roller gauze loosely around the neck and then firmly through the opposite axilla.
X. Burns

Time: 30 Minutes

Slides: 30-41
Trauma Slides: 46-49, 88
Lecture/Discussion
DOT Ref. 5-2-II-C
Table 24-1: Classification of Burns in Adults
Table 24-2: Classification of Burns in Infants and Children

Note: Refer to local EMS protocols for treatment of burns.

A. Burns account for over 10,000 deaths a year.

B. They are among the most serious and painful of all injuries.

C. Always perform a complete assessment to determine whether there are other serious injuries.

D. Burn severity is determined by five factors.
   1. What is the depth of the burn?
   2. What is the extent of the burn?
   3. Are any critical areas (face, upper airway, hands, feet, genitalia) involved?
   4. Are there any preexisting medical conditions or other injuries?
   5. Is the patient younger than 5 years or older than 55 years of age?

E. Burn depth is measured by layers.
   1. Superficial (first-degree) burns involve only the top layer of skin, the epidermis (eg, sunburn).
   2. Partial-thickness (second degree) burns involve the epidermis and some portion of the dermis.
      a. Typically, the skin is moist, mottled, and white-to-red.
      b. Blisters are common.
      c. Intense pain is common.
   3. Full-thickness (third-degree) burns extend through all skin layers and may involve subcutaneous layers, muscle, bone, or internal organs.
      a. The burned area is dry and leathery.
      b. It may appear white, dark brown, or even charred.
      c. A severely burned area may have no feeling; however, the surrounding, less severely burned areas may be extremely painful.

F. The extent of burns is determined by the amount of body surface involved.
   1. The Rule of Nines divides the body into sections, each of which is approximately 9% of the total surface area.
   2. The head of an infant or child is relatively larger than the head of an adult, and the legs are relatively smaller.

G. There are special considerations for pediatric burns.
   1. Burns to children are generally considered more serious than burns to adults.
   2. Infants and children have more surface area relative to body mass, which means greater fluid and heat loss.
   3. Many burns in infants and children result from child abuse.
   4. The classic burn resulting from deliberate immersion involves the hands and wrists, feet, lower legs, and buttocks.
   5. Burns around the genitals and multiple cigarette burns should be viewed as possible abuse.
6. Report all suspected cases of abuse to the proper authorities.

H. Emergency medical care for burns
   1. Follow BSI precautions.
   2. Move the patient away from the burning area.
   3. Immerse the area in cool sterile water or saline solution, or cover with a clean, wet, cool dressing to stop the burning and relieve pain.
   4. Give oxygen if the patient has a critical burn.
      a. More fire victims die from smoke inhalation than from their burns.
      b. A patient who has burns about the face or has inhaled smoke or fumes may be in respiratory distress.
      c. A patient who appears to be breathing well at first may suddenly experience severe respiratory distress.
   5. Prevent further heat loss by covering the patient with warm blankets, because an extensive burn can produce hypothermia.
   6. Rapidly estimate the burn’s severity.
      a. Cover the burned area with a dry, sterile dressing to prevent further contamination.
      b. You may cover large areas with a clean, white sheet.
      c. Do not put anything else on the burned area.
      d. Never use ointments, lotions, or antiseptic of any kind.
      e. In addition, do not intentionally break any blisters.
   7. Check for traumatic injuries or other medical conditions.
   8. Treat the patient for shock, if necessary.

I. Chemical burns
   1. A chemical burn can occur whenever a toxic substance contacts the body.
   2. The eyes are particularly vulnerable to chemical burns.
   3. Fumes of strong chemicals can cause burns, especially to the respiratory tract.
   4. To prevent exposure to hazardous materials, you must wear gloves and eye protection when caring for a patient with a chemical burn.
   5. Emergency medical care for chemical burns
      a. Remove any chemical from the patient.
      b. Always brush dry chemicals off the skin and clothing before flushing the patient with water.
      c. Remove the patient’s clothing, including shoes and stockings.
      d. Immediately begin to flush the burned area with large amounts of water.
      e. Continue flushing the area with gallons of water for 15 to 20 minutes after the patient says the burning pain has stopped.
      f. If an eye was burned, hold the eyelid open as you flush it with a gentle stream of water.
      g. Continue flushing the contaminated area on the way to the hospital.

J. Electrical burns
   1. Safety is of particular importance when you are called to the scene of an emergency involving electricity.
      a. Never attempt to remove someone from an electrical source unless you are specially trained to do so.
      b. Never move a downed power line unless you have the special training and equipment.
      c. Before even approaching someone who may still be in contact with a power line, make certain that the power is turned off.
   2. There is always a burn injury where the electricity entered the body (an entrance wound) and another where it exited (an exit wound).
   3. Two dangers specifically associated with electrical burns
      a. There may be a large amount of deep tissue injury.
      b. The patient may go into cardiac arrest from the electrical shock.
   4. If indicated, begin CPR and be prepared to defibrillate if necessary.
a. Give supplemental oxygen.
b. Monitor the patient closely for respiratory and cardiac arrest.
c. Treat the soft-tissue injuries by placing dry, sterile dressings on all burn wounds and splinting suspected fractures.
d. Provide prompt transport.

XI. Dressing and Bandaging

A. Dressings and bandages have three primary functions:
   1. To control bleeding
   2. To protect the wound from further damage
   3. To prevent further contamination and infection

B. Sterile dressings
   1. Sterile dressings are used to cover wounds.
   2. Sterile dressings include universal dressings, conventional 4" x 4" and 4" x 8" gauze pads, assorted small adhesive-type dressings
      and soft self-adherent roller dressings.
   3. Gauze pads are appropriate for smaller wounds.
   4. Occlusive dressings, made of Vaseline gauze, aluminum foil, or plastic, prevent air and liquids from entering (or exiting) the wound;
      these are used to cover sucking chest wounds and abdominal eviscerations.

C. Bandages
   1. To keep dressings in place during transport, use soft roller bandages, rolls of gauze, triangular bandages, or adhesive tape.
   2. Do not use elastic bandages to secure dressings.
   3. Always check a limb distal to a bandage for signs of impaired circulation or loss of sensation.

XII. Skill Drills

Remember to maintain an adequate instructor-to-student ratio. A ratio of 1 instructor to 6 students is recommended by the
DOT National Standard Curriculum. Also remember that each student must be evaluated on each skill before completing the
course.

Purpose
To allow students opportunity to observe practice and perform patient care skills associated with soft-tissue injuries

Materials Needed
   1. Assorted dressings and bandages, 4" x 4" pads, roller bandages, occlusive dressings
   2. Burn sheets, sterile water
   3. Triangular bandages, medical tape, scissors
   4. BSI supplies
Instructor Directions

1. Demonstrate each skill, emphasizing any critical points or procedures.
2. Based on the specific skill, assign each student to a partner or team. Provide each partner/team with the appropriate equipment or materials.
3. Direct students to practice each skill using team members as patients and observers. Closely monitor the practice sessions and provide constructive comments and directions.
4. As individual students achieve success, conduct skill proficiency exams. Students who fail the exam should be given direction and opportunity to practice before being retested.

Skills

A. Controlling Bleeding from a Soft-Tissue Injury (Skill Drill 24-1)
B. Sealing a Sucking Chest Wound (Skill Drill 24-2)
C. Stabilizing an Impaled Object (Skill Drill 24-3)
D. Caring for Burns (Skill Drill 24-4)

Post-Lecture

I. Prep Kit Activities

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Note: The Prep Kit contains various student-centered end-of-chapter activities designed as enhancement to the instructor’s presentation. As time permits, these activities may be presented in class. They are also designed to be used as outside/homework activities.

A. Assessment in Action

This activity is designed to assist the student in gaining a further understanding of issues surrounding soft-tissue injuries. The activity incorporates both critical thinking and application of basic EMT-B knowledge.

Purpose

This activity allows the student to analyze an emergency care scenario and develop responses to critical thinking questions.

Instructor Directions

1. Direct students to read the “Assessment in Action” scenario located in the Prep Kit at the end of Chapter 24.
2. For the quiz questions, direct students to read and individually answer the questions at the end of the scenario. Allow approximately 10 minutes for this part of the activity. Facilitate a class review and dialogue of the answers, allowing students to correct responses as necessary. Use the quiz question answers noted below to assist in building this review. Allow approximately 10 minutes for this part of the activity.
3. You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

Answers to Multiple-Choice Questions

1. Answer: B  The ABCs do not change. Apply oxygen because of the respiratory distress (respiratory rate is too fast), cover the open wound (limits the amount of atmospheric air that enters), and stop the bleeding. Only after these initial steps are completed should further assessment and history taking be initiated.
2. Answer: D  An avulsion has a flap of skin that should be replaced (if not grossly contaminated) and bandaged in place. If bleeding is extensive, apply direct pressure to the bleeding site after replacing the flap of skin. A tourniquet is inappropriate. An elastic bandage can cut off circulation to the rest of the tissues/extremity.
3. Answer: C A contusion is a bruise or a collection of blood within the tissues. In general, the more swelling associated with the bruise, the more tissue damage and the more internal bleeding. Nerve damage is best determined by movement and feeling. An allergic reaction is characterized by hives and itching. It is too early for a systemic infection due to this injury.

4. Answer: A Infection is a high risk for any patient with an open wound. Signs generally occur about 48 to 72 hours later. Infarction is associated with ischemia to a body organ or part. Malnutrition is associated with lack of proper nutrients, which is not the case with this patient. This patient is more at risk for hypotension than hypertension.

5. Answer: C Reassess vital signs to confirm the evaluation presence of hypoperfusion. The ability to obey commands is part of mental status evaluation. You already know mental status has changed. Condition of the extremity is not the priority so movement, pulse, and sensation of the distal extremity are not appropriate. Pupillary reaction is part of assessing the CNS, which is necessary but not a priority over vital signs.

6. Answer: B The liver is located in that same area but on the opposite side. If long enough, the branch also could have punctured his liver. The spleen is on the left side. The heart is on the left side, and the pancreas is likely too low to have been punctured.

7. Answer: B Because the patient is screaming, you know the airway is intact and unobstructed for the moment. You do not, however, know if it will stay that way. Screaming does not imply that respirations are inadequate. The respiratory rate will depend on tidal volume and because the patient is able to scream, the tidal volume at this time is good. The condition of the mucous membranes and tongue will tell you if the patient is at risk for a respiratory burn.

8. Answer: C The condition of the face, singed eyebrows, blisters on the chin and burns on the lower portion of the face all indicate the possibility of respiratory burn. Other signs will include hoarseness and persistent cough. The mental status may indicate hypoxia from causes other than respiratory burns or hypoperfusion. Vitals signs will change because of the pain and other injury as well as hypoxia.

9. Answer: A The arms are 9% (anterior surface is 4.5% each), the face is 4.5% (face and head is 9%), the upper chest is approximately 4.5% (entire thorax is 18%, chest alone is 9%, half the chest is 4.5%).

Challenging Question Answer

10. Answer: Take a blood pressure with a thigh cuff and listen to the popliteal pulse.

B. Points to Ponder

This activity will allow you to help students probe the more difficult situations that they may face. Use this as an opportunity for them to express differences of opinion and approach, while directing them to be thorough and decisive in their answers. Encourage challenges.

Purpose

To allow students an opportunity to apply critical thinking analysis to a given case study.

Instructor Directions

1. Direct students to read the “Points to Ponder” scenario found in the Prep Kit at the end of Chapter 24.

2. You may wish to assign students to a partner or group and direct them to review the discussion question at the end of the scenario and prepare a response. Allow approximately 10 minutes for this part of the activity. Facilitate a class dialogue centered on the discussion point. Allow approximately 10 minutes for this part of the activity.

3. You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

4. Personally review the scenario and discussion question based on your experience and knowledge as an emergency care worker. Develop your own key points for guiding this discussion.

Scenario

You are working at a high school wrestling meet and notice a wrestler twists his knee during a match. His coach has evaluated the knee and when the wrestler stands, his knee collapses. His parents wave for you to come over. You find that the wrestler and the coach believe he can still wrestle, but the parents want your opinion. You have recently completed the EMT-B class and were not trained in evaluating sports injuries. Your protocol would be to splint and transport. The referee is pushing for an answer to whether he can wrestle or to end the match. Would you evaluate the wrestler? Would you make a decision to allow him to continue? What would you tell the parents? Once the parents call you over, can you NOT treat the patient?
Chapter 24: Soft-Tissue Injuries

Issues
• Legal Liability
• Training Standards and Protocols
• Refusing Treatment
• Use of Non–EMT Skills and Outside Knowledge

C. Online Outlook
This activity requires students to have access to the Internet. This may be accomplished through personal access, employer access, or through a local educational institution. Some community colleges, universities, or adult education centers may have classrooms with Internet capability so that this activity can be completed in class. Check out local access points and encourage students to complete this activity as part of their ongoing reinforcement of basic EMT-B knowledge and skills.

Purpose
To provide students an opportunity to reinforce chapter material through use of online Internet activities.

Instructor Directions
1. Use the Internet and go to www.emtb.com. Follow the directions on the web site to access the exercises for Chapter 24.
2. Review the chapter activities and take note of desired or correct student responses.
3. As time allows, conduct an in-class review of the Internet activity and provide feedback to students as needed.
4. Be sure to check the web site before assigning this activity as specific chapter-related activities may change from time to time.

II. Lesson Review

Time: 10 Minutes

Discussion

Note: Facilitate a review of this lesson’s major topics using the review questions as direct or overhead questions. Answers are found throughout this lesson plan with IRK references listed for each question.

A. Name and describe the three types of soft-tissue injuries. (Lecture II-A)
B. What are the general characteristics of closed soft-tissue injuries? (Lecture III)
C. Describe the emergency care for closed soft-tissue injuries. (Lecture III-H)
D. Name and describe the four types of open soft-tissue injuries. (Lecture IV-D)
E. What is a significant concern for penetrating injuries? (Lecture IV-D-4)
F. Describe the emergency care for open soft-tissue injuries. (Lecture IV-E)
G. Describe the characteristics of an open chest wound and how you would treat the patient. (Lecture V)
H. What type of covering is used for an open abdominal wound with organs protruding? Why? (Lecture VI-B)
I. What are the five factors in determining burn severity? (Lecture X-D)
J. Name and describe the three degrees of burn depth. (Lecture X-E)
K. Describe the Rule of Nines. How does it apply to a child? (Lecture X-F)
L. What are concerns for caring for children with burns? (Lecture X-G)
M. What is the basic emergency care for burns? (Lecture X-H)
N. Describe the general concerns and care for patients with chemical burns? (Lecture X-I)
O. What are two major concerns regarding incidents involving electricity? (Lecture X-J-3)
P. Describe the three major functions of dressing and bandages.  
(Lecture XI-A)

III. Assignments

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A. Review all materials from this lesson and be prepared for a lesson quiz to be administered (date to be determined by instructor).
B. Read Chapter 25: *Eye Injuries* for the next class session.