Rapid assessment and improvised evacuation without harming the patient

Joint Session ICAR Convention 2016
Borovets, Bulgaria
Friday, 21st October 2016

Natalie Hölzl, Fidel Elsensohn
Goals of this session:

- Defining the term „Scoop and run“
- Highlight the importance of the issue for different rescue operations
- Find a common term for: non medical „fast rescue“ strategies
- Define further actions for a Joint Recommendation
Definition of „Scoop and Run“

„scoop and run” strategy involves administering only Basic Life Support (BLS) at the trauma site before rushing patients to a hospital

- may not always be effective in specific situations
- may not always be a suitable strategy

Definition of "Scoop and Run"

- Providing only **basic care** in the field
- Emphasis on speedy delivery of a casualty to the hospital

**In tactical medicine (military):**
- Getting patient out of the ‘hot zone’ providing only support to life-threatening bleeding
- Further care given in the ‘warm zone’ nearby


“Scoop and Run” in Mountain Rescue

• “Established” concept in emergency medicine

• Difference to Mountain Rescue:
  – Prolonged access times
  – Deterioration of patient?
    (oxygenation, bleeding, hypothermia)
  – Prolonged transport times
  – Limited equipment/monitoring
“Scoop and Run” in Mountain Rescue

- Initial assessment of patient according to guidelines (PHTLS, ATLS) following A B C D E

- Providing at least Basic Life Support (BLS)

- Medical decision: when + where further treatment?
This is NOT scoop & run!

No medical assessment or treatment
When to “Scoop and Run" and when to “Stay and Play":

Medical decision making
“Immediate resuscitation”

“Intermittent resuscitation (CPR)“

“Delayed resuscitation“
Rescuer’s SAFETY FIRST
Risk Assessment

Danger?
Access to site?
Access to patient?
Initial assessment?
Treatment?
Evacuation Plan?
Chance of survival?
“Scoop and Run” in Mountain

- Not safe to work
- No space to work
- Not enough (medical) skills to treat patient appropriately

➢ Extricate patient as fast as possible and take him to:
  - A safer place
  - A more spacious place
  - See someone who is better trained
How to „Scoop and Run“

In dangerous environment:

- as few rescuers as possible
- Assess patient: following A B C D E
- Only treat lifethreatening injuries
- Treat first what kills first

- Extricate Patient
„Treat and Run“

- Short time on scene (10-15 mins)
- Assess all vital functions according to ABCDE
- Treat all life threatening injuries
  - Airway management
  - Pneumothorax
  - Circulation / dislocation / bleeding
- In mountain rescue, treatment during transport might not be possible
- re-evaluation during transport with possible short interventions
„Treat and Run“

Secure Airway (A)
Protect Spine
Ensure ventilation (B)
Stop bleeding (C)
CPR if you must (intermittend?)

Reassess your patient whenever you can
Full assessment (ABCDE + Body Check) and treatment on site until patient can be transported = maximum treatment

😊 no transport possible
long transport
full equipment available

):( time consuming, might be harmful
Definition of „Stay and Play“

- Assessment following A B C D E
  - Life-saving measurements
- Treatment of vital parameters
  - Intubation and poss. mechanical ventilation
  - CPR / Chest drain / fluid resuscitation ...
  - Analgesia
- Secondary survey (Body Check)
- Repositioning and splinting
  - dislocations and fractures
- Monitoring
When to „Stay and Play“

• Safe situation
• Resources available
• Pre-hospital treatment indicated
No general recommendation

Depending on:

- Danger / exposition/environment
- Mechanism of injury/Injury pattern
- Available personell
- Medical expertise/skills
- Available equipment
- Transportation time and technical situation
- External influences
Medical impacts of "scoop and run" on a rescue mission:

Rescue chain
Resources
Prioritization
Rescue chain

• Joint decision: tech – med

• Available personnel and technical resources

• Extrication (with/without med. assistance)

• Transportation time to further / definite care
Resources

- Medical skills:
  "right person at the right spot at the right time"

- Equipment:
  "adequate to start treatment"
  "adequate to maintain treatment"

- Possibility to treat (circumstances)

- Treatment possible during transport
Prioritization

Decision making depending on:

**General:**
- Quality of information
- Quality of communication
- Number of victims
- Objective hazards
- Environmental factors
- Available resources
- MCI principles applicable

**On site:**
- Assessment of hazards – safety issues
- Access to victims
- Difficulties of evacuation and transport: technical
- Available medical resources
without harming the patient
Take home messages

• „Scoop & run“ is an already defined and frequently applied medical terminology

• Application of concept
  - Rapid extrication
  - Scoop and Run
  - Treat and Run
  - Stay and Play

depends on medical decision making and surrounding circumstances
Take home messages

The right treatment for the right patient at the right place and time