

## **Rapid assessment and improvised evacuation without harming the patient**

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**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

[Mcgill J Med](#). 2009; 12(2): 73.

# Definition of "Scoop and Run"



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

[Mcgill J Med](#). 2009; 12(2): 73

## **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

Tactical Emergency Medicine, RB. Schwartz, JG McManus, RE Swienton, 2008

# **“Scoop and Run” in Mountain**



- **“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**

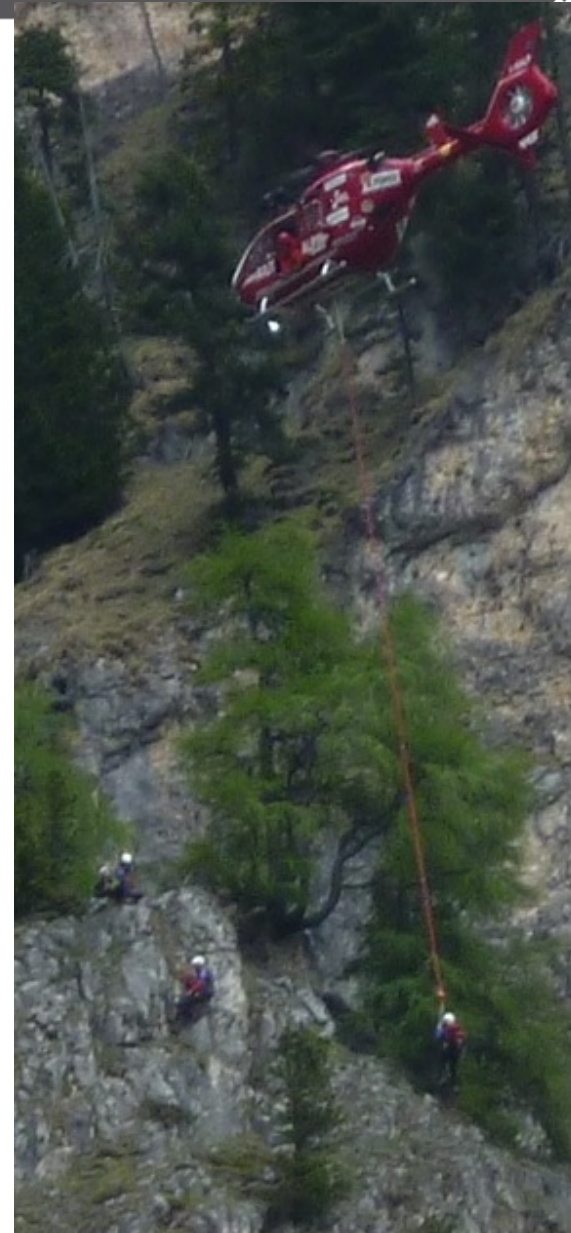


- **Initial assessment of patient according to guidelines (PHTLS, ATLS) following  
A B C D E**
- **Providing at least Basic Life Support (BLS)**
- **Medical decision:  
when + where further treatment?**

## „Snatch rescue“

**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“

**TREAT**

„Intermittent resuscitation (CPR)“

&

„Delayed resuscitation“

**RUN**



## 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

## **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**

- **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**

**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**

# Decision?



## 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



- **Joint decision: tech – med**
- **Available personnel and technical resources**
- **Extrication (with/without med. assistance)**
- **Transportation time to further / definite care**



- **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**

## 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



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oder unter [www.medi-learn.de/cartoons](http://www.medi-learn.de/cartoons)



# 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**

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

