

Rapid assessment and improvised evacuation without harming the patient

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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

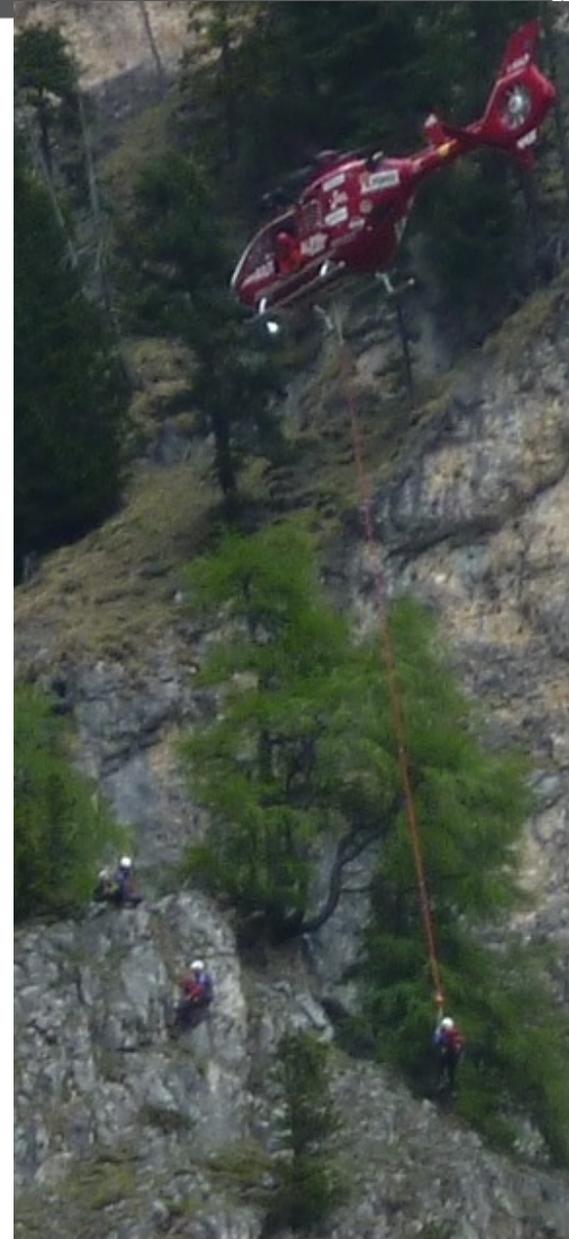


- **Initial assessment of patient according to guidelines (PHTLS, ATLS) following
A B C D E**
- **Providing at least Basic Life Support (BLS)**
- **Medical decision:
when + where further treatment?**

„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



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Rescuer's SAFETY FIRST



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

„Stay and Play“



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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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

