





EXCEPT FOR BEARS, &









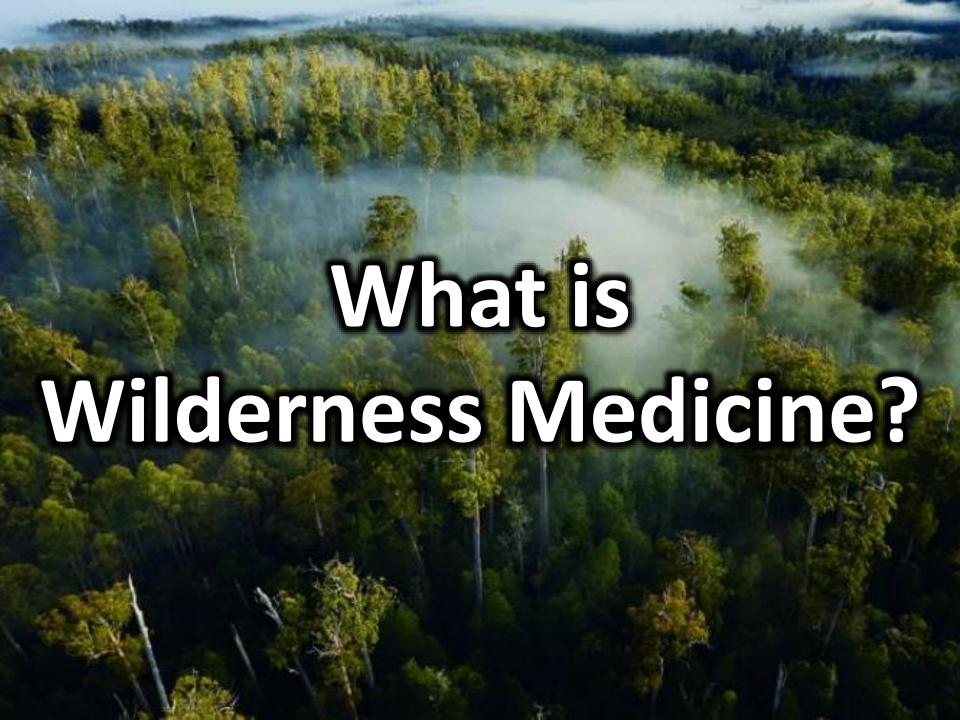


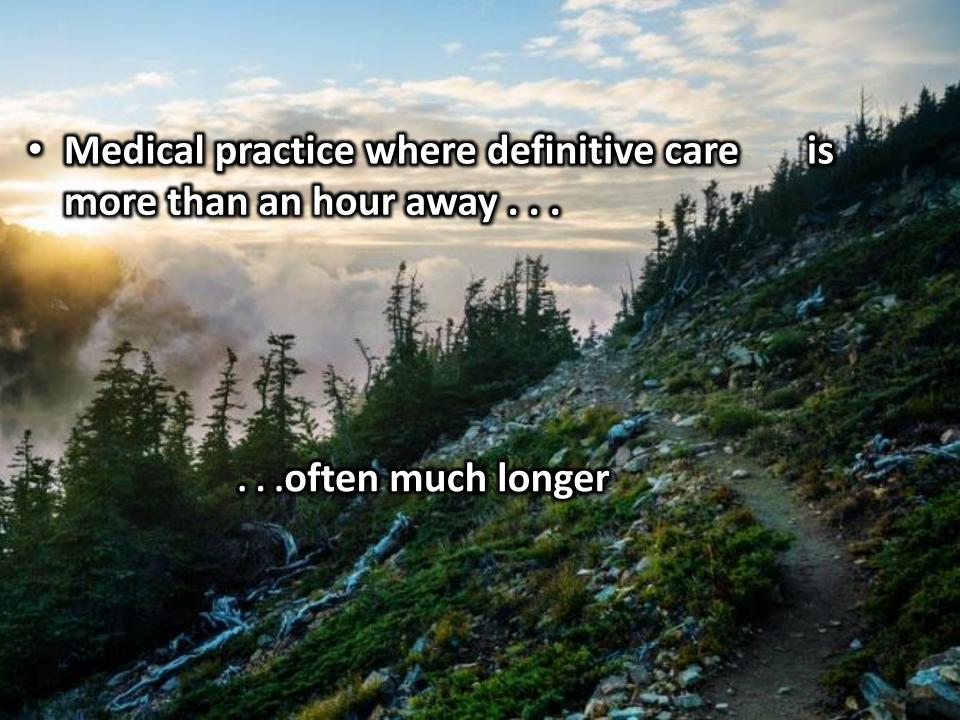












-unfavorable environmental factors

difficult patient access

-limited resources

- unique injury & illness patterns









































ATLS?

MARCH?

CAB?

A3B3C33

ABCDE?

ATLS

 Do ATLS mnemonics/algorithms work in times of disaster?

—ABCDE

Resources????

Do these techniques work out of the hospital?

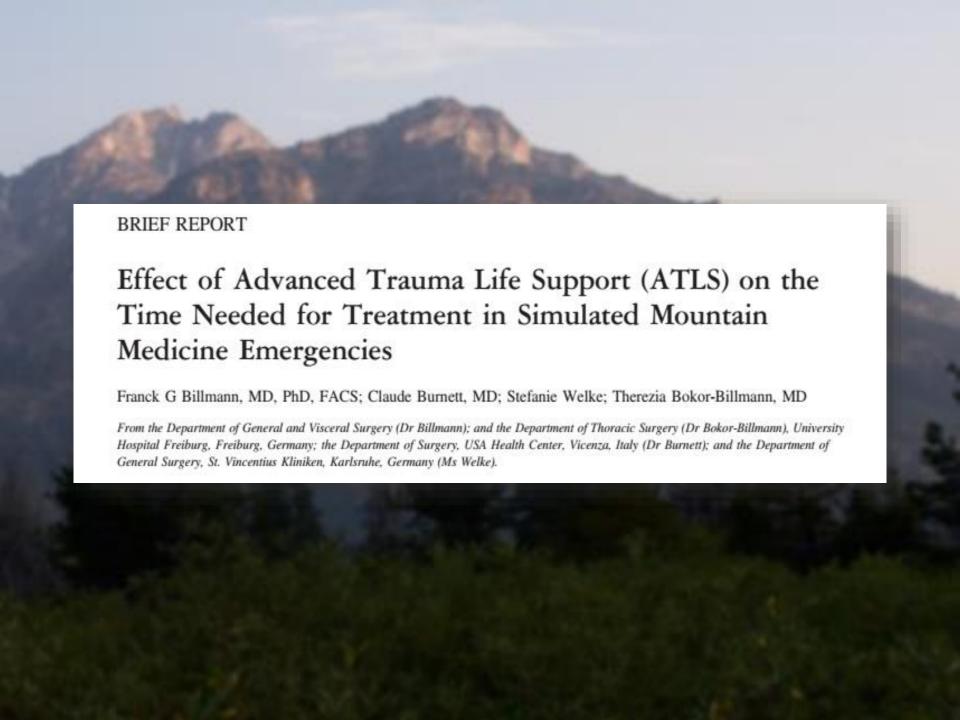




Table 1. Demographics of participating physicians

Variable	ATLS (n = 15)	$Non-ATLS\ (n=15)$	P
Sex ratio (M:F)	6:9	5:10	0.42
Age (years), mean ± SD	40.0 ± 4.8	40.3 ± 4.0	0.83^{b}
Experience			
Working on trauma center, n(%)	5 (33.3)	6 (40.0)	0.63^{a}
Working as mountain rescuer, n(%)	8 (53.3)	7 (46.7)	0.77
Working in emergency department, n(%)	4 (26.7)	5 (33.3)	0.894
Years since mountain medicine diploma, mean ± SD	4.9 ± 2.1	5.5 ± 1.7	0.35^{b}
Years of clinical experience, mean ± SD	12.3 ± 3.2	13.1 ± 3.3	0.29^{b}

^a χ² test. ^b Student's t test.



Table 2. Median time spent to manage the simulated trauma cases at an altitude of 3600 m in both groups of physicians (ATLS and non-ATLS)

Simulated trauma case	ATLS group (min) ^a	Non-ATLS group (min) ^a	P*
Airway and cervical spine	10.40 (3.44)	14.76 (4.30)	.044
Breathing	12.25 (3.32)	16.68 (3.58)	.045
Circulation	10.33 (2.63)	15.68 (3.11)	.023
Environment	6.22 (2.63)	5.36 (1.91)	.730
Combination	14.32 (3.51)	18.33 (3.91)	.001

[&]quot; Values are median (SD).

^b Student's t test; statistically significant when P < .05.



Massive Bleeding

Airway

Respiratory Support

Circulation

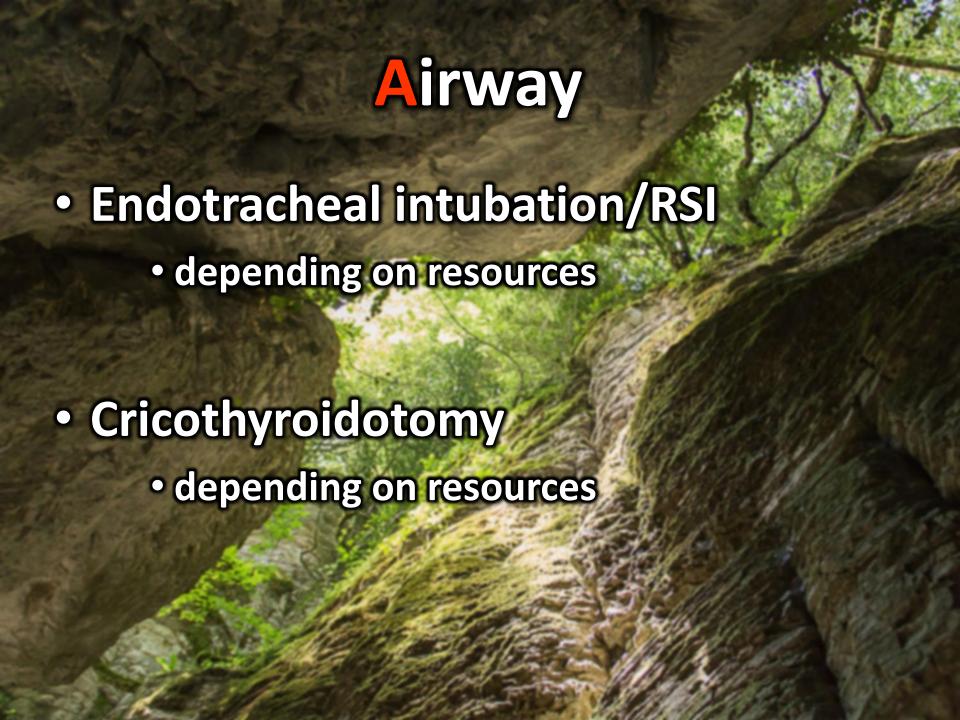
Head/Hypothermia



Massive Bleeding

- Detect
- Direct pressure
 - Devices
 - Don't Dilute
 - depending on resources
 - Pelvic binders

Airway 100% mortality rate for patients without an airway BLS saves lives! Jaw thrust OPA/NPA



Respiratory Support

- Rescue Breathing
- Thoracic Trauma
- Sucking chest wound
- PTX
- Supplemental O₂
 - depending on resources

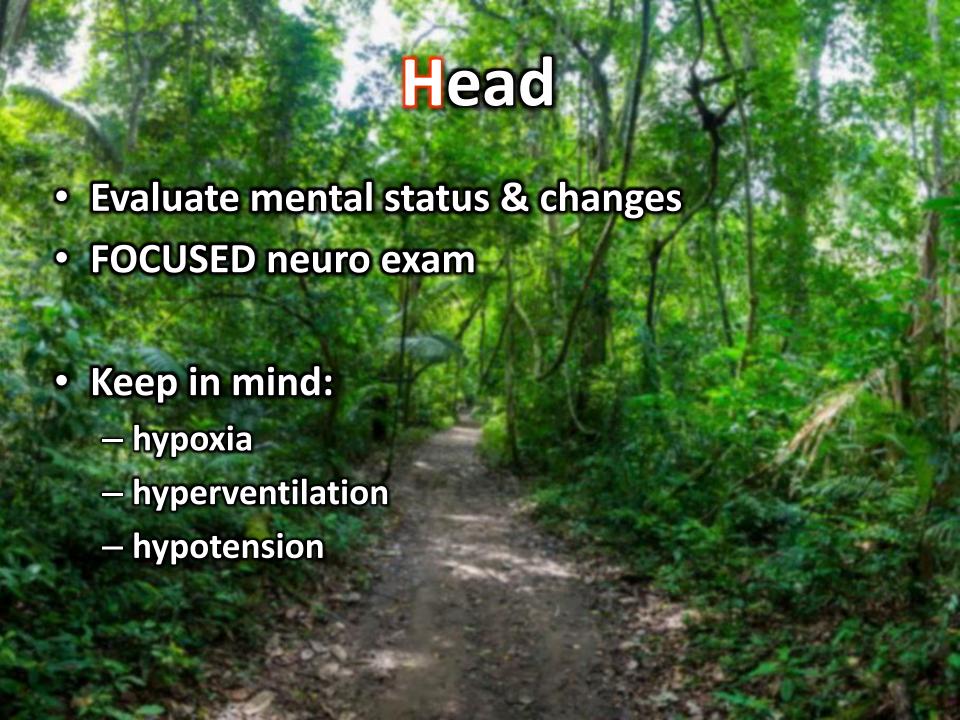
Circulation

Evaluate overall circulatory status

Pulse, mental status

-BP?

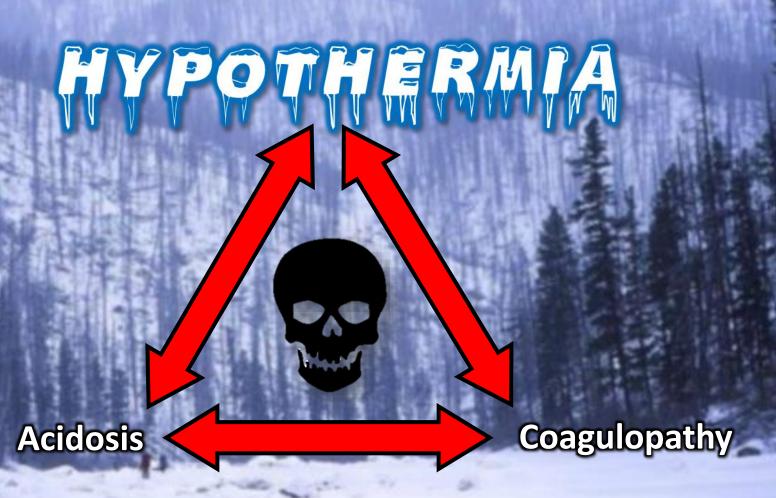
- Volume stabilization/resuscitation
 - depending on resources





Lethal Triad

Lethal Triad





HYPOTHERMIA Intentionally.

Deliberately.

Aggressively.

A³B³C³

- Assess
- Airway
- Alert

- Barriers
- Breathing
- Bleeding

- CPR
- C-Spine
- Cover



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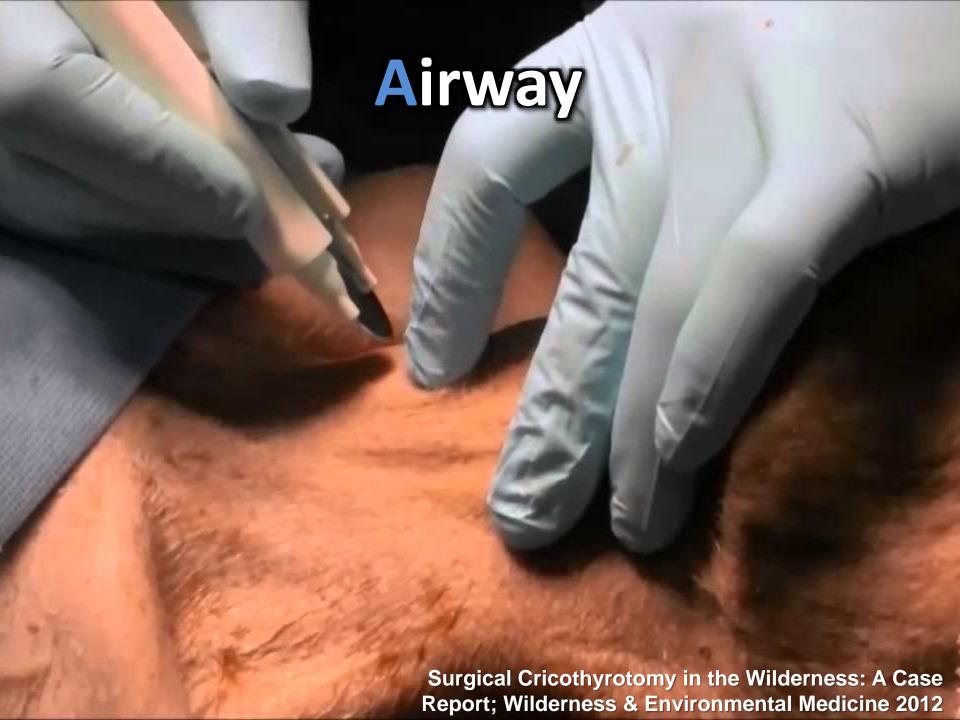
Assess Scene for Safety



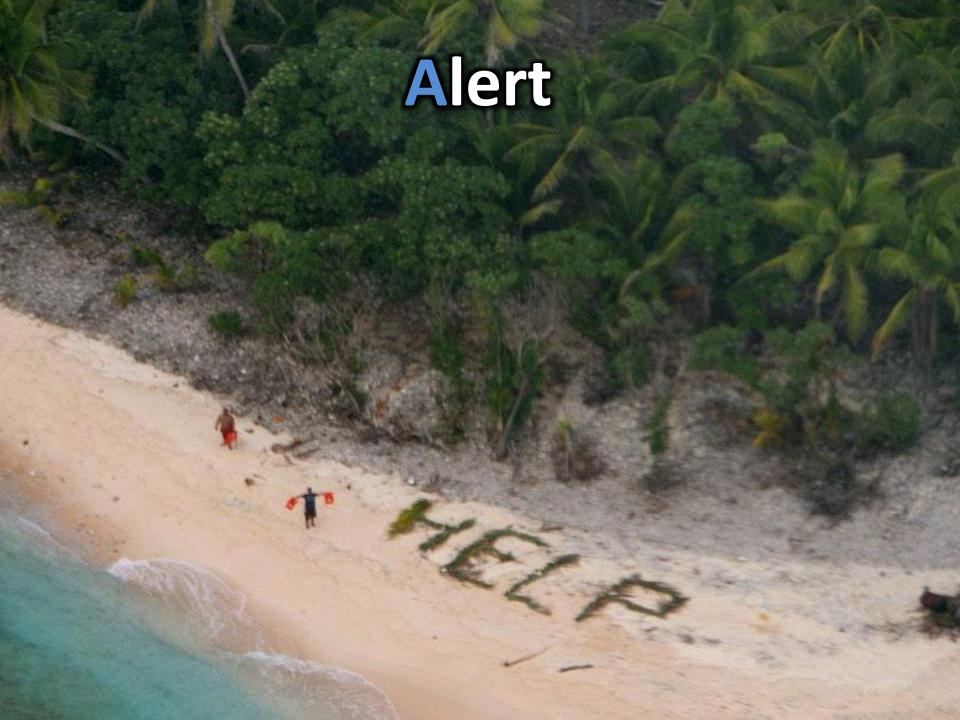














Best first-aid kitl





A³B³C³

- Assess
- · Airway
- Alert

- Barriers
- Breathing
- Bleeding

- o CPR
 - · C-Spine
- Cover















Tourniquets



Common Tourniquet.







Tourniquets

Life-threatening arterial bleeds

- 2 hours
 - as long as 16hrs documented!

- Width sufficient to stop flow
 - o 4cm

Tourniquets

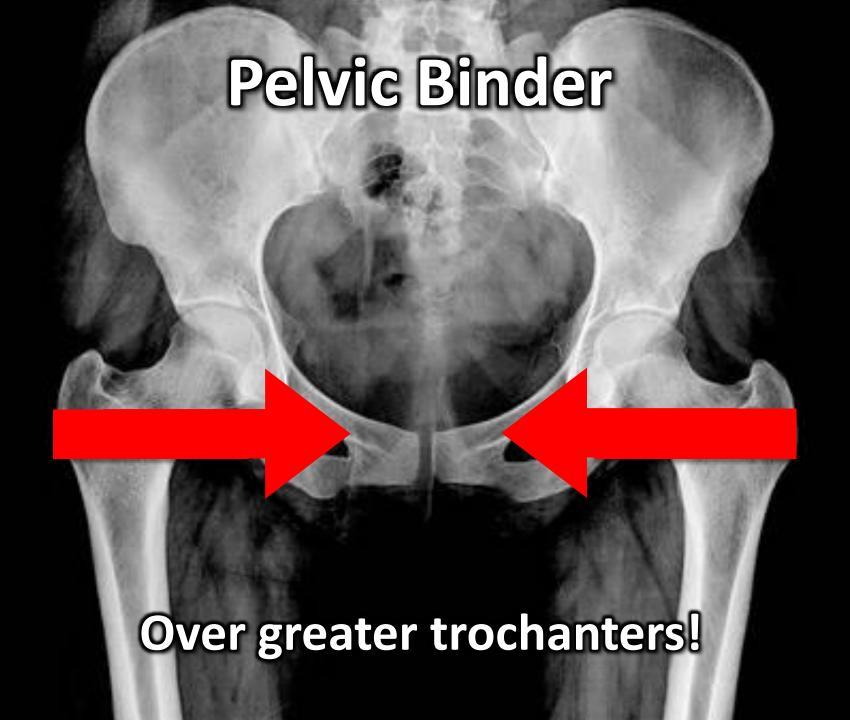
As DISTAL as possible

Release and re-tighten DISCOURAGED

 Tighten until arterial bleeding stops!!!!!

Pelvic Fracture







A³B³C³

- Assess
- Airway
- Alert

- Barriers
- Breathing
- Bleeding

- CPR
- C-Spine
- Cover











Musculoskeletal

Fracture/Dislocation?

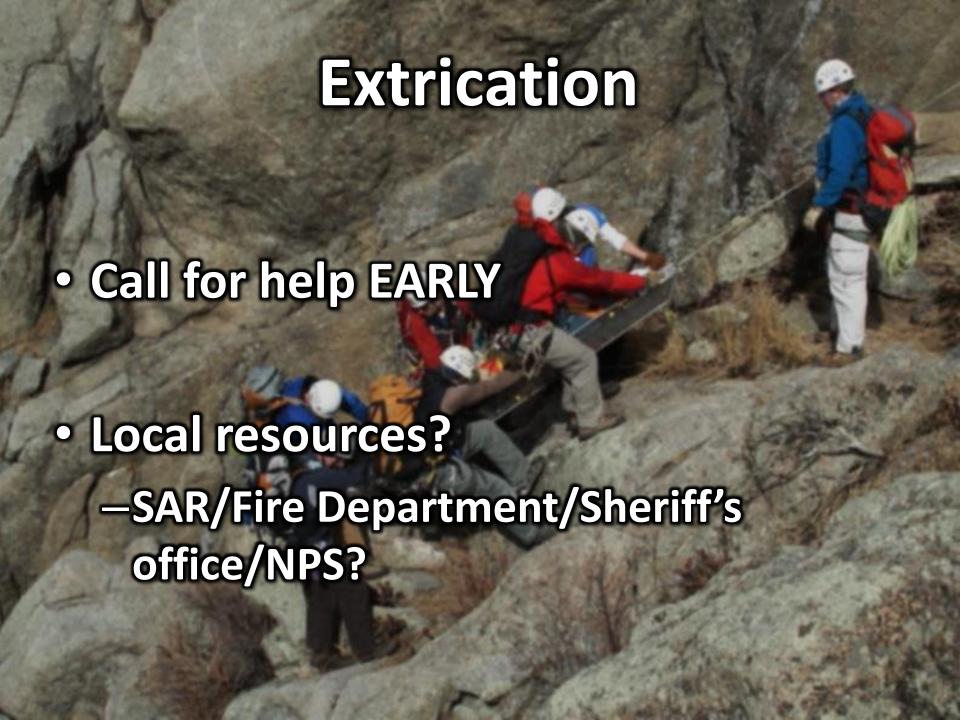
Neurovascular intact?

• Reduce?

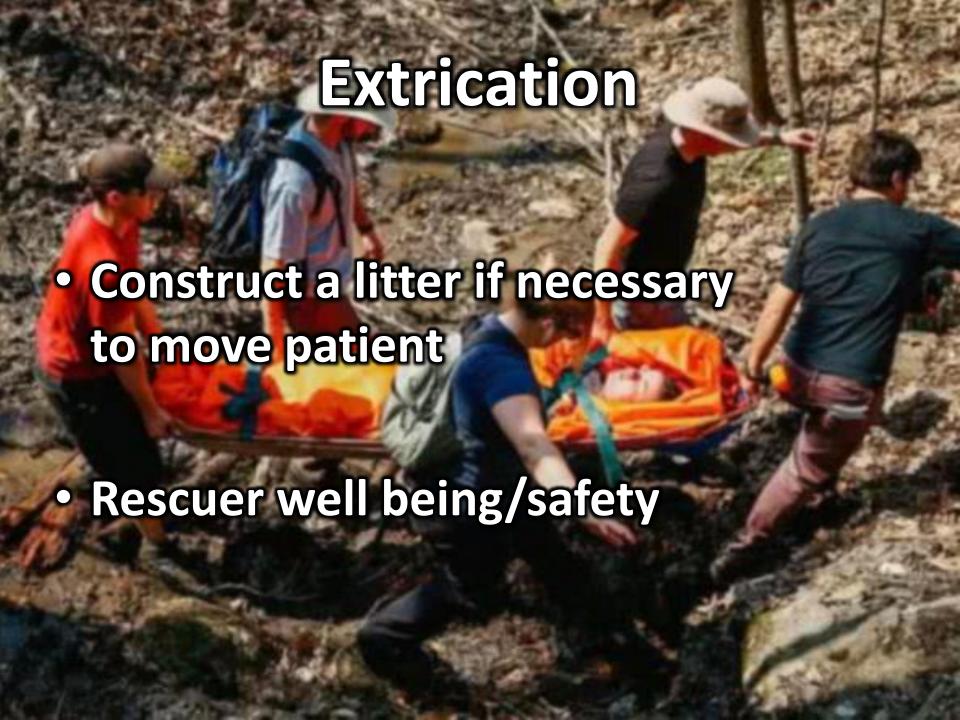


Long bone fractures

- Poles/sticks/water bottles/sleeping pads
- SAM Splint
- Well padded!
- Cravats/Webbing/Rope
- Open fracture? (peek and shriek)
 - Cover wound
 - Stabilize/splint
 - ABX







Trauma Kit

- Barriers: gloves/mask
- Occlusive dressing
- Large angiocath
- OPA/NPA
- Tape/gauze
- Space blanket



Trauma Kit

- Duct tape!
- Kerlix/trauma bandage
- QuikClot
- Tourniquet
- Ace wraps
- Cravats
- SAM splint



Trauma Kit Considerations

- Medications:
 - -TXA
 - Pressors
 - Analgesics/ketamine
 - Fluids
- Support:
 - Advanced airway equipment
 - PTX/chest tube
- Diagnostics:
 - Ultrasound
 - Monitoring
 - Istat



Wilderness EMS/SAR

Standard of Care

Organized & regulated

Medical Direction

Scopes of practice

• QA/QI







PROTECT yourself and your team

Identify and control hemorrhage EARLY

BLS saves lives!

Mobilize help EARLY!

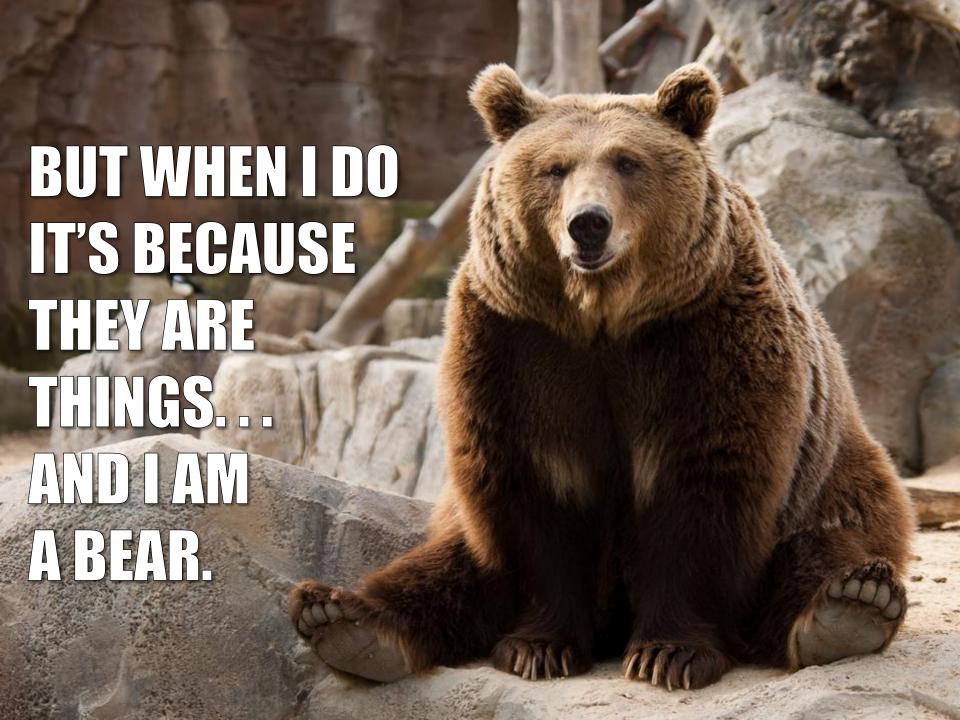
PROTECTION from the environment

IMPROVISATION!!

Set realistic expectations

Level of care doesn't define QUALITY of care



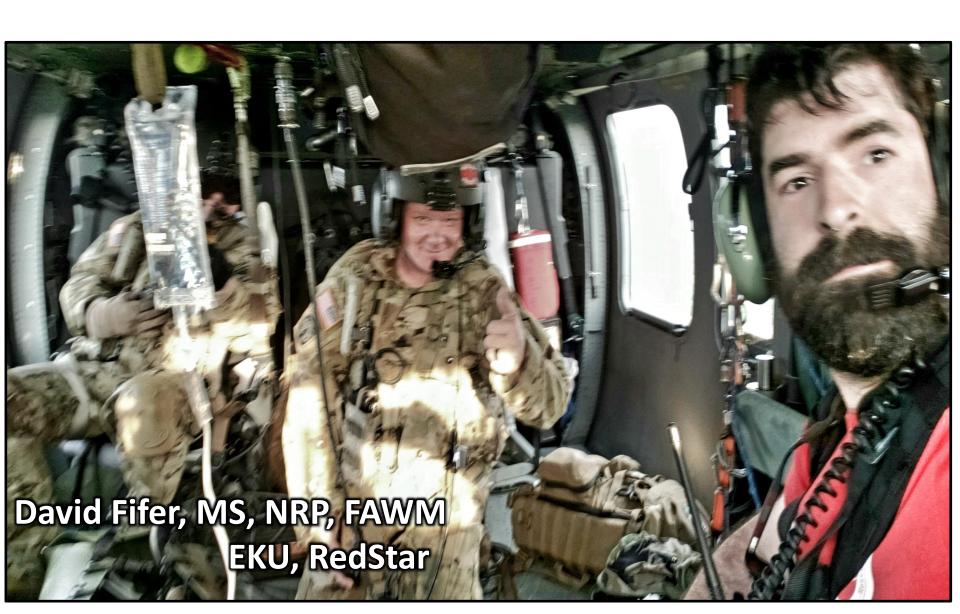




Special Thanks...









References

- Billmann, Franck G., Claude Burnett, Stefanie Welke, and Therezia Bokor-Billmann. "Effect of Advanced Trauma Life Support (ATLS) on the Time Needed for Treatment in Simulated Mountain Medicine Emergencies." Wilderness & Environmental Medicine 24.4 (2013): 407-11. Web.
- Brodmann, Monika, and Buddha Basnyat. "From Matterhorn to Mt Everest: Empowering Rescuers and Improving Medical Care in Nepal." *Wilderness and Environmental Medicine* 25 (2014): 177-81.

 Web.
- Forgey, William, MD, ed. Wilderness Medical Society Practice Guidelines for Wilderness Emergency Care. N.p.: n.p., n.d. Print.
- Johnson, Chris. Oxford Handbook of Expedition and Wilderness Medicine. Oxford: Oxford UP, 2008.

 Print.
- Macintosh, Scott E., and Colin E. Griffin. "Cause of Death in Avalanche Fatalities." Wilderness and Environmental Medicine 18 (2007): 293-97. Web.

References

Namethy, Maria, Luanne Freer, Andrew Pressman, and Scott Macintosh. "Mt Everest Base Camp Medical Clinic "Everest ER": Epidemiology of Medical Events During the First 10 Years of Operation."

Wilderness and Environmental Medicine 26 (2015): 4-10. Web.

1997. Print.

Serra, J. B. "Management of Trauma in the Wilderness Environment." *Emergency Med Clin North Am* 2.3 (1985): 635-47. Web.

Weiss, Eric A. A Comprehensive Guide to Wilderness and Travel Medicine. Oakland, CA: Adventure Medical Kits

Eastridge, et al. "Death on the Battlefield (2001-2011): Implications for the future of combat casualty care."

<u>J Trauma Acute Care Surg.</u> 2012 Dec;73(6 Suppl 5):S431-7. doi: 10.1097/TA.0b013e3182755dcc. Web.

https://havokjournal.com/fitness/medical/march-algorithm/

https://www.ems1.com/trauma-assessment/articles/319159048-EMS-trauma-care-ABCs-vs-MARCH/