Shadow Basin Remarkables Winter
1995
Avalanche Rescue

The first response......
Fluid Loss
Fluid Maldistribution
Respiratory Distress
Respiratory Depression
Circulatory Failure
Respiratory Failure
CARDIAC ARREST
A  Airway
B  Breathing
C  Circulation & C-Spine
D  Disability (neurological)
    & Dextrose (check blood sugar)
E  Events & Exposure
• Take an **AMPLE** history
  
  ________**ALLERGIES**
  
  ________**MEDICATIONS**
  
  ________**PAST** medical history
  
  Time of **LAST** meal (anaesthetic risk)
  
  **EVENTS**
- EXPOSE enough of body to make thorough assessment
- Assess CORE Temperature
- Protect against further EXPOSURE to the elements
Consider **MECHANISM OF INJURY!**

![Image of a person wearing a helmet with a skull and crossbones sticker and a hole in it, depicting an injury or accident scene.](image-url)
Basic Life Support

S - Shout for help
A - Approach with caution
F - Free from further harm
E - Evaluate ABCDE
Safe approach

Are you all right?

Airway opening manoeuvres

Look-Listen-Feel

2 Effective Breaths

Assess Circulation - 10 seconds only

Circulation Present
Continue Rescue Breathing
Check circulation every minute

No Circulation
Chest Compressions
100 per minute / 15 : 2 ratio
Airway Opening Manoeuvres
Advanced Airway Support

- Suction devices
- Oropharyngeal (Guedel) airways
- Nasopharyngeal airways
- Laerdal masks
- Reservoir-bag-valve-mask
- Endotracheal intubation
- Surgical airway
Oropharyngeal airway
Nasopharyngeal airway
The ‘Laerdal mask’
Endotracheal intubation
-oral or nasal

- Preoxygenate—minimum 15 secs/85% O2
- Position head and neck
- Insert laryngoscope
- View the larynx
- Insert the tube
- Connect and ventilate
- Check tube position
- Ventilate
- Secure tube
- Oro/nasogastric aspiration
Endotracheal Intubation 1
Endotracheal Intubation 2
Cricoid pressure
-Sellick’s manoeuvre

- Effective in adults and children
- Dangerous during active vomiting
The Larynx......
- What You See
The ‘Combitube’

In Oesophagus
The ‘Combitube’ 2

In Trachea
Surgical airway-relevant anatomy

- Thyroid cartilage
- Cricoid cartilage
- Cricothyroid membrane
- Thyroid gland
Surgical airway - needle cricothyroidotomy

12 or 14 G cannula

Trachea

Cricothyroid membrane
Putting it all together...
A summary of the Primary Survey

Assess

then

Manage (resuscitate)
Assess

- **Look-Listen-Feel**
- Look for airway compromise
- Listen for stridor or wheeze
- Assess work of breathing
- Count respiratory rate
- Auscultate for breath sounds
- Assess capillary refill time and pulse
Manage
-perform life saving manoeuvres

- Airway opening manoeuvres
- Consider suction for foreign bodies
- Consider surgical airway in extremis
- Administer warmed humidified oxygen
- Consider pneumothorax and de-compress
- Secure large bore IV access
- Administer warmed IV fluids
- Initiate pulse oximetry & other monitoring
REASSESS !!!

Look
Listen
Feel
Continue to reassess during evacuation.