



AVALANCHE RESCUE



Shadow Basin Remarkables Winter 1995



Avalanche Rescue



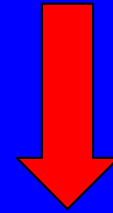
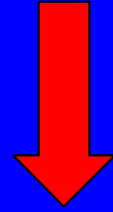
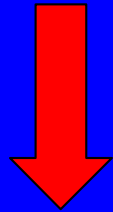
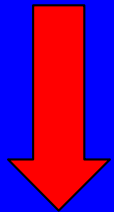
The first response.....

Fluid Loss

Fluid
Maldistribution

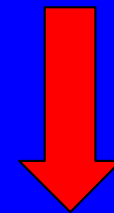
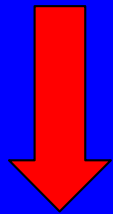
Respiratory
Distress

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

- **EXPOSURE**

- EXPOSE enough of body to make thorough assessment
- Assess CORE Temperature
- Protect against further EXPOSURE to the elements

Consider MECHANISM OF INJURY!.....



Basic Life Support

Shout for help

Approach with caution

Free from further harm

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

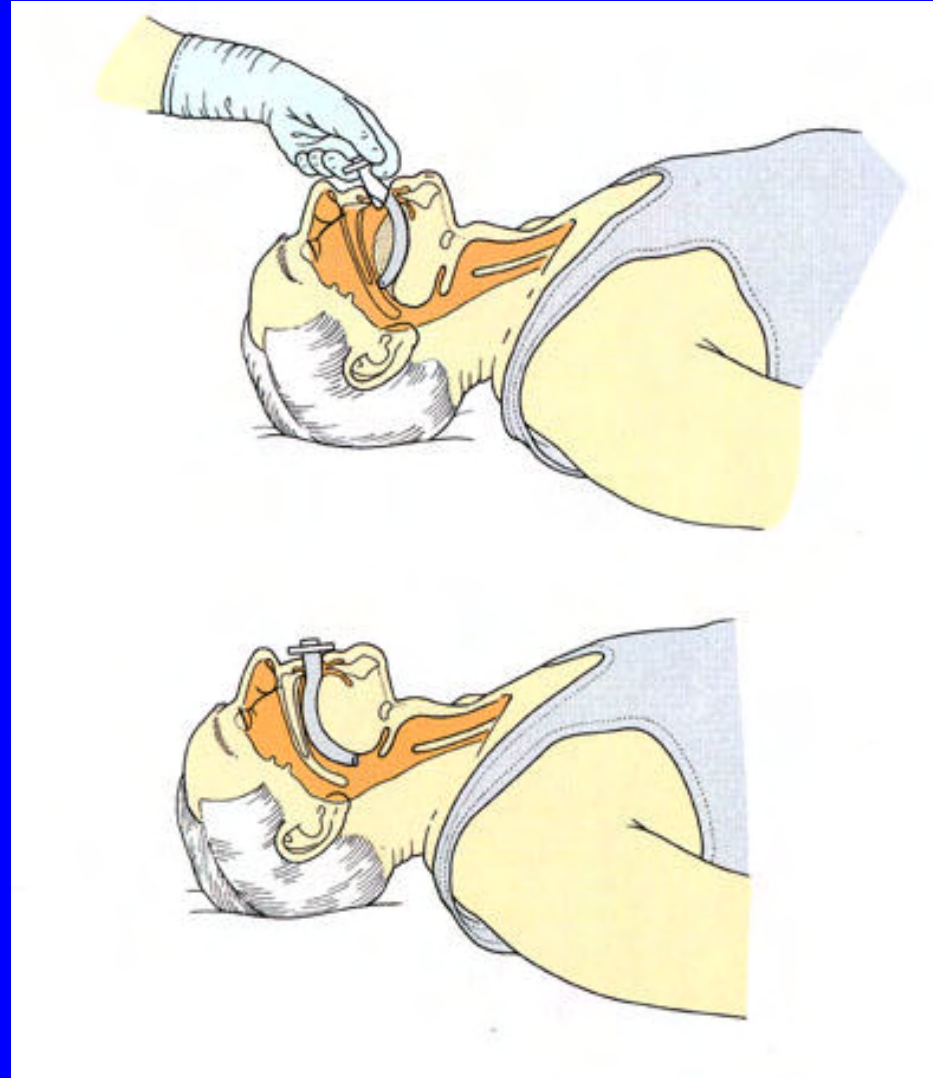
Airway Opening Manoeuvres



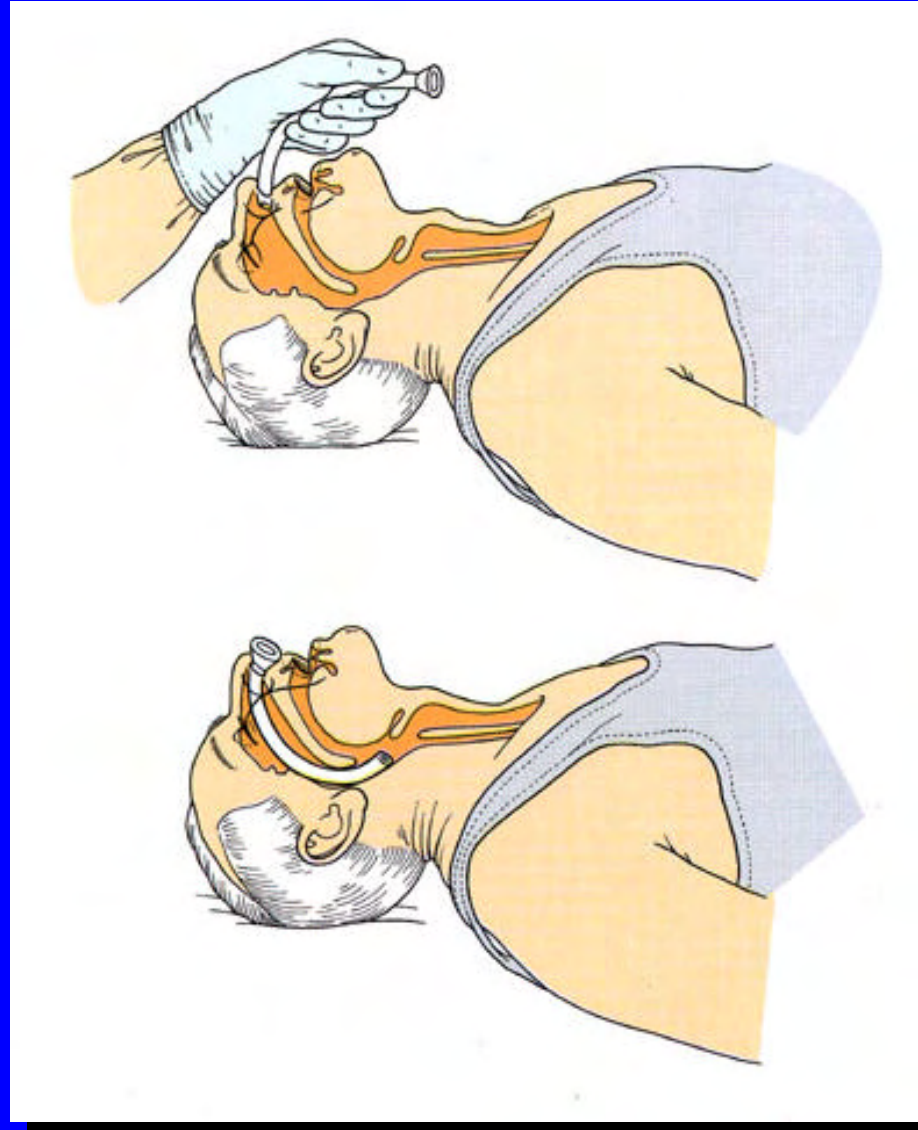
Advanced Airway Support

- Suction devices
- Oropharyngeal (Guedel) airways
- Nasopharyngeal airways
- Laerdal masks
- Reservoir-bag-valve-mask
- Endotracheal intubation
- Surgical airway

Oropharyngeal airway



Nasopharyngeal airway



The 'Laerdal mask'

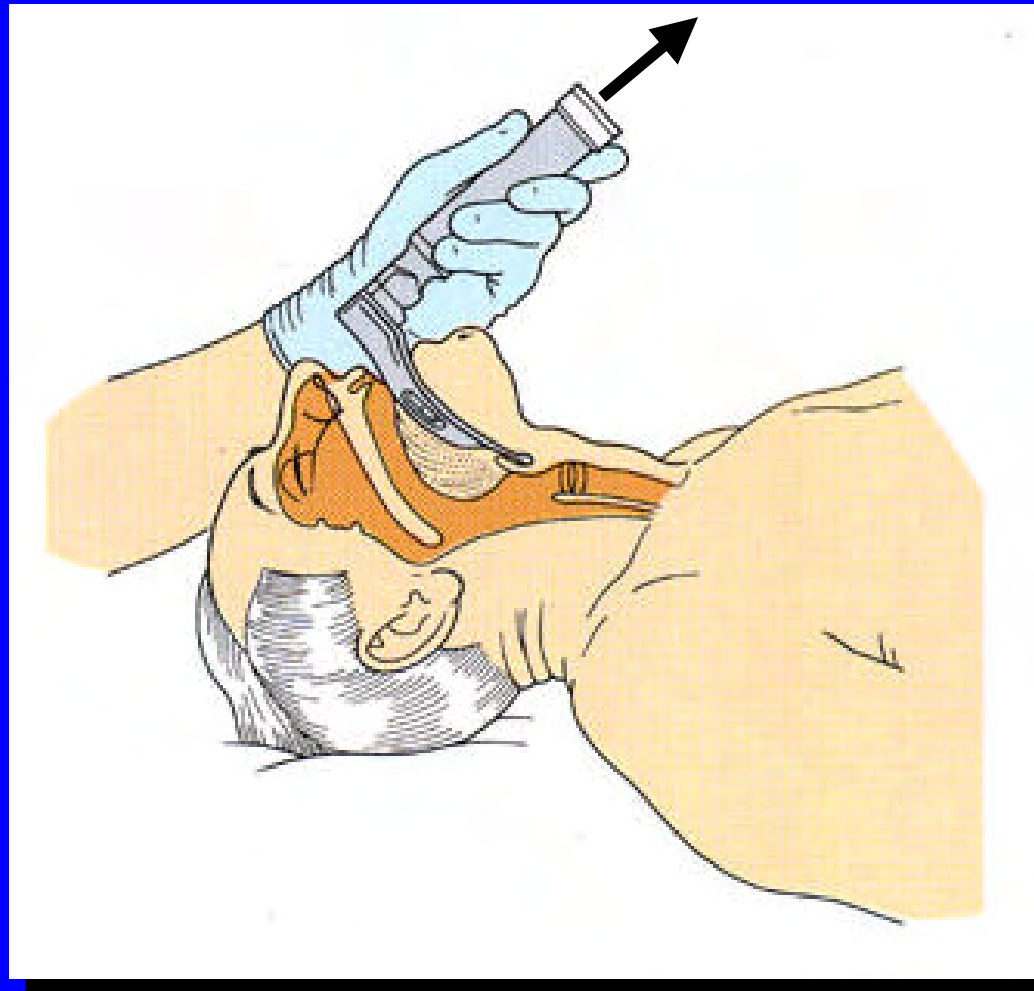


Endotracheal intubation

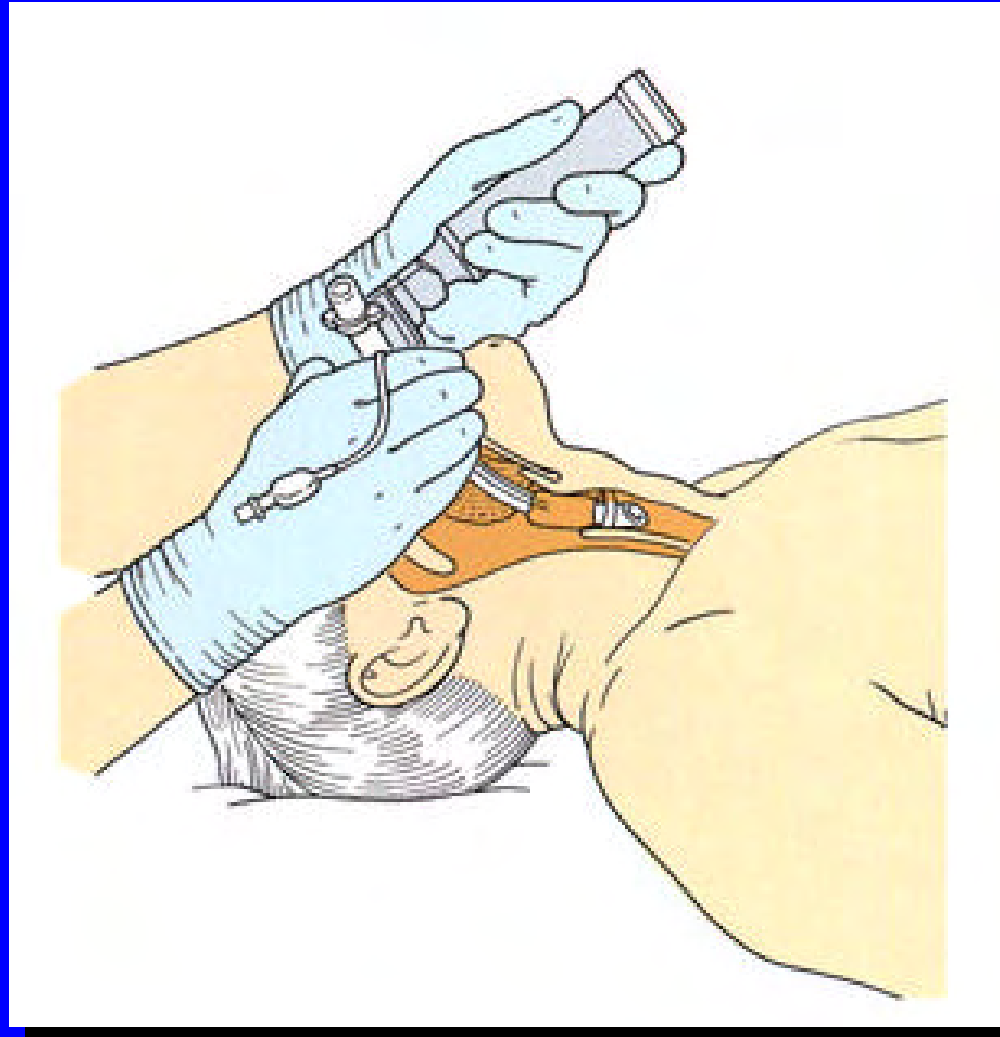
-oral or nasal

- 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

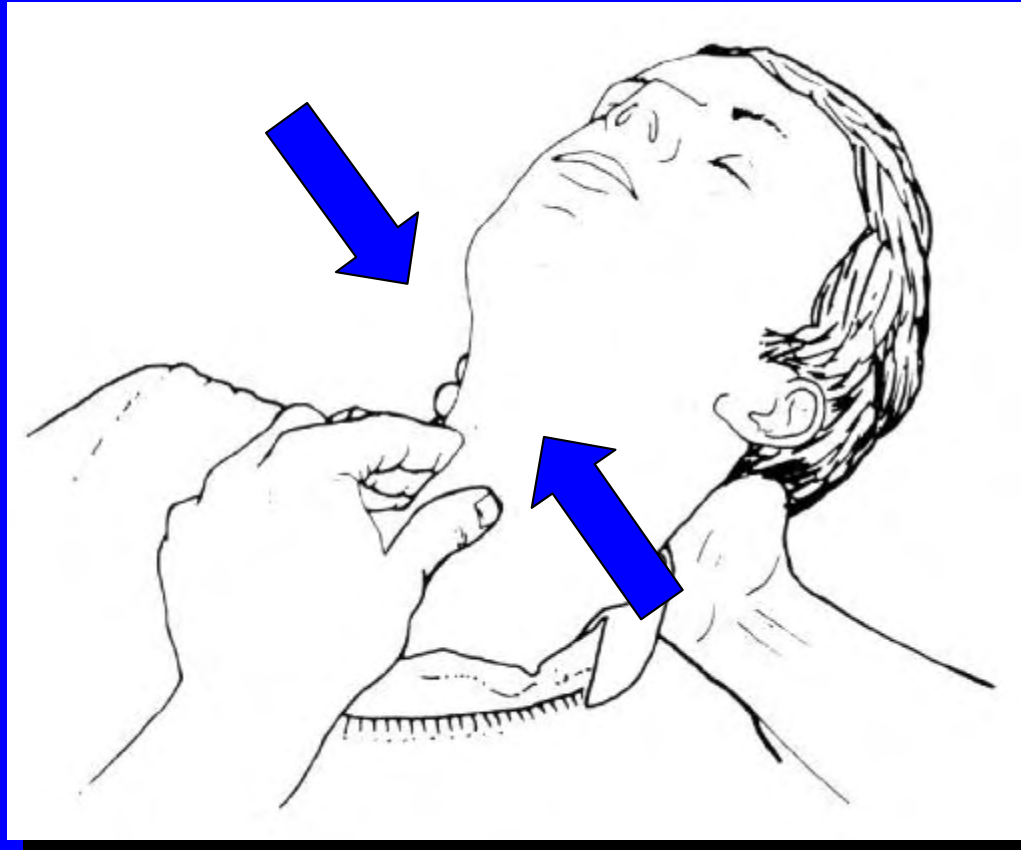


Endotracheal Intubation 2



Cricoid pressure

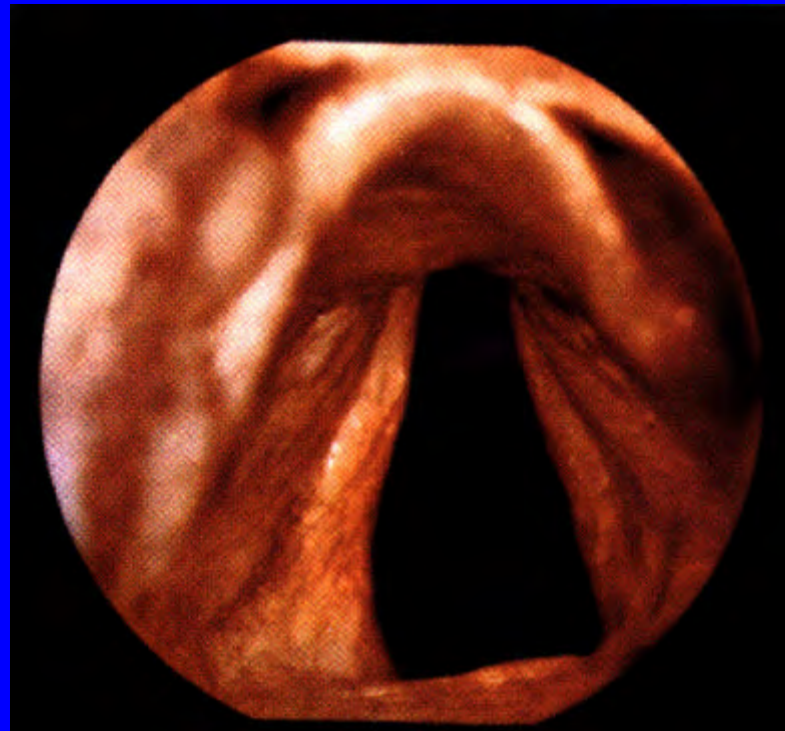
-Sellick's manoeuvre

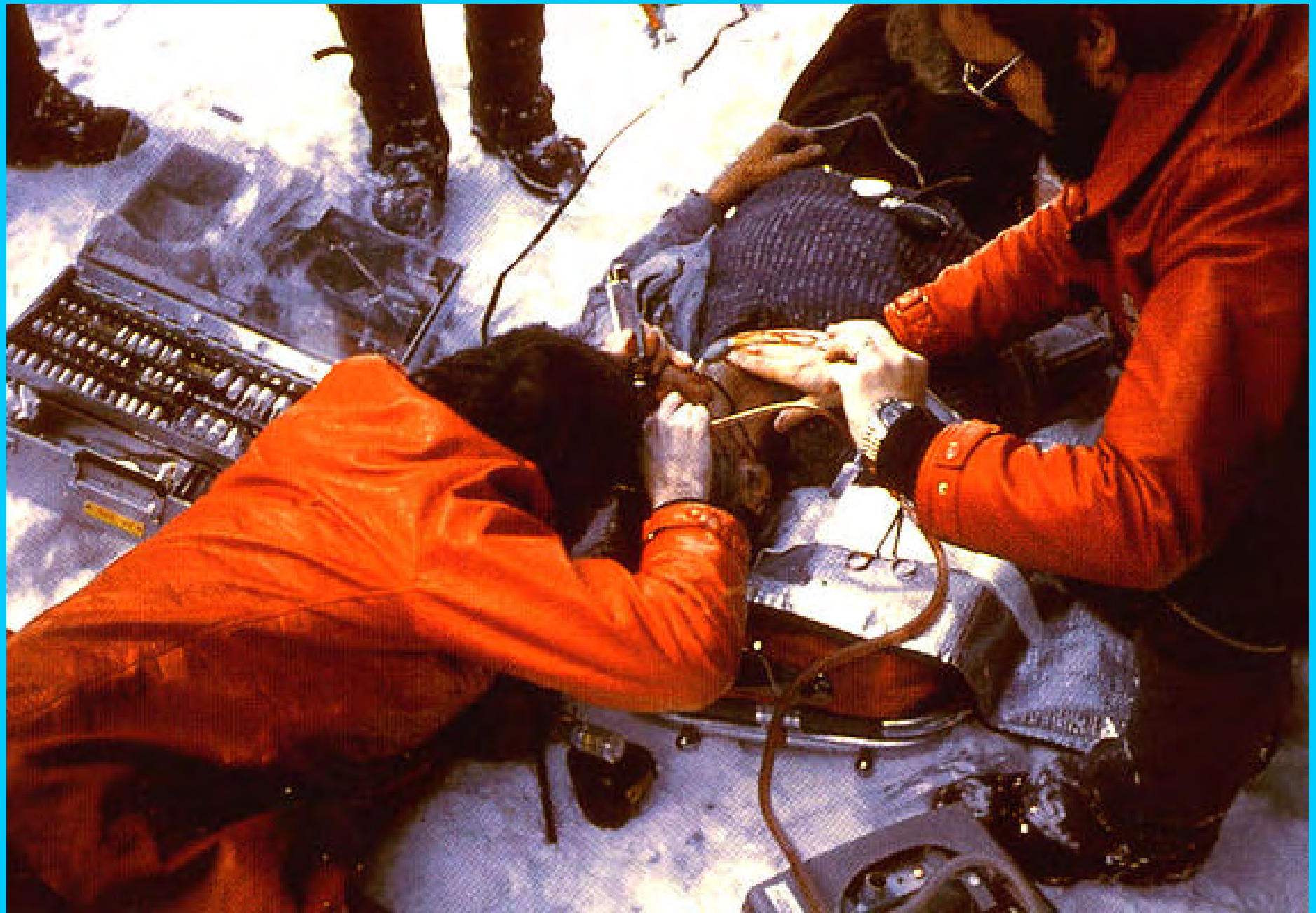


- Effective in adults and children
- Dangerous during active vomiting

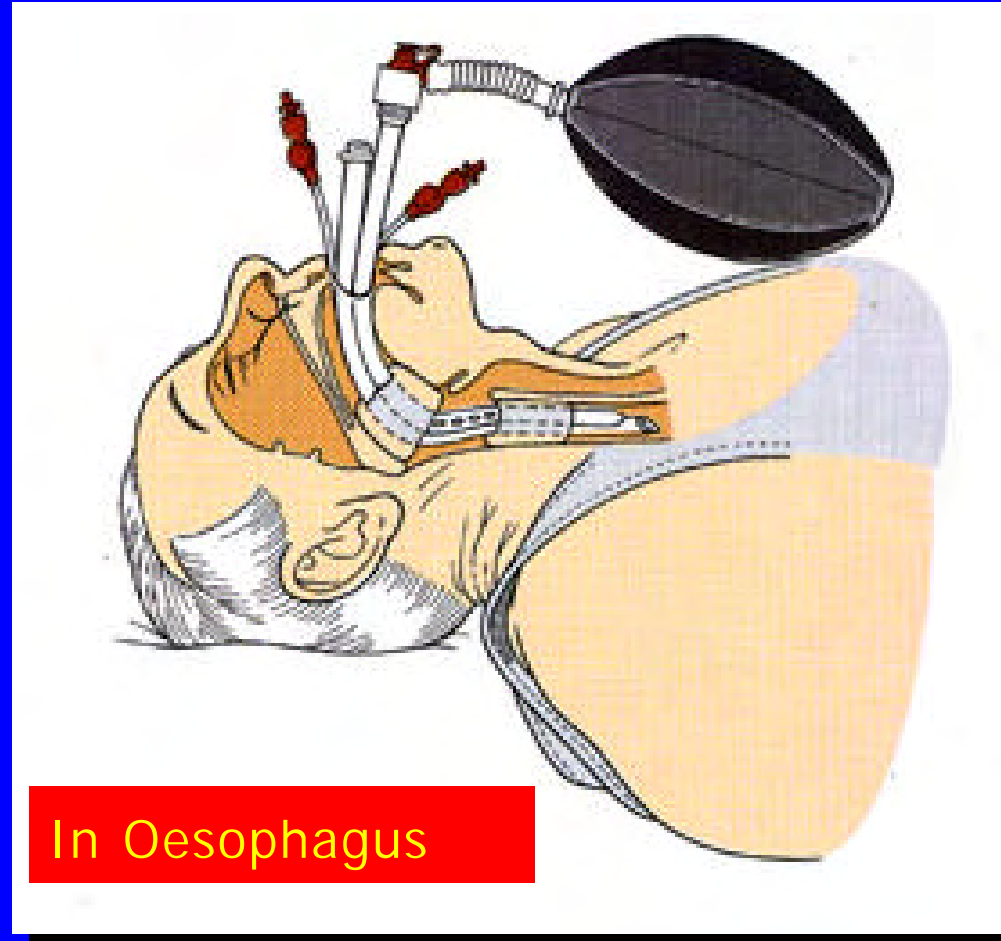
The Larynx.....

- What You See



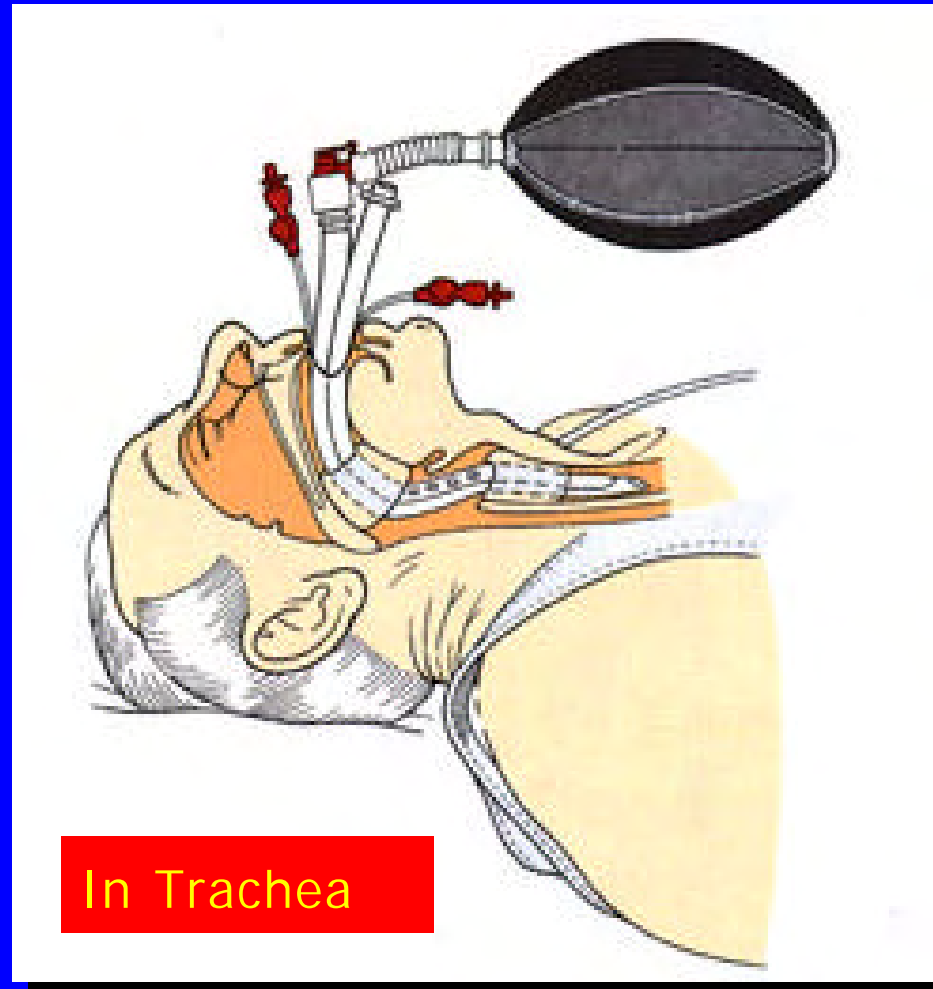


The 'Combitube'¹



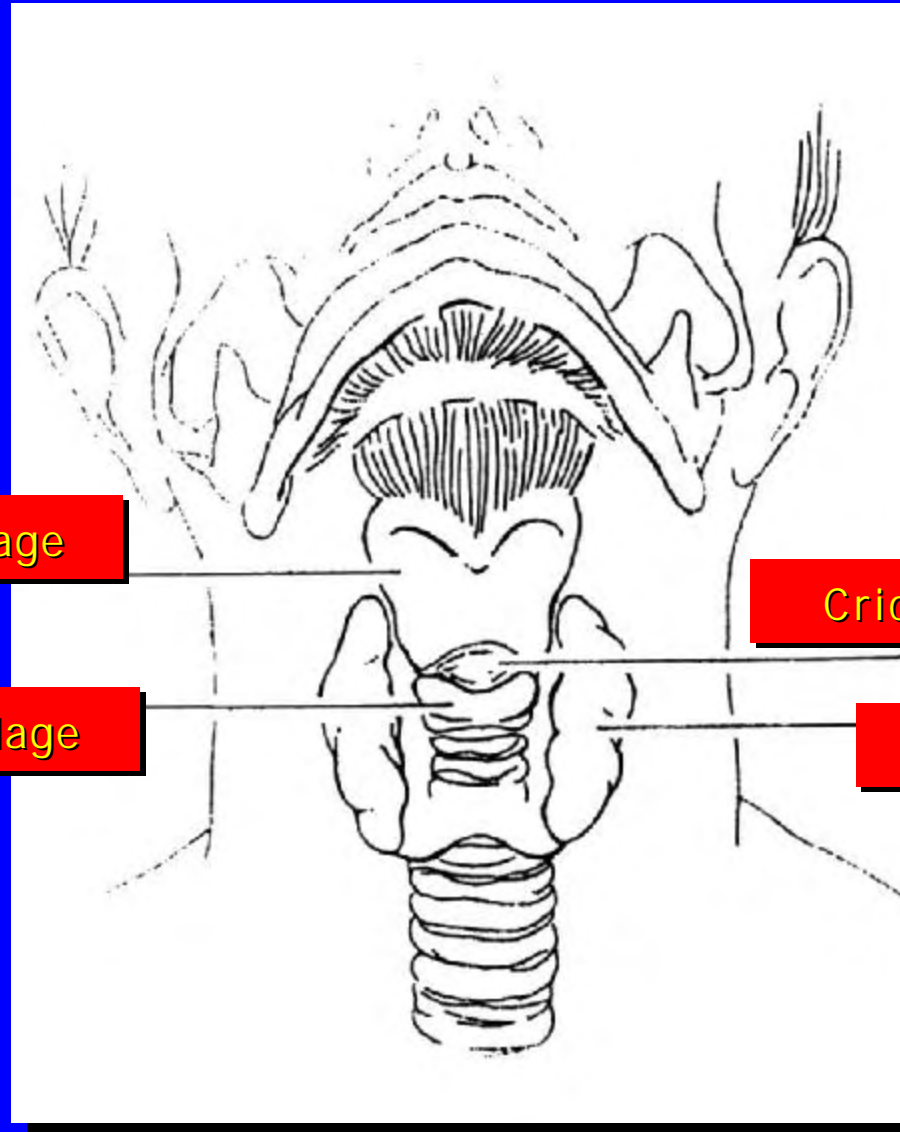
In Oesophagus

The 'Combitube' 2



In Trachea

Surgical airway-relevant anatomy



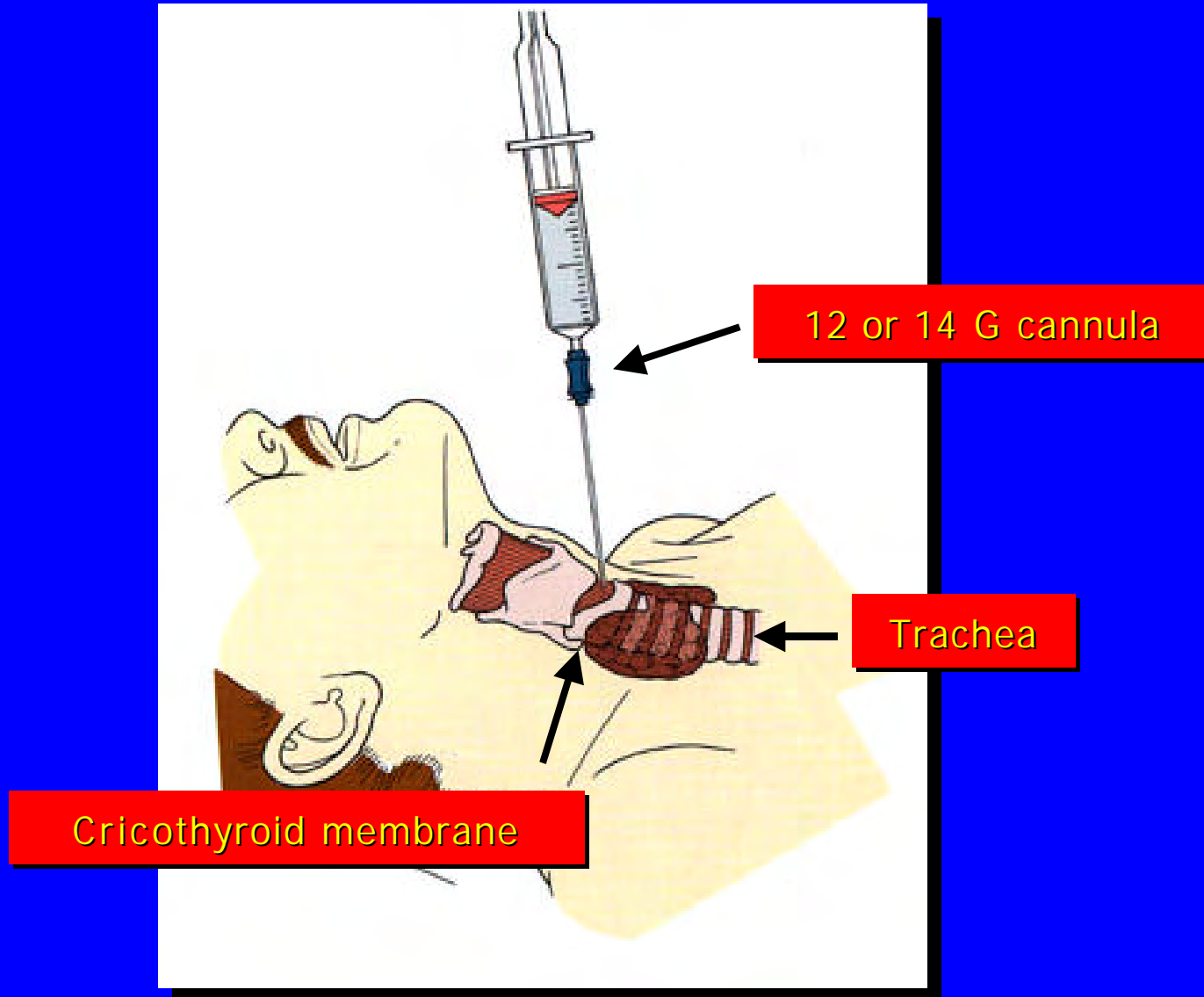
Thyroid cartilage

Cricothyroid membrane

Cricoid cartilage

Thyroid gland

Surgical airway - needle cricothyroidotomy



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 I V access
- Administer warmed I V fluids
- Initiate pulse oximetry & other monitoring

REASSESS !!!

Look
Listen
Feel



**Continue to reassess during
evacuation**

