

Evacuation

At times the evacuation of a patient may be necessary for their treatment. All evacuations in a wilderness environment carry some inherent risk to members of the rescue party and the decision to evacuate a patient should NOT be taken lightly. The need for evacuation depends on the severity of the patient's injury or illness and your resources. The type of evacuation depends on the mobility of the patient, the size of your party and its resources, the difficulty of terrain, the weather and the distance involved.

The TYPE of evacuation:

- self
- assisted
- simple carry
- litter
- vehicle

depends on:

- the severity of the patient's injury or illness and their mobility
- the size of your party and its resources
- the difficulty of terrain
- the weather
- the distance

Any evacuation, regardless of the type (self, assisted, simple carry, litter, vehicle) should not endanger either you or your patient beyond your capacity to deal effectively with the risk presented during the evacuation. In most cases, your field treatment for minor non life-threatening injuries will be effective and rapid evacuation will not be necessary. By contrast, your field treatment for most life-threatening illnesses or injuries may simply buy you and your patient some time. In these situations, focus on a quick accurate assessment and fast evacuation. The "medical window" for life-threatening problems is often specific to the particular illness or injury. If an emergency evacuation is not possible, your field treatment will usually be limited to treating the patient's S/Sx and supporting their critical systems; this is often ineffective and your patient may die. In general any problem that causes a change in the patient's mental status is very serious. If a patient reaches definitive medical care (major hospital) while they are still awake they have a reasonable chance for complete recovery. If they reach definitive care with a significantly decreased level of consciousness (voice responsive, pain responsive, or unresponsive) their chances for a complete recovery, or a recovery at all are respectively reduced.

All V P U Patients = Level 1 Evacuation

In today's world of rapid communication via cell or satellite phones, it may be possible to consult with medical or rescue professionals prior to initiating an evacuation. This type of consult should be encouraged and part of any emergency action plan (EAP). When in doubt, it's always better to seek a consult sooner rather than later. A thorough patient assess-

ment is required prior to any medical consult (SOAP note). At minimum, your location (GPS coordinates), party resources, and the current weather are required for a rescue consult. Conserve your batteries and set a communication schedule prior to signing off.

When you are uncertain and a consult is unavailable, the following general evacuation guideline may be useful: any problem that is persistent, uncomfortable, is not relieved by your treatment—or cannot be effectively treated in the field—requires an evacuation. The speed of the evacuation depends on the degree of involvement, or potential involvement, of any critical system(s). The greater the degree or potential, the faster the evacuation.



The following definitions for levels of evacuation are correlated to the severity of the patient's injury or illness and hence the urgency and speed of their evacuation. Every effort should be made to accurately diagnose the patient's current and anticipated problems since an incorrect diagnosis may lead to a false sense of urgency and a willingness on the part of the rescuers to accept more risk than the situation warrants. In general, rescuers should ONLY be willing to accept a level of risk they believe they can safely manage based on their skill and the foreseeable problems. Unfortunately, not all problems are foreseeable and the amount of risk any given rescuer is willing to accept tends to rise with the severity of the patient's injury or illness. Since it is impossible to legislate judgement, when in doubt rescuers must base their decisions on the "worst case" situation both in diagnosing the patient and evaluating the risk associated with the evacuation. That said, the risk of a minor injury or illness to a rescuer is generally present during most evacuations and unavoidable under the circumstances.

BEWARE: ↑ Severity = ↑ Urgency = ↑ Risk

Levels of Evacuation

Level 1

The patient's injury or illness is immediately life threatening and the patient may die without rapid hospital intervention (e.g.: increased ICP, volume shock, severe respiratory distress, respiratory distress in a near drowning patient, advanced disease, moderate to severe hypothermia, HAPE/HACE etc.)

Level 2

The patient's injury or illness is potentially life threatening or will result in a permanent disability; the patient may develop a life threatening problem that requires hospital intervention (e.g.: concussion that is getting worse, systemic infection, spine & cord injuries, near drowning (no respiratory distress), etc.)

Level 3

The patient's injury or illness is NOT life threatening, has little or no potential to become life threatening, *and* may be successfully treated in the field with no permanent disability; *however*, the patient is unable to resume normal activity within a reasonable length of time and/or requires advanced assessment. (E.g.: concussion that is getting better, unstable injuries with good CSM, reduced shoulder (dislocation) with good CSM, etc.)

Level 4 (no evacuation)

The patient's injury or illness is NOT life threatening, may be successfully treated in the field with no permanent disability, *and* the patient is able to resume normal activity within a reasonable length of time. (E.g.: minor wounds, minor stable injuries, minor environmental injuries, etc.)