

Consolidated Pre-hospital trauma care key points for First responders & Paramedics (for debate and discussion)

Considered guidelines : IFRC¹, Tromsö (TMC)², WHO³, HI⁴ & ICRC⁵

The guidelines mentioned above are intended to reach different public and different situations of emergency. Thus, it is difficult to compare them. But some basic life support recommendations converge.

It seemed appropriate to keep a distinction between the two categories - the 'First responders' - the one without medical training, first at place of the accident, most likely villagers and community volunteers (probably less educated & with no medical background) and the other category, 'Paramedics' that are trained First-Aiders.

Following are the common recommendations for basic life support which have been drawn from the existing guidelines and the inputs provided by Tromsö (TMC), ICRC, IFRC, HI and WHO.

1. Call for help

- In an emergency situation there is a need to call for more assistance if possible.

2. Safety (universal precautions)

- To differentiate between safe and dangerous areas
- As an accident often happens with friends or relatives nearby, it is important that the emotions do not take prominence over the first responder's safety.

3. Airway and breathing

- Recovery position, chin lift, jaw thrust (comforting the victim play an important role).
- All torso injured victims should be in a half-sitting position, unless unconscious.
- Chest tubes should not be used.

4. Blood circulation – Stop the bleeding.

- Tourniquet should NOT be used.
- Make the victim lay down.
- Stop the bleeding by proximal artery pressure.
- Wrap the wound even with dirty cloth to control bleeding (if clean cloth not available)
- In case of a complication (foreign bodies or bones protruding through the wound) do not remove the foreign bodies.

¹ IFRC, *International harmonization of first aid, first recommendations on life-saving techniques*, Geneva, 2004

² Hans Husum et al., *Save lives save limbs, life support for victims of mines, war, and accidents*, Third World network, Tromsø, Penang, Malaysia, 2000

³ WHO, *Pre-hospital trauma care systems*, Geneva, 2005 ; and WHO, *Guidelines for essential trauma care*, Geneva, 2004

⁴ HI, *Lessons learned workshop, a review of assistance programs for war wounded and other persons with disabilities living in mine-affected countries*, Paris, 25th-28th of May 2004

⁵ ICRC, *First Aid in Armed Conflicts and other Situations of Violence*, May 2006 (forthcoming)

- Stabilise and do not move the broken bone unnecessarily.
- Elevating the bleeding site over the heart level
- The bleeding can be later controlled properly by long compressive dressing.

5. Keep the victim warm

- External warming (No overheating)
- As this aspect can easily be overlooked in a warm or temperate climate, its importance should be stressed.

6. Transportation

- Safe, fast and assisted transport to the nearest health centre.
- Maintain points 3, 4 & 5 during transportation of victim

7. Human contact and psychosocial support.

The three following actions would require more material and training:

8. Oral volume replacement / fluid resuscitation

- If the patient has no head, neck, facial or abdominal injuries, give sips of warm drinks.

9. Intravenous (IV) volume treatment

- IV volume treatment as soon as possible in case of important blood loss. Hypotensive fluid resuscitation, get the systolic BP up to 90-100 mmHg (enough for perfusion of the core circulation). "normalisation of BP" at 120 mmHg will cause hemodilution and rebleeding.

10. Pain relief

- Apply a splint to the injured limb
- Give paracetamol if available

Points for further clarification:

- *Position of the victim during transportation (point 6)*
- *Appropriate feeding for the victim during long transportation to the nearest health centre.*
- *Intravenous (IV) volume treatment (point 9).*
There is a lack of medical studies on the exact consequences of this step depending on the injuries of the victim. Basic advices on this issue could still be compiled.
- *Appropriate reporting by the 'First responder' or 'Paramedics' at the time of handing over the injured person to the medical care (Hospital care).*