



Evacuation Considerations

Depending on the severity of a patient's condition (injuries or illness), it may be necessary to evacuate the patient to definitive care for treatment or advanced care. 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 not only the severity of the patient's condition, but also a number of other things such as your group's ability to handle the situation and its resources. The type of evacuation depends on the mobility of the patient, the size of your group and its resources, the difficulty of terrain, the weather and the distance involved, to list just a few examples.

Types of Evacuation

- Self
- Assisted

Depends Upon

- Severity of the patient's injury or illness (and their mobility)
- Group size & resources
- Terrain difficulty
- Weather
- Distance

Any evacuation, regardless of the type, should NOT further endanger the patient or the group's capacity to effectively manage any risks presented during the evacuation process. In most cases, your field treatment for minor non-life-threatening injuries will be effective and rapid evacuation may not be necessary. By contrast, your field treatment for most life-threatening illnesses or injuries may simply buy you and your patient time until advanced care can be provided; usually at a definitive care facility such as a hospital or clinic. In these situations, focus your time and energy on a quick, yet thorough, accurate patient assessment and fast, timely evacuation.

The "medical window" for life-threatening emergencies 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 signs or symptoms and supporting their critical systems (airway and breathing, circulation, and central nervous system).

If your patient assessment doesn't find (and more importantly, correctly treat) any life-threatening conditions associated with these critical systems, your patient may die in a matter of minutes! Any injury or illness that causes a change in the patient's mental status (level of responsiveness) must be taken serious, and must be corrected as soon as possible.



If a patient reaches definitive care while they are still alert and oriented, they have a reasonably higher chance for complete recovery. If they reach definitive care with a significantly decreased level of responsiveness (only responsive to **V**erbal stimuli, **P**ainful stimuli, or are **U**nresponsive), their chances for a complete or successful recovery may be significantly reduced.

All **V P U** Patients = **Level 1** Evacuation

In today's world of rapid communication via cellular or satellite phones, it may be possible to consult with emergency medical or rescue professionals prior to initiating an evacuation. If possible, this type of consultation is **strongly encouraged** and should be included as a part of all Emergency Action Plans (EAP).

A meticulously thorough patient assessment is required prior to any medical consultation and should be documented on a SOAP note. At minimum, your location, party resources, evacuation route terrain, and the forecasted weather should be taken into consideration prior to making a consultation or requesting additional resources for evacuation. Conserve your batteries and set a communication schedule prior to setting out. When you are uncertain of a treatment or whether or not an evacuation should be considered (and a phone communication is unavailable), the following general evacuation guidelines may be useful:

- Any conditions that are persistent, uncomfortable, are not relieved with treatment, or cannot be effectively treated in the field require evacuation.
- The speed of the evacuation depends on the degree of involvement, or potential involvement, of any of the four critical body system(s).
- The greater the severity of the injuries or illness, the faster an evacuation should be requested.

Patient Evaluation & Documentation

The following definitions for levels of evacuation are directly correlated to the severity of the patient's injury or illness and hence the urgency and speed of their evacuation potential. 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. 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.

BEWARE: ↑ Severity = ↑ Urgency = ↑ Risk

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 judgment, 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. **SAFETY FIRST!**



The 4 Levels of Evacuation

Level 1 – Oh \$#@!

The patient's injury or illness is immediately life-threatening and the patient may die without rapid advanced intervention provided at a definitive care facility. The four most serious injuries or illness that require immediate evacuation (by helicopter if available) include:

- Chest pain (*not from obvious trauma*)
- Trouble breathing (*dyspnea*)
- Prolonged Altered Level of Responsiveness (*ALOR*)
- Debilitating pain

Level 2 – Load & Go

The patient's condition is potentially life-threatening or may result in a permanent disability, damage, or even death if they do not receive advanced care from a definitive care facility. These conditions are serious and should be evacuated within hours – *well* within the golden day. The three most serious injuries or illness that require evacuation (but may not kill the patient immediately) include:

- Any loss of consciousness due to a TBI (*Traumatic Brain Injury*)
- The inability to tolerate fluids orally for more than 48 hours (*severe dehydration; hypovolemic shock*)
- Large or serious wounds which gape more than ½ inch wide (*risk of infection, etc.*)

Level 3 – Stay & Play

The patient's condition is NOT immediately life-threatening, has little to no potential to become life-threatening, and/or can be successfully treated in the field with little to no risk of further damage. If the patient is unable to resume normal activity within a reasonable length of time and/or requires advanced assessment, the evacuation potential of the patient should be elevated accordingly. The condition of the patient may still warrant evacuation to definitive care for check-out and treatment, however may be done so within the golden day (24 hours). The four most common injuries or illness for which a delayed evacuation may be permitted include:

- Sustained, but not debilitating pain (*usually abdominal*)
- High altitude sickness (*usually alleviated by a descent in elevation*)
- Infections that don't improve or become systemic (*Lymphangitis*)
- Psychological status that places the patient or other rescuers in danger

Level 4 – No Evacuation Required

The patient's condition is NOT life-threatening, may be successfully treated in the field with little to no risk of further damage or disability, and the patient is able to resume normal activity within a reasonable length of time. This may include: minor wounds, minor stable injuries, minor environmental injuries, etc.