



Introducing health sciences: paramedics

Extracting the injured driver

Paramedic 1

Hi guys. Right. This is Jim. He's a twenty-year-old male. High speed RTC. He's got an abdominal haemorrhage, internal. He's got a right tib and fib. He's time critical. We're going to do a rapid extrication out of the back of the vehicle. Louise, can you take the back for me and Mark can you take the front passenger seat. Thanks guys.

Paramedic 1

Okay Jim. My colleagues are here now. We're going to get you out of the vehicle as quickly as we possibly can. Okay?

Jim:

Okay.

Paramedic 1

From a point of reassurance, it's most important that the paramedic remains calm and confident throughout. Remaining confident gets transmitted across to the patient. And by taking control of a situation it's vitally important that the patient knows that somebody's there. They need help, and they're getting their help. And that certainly does alleviate the worry and stress of a situation.

Paramedic 2

Okay. Going to lower the seat back. Yes.

Okay, if you can take hold of his torso for us Mark. And support his torso. Just going to lower the seat down from behind you Jim.

Paramedic 2

Okay. So go with us. Okay there.

Paramedic 3

Okay there Andy.

Paramedic 2

Right okay. You've got the top part there.

We're going to slide up the board, about six inches at a time, on ready set and slide. Okay.

Mark if you can over the pelvis for me. Under the arms there. Excellent. Ready. Set. Slide.

And rest. Okay. Are his feet clear?

Paramedic 3

Yes.

Paramedic 2

Okay. And another six inches. Ready. Set. Slide. And rest.

Paramedic 2

One of the key things is actually hands on a patient, is said is actually keeping hands actually on them. It just reassures the patient. Especially when they're along prolonged extrication. Just a hand on a patient reassures them. They know someone's there with them. Because they can't see what's going on. They're just not on their own that way.

Paramedic 2

Okay. Now we'll go another six inches. Ready. Set. Slide. And rest. Okay. Re-position. Are you happy?

Paramedic 1

I'm happy.

Paramedic 2

Another six. Ready. Set. Slide. And rest. Ready. Set. Slide. And rest. You take over the head for me Matt?

Paramedic 1

Okay. I'm on, Andy.

Paramedic 2

Mark you've got to move forward as well?

Paramedic 3

Okay.

Paramedic 2

How you doing there Jim? Okay sir, nearly out of the car.

Okay, I've got control

Marcus Bailey

Communication is really important. And people associate the ambulance service and people turning up to assist them, with trust and also comfort. Relieving anxiety through talking to a patient, communication, responding and listening to them as individuals going a long way to actually start the process of alleviating anxiety, pain and discomfort.

Paramedic 4

Right guys, we're going to slide the board out to the edge of the car to start off with.

Everybody ready?

Paramedics

Yes.

Paramedic 4

Ready. Set. Slide. Stop.

We're about a third of the way up. Everybody ready?

Paramedic 3

No. I just need to re-position.

Paramedic 4

Okay. Everybody ready?

Paramedics

Yes.

Paramedic 4

Okay. Ready. Set. Slide. And stop. Okay. Ready. Set. Slide. And stop. If we can get the straps on.

Paramedic 2

Okay. I want a quick reassessment of Jim if I can. How you doing there Jim? Just stick your tongue out for me sir. Take a deep breath for me. And out. In. And out. Again. And once more. Thank you Jim. Take a deep breath for me. Lovely. And his trachea's still central. Pulses still tachi-cardic. I'm just going to have another feel of your tummy. Still hurting? Okay, fine guys.

Paramedic 2

With the abdominal trauma we don't know what's ruptured under there. Something has with the bruising and the guarding on the abdomen. It needs a surgeon's knife, if we don't get him there quickly. It's beyond our scope really.

Paramedic 1

The golden hour is what we use to describe the first hour of what's happened post the traumatic incident. Patient survival is dependant on rapid assessment, management and transportation to hospital. And the golden hour actually ends when the patients reaches the receive in hospital, and actually gets seen by a surgeon. Because it's the surgical intervention that will save a patient's life.

Paramedic 2

Traumatic incidents like that, you get a lot of movement of the neck. And there is a severe risk of any neck damage. And with the spinal chord actually running very close to the spinal vertebrae, which is the bones in the actual spine. There's a risk of damage to the nerves there. And unfortunately any damage there is irreparable.

Paramedic 2

Excellent. Well done.

Okay. I can hold the serious point for you. Okay, I've got control.

Paramedic 4

Jim, you're just going to feel some blocks coming on the side of your head. Try and keep still for me. And another one on your chin. Fine.

Paramedic 2

Once we're in the back of the ambulance with the patient packaged as you saw on the spinal board there, we then go back to basics again. We would do the primary survey, which you saw us do when we first approached the car. Checking the airway breathing and circulation again. Just to make sure nothing had changed in the meantime. We'd also establish two wide bore canulars into a vein, which gives us a drug route. And also a route to give some fluids to this patient. Because they're bleeding into the [one word ?]. We just need to maintain the profusion and maintain a radial pulse. Keep all organs functioning effectively. We then also

look at giving the patient some analgesia, some pain relief. In this situation we'd probably give some morphine. Just small amounts of morphine initially. Because otherwise it drops the blood pressure, which obviously we don't want to do anymore. Just to make them more relaxed and reduce the pain. We then also get round to looking at that leg you saw us mention that it was actually a fractured tibia and fibula. So we then look at putting a boxment around it, just to immobilise that leg and prevent any further damage. The reason you saw that we didn't do anything at the scene is that wasn't actually our main priority. That is not a life threatening injury. Whereas the abdominal trauma was.