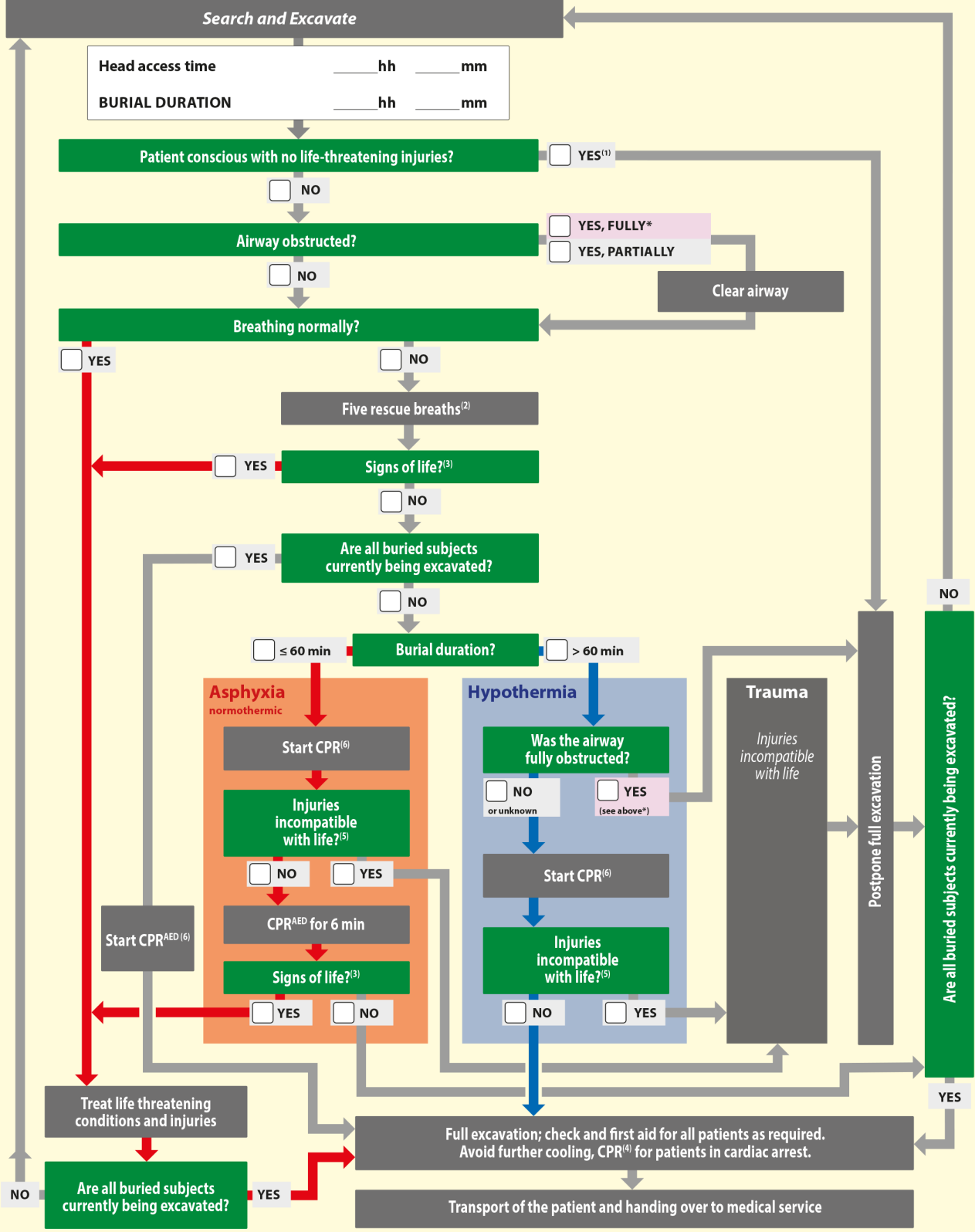


ACCIDENT TIME    \_\_ hh \_\_ mm

ALARM TIME        \_\_ hh \_\_ mm

PATIENT ID

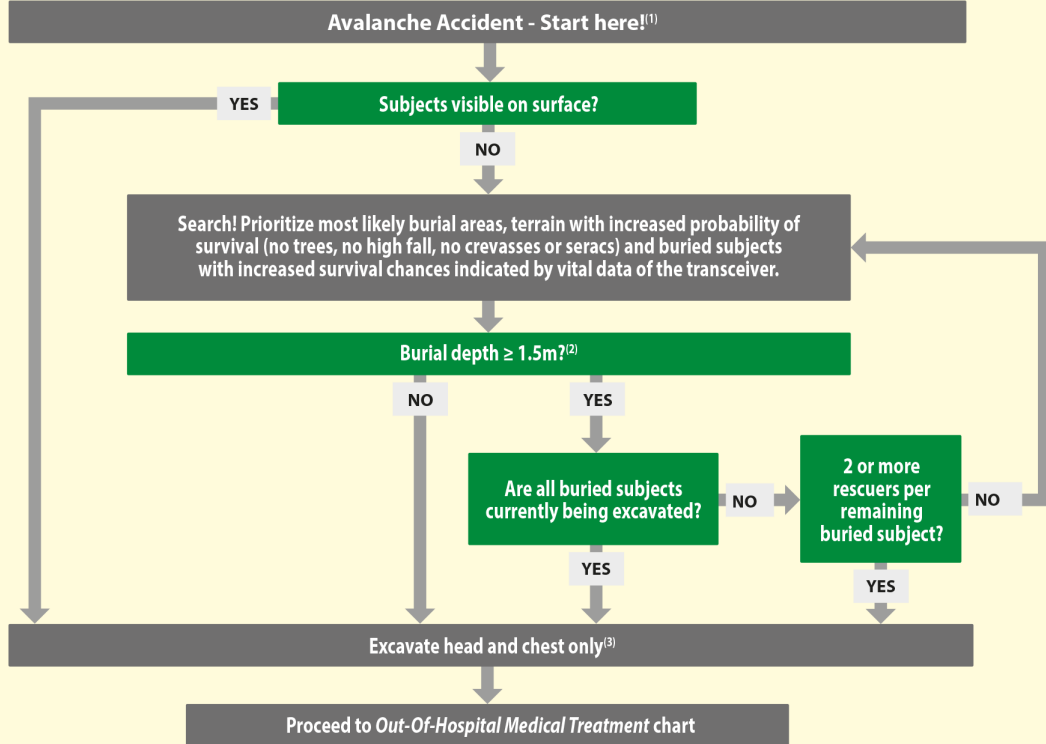
**Avalanche Accident – Out-Of-Hospital Medical Treatment**



(1) In case of severe shortage of rescuers, people who were caught by the avalanche and rescued may assist in the rescue of the remaining buried subjects. The criteria for the decision if and for what purpose they can be included in the rescue are: 1. Effort to fully excavate them, 2. Their potential to assist the rescue and 3. Continuous assessment of their condition.  
 (2) Rescue breaths HIGHLY recommended as avalanche patients often asphyxiate. No rescue breaths -> no oxygen -> no return of spontaneous circulation -> no survival.  
 (3) Agonal breathing in an unresponsive patient must not be interpreted as a sign of life. It can be described as: breathing barely or occasionally present, gasping, groaning, moaning, snorting or ineffective, labored breathing.  
 (4) Hypothermic patients (burial duration > 60 min): 1. Do not defibrillate more than 3 times, 2. In circumstances where continuous CPR is impossible: See *iCPR* chart.  
 (5) Obvious evidence of severe mechanical impact/high fall/severe collision with trees or rocks or a head/trunkal body position incompatible with life.  
 (6) Firm surface crucial.



**Search and Excavate**



- (1) Consider risk of rescuers and residual survival chances of buried subjects. Consider helicopter-based search and helicopter-attached "scoop and run" excavation. Limit number of exposed rescuers, use additional personal protection equipment, mitigate danger or postpone rescue if survival chances of the buried subjects are low compared to the risk of the rescue mission.
- (2) Excavate immediately regardless of burial depth if finding additional buried subjects is unlikely, requires probe lines, or a similarly time-consuming search.
- (3) Consider immediate evacuation in case of:
  1. Considerable risk for rescue personnel,
  2. Risk of delayed evacuation due to deteriorating weather or flying conditions,
  3. Terrain conditions which make effective on-site treatment impossible.

**Hypothermia Staging**

**Hypothermia Staging Revised Swiss System**

Stage	Symptoms	Measures
1	<b>Alert</b> , clear answers	Active rewarming by moving, warm sugary drinks
2	Impaired consciousness, responds to <b>verbal</b> stimulation	Avoid further cooling, move carefully, warm sugary drinks
3	<b>Unconscious</b> , signs of life might be minimal	Avoid further cooling, move carefully, monitor
4	<b>No signs of life</b>	Apply AvaLife Out-Of-Hospital Medical algorithm

The colder the patient:

- The less heat production (due to reduced metabolism)
- The lower the level of consciousness
- The higher the risk of hypothermic cardiac arrest
- The more severe the hypothermia stage

**-> Avoid further cooling!**

**iCPR**

**Intermittent CPR: Mean of Last Resort!**

ONLY apply if transport is unavoidable and effective CPR impossible, or in cases where continuous CPR is impossible because of extremely limited resources.

Burial duration	Measures
≤ 60 min	No intermittent CPR, preferably apply mCPR
> 60 min: Before iCPR, ALWAYS perform uninterrupted CPR for 1/3 of the burial duration	At least 5 min of CPR followed by max 5 min without CPR