

5 TOP MESSAGES

- 1.** Only use the recovery position for casualties who do NOT meet the criteria for the initiation of rescue breathing or chest compressions (CPR)
- 2.** Use stroke scale assessment protocols for the early recognition of stroke
- 3.** When exertional or non-exertional heatstroke is suspected, immediately remove the casualty from the heat source, commence passive cooling and use additional, available cooling techniques
- 4.** To control severe-life threatening bleeding, apply direct pressure and consider the use of a haemostatic dressing or the application of a tourniquet
- 5.** For thermal burns, remove the casualty from the heat source and commence immediate cooling of the burn with cold or cool water for 20 minutes. Loosely cover the burn with a dry, sterile dressing or cling wrap

RECOVERY POSITION

KEY EVIDENCE



Beneficial outcomes, such as maintenance of a clear airway and in children, decreased hospitalization rates supporting the lateral recumbent position



The semi-recumbent position is favoured over the lateral position in opioid overdose

KEY RECOMMENDATIONS



For adults and children with decreased level of responsiveness, due to medical illness or non-physical trauma that do NOT meet criteria for the initiation of rescue breathing or chest compressions (CPR), position the casualty into a lateral, side-lying recovery (lateral recumbent) position



RECOGNITION OF STROKE

KEY EVIDENCE



Earlier detection of stroke in the prehospital setting will reduce time to treatment delays and prenotification of the hospital is key to improve successful treatment



Use of stroke recognition scales in the prehospital setting increased the number of patients with confirmed stroke diagnosis

KEY RECOMMENDATIONS



Use stroke scale assessment protocols for the early recognition of stroke



MANAGEMENT OF HEAT STROKE BY COOLING

KEY EVIDENCE

Heat stroke occurs when the core body temperature exceeds 40°C . It is a medical emergency and can lead to severe organ damage and death if the core temperature is not reduced promptly



Other forms of active cooling, including the use of ice packs to the axillae, groin and neck, use of showers, ice sheets or towels, and misting/fanning. Passive cooling was slightly faster than evaporative cooling

The fastest rate of cooling was achieved with use of whole body (neck down) water immersion, at a temperature between $1-26^{\circ}\text{C}$

KEY RECOMMENDATIONS



For adults with exertional or non-exertional heat stroke actively cool the casualty using whole body (neck down) water immersion at $1-26^{\circ}\text{C}$ until a core body temperature below 39°C has been reached. If cold water immersion is not available use any other cooling technique immediately available



CONTROL OF SEVERE-LIFE THREATENING BLEEDING

KEY EVIDENCE

Uncontrolled bleeding is the primary cause of death in up to 35% of victims of trauma



Tourniquets have been shown to stop life-threatening bleeding from wounds to the limbs and to improve survival

The use of direct manual pressure for the control of life-threatening bleeding is limited and indirect

Evidence supports the use of haemostatic dressings, with direct manual pressure, for control of life-threatening bleeding

KEY RECOMMENDATIONS



To control severe-life threatening bleeding, apply direct pressure and consider the use of a haemostatic dressing or the application of a tourniquet



THERMAL BURNS

KEY EVIDENCE

Cooling thermal burns will minimise the resulting depth of the burn and possibly decrease the number of patients that will eventually require hospital admission for treatment



Other perceived benefits of cooling are pain relief and reduction of oedema (swelling), reduced infection rates and a faster wound healing process

Cling wrap could be used to protect the wound, reduce heat and evaporation, reduce pain and to allow the wound to be visualised more easily

KEY RECOMMENDATIONS



For thermal burns, remove the casualty from the heat source and commence immediate cooling of the burn with cold or cool water for 20 minutes. Loosely cover the burn with a dry, sterile dressing or cling wrap