

RAPID EXTRICATION

The rapid extrication technique is designed to move a patient in a series of coordinated movements from the sitting position to the supine position on a long backboard while always maintaining stabilization and support for the head/neck, torso, and pelvis.

Indications for the use of rapid extrication:

- The scene is unsafe
- Unstable patient condition warrants immediate movement and transport
- Patient blocks you from accessing another, more serious, patient

NOTE: This procedure is only performed when a patient fits the above criteria. If the patient does not require a rapid extrication a short backboard device must be used.

The Rapid Extrication technique requires a minimum of three (3) rescuers who are trained in this procedure.

- Take appropriate body substance isolation precautions.
- Instruct the patient not to move their head and to hold still.
Make sure you fully explain the procedure to the patient so they understand what is about to occur.
- Manual inline stabilization
Rescuer #1 positions themselves behind the patient, brings the patient's head in to a neutral position, and maintains inline stabilization of the cervical spine.
- Assess pulse, motor, sensory
Assess pulses, motor function, and sensory function in all extremities.
- Rescuer #2 applies the appropriately sized cervical collar
- Position equipment and prepare to move the patient
Rescuer #3 places the long backboard near the door of the vehicle and then moves into the seat next to the patient. Rescuer #2, standing next to the patient, supports the patient's chest and back as rescuer #3 frees the patient's legs.
- Rotating the patient
At the direction of rescuer #1, who is maintaining inline stabilization, all rescuers begin to rotate the patient in several short, coordinated moves until the patient's back is in the open doorway and his/her feet are on the opposite seat. If rescuer #1 is unable to maintain inline stabilization throughout this step (i.e. the "B" post of the vehicle is in the way), then another available rescuer or bystander should take over manual inline stabilization from outside of the vehicle while rescuer #1 exits the vehicle to continue manual inline stabilization.

- Move patient to the long backboard

The end of the long backboard is placed on the seat next to the patient's buttocks while another rescuer or bystanders support the other end of the long backboard. At the direction of the rescuer maintaining inline stabilization, the patient is lowered onto the long backboard in one movement. The rescuers then slide the patient, as one unit, into position on the long backboard in short coordinated moves.

- Secure patient to the backboard

Secure the patient's torso first and remember to secure the bony portions of the body. Run one 9' strap through the hole closest to the patient's underarm and across the chest to the corresponding hole on the other side. Bring the strap back under the patient's arms to meet the buckle, which should be secured and positioned off the center of the chest. Have the patient inhale deeply and hold their breath (if possible) and then tighten the strap. This will assure that the strap does not impede the patient's respirations. The patient's arms should not be strapped in at this point.

Now secure the pelvis by locating a hole closest to the center of the pelvis. Run the strap through the hole, across the pelvis and to the corresponding hole on the opposite side. Bring the strap back across the pelvis to meet the buckle. The legs may be secured in a similar way or you may use cravats if necessary.

Once the torso and legs are secured, you can begin to secure the head. Be sure that whichever head immobilization device you use allows you to secure the patient's head in a neutral position. Do not remove manual in-line stabilization of the head until the head is completely immobilized to the long backboard.

- After the immobilization has been completed, reassess all four (4) extremities for distal pulse, motor function and sensory function.
- During transport continue to check the straps to assure they have not come loose.

NOTE: This procedure cannot be completed properly unless all team members understand their assignments and work as a team with communication at all times.

Several variations of rapid extrication are possible, including using assistance from bystanders. However, whichever technique is used must be used in a way as to not compromise the spine.