

MEDSURGE EMERGENCY TRAUMA BAG

medsurge 
technics for life



EMERGENCY TRAUMA BAG

The Medsurge Emergency Trauma Bag is a critical platform when mitigating and responding to medical emergencies. The Medsurge Emergency Trauma Bag take critical care where the patient is. The Medsurge Emergency Trauma Bag is a vital component that need to be positioned in facilities in both urban and rural locations. The Medsurge Emergency Trauma Bag is essential resource during expeditions and in extreme environments.

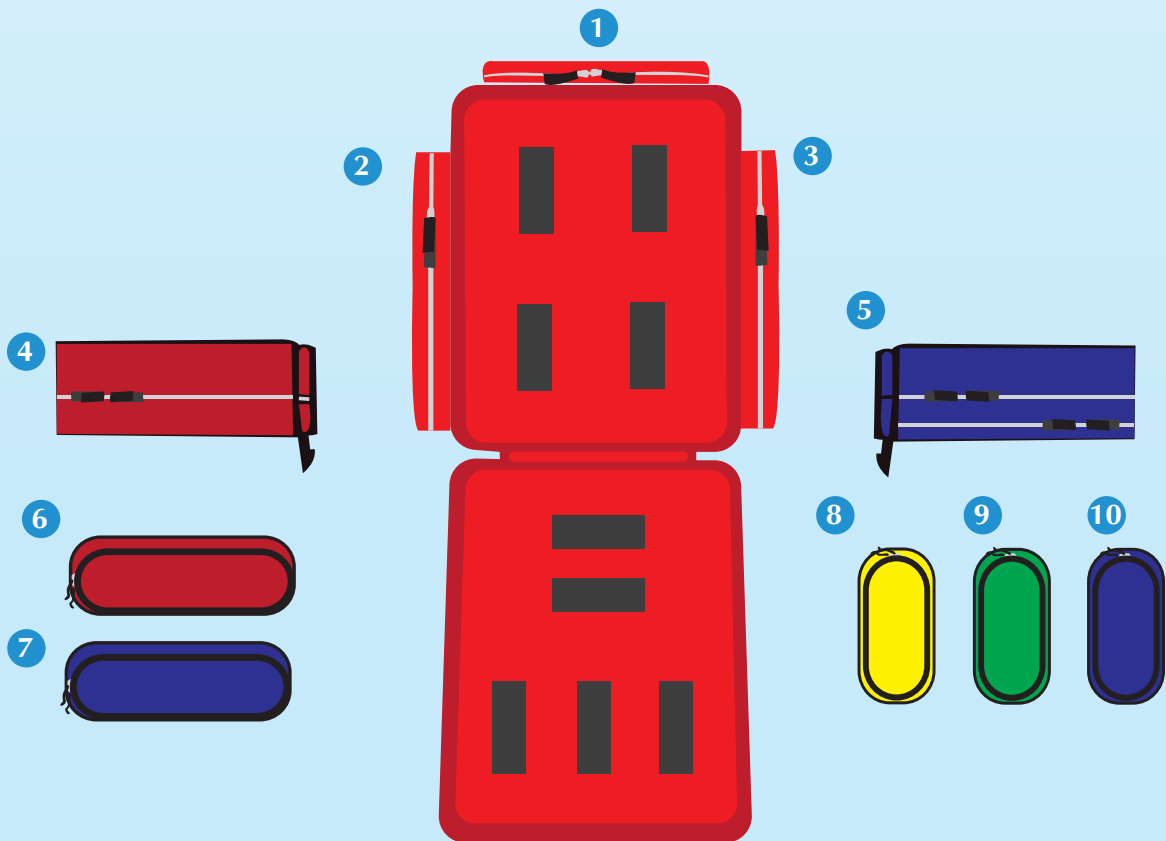
The Medsurge Emergency Trauma Bag hold medical and and surgical items necessary in patients airways management, Hemorrhage control and immobilization. The Medsurge Emergency Trauma Bag holds personal protective and infection control equipments.

With color coded pouch organiser the emergency bag is easy to use and has easy access to all the items.



FEATURES:

- Fire retardant: Manufactured from high quality 1680D polyester
- The bag can be decontaminated
- Heavy duty YKK zips used in all internal access points.
- Colour Coded Storage pouches for easy identification of contents and feature colourful trim for easy equipment grouping
- Bag can be carried as a backpack or hand pack.
- 10 Removable interior pouches.
- 5 non removable exterior pouches/zippered pockets.
- 4 non removable interior pouches.
- Most popular with ALS providers
- Includes Airways insert pouch



!0 Removable Interior pouches



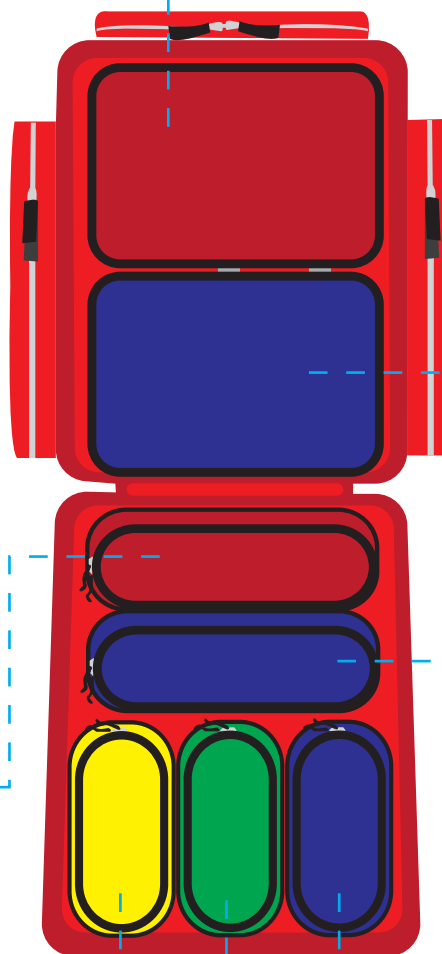
4 Non-Removable Interior pouches



5 Non-Removable exterior pouches

WOUND DRESSING BAG

- 10 packets of Sterile Gauze Pads (5's) 100x100x8ply
- 12 Hartmann Peha-Haft Cohesive, Elastic Gauze Bandage Latex Free with Fixation & Retention 1"
- 4 Gauze Roll 4x5 YDS
- 6 Triangular Bandage
- Crepe Bandage 10cm
- Blast Bandages
- 2 Abdominal Bandage
- 2 Trauma Bandage
- 8 Burn Eaz 100x100mm
- 4 Mylar Blankets
- 4 Sterile Eye Pads
- 4 QuikClot® Combat Gauze Z Fold
- 8 Petroleum Gauze 4x4
- 8 Olaes 6" Modular Bandage
- 4 Hyfin Chest Seal [Non-Vent]
- 1 Burnshield Face Mask 20x45 cm
- 2 Burn Eaz® 10x10cm and 2 Burn Eaz® 60x40cm
- 1 Safety Glasses
- 6 Cyalume Chemlight 6", 8 Hours [Orange, Red, White Etc.]
- 1 Nextorch NT1016



INFUSION BAG

- 8 Alcohol Prep Pads
- 6x NaCl 0.9 % infusion solution 200ml Bag
- 6 Opsite Dressing 4x5
- 6 IV Administration Sets 10 Drop 72' Tubing
- PE Tape 2.5cmx5
- Jelco® Iv Catheter (6 EA of Size 16G, 18G, 20G x 1.25)
- 2 Quick Release Tourniquet
- Kit, IV Constricting Band - BOA

INJECTION BAG

- 10 Alcohol Prep Pads
- 1 200ml Sharps Bin with Lid
- 20 Hypodermic Needle (10 22gX1 – 10 20gX.5)
- 10 Syringe Luer Lock (5 Ea of Size 3CC, 5CC)
- 2 Syringe Luer Lock 10 CC
- 2 Syringes, disposable 10 ml Luer Slip

WOUND DRESSING BAG

- 1 Ambu Select Cervical Collar with 1 Kendrick Traction Device
- 10 Standard METTAG Tags
- 1 MegaMover®
- 2 Combat Application Tourniquet

- 1 Adult BVM
- 1 Digital Thermometer
- 1 Stethoscope
- 1 BP Cuff Set
- 1 Finger SpO2 Monitor

- 3 Guedel Airways (1Ea of Size 0,2,5)
- 2 Nasopharyngeal airway: size 28 Fr in sterile packaging with separate pack of KY Jelly
- 1 CPR Mask

- 1 Operating Scissors Sharp/Blunt
- 1 Scissors, Lister 5.5 Inch
- 1 Scissors, General 19cm
- 1 Splinter Forcep

- 3 N95 Mask
- 1 Penlight w/Pupil Gauge



- 1 EVA Splint

- 1 Manual Hand Suction Pump
- 2 Pair of Sterile Gloves
- 20 Pairs of large Nitrile Gloves



- 1 Memo Pad & Marker
- Patient cards
- Triage Cards

TRAUMA - CASUALTY CARE CARD

EVACUATION: Urgent Priority Routine

Date: / / Time: : Call # Unit:

★ Location of Scene

PT

Name

Contact #

Age: Sex: M F D.O.B: / / Allergies:

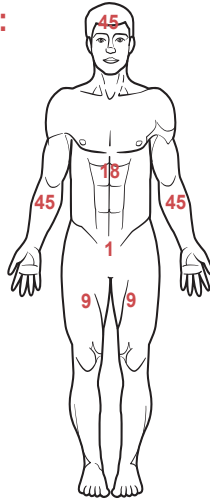
MOI

X All that apply: MVC Est. speed of impact? ___ mph Fall Est. height? ___ Ft.
 Blunt Burn Type? ___ Degree/ Depth ___ Est. TBSA ___ %
 Penetrating Depth? ___ cm Amputation Complete Partial=Extremity ___
 GSW How many? ___ Locations? ___ Cal. of projectile? ___
 Energy = Low Med High Exit Locations? ___ Est. Blood Loss ___ ml
 Chem. Type? ___ Rte of EXP? ___ Time exposed? ___ Bio. Type? ___
 Rad. Type? ___ Source ___ Rte of EXP? ___ Time exposed? ___
 Crush. Site of Injury? ___ Time of entrapment? ___ Other: ___

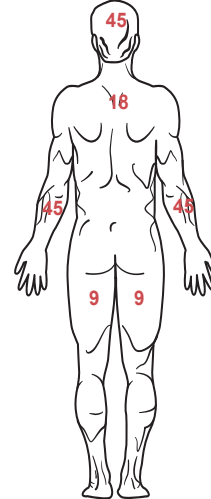
INJURY LOCATION

Mark all Injuries:

TQ: R Arm ▶
Type: _____
Time: ____:



TQ: R Arm ▶
Type: _____
Time: ____:



TQ: R LEG ▶
Type: _____
Time: ____:

TQ: R LEG ▶
Type: _____
Time: ____:

VITALS

	1	2	3	4	5
Time	:	:	:	:	:
BP	/	/	/	/	/
Heart Rate					
Resp. Rate					
LOC / GCS					
SpO2	%	%	%	%	%
Pain					

TRAUMA - CASUALTY CARE CARD

EVACUATION: Urgent Priority Routine

TRANSPORT: Air Ground **TO** Name of Care Facility

- 1** **C** Tourniquet Extremity Junctional Truncal Type Used
- Dressing Hemostatic Pressure Other: Type Used
- 2** **A** Intact NPA CRIC ET-Tube SGA Type Used
- 3** **B** O₂ Needle-D Chest-Tube Chest Seal Type Used

Circulation		Name	Volume	Route	Time
TREATMENTS	Fluid				:
					:
	Blood Product				:
					:
Medication		Name	Dose	Route	Time
TREATMENTS	Analgesic				:
	Ketamine				:
	Fentanyl				:
	Morphine				:
Other					:

NOTES


Officer Designation


Name: Unit

FRONT


BACK

CONTAMINATED

Personal Property Receipt/ Evidence Tag  *1234567*

Destination _____  *1234567*




Via _____

TRIAGE TAG  *1234567*

S **L** **U** **D** **G** **E** **M**
Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

AUTO INJECTOR TYPE 1 2 3
AUTO INJECTOR TYPE 1 2 3

Yes	No	Primary Decon	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	Secondary Decon	<input type="checkbox"/>	<input type="checkbox"/>
Solution			<input type="checkbox"/>	<input type="checkbox"/>
Blunt/Trauma			<input type="checkbox"/>	<input type="checkbox"/>
Burn			<input type="checkbox"/>	<input type="checkbox"/>
C-Spine			<input type="checkbox"/>	<input type="checkbox"/>
Cardiac			<input type="checkbox"/>	<input type="checkbox"/>
Crushing			<input type="checkbox"/>	<input type="checkbox"/>
Fracture			<input type="checkbox"/>	<input type="checkbox"/>
Laceration			<input type="checkbox"/>	<input type="checkbox"/>
Penetrating Injury			<input type="checkbox"/>	<input type="checkbox"/>

  
Age _____
 Male Female

Other: _____

VITAL SIGNS			
Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

Comments/Information

Patient's Name _____

RESPIRATIONS
R Yes No
PERFUSION
P + 2 Sec. - 2 Sec.
MENTAL STATUS
M Can Do Can't Do

Move the Walking Wounded ▶ **MINOR**

No Respirations After Head Tilt ▶ **MORGUE**

Respirations - Over 30 ▶ **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**









Mental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**

Otherwise ▶ **DELAYED**

PERSONAL INFORMATION	
Name	
Address	
City	St. Zip
Phone	
Comments	Religious Pref.

CONTAMINATED

EVIDENCE

MORGUE  *1234567*	MORGUE  *1234567*
IMMEDIATE  *1234567*	IMMEDIATE  *1234567*
DELAYED  *1234567*	DELAYED  *1234567*
MINOR  *1234567*	MINOR  *1234567*

EVIDENCE

MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

NOTES

Packed by: _____

Date of Use _____

ITEM USED: _____



MUSEUM HILL CENTRE, MUSEUM ROAD
P.O. BOX 75534 00200
NAIROBI, KENYA
Tel: 0720 714 337
Email: info@medsurgehealth.co.ke
Web: www.medsurgehealth.co.ke