

MEDSURGE ADVANCE LIFE SUPPORT EMERGENCY RESPONSE KIT



medsurge 
technics for life

The primary goal of tactical medicine is to support and assist a tactical team in accomplishing its mission during a deployment or response to a critical incident. Significant progress, growth, and advancement in tactical medicine training and education have occurred over the last two decades and this has resulted in the development of specific training programs for tactical medicine providers and operators.

Medsurge Advance life support emergency response kit is designed to carry virtually all of the equipment and supplies needed by emergency medical teams to perform advanced cardiac and trauma life support.

Medsurge Advance life support emergency response kit is ideal for military medical teams and emergency personnel, it is the ultimate in duty, utility, and functionality.

Affordable | Adaptable | Durable | Expandable.



Specifications and Features

- HD Metal YKK Zippers
- Adjustable Straps
- MOLLE Compatible
- Three Main Zipper Compartments
- Hydration Pack Ready
- Padded, Breathable Mesh Back Panel
- Concealable Waist Straps
- Soft Padded Quick Grip Handles
- Lightweight at 7lbs
- Removable Name Tape
- Expandable Storage Pockets
- 1000D Polyamide Materials
- Integrated Rainfly
- Bottom Loading Straps
- Three Fixed Clear View Zip Pouches
- Modules Included* (Velcro Backing)
- Color options: Green, Coyote
- Oxygen Cylinder Compatible
- Large 9"x12"x18.5" Size

- • Digital Blood Pressure Monitor
- Stethoscope
- Pulse Oximeter
- Digital Thermometer

- • Ringer Lactate 500mls X1
- Normal Saline 500mls X1
- Alcohol Swabs X5
- Giving Set X2
- I.V Canulae 22g
- I.V Canulae 20g
- I.V Canulae 18g
- Giving Set X2
- Transpore X1



- • CAT TOURNIQUETS x5
- Assorted Syringes x10
- Oral Pharyngeal airway
- Trauma Scissors
- Surgical Instruments Pack x3
- Torch x1
- Safety Scalpel x1
- Hypodermic Needles x10

- Triangular Bandage X3
- Chest Seal X6

- Emergency Blanket X2
- Burn Gel X2
- Compressed Gauge X2
- Wound Compress X3
- Hemostatic Gauze X5
- Splint X1

- Oxygen Cylinder (Complete with oxygen and pin index flow gauge)

- Bag Valve Mask

- Fible Optic Laryngoscope (Complete With 4 Blades)
- Magil Forcep

- Panadol Tabs
- Nasal Cannula X3



- Drug Bag

- Sunction Catheter
- Splint
- Endotracheal Tubes



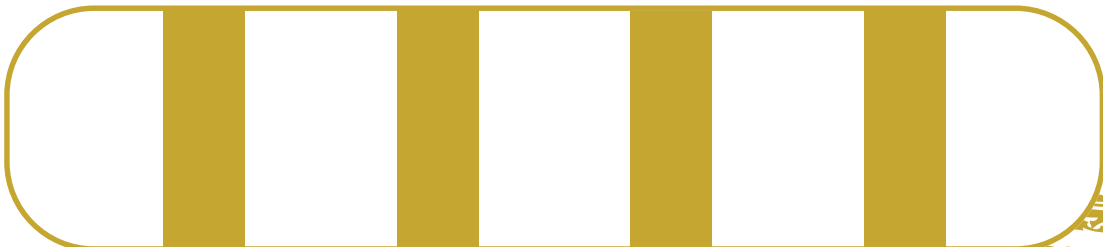
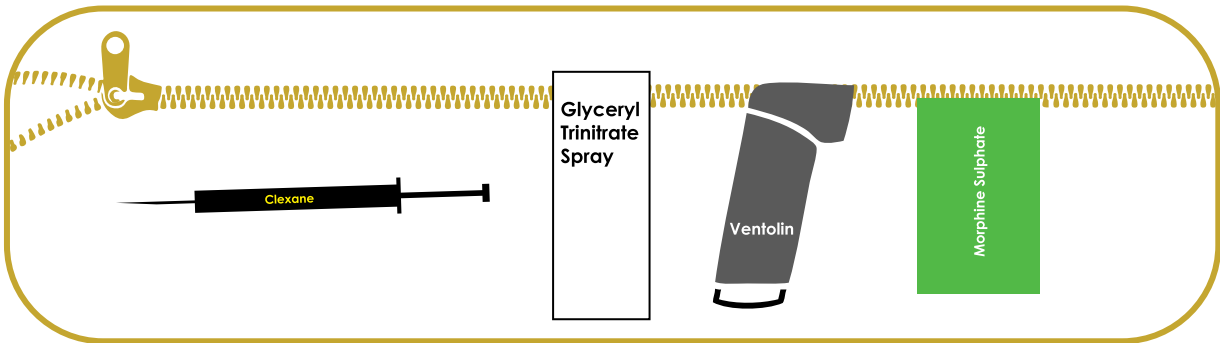
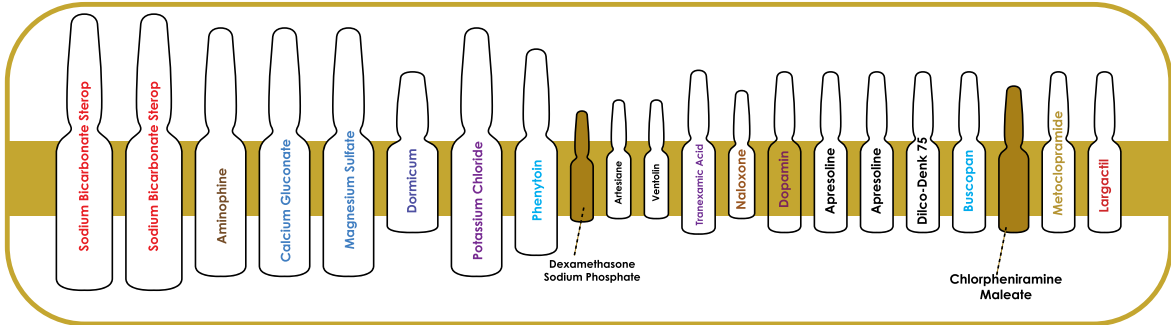
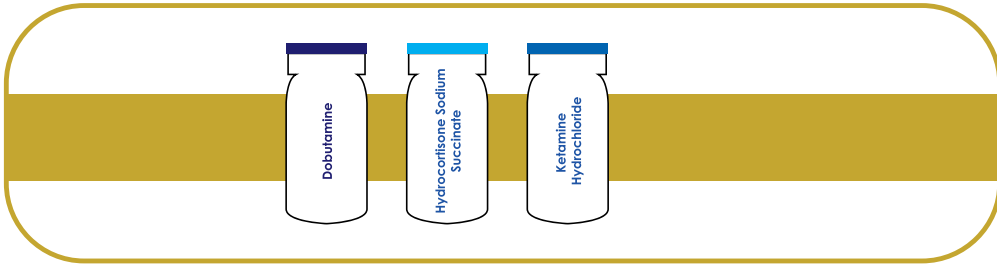
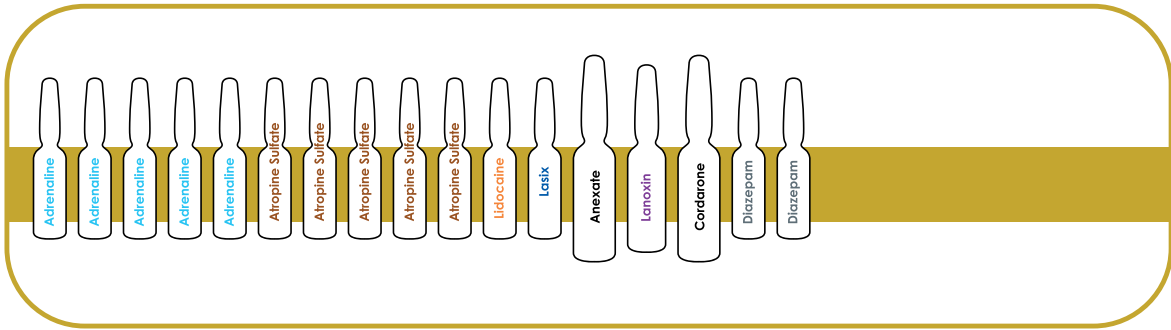


OUTSIDE POCKETS

- Face Masks - 5pcs
- Gloves - 10pcs
- Non-rebreather Mask - 1pc
- Nasal cannular - 1pc
- Urine Bag - 1pc
- Levin tube - 1pc

DOWN POCKETS

- Olges Modular bandage - 1pc
- Sam Chest Seal vented - 1pc
- Biohazard bag - 2pcs



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:

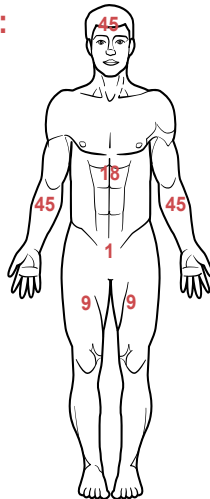
MOI

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: ___

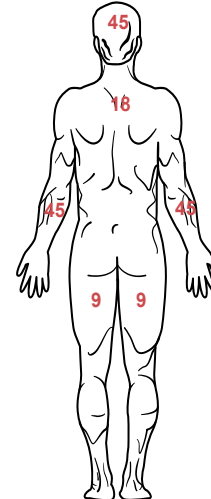
INJURY LOCATION

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 _____

Triage color code categories


	1 Red Resuscitation (0min)	2 Orange Urgent (15min)	3 Yellow Less Urgent (60min)	4 Green Not Urgent (180min)
A	Obstructed airway Stridor	Threatened airway		
B	SpO ₂ < 80 RR > 35 or < 8	SpO ₂ < 80-89 RR: 31 - 35	SpO ₂ : 90-94 RR: 26 - 30	SpO ₂ > 95 RR: 8 - 25
C	HR > 130 BP _{sys} < 80	HR: 121 - 130 HR < 40 BP _{sys} < 80 -89	HR: 111 - 120 HR: 40 - 49	HR: 50 - 110
D	GCS < 8	GCS: 9 - 13	GCS = 14	GCS = 15
E		Tp > 40 Tp < 32	Tp: 38.1 - 40.0 Tp: 32 - 34	Tp: 34.1 - 38.0


FRONT


BACK

CONTAMINATED

CONTAMINATED

Personal Property Receipt/
Evidence Tag  *1234567*

Destination  *1234567*

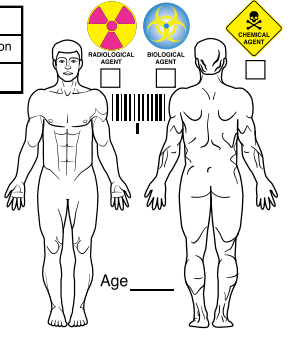
Via  *1234567*

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
Yes	No	Secondary Decon
Solution		
Blunt/Trauma		
Burn		
C-Spine		
Cardiac		
Crushing		
Fracture		
Laceration		
Penetrating Injury		



Age _____
 Male Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

 *1234567*

EVIDENCE

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

Comments/Information

Patient's Name _____

RESPIRATIONS Yes No
R

PERFUSION + 2 Sec. - 2 Sec.
P

MENTAL STATUS Can Do Can't Do
M

- 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. _____

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

EVIDENCE



SAVE A LIFE



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality,
Highest Standards, Better Outcomes

100+years

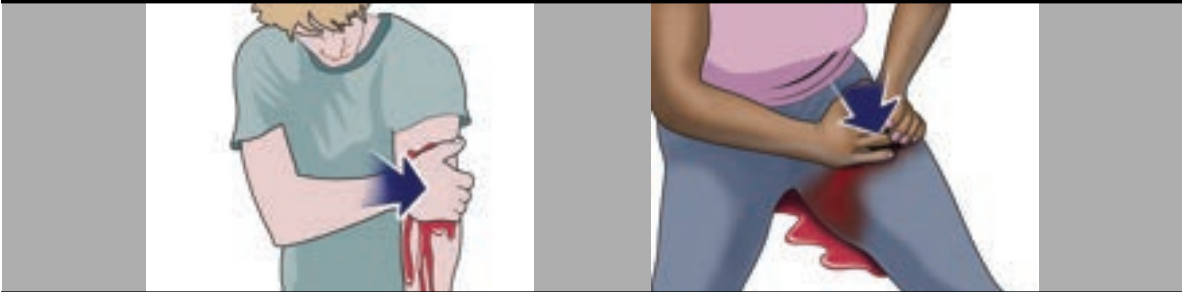


THE
COMMITTEE
ON TRAUMA

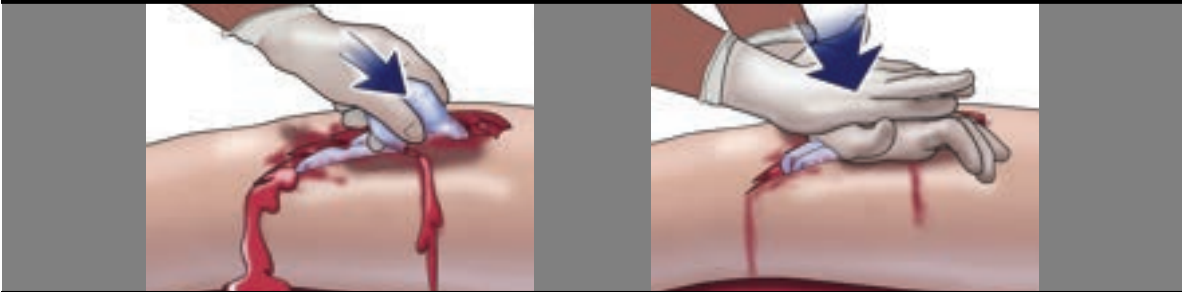


BLEEDINGCONTROL.ORG

1 APPLY PRESSURE WITH HANDS



2 APPLY DRESSING AND PRESS



3 APPLY TOURNIQUET



WRAP

WIND

SECURE

TIME

CALL 911

The 'Stop the Bleed' campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life-threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which reemphasizes translation of knowledge back to the homeland to the benefit of the general public. Stop the Bleed is a registered service mark of the Department of the Defense. Use of the equipment and the training does not guarantee that all bleeding will be stopped or that all lives will be saved.



STOP THE BLEED®

No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. A person who is bleeding can die from blood loss within five minutes, so it's important to quickly stop the blood loss.

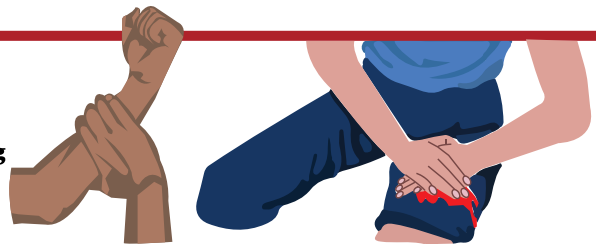
Remember to be aware of your surroundings and move yourself and the Injured person to safety, if necessary.

Call 911.

Bystanders can take simple steps to keep the injured alive until appropriate medical care is available. Here are three actions that you can take to help save a life:

1. Apply Pressure with Hands

EXPOSE to find where the bleeding is coming from and apply FIRM, STEADY PRESSURE to the bleeding site with both hands if possible.



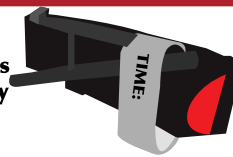
2. Apply Dressing and Press

EXPOSE to find where the bleeding is coming from and apply FIRM, STEADY PRESSURE to the bleeding site with bandages or clothing.



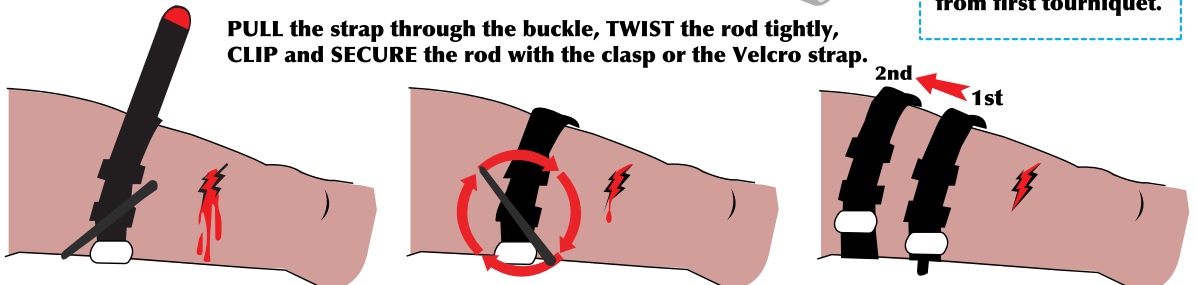
3. Apply Tourniquet(s)

If the bleeding doesn't stop, place a tourniquet 2-3 inches closer to the torso from the bleeding. The tourniquet may be applied and secured over clothing.



If the bleeding still doesn't stop, place a second tourniquet closer to the torso from first tourniquet.

PULL the strap through the buckle, TWIST the rod tightly, CLIP and SECURE the rod with the clasp or the Velcro strap.



BLEEDING CONTROL INSTRUCTIONS

1 **GLOVES**


**FOR YOUR PERSONAL PROTECTION
APPLY THESE FIRST**



USE SHEARS TO REMOVE ENOUGH CLOTHING TO EXPOSE WOUND AREA

2 **WINDLASS TOURNIQUET**

**FOR SEVERE BLEEDING
USE ONLY ON ARMS AND LEGS**



APPLY AT LEAST 2-3 INCHES ABOVE THE WOUND. TIGHTEN STRAP AND TURN WINDLESS UNTIL BLEEDING STOPS. SECURE

3 **COMPRESSED GAUZE**

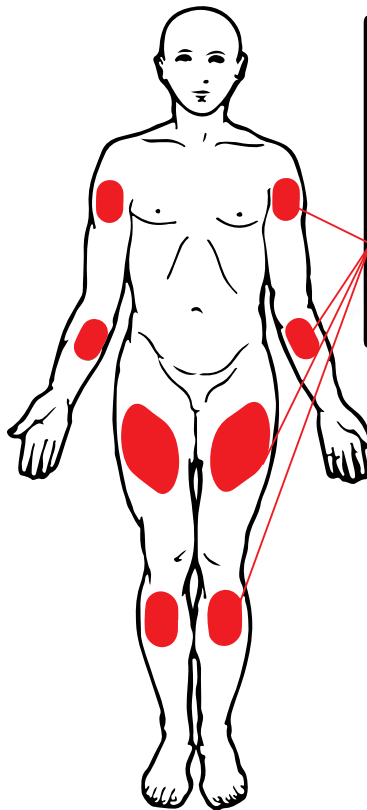
FOR MODERATE BLEEDING

FOR WOUND PACKING TO STAUNCH BLEEDING, USE ENOUGH TO FILL WOUND SPACE



COMPLETELY. HOLD PRESSURE FOR 3-4 MINUTES.


COVER WITH COMPRESSION WRAP (included 4" Emergency Pressure Dressing)



4 **PRESSURE DRESSING**

FOR MODERATE BLEEDING

USE OVER COMPRESSED GAUZE IF WOUND REQUIRES PACKING.



PLACE PAD OVER WOUND SITE. WRAP SNUGLY TO APPLY PRESSURE TO WOUND. SECURE WITH CLIP.

STOP THE BLEED

INSTRUCTIONS

1

GLOVES

**FOR YOUR PERSONAL PROTECTION
APPLY THESE FIRST**




Use shears to remove enough clothing to expose wound area.

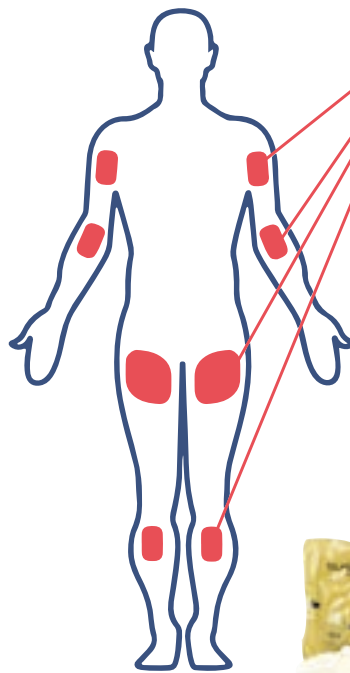
3

WOUND PACKING

GAUZE ROLL



To staunch bleeding, use enough to fill wound space completely. Hold pressure for 3-4 minutes, cover with trauma dressing.



2

SEVERE BLEEDING

TOURNIQUETS



Use only on arms and legs. Apply as high above the wound as possible, not on a joint. Wrap around the limb, slide strap through slit and secure tightly with velcro. Turn windlass until bleeding stops. Secure with clip.

4

MODERATE BLEEDING

TRAUMA DRESSINGS



Use rolled gauze if wound requires packing. Place pad over wound site. Wrap snugly to apply pressure to wound. Secure with clip. For chest wounds use the blast bandage and cover the area.

EMERGENCY BANDAGE APPLICATIONS TECHNIQUES



01
REMOVE the bandage from the pouch and packaging



02
PLACE the pad directly on the wound and maintain pressure



03
WRAP the elastic bandage around injured extremity and maintain pressure



04
INSERT the elastic bandage into the pressure bar



05
REVERSE WRAP the elastic bandage back over the top of the pressure bar



06
WRAP bandage tightly over the pressure bar until pad edges are covered



07
SECURE the hooking end of the pressure bar into the elastic bandage



08
ASSESS circulation below bandage to ensure a pulse; loosen, if needed



09
DOCUMENT medical aid on a DD1380 TCCC Card



10
COMMUNICATE with medical personnel any aid provided



TOURNIQUET APPLICATIONS TECHNIQUES



01 REMOVE CAT tourniquet from the first aid kit or carrying pouch



02 SLIDE the injured arm or leg through the loop of the self-adhering band



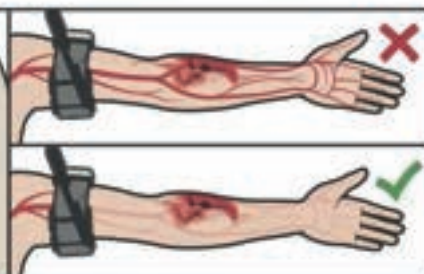
03 POSITION self-adhering band at least 2-3 inches above the wound site



04 PULL the free end of the band as tightly as possible around the extremity



05 TWIST the windlass rod to tighten the self-adhering band until the bleeding has stopped



APPLY tourniquet to stop bleeding within 1 minute



06 LOCK the windlass rod inside either clip to secure it



07 ROUTE the self-adhering band between the clips and around the rod



08 SECURE windlass rod and self-adhering band under the windlass safety strap



09 WRITE the time of tourniquet application on the safety strap and on a DD1380 TCCC Card or forehead



10 COMMUNICATE with medical personnel any aid provided

CHEST SEAL APPLICATIONS TECHNIQUES



01
EXPOSE and uncover any chest wounds



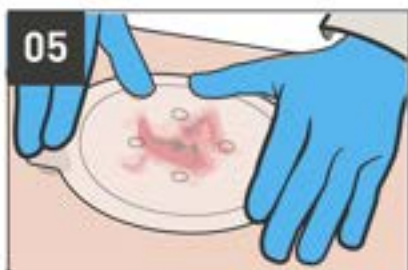
02
OPEN the outer wrapper of the chest seal vented



03
PEEL OFF the protective liner, exposing the adhesive portion of the seal



04
PLACE dressing on patient's wound, adhesive side down

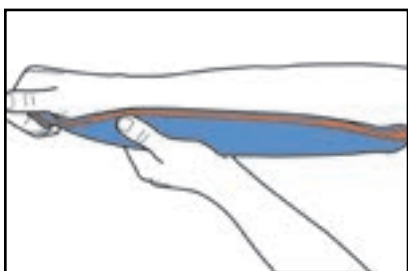


05
Press dressing firmly to skin to assure an occlusive seal

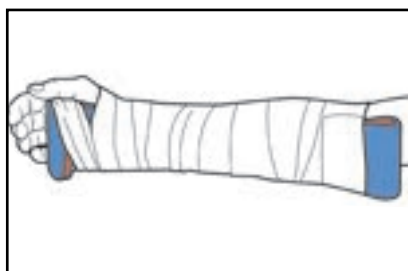


06
PLACE conscious casualty into a sitting position or an unconscious casualty in the recovery position (with their injured side down)

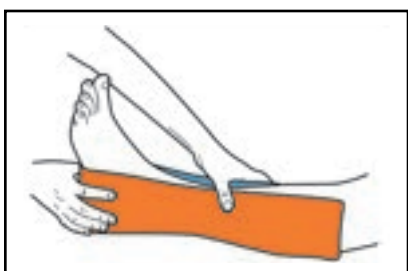
SPLINT APPLICATIONS TECHNIQUES



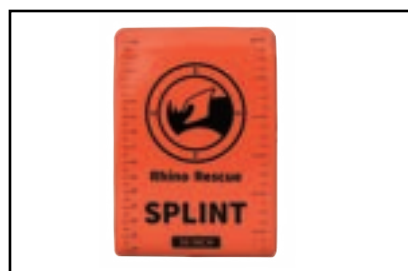
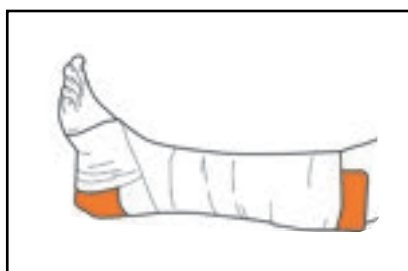
Double Layer Wrist Splint



Humeral Shaft Splint:



Ankle Stirrup



COMPRESSED GAUZE APPLICATIONS TECHNIQUES



01
IDENTIFY the wound and **EXPOSE** the injury



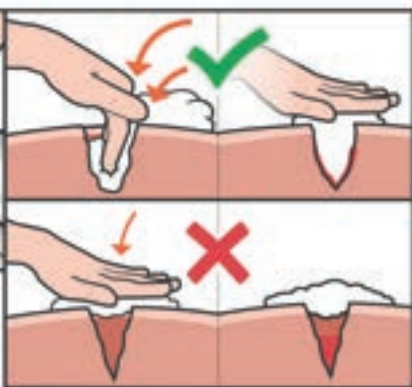
02
Attempt to **LOCATE** the active bleed and apply direct pressure



03a
REMOVE the dressing from sterile package



03b
PACK the most active bleeding wound first



04
APPLY DIRECT, FIRM PRESSURE for at least 3 min or until the bleeding stops



05
REASSESS to ensure bleeding has stopped

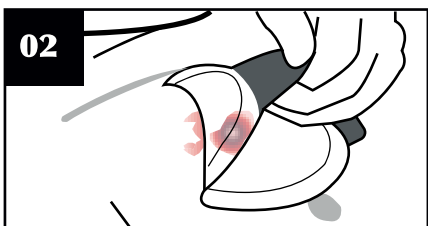


06
APPLY a pressure bandage to secure the dressing over the wound

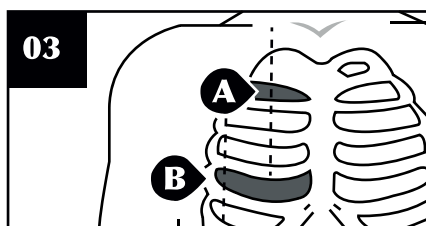


EMERGENCY PNEUMOTHORAX DECOMPRESSION TECHNIQUES

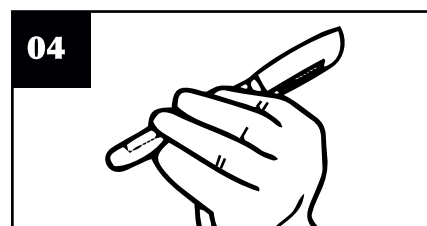
01 **ASSESS** the casualty for signs of suspected tension pneumothorax.



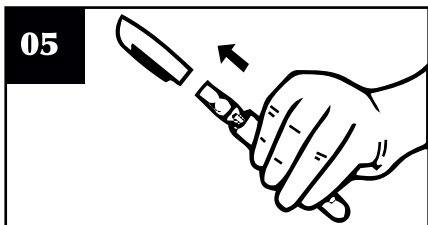
If a chest seal was previously applied, **BURP or REPLACE** the chest seal (if improperly applied).



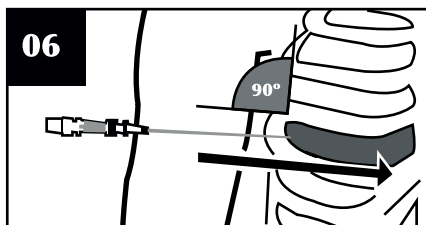
03 **IDENTIFY** the site for needle insertion.



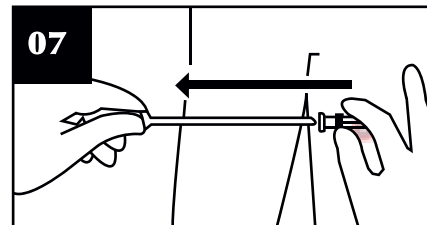
04 **USE** appropriate needle catheter. **NOTE:** If available, use antiseptic solution or a pad to clean the site.



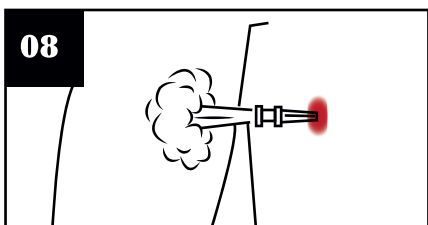
05 **REMOVE** the Luer lock cap from the needle catheter (if applicable)



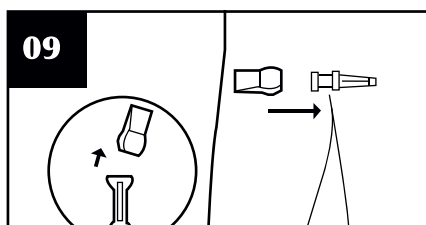
06 **INSERT** needle just over top of lower rib at insertion site, at a 90-degree angle to the curvature of the chest.



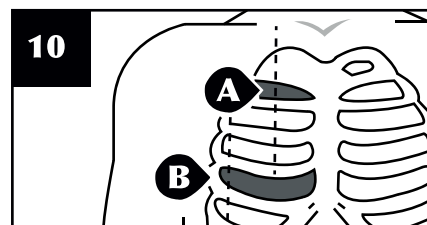
07 **LEAVE** in place for 5-10 sec before removing the needle, leaving the catheter in place.



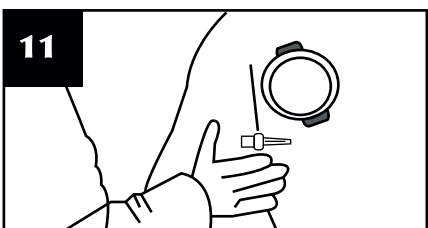
08 **ASSESS** for successful needle decompression. **NOTE:** You should hear air escaping the chest. Respiratory distress Improves.



09 Remove the one-way check valve from the needle and place it on the catheter.



10 If the NDC is not helpful, **PERFORM** another NDC using a new needle on the second site, same side.



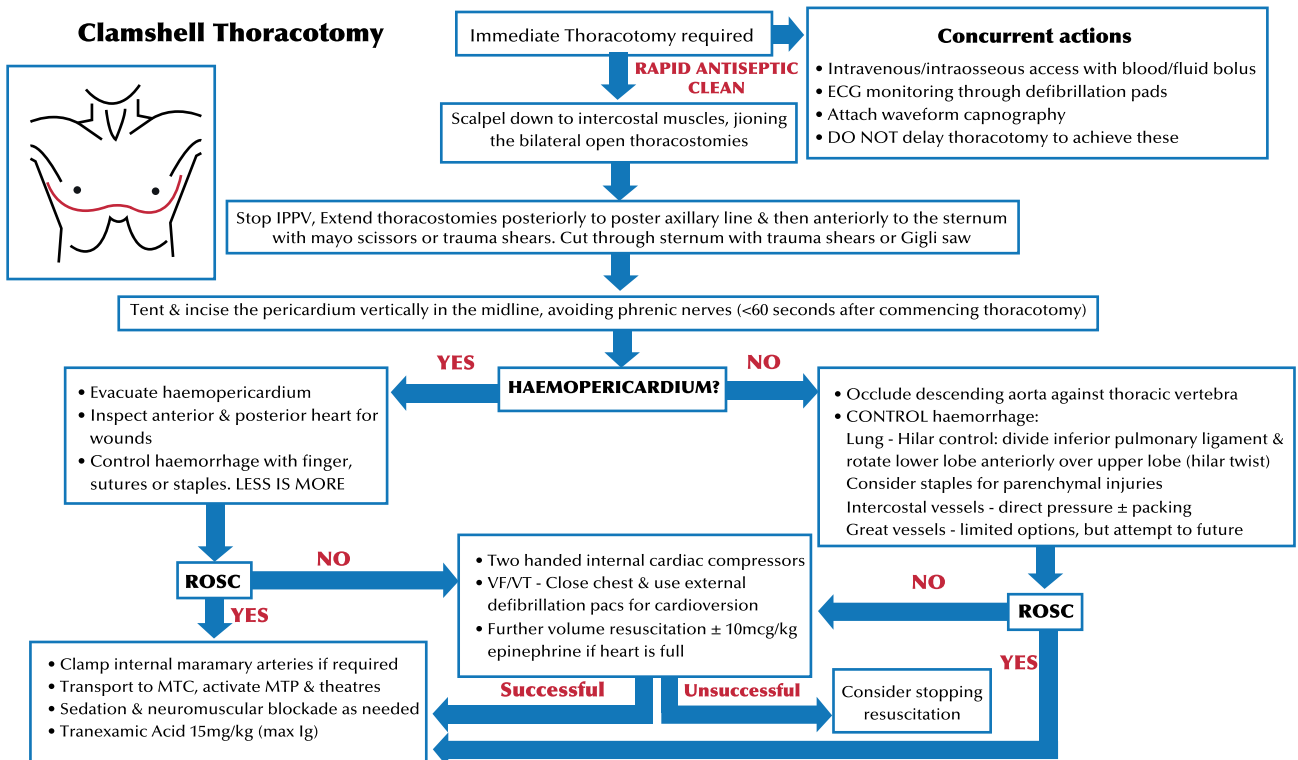
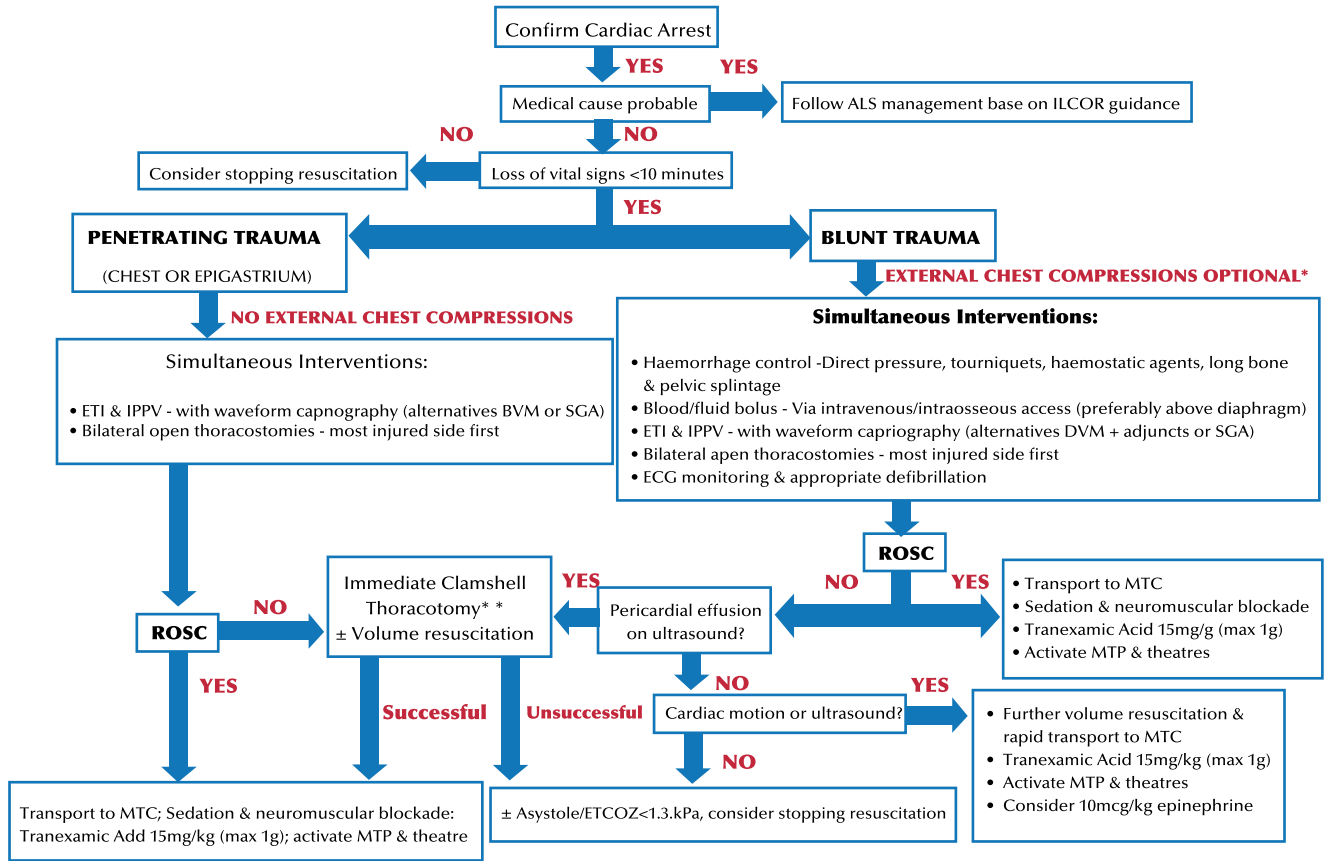
11 If the NDC is not helpful, **PERFORM** another NDC using a new needle on the second site, same side.

NOTES

Continue to REASSESS the casualty for reoccurrence of progressive respiratory distress

1. If the initial NDC was successful, but symptoms later recur, then perform another NDC at the same site that was used previously. Use a new needle/catheter unit for the repeat NDC.
2. If the second NDC is also not successful, then continue onto the circulation section of the MARCH (Massive bleeding Airway, Respiration, Circulation, Hypothermia/Head) sequence.

TRAUMATIC CARDIAC ARREST



Trauma Care Checklist

Immediately after primary & secondary surveys:



IS FURTHER AIRWAY INTERVENTION NEEDED? May be needed if: <ul style="list-style-type: none"> • GCS 8 or below • Hypoxaemia or hypercarbia • Face, neck, chest or any severe trauma 	<input type="checkbox"/> YES, DONE <input type="checkbox"/> NO
IS THERE A TENSION PNEUMO-HAEMOTHORAX?	<input type="checkbox"/> YES, CHEST DRAIN PLACED <input type="checkbox"/> NO
IS THE PULSE OXIMETER PLACED AND FUNCTIONING?	<input type="checkbox"/> YES <input type="checkbox"/> NOT AVAILABLE
LARGE-BORE IV PLACED AND FLUIDS STARTED?	<input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED <input type="checkbox"/> NOT AVAILABLE
FULL SURVEY FOR (AND CONTROL OF) EXTERNAL BLEEDING, INCLUDING:	<input type="checkbox"/> SCALP <input type="checkbox"/> PERINEUM <input type="checkbox"/> BACK
ASSESSED FOR PELVIC FRACTURE BY:	<input type="checkbox"/> EXAM <input type="checkbox"/> X-RAY <input type="checkbox"/> CT
ASSESSED FOR INTERNAL BLEEDING BY:	<input type="checkbox"/> EXAM <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> CT <input type="checkbox"/> DIAGNOSTIC PERITONEAL LAVAGE
IS SPINAL IMMOBILIZATION NEEDED?	<input type="checkbox"/> YES, DONE <input type="checkbox"/> NOT INDICATED
NEUROVASCULAR STATUS OF ALL 4 LIMBS CHECKED?	<input type="checkbox"/> YES
IS THE PATIENT HYPOTHERMIC?	<input type="checkbox"/> YES, WARMING <input type="checkbox"/> NO
DOES THE PATIENT NEED (IF NO CONTRAINDICATION):	<input type="checkbox"/> URINARY CATHETER <input type="checkbox"/> NASOGASTRIC TUBE <input type="checkbox"/> CHEST DRAIN <input type="checkbox"/> NONE INDICATED

Before team leaves patient:



HAS THE PATIENT BEEN GIVEN:	<input type="checkbox"/> TETANUS VACCINE <input type="checkbox"/> ANALGESICS <input type="checkbox"/> ANTIBIOTICS <input type="checkbox"/> NONE INDICATED
HAVE ALL TESTS AND IMAGING BEEN REVIEWED?	<input type="checkbox"/> YES <input type="checkbox"/> NO, FOLLOW-UP PLAN IN PLACE
WHICH SERIAL EXAMINATIONS ARE NEEDED?	<input type="checkbox"/> NEUROLOGICAL <input type="checkbox"/> ABDOMINAL <input type="checkbox"/> VASCULAR <input type="checkbox"/> NONE
PLAN OF CARE DISCUSSED WITH:	<input type="checkbox"/> PATIENT/FAMILY <input type="checkbox"/> RECEIVING UNIT <input type="checkbox"/> PRIMARY TEAM <input type="checkbox"/> OTHER SPECIALISTS
RELEVANT TRAUMA CHART OR FORM COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NOT AVAILABLE

GLASGOW COMA SCALE : Do it this way



CHECK

For factors Interfering with communication, ability to respond and other injuries



OBSERVE

Eye opening , content of speech and movements of right and left sides



STIMULATE

Sound: spoken or shouted request
Physical: Pressure on finger tip, trapezius or supraorbital notch



RATE

Assign according to highest response observed

Eye opening

Criterion	Observed	Rating	Score
Open before stimulus	✓	Spontaneous	4
After spoken or shouted request	✓	To sound	3
After finger tip stimulus	✓	To pressure	2
No opening at any time, no interfering factor	✓	None	1
Closed by local factor	✓	Non testable	NT

Verbal response

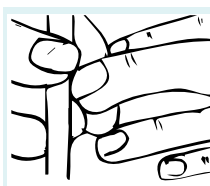
Criterion	Observed	Rating	Score
Correctly gives name, place and date	✓	Orientated	5
Not orientated but communication coherently	✓	Confused	4
Intelligible single words	✓	Words	3
Only moans / groans	✓	Sounds	2
No audible response, no interfering factor	✓	None	1
Factor interfering with communication	✓	Non testable	NT

Best motor response

Criterion	Observed	Rating	Score
Obey 2-part request	✓	Obeys commands	6
Brings hand above clavicle to stimulus on head neck	✓	Localising	5
Bends arm at elbow rapidly but features not predominantly abnormal	✓	Normal flexion	4
Bends arm at elbow, features clearly predominantly abnormal	✓	Abnormal flexion	3
Extends arm at elbow	✓	Extension	2
No movement in arms / legs, no interfering factor	✓	None	1
Paralysed or other limiting factor	✓	Non testable	NT

Sites For Physical Stimulation

Finger tip pressure



Trapezius Pinch



Supraorbital notch



Features of Flexion Responses

Modified with permission from Van Der Naalt 2004
Ned Tijdschr Geneeskd

Abnormal Flexion

Slow Sterotyped
Arm across chest
Forearm rotates
Thumb clenched
Leg extends



Normal flexion

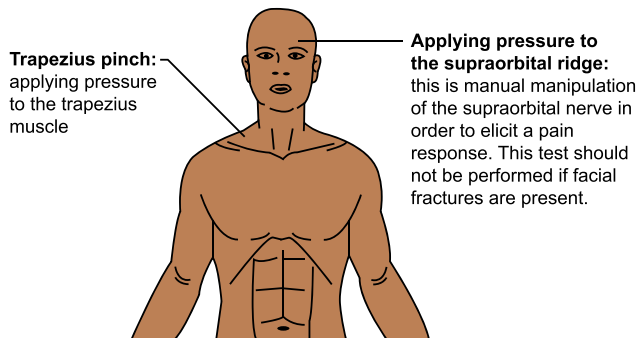
Rapid
Variable
Arm away from body

Neurological Assessment

Table 47.1 AVPU - the patient's response


Alert	Eyes are already open or they open in response to the nurse's voice. The patient is orientated to time and place and recalls own name
Voice	Eyes may or may not be open, but the patient does not always give correct answers to questions like 'Do you know where you are?'
Pain	Eyes may or may not be open, but there is no response to the nurse's voice or being gently shaken. May localise, flex or extend to trapezius pinch
Unresponsive	Eyes are closed and there is no response to voice, being gently shaken or to trapezius pinch or supraorbital ridge pressure

Figure 47.1 Testing for pain




With both tests, start by applying soft pressure and then increase. Apply pressure for no more than 10 s


Figure 47.2 Face, arm, speech, time (FAST) test for stroke




Face
Has the patient's face fallen on one side?
Can the patient smile?



Arm
Can the patient raise both arms and keep them there?

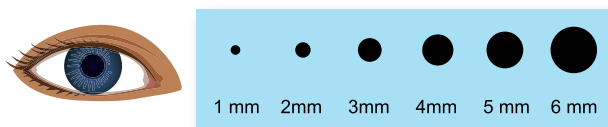


Speech
Is the patient's speech slurred?



Time
to call 999 or medical emergency team in hospital if you see any one of these signs

Figure 47.3 Pupil assessment: shape, size, symmetry and reaction



Examine the shape, size and symmetry of the pupils - they should be round, equal and about 2.5 mm. Shine a bright light into each eye one at a time, from the outer aspect, and look for pupil constriction in both eyes (consensual reaction)

Table 47.2 Glasgow coma scale

Eyes opening: E	Verbal response: V	Motor response: M
4: Spontaneously	5: Orientated, communicating normally	6: Obeys commands
3: Only to voice	4: Disorientated conversation	5: Localises - brings hand to the source of pain
2: Only to pain	3: Incoherent words or incomprehensible sounds	4: Withdraws to pain: patient bends arm to the source of the pain but can't locate it
1: None	2: Sounds only	3: Decorticate posture: flexion to pain
	1: None	2: Decerebrate posture: extension to pain
		1: None
E +	V +	M
For example: 4 +	5 +	6 = 15 = Total score

Pain (supraorbital pressure)

Stick your tongue out and now put it back in

Lift your arm and now put it down

Types of motor response

Decorticate rigidity

Decerebrate rigidity

Any drop in GCS score should be reported immediately

23



SILICONE LARYNGEAL MASK AIRWAY

FEATURES

- Made of imported medical grade silicone, high quality.
- Silicone cuff is made by one time, provides good and soft sealing.
- Cuff color can be customized: flesh, blue and transparent 3 colors available.
- Single-use and reusable 2 types available.
- MRI compatible type is available for single-use silicone Laryngeal Mask Airway.
- Reusable type is autoclave sterilization only, can be reused up to 40 times.

SPECIFICATIONS:

- Size/s: 1.0/1.5/2.0/2.5/3.0/4.0/5.0
- Single Use and Latex Free.



EMERGENCY CRICOTHYROTOMY KIT

DESCRIPTION

The Civilian Cric Pack contains the tools needed in emergency situations to perform a cricothyrotomy. An emergency cricothyrotomy is a surgical procedure used to gain prompt access to an otherwise compromised and inaccessible airway. The Civilian Cric Pack has everything trauma personnel will need:

- Scalpel #10 blade for incisions
- Endotracheal tube, 6.0 mm . Cuffed for maintaining an open airway with a fixed positive stop 7 centimeters from the distal tip
- 35 cm bougie designed to guide the airway into place
- 10cc syringe for inflation of airway cuff
- Curved Crile Hemostat for clamping or opening.
- News Tracheal Hook
- One Buff Twill Cotton Tape for stabilizing the airway

SPECIFICATIONS:

- Dimensions: 9.25" H x 4" W x 1.75" D
- Weight: 8 oz



CRICOTHYROTOMY KIT QUICK TRACH II WITH CUFF

DESCRIPTION

The Cricothyrotomy Kit Quick Trach II is an emergency airway device that allows quick and safe ventilation. In the presence of acute respiratory distress with upper airway obstruction, the Quick Trach II kit is ready to use.

FEATURES

Sterile, Adult 4.0 mm, pre-assembled and ready to use, Single Use, Latex Free

- Adult 4.0mm kit includes: 1 Quick Trach, sterile with stopper, 1 syringe, 1 cuff, 1 cushion neckband, and 1 15mm connect tube. Pre-assembled and ready to use. Single use.

SPECIFICATIONS:

- Dimensions: 9.25" H x 4" W x 1.75" D
- Weight: 8 oz



FRONTLINE THORACIC DRAINAGE

DESCRIPTION

Small thoracic drainage seen from Portex intended for use outside hospitals. The kit includes a drainage bag that is folded to take up as little space as possible without affecting the valve. The 28Fr hose is connected directly to the bag. The rim-sibel introducer is located inside the hose to hold the basket when packed. The kit is packed in polythene bag with perforated side so that it can be easily opened. It is then packed in a waterproof outer carton. The kit is suitable for emergency procedures outside the hospital.

The kit includes:

- 1500 ml drainage bag with integrated hose.
- Flexible introducer. Blunt artery tweezers.
- Suture size 0 (1 meter). Scalpel.



OROPHARYNGEAL AIRWAY (GUEDEL TYPE)

FEATURES

- Made of semi-rigid, non-toxic polyethylene.
- Smooth integrated design for optimum patient comfort and safety.
- Guedel style enclosed center channel.
- Bite block is designed for easy identification and to prevent biting down so that can avoid blocking airway.
- Color coded to easily identify sizes, full ranges of sizes available.

SPECIFICATIONS:

- Size/s with color code:
000 (Pink)/00(Blue)/0(Black)/1(White)/2(Green)/3(Yellow)/4(Red)/5(Light Blue)/6(Orange)



DISPOSABLE LARYNGEAL TUBES

DESCRIPTION

The Laryngeal Tube is disposable, simple to use airway device that provides superior patient ventilation. It is designed with a straightened, beveled distal tip that assists in directing the airway posterior to the larynx and into the upper esophagus. This helps prevent the device from entering the trachea.

FEATURES:

- Straightened, beveled distal tip to direct airway posterior
- Single inflation port
- Drain tube for gastric and suction catheters
- Color-coded to Indicate sizes
- Stable during transporting
- 360° tissue seal above and below the glottic opening for high ventilatory seal pressures
- Balloon seal in esophagus for aspiration protection
- Disposable
- Latex-free
- Phthalate-free



INTRAOSSIOUS INFUSION NEEDLE

DESCRIPTION

When you need immediate vascular access, you can be confident that the NIO Adult™ is complete and ready to use. The NIO Adult is an automatic intraosseous access device packaged for quick, safe, easy vascular access in 10 seconds or less*. No batteries. No assembly. No extra parts.

FEATURES:

- Sterile, single-use device—eliminates the risk of cross-contamination
- Safe, no exposed needle
- Patient-friendly and user-friendly
- No assembly required
- No external power source or battery required
- Pocket-sized and lightweight—3.5oz
- 5-year shelf life
- Eliminates the risk of CLABSI

CHARACTERISTICS

- Applications; intraosseous infusion
- Options; sterile, automatic
- Diameter (gauge); 15G



ABDOMINAL AORTIC JUNCTIONAL TOURNIQUET (AAJT)

Description

The Abdominal Aortic Junctional Tourniquet (AAJT) is the first device to provide stable and complete occlusion of flow of blood to the pelvis, inguinal region and lower extremities. It has 510(k) approval from the FDA for difficult to control inguinal hemorrhage. It is applied to the mid-abdomen, tightened and inflated and may remain on for up to an hour safely. It is the easiest junctional device to use on the market today.

Primary Advantages

- Speed of application (mean time of application 45 sec, faster than a single CAT application or any of the other junctional devices)
- Definitive cessation of arterial blood flow below the umbilicus
- Lower tissue pressures for increased comfort and decreased risk of secondary tissue and nerve injury
- The AAT is the most stable junctional device during patient movement due to not being positioned near or over inguinal joint line
- The AAT is the only device to stop bleeding in interpelvic injuries which is a common complication in lower junctional trauma
- The AAT provides the capability to be used as a triage and assessment tool. First application allows a blood free field to identify wounds and apply appropriate interventions.
- No effect on respiratory effort or diaphragm movement during application



CHEST SEAL

DESCRIPTION

Chest Seal is an advanced occlusive dressing designed to treat open chest wounds. Penetrating injuries to the chest that result in open chest wounds may lead to tension pneumothorax, the second leading cause of preventable death on the battlefield. Chest Seals are specifically designed with a medical grade hydrogel adhesive strong enough to adhere to skin that is exposed to blood, sweat, hair, sand or water.

FEATURES

- Used by Military, Police, Fire, EMS and First Responders
- Large Release Tab for Easy Application and Removal
- Effective in Extreme Cold and Heat
- Transparent Backing for Easy Placement Over the Wound
- Strong Medical Grade Hydrogel Adhesive
- Conforms and Adheres Easily to All Body Surfaces
- Provides total occlusion -- even with excessive blood, dirt, sand, hair, or heavy perspiration
- Large pull tab for easy, quick application
- Configured for ease of use in low-light environments
- Latex-free; minimum incidence of allergic reactions to adhesive
- Durable, puncture-resistant packaging
- Integrity and function maintained when stored or carried in folded configuration



EMERGENCY BANDAGE

DESCRIPTION

The emergency Trauma Dressings consist of a tough elastic wrap equipped with sterile non-adherent pads, durable safety devices, and an innovative quick-grip roll control configuration. This combination facilitates a fast, controlled, and highly effective application process in the most demanding conditions. It can also be used to bind and swing arms, to secure a splint to the extremities or to perform in other functions that require elastic wrapping.

FEATURES

- Sterile bandages are suitable for applying direct direct pressure Simple
- Application that is easy to remember under Battle/survival stress
- Negligence of pressure bars and hooks to moderate the use of fine
- Motor skills Quick grip roll control tab to prevent bandages from detaching when used
- Vacuum sealed packaging, low cubes, tear notches Red

SPECIFICATIONS

- Instrument classification: Class I
- Type: quick clot
- Place of use: family, outdoor, military
- Product sizes: 4" , 6" & 8"
- Weight approx.: 110g
- Packing list: 1 bandage



BLAST BANDAGE

DESCRIPTION

The Tactical Medical Solutions Blast Bandage was designed to provide the ability to quickly package traumatic amputations, burns and large pattern wounds with minimal effort and minimal use of supplies. The Blast Bandage covers a 20" X 20" treatment area, but packs down to about the size of a 4" combat bandage.

The Blast Bandage features a large non-adherent wound pad that can be easily wrapped around limbs and secured with the attached elastic wrap. It provides a large sterile protective covering for shrapnel wounds or burns. With such a large coverage area, the Blast Bandage is large enough to cover the entire back or chest of most patients. It also offers a removable occlusive layer that will cover a 19" x 19" area, or can be used to cover abdominal contents minimizing the loss of heat and moisture.

As with Tac Med Solutions' other bandages, the brakes on the bandage help prevent accidental unrolling of the elastic wrap during high stress application. These brakes are especially helpful while dressing amputations. Multiple points of adhesion prevent slippage of the elastic during the wrapping process. This creates a more secure, effective bandage and decreases the chance of the wound being exposed during movement.

SPECIFICATIONS

Dimensions: 4" H x 7" W x 2.5" D (packaged)

Weight: 3.8 oz



ELASTIC CREPE BANDAGE

DESCRIPTION

10Cm x 4.5M Elastic Crepe Bandage-Durable Compression Bandage Emergency Care Bandage First Aid

SPECIFICATIONS

- Size: 7.5cm*4.5cm 26cm*15cm(pcs)
- Weight: 350g/12pc
- Material: 80% cotton+20% spandex



COMBAT TAPE

DESCRIPTION

Made of strong material, but easily torn off when needed.
Comfortable and compact.

SPECIFICATIONS

- Size; 5cm x 2.5m
- Color; Grey
- Country of brand registration; United States



COMPRESSED GAUZE

DESCRIPTION

High Quality Made gauze is 100% cotton made and has excellent fluid absorption and stability, sterile and ready to use.

Moderate to Heavy Blood Loss, gauze can be used to control hemorrhage in conjunction with a compression bandage, and also used as a backing gauze for hemostatic dressings or for minor wound bandaging.

Easy to Carry; It is a 4.5" x 4.1yd gauze with z-folded compressed pack. The ultra-compact size makes it easily to fit any IFAK and medic trauma kits.

Long Shelf Life; The gauze is vacuum sealed with durable individual package and can be stored for at least 5 years.

Actual Combat Tested; RHINO RESCUE products are supplied to global military forces in many countries, and our products have been tested repeatedly in actual combat.

SPECIFICATIONS

- Color: White
- Product Size: 11.43cm*3.75m
- Material: Cotton
- Fold method: Z-Folded
- Shelf life: 5 years



SOLUBLE HEMOSTATIC GAUZE

DESCRIPTION

Soluble Hemostatic Gauze is a white or light yellow knitted fabric with uniform color and soft textile. It is mainly made up of sodium carboxymethyl cellulose. SUNTOUCH Soluble Hemostatic Gauze can quickly absorb water of exudates from wound surface to form viscous gel. It is effective in immediate hemostasis, protecting wound site and accelerating healing for trauma and post operational wound.

SPECIFICATIONS

- Size: 10x10cm
- Shelf life: Three years
- Packages: Foil Bags, independent sterile packaging.
- Size : 10x10cm , 10*90cm
- Packages: Foil Bags, independent sterile packaging.
- Shelf life: Three years



Vertical Life Rescue Sled (VLR)

The Vertical Life Rescue Sled (VLR) gives you all of the functionality of conventional CASEVAC/Tactical Evacuation Care methods with a less complicated, more durable system

The Sled VLR is an extraction device that provides quick transport of an injured individual in a difficult or hostile rescue situation. Lightweight and rolled into a compact carrying bag, it is designed for ease in carrying. Its durable construction makes for a quick and safe transport. Just one soldier can quickly load and secure a casualty onto the sled. Each sled utilizes a waist harness for easy horizontal movement, which leaves the soldier's hands free to use his or her weapon, while transporting their fellow soldier to safety.

This is not the Patient Transport sled commonly used in hospitals and nursing homes. This is the tactical extrication sled which is lighter, smaller and designed for horizontal and vertical lifting.

**Benefits & Features:**

- Fast Deployment
 - No assembly required
 - Integrated Hoist System for quick lifting (pre-assembled) Requires minimum deployment training
 - Includes Rapid Deployment Bag
- Lightweight
 - 17.2 lb. (10 lb. sled only)
 - Few components enabling immediate deployment
- Strong, Durable
 - Utilizes high-density polyethylene, a more durable material
 - 9,000 lb. rated perimeter tether secures the warfighter and expedites the evac process
- Utilizes 4,000 lb. rated cross straps with side release buckles for ease of use
DeCon capable
- Integrated Hoist System
 - Capable of Vertical and Horizontal Lift
 - Hoist system rated to 9,000 lb.
 - Helicopter hoist straps included with every sled
 - No assembly required at time of extraction and vertical lifting
 - More performance specifications available



MILITARY VACUUM MATTRESS

DESCRIPTION

The vacuum mattress is a combined stretcher and vacuum mattress. To save storage space the mattress can lie on the stretcher at all times, acting as a stretcher mattress. If vacuum immobilisation is needed, the vacuum mattress is integrated in the stretcher mattress and is ready for use immediately. Of course, the mattress can also be used as a stand-alone ordinary vacuum mattress.

Specifications

- Maximum shrinkage on length: 1%
- Maximum shrinkage on width: 3%

Material

- Outer material: Polyester fibre, PVC coated (flame retardant)
- Inner bag: Polyamide
- Granules: Styropor granules (flame retardant)

- Working temperatures – 36 to + 75°C

Product info

- Carry capacity 250 kg
- Approved according to European Standard EN 1865
- Quality controlled production ISO 9001:2000
- 3 Year Warranty against production faults on production quality



SCOOP STRETCHER

DESCRIPTION

The ergonomically-designed Scoop Stretcher is designed to be uncoupled on either or both ends and used to gently scoop up the patient using a scissor-type closing motion. Due to its all-aluminum construction, the Scoop is lightweight and durable. It is also adjustable lengthwise to accommodate various body sizes. The Scoop Stretcher comes with three restraints and is available with or without pins.

FEATURES AND BENEFITS

- Ergonomic design helps users work quickly and safely
- Adjusts to three lengths to accommodate various body sizes
- All-aluminum construction is lightweight and durable

SPECIFICATIONS:

- | | |
|--------------|-----------|
| • Weight | 6.99 kg |
| • Load Limit | 158.98 kg |
| • Width | 42.93 cm |
| • Length | 118.87 cm |



ADJUSTABLE COLLAR

DESCRIPTION

The extrication collar is designed to assist with the maintenance of neutral alignment, prevention of lateral sway and anterior-posterior flexion and extension of the cervical spine during transport and routine patient care or movement.

FEATURES

- 16 precise settings for a customized fit within the range of 4 standard adult settings
- Comes with a flip chin piece for flat storage and pre-shape to fit the chin, and to facilitate intubation and removal of vomitus from the patient's mouth
- CT and MRI compatible, and comes with a ventilated, posterior shell for fluid drainage.
- Comprehensive sizing system for easy and accurate sizing

Specifications:

- Made of polyethylene.
- 16 settings from Neckless (size 3) to Tall (size 6)
- Measures approx. 56 x 18 x 1.5 cm



SAM SPLINT

DESCRIPTION

Surviveware Multi-Purpose, Reusable Splint for Fingers, Thumbs, Wrists and More, 36 Inches.



FEATURES

QUALITY & COMFORT

Manufactured with a thin core of aluminum and padded by an outer foam shell, the Surviveware splint is lighter and more flexible than other traditional splinting materials.

CONVENIENT

Stay supported by not having to remove the splint for x-rays - it is radiolucent and allows the x-ray beam to pass through it. The splint is lightweight but strong, water-proof, reusable, compact, latex-free, and easy to use.

CLEAR INSTRUCTIONS

Having clear instructions printed on the outside is a must for stressful situations. This makes our splint the perfect supplement to emergency first aid kits. This 36" x 4.4" rolled splint weighs next to nothing and is easy to store and transport.

STABILIZE INJURIES

The Surviveware splint can mold itself to whatever shape you need to stabilize an injury. Manipulate it by folding, molding, bending, and cutting (you only need regular scissors) to fit your desired size and to immobilize and protect injured bones, fractures, sprains, strains, and muscle stress.

PLIABLE AND STRONG

Once the splint is unrolled, it is pliable and easy to shape. As soon as it is shaped into one of three curves, it becomes sturdy and extremely supportive of any injured part of the body, even a neck brace. In survival situations, you could even fashion it to work as a shovel. An ingenious multi-use medical kit must-have



KENDRICK TRACTION SPLINT

INDICATIONS

- Immobilise and apply traction to
- Unilateral femoral shaft fractures
- Bilateral femoral shaft fractures
- Femoral fractures in the presence of a confirmed or suspected pelvic fracture

CONTRAINDICATIONS

- Ankle or lower limb fractures.
- Significant knee injury.

APPLICATION TECHNIQUES

- All relevant infection control methods to be utilised.
- Prepare splint
- Explain the procedure to the patient.
- Consider appropriate analgesia.
- Expose the injured leg completely; examine the leg, check for pedal pulses, motor and sensory function.
- Assess injured limbs colour, warmth, movement and sensation.



TRACTION SPLINT

DESCRIPTION

Traction Splint has been designed for Pre Hospital Care and Patient transport. It is used on patients with mid-line femur fractures. It helps relieve patient pain and prevents further damage to surrounding muscle and tissue.

Includes:

- Carrying case
- 4 Leg straps and adjustable ankle strap
- Instructions for use

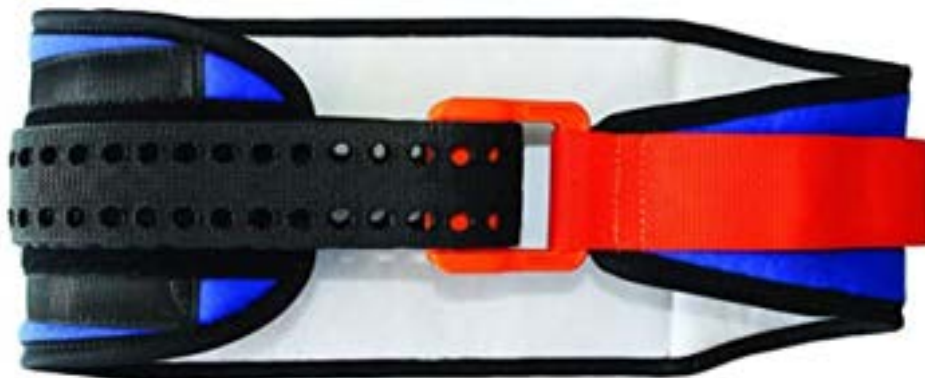


Features

- Design for patient with suspected of lower body injuries
- Provided with mechanical traction to relieve pain and reduce possibility of further vascular and nerve damage
- Relieves pressure on fractured leg by means of traction applied thus avoids further hemorrhage and shock
- High strength aluminum construction with nylon straps
- Length adjustable durable construction
- Lightweight
- Comes with a carrying bag
- Available in adult or pediatric sizes

Specifications

Product	Traction Splint	Traction Splint
Type	Adult	Pediatric
Unfolded – Length (cm)	136	118
Unfolded – Width (cm)	22	18
Unfolded – Height (cm)	18	17
Folded – Length (cm)	90	80
Folded – Width (cm)	22	18
Folded – Height (cm)	18	17
Weight (kg)	2	1,8



PELVIC BINDER

DESCRIPTION

The Pelvic Sling is the first and ONLY force-controlled circumferential pelvic belt. It is scientifically proven in peer-reviewed studies to safely and effectively reduce and stabilize open-book pelvic ring fractures. The Pelvic Sling was designed not to over-tighten or under-tighten, unlike other commercial binders which allow unlimited force to be applied to the patient.

FEATURES AND BENEFITS

- Scientifically and clinically proven to provide safe and effective force to stabilize pelvic fractures
- Buckle maintains correct force; cannot be over-tightened
- Standard size fits 98% of population, Small and Large sizes available for children or large patients
- "Click" provides clear feedback to confirm correct application
- Pulling gradually and symmetrically increases sling tension and reduces the pelvis
- Low friction posterior slider facilitates transfers
- Front of Sling is narrow and tapered to facilitate urinary catheterization, interventional radiology, external fixation and abdominal surgery
- Fabric does not stretch and cleans for reuse with standard detergents or antimicrobial solutions
- Radiolucent (allowing for X-rays and CT-scans without removal)
- Ease of application: just insert belt through buckle, pull strap, and secure
- Velcro on strap and sling for quick and easy fastening
- Reusable, not a onetime use device
- Latex free

TECHNICAL DATA

- Small: Hip Circumference: 27"-47" (69cm x 119cm); 9oz
- Standard: Hip Circumference: 32"-50" (81cm x 127cm); 9oz
- Large: Hip Circumference: 36"-60" (91cm x 152cm); 9oz
- Military: Hip Circumference: 32"-50" (81cm x 127cm); 9oz



WHEELED LITTER CARRIER/FIELD STRETCHER

DESCRIPTION

The Wheeled Litter Carrier is a light, stable device, equipped with two large non-pneumatic wheels designed for transporting injured persons on rugged terrain. These flat-free tires keep the unit mobile at all times, without the need for a pneumatic pump. When the supporting legs are in the transport position the patient is easily moved by one or two persons. When the supporting legs are in the “static” position the litter carrier is a steady and stable support for the patient. When not in use, the Litter Carrier is easily folded to a compact size for storage. The Military Litter Carrier has proved very useful for transporting and moving injured patients (or materials) inside field hospitals and field hospital areas, AMPs, or to provide access to helicopter pads or airlift areas in typical large-scale emergency or natural disaster scenarios.



Wheeled Litter Carrier Features:

- Transport patients or supplies quickly with just one bearer, over a variety of terrain. This will save personnel time and energy in the field
- Metal Hand Wheel system: Allows for quick adjustment that will secure any sized litter or backboard.
- Intuitive design allows for one handed adjustment
- Puncture Free SKYWAY Wheels: include solid inserts to prevent flat tires
- Equipped with Quick Release Pins that allow the carrier to be assembled and disassembled in under 30 seconds
- Temporary Hospital Bed: Can be used wherever necessary as a temporary hospital bed
- Powder Coated Steel, Cathophoresis paint process
- Weight Limit: Current Max test level, 500 lbs.
- Stainless Steel Fittings
- Assembles/Disassembles in under 30 seconds
- Available colors: Orange, Olive Drab, Black

Dimensions:

- Open
 - Length: 62.2" in.
 - Width: 24.41" in.
 - Height: 33.86" in.
 - Weight: 46.29 lbs.
- Closed
 - Length: 20.47" in.
 - Width: 24.41" in.
 - Height: 33.1" in.
 - Weight: 46.29 lbs.



FOLDABLE FIELD STRETCHER

The most compact & versatile litter on the market, allows casualty transport in restricted compartments. By extending the ergonomically designed handles, the fold stretcher becomes a standard NATO-compatible evacuation platform.

Special Features

- Certified Safe-to-Fly U.S. Army Rotary Wing
- Retractable, ergonomically designed handles
- Automatic locking hinges
- Slip-resistant, chemical-resistant ripstop fabric tested & approved by Federal & private labs using live warfare agents
- 6 IV-attachment points
- 2 patient-securing straps
- U.S. Patents 6,842,923 & 5,598,592, Patent(s) Pending

Technical Information

- | | |
|----------------------------------|------------------------------------|
| • Folded with handles collapsed: | H 20.5 in. x W 8.5 in. x D 9.5 in. |
| • Open with handles collapsed: | L 78 in. x W 22.5 in. x D 6 in. |
| • Open with handles extended: | L 90 in. x W 22.5 in. x D 6 in. |
| • Weight: | 16 lb 6 oz (7.4 kg) |
| • Payload: | 1200 lb (544.3 kg) |
| • Ground Clearance: | 1.5 in. |

Extras

- Back Rest (optional): 90/45 degree angles View Talon® Back Rest
- 33 in. Litter Stands (optional): 33 in. Litter Stands View 33 in. Litter Stands

Medsurge Advance life support emergency response kit Management

Date Used	Location	Injury Description

Date Used	Seal Serial Number	Location	Injury

<p>ITEM USED:</p>
<p>REMARKS:</p>
<p>USED BY:</p>



MUSEUM HILL CENTRE, MUSEUM ROAD
P.O. BOX 75534 00200
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