







The Medsurge advance life support emergency response kit provides the first responder with Medical Emergency Response Equipment and Technology that meets the rigorous demands encountered when saving lives in pre hospital setting.

The kit is a perfect platform for acute care patients transfer in ambulances.

It is a perfect medical resource during expedition and in frontlines.

The Medsurge advance life support emergency response kit is ideal for military medical teams, fire fighters and emergency first responders.

The kit is a life-line in disaster and disease epidemics where conventional healthcare settings are overwhelmed or disrupted.

The Medsurge advance life support emergency response kit is an Emergency Bag for Advanced Life Support. It is a foldout bag that opens like a clam shell allowing the user to visualize all contents at a glance, it has a space for oxygen therapy and airway control equipment. The bag's big capacity & layout is ideal to quickly access the necessary equipment for working in different emergency scenarios.

Features

Big reflective pullers for easy opening & Night/day reflective bands.



Interior flap with 8 elastic bands to fasten different materials



Washer to extract the oxygen tube



Ergonomic padded back panel.



Bands of rubber around the outside to protect and support the bag when placed down either horizontally or vertically.



4 detachable, colourcoded compartments with transparent windows according to the normalized color code.









Space for resuscitation device & mask.

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Isothermal ampoule holder, capacity 66 ampoules

Space for the oxygen bottle with Velcro.

The kit can be disinfected and decontaminated easily

Airway & Breathing

- · Oxygen Cylinder and flow gauge
- · Self inflating bag -
- Bag, mask, reservoir bag
- · Oxygen tubing
- · OPAs 2, 3, 4, 5
- ET tubes
- · Bougie
- · 2% xylocaine gel,
- · Tube tie tape
- Syringe
- · Saline 10ml
- · Surgical airway kit -
- Lidocaine, syringe, needle, scalpel,
- · Trach tube 7.0, suture
- · Cricothyroidotomy kit -
- Cannulae 2 x 16g Oxygen tubing + 3 way tap
- · Laryngoscope handle
- · McIntosh blades 3, 4
- · Spare batteries
- · Spare bulb

Dressings pack

- · Surgical scissors
- · Hand towels, disposable
- · Forceps; Dissecting & Artery
- · Sterile gauze
- · Cotton wool balls
- · Dressing pads
- · Sterile gloves
- · Crepe 6 inch and 4 inch
- · Strappings
- · Sterile gauzes 5
- · Abdominal packs 3
- · Triangular bandage
- · Betadine solution

Oral drugs

- · Paracetamol 500 tabs
- · Paracetamol 125mg supps
- · Ibuprofen 400 mg tabs
- · Aspirin 300mg tabs
- · Actal tums
- · Loperamide 2mg caps
- · Combivent inhaler 2
- · Atrovent inhaler 2
- · Salbutamol inhaler
- · GTN spray
- · Artery Forceps 3

Suction pouch

- · Sphygmomanometer roll
- · Hygiene pack Gloves, surgical masks, N95 masks
- Emesis bags
- Incontinence pads
- Plastic bags



Infection Control

- · Hand sanitizer
- Goggles
- · N95 Mask x 3
- · Alcohol surface wipes
- · Waste receptacle bag

Diagnostics

- · Torch
- · Thermometer, digital
- · Stethoscope
- Tourniquet
- · Glucometer & sticks

Loose items

- · Padded arm splints x 3
- · Wire splints x 2
- · Pressure bag
- · IV Flagyl
- · 50% Dex
- · Glucometer Adult Oxygen masks x 2
- · Adult Nasal cannulae x 2
- · Nebuliser mask(1adult + 1
- · Paed)
- · Oxygen tubing 2
- · NGT pouch
- Ryles tubes FG 12, 14, 16
- · Drainage bag x 2
- · Syringe 50ml(with a tip)
- · Spiggot
- · 2% xylocaine gel
- · Catheter pouch
- · Foley catheters FG 12, 14.16
- · Drainage bag
- · 2% xylocaine gel
- · Syringe 10ml · Sterile water 10ml x 2
- · Sterile gloves 1
- · Sterile gauzes 5

Circulation

- · Normal Saline 500ml x 2
- · Giving sets x 2
- · Cannulae -
- 2 each of 22g, 20g, 18g, 16g
- Alcohol sterets
- · Dextrose Saline 500ml
- · Glucose 5% 500ml
- · Mannitol 500ml
- · Hartmanns 500ml
- · Blood giving set 1

Suction pouch

- · Yankeur sucker
- · Suction catheters green, white











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

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.



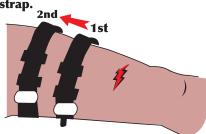
If the bleeding still doesn't stop, place a second tourniquet closer to the torso from first tourniquet.

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

2nd











STOP THE BLEED

INSTRUCTIONS

PERSONAL PROTECTION EQUIPMENTS Personal Protection - an overview It defines the four fundamental concepts of personal security: being prepared; being alert; taking proper precautions to reduce the chance of becoming a victim

WOUND PACKING COMPRESSED GAUZE

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

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

COMPRESSED GAUZE

SEVERE BLEEDING TOURNIQUETS

The Combat Application Tourniquet (CAT) is a small and lightweight one-handed tourniquet that completely occludes arterial blood flow of an extremity in the event of a traumatic wound with significant haemorrhage.

MODERATE BLEEDING TRAUMA DRESSINGS

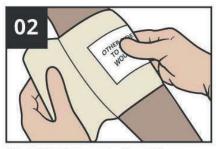
The emergency Trauma Dressings consist of a tough elastic wrap equipped with sterile non-adherent pads, durable safety devices, and an innovative quick-grip roll control configuration. This combination facilitates a fast, controlled, and highly effective application process in the most demanding conditions. 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.



EMERGENCY BANDAGE APPLICATIONS TECHNIQUES



REMOVE the bandage from the pouch and packaging



PLACE the pad directly on the wound and maintain pressure



WRAP the elastic bandage around injured extremity and maintain pressure



INSERT the elastic bandage into the pressure bar



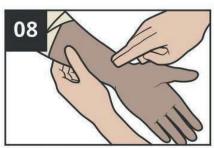
REVERSE WRAP the elastic bandage back over the top of the pressure bar



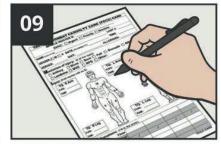
WRAP bandage tightly over the pressure bar until pad edges are covered



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



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



DOCUMENT medical aid on a DD1380 TCCC Card



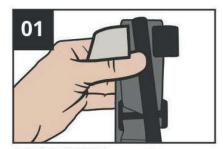
COMMUNICATE with medical personnel any aid provided







TOURNIQUET APPLICATIONS TECHNIQUES



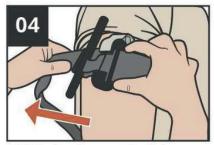
REMOVE CAT tourniquet from the first aid kit or carrying pouch



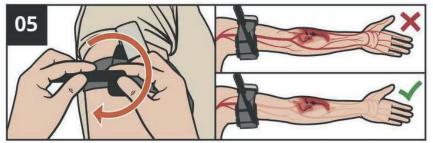
SLIDE the injured arm or leg through the loop of the self-adhering band



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



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



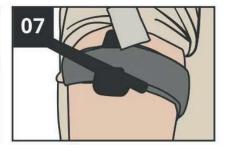
TWIST the windlass rod to tighten the self-adhering band until the bleeding has stopped



APPLY tourniquet to stop bleeding within 1 minute



LOCK the windlass rod inside either clip to secure it



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



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



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



medical personnel any aid provided





COMPRESSED GAUZE APPLICATIONS TECHNIQUES



IDENTIFY the wound and **EXPOSE** the injury



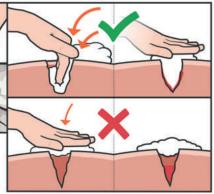
Attempt to **LOCATE** the active bleed and apply direct pressure



REMOVE the dressing from sterile package



bleeding wound first





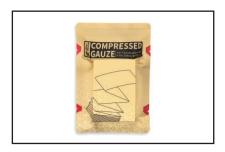
REASSESS to ensure bleeding has stopped



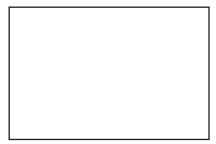
APPLY DIRECT, FIRM PRESSURE for at least 3 min: or until the bleeding stops



APPLY a pressure bandage to secure the dressing over the wound









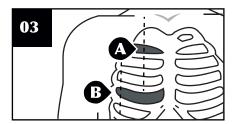
EMERGENCY PNEUMOTHORAX DECOMPRESSION TECHNIQUES

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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).



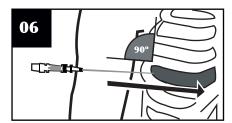
IDENTIFY the site for needle insertion.



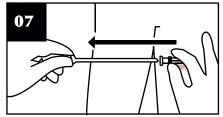
USE appropriate needle catheter. **NOTE:** If available, use antiseptic solution or a pad to clean the site.



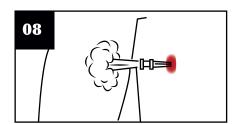
REMOVE the Luer lock cap from the needle catheter (if applicable)



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

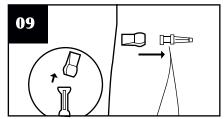


LEAVE in place for 5-10 sec before removing the needle, leaving the catheter in place.

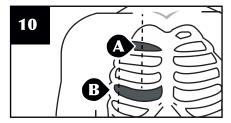


ASSESS for successful needle decompression.

NOTE: You should hear air escaping the chest. Respiratory distress Improves.



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



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



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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 wasused 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.



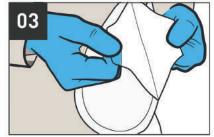
CHEST SEAL APPLICATIONS TECHNIQUES



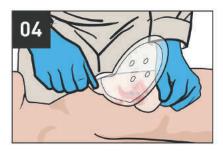
EXPOSE and uncover any chest wounds



OPEN the outer wrapper of the chest seal vented



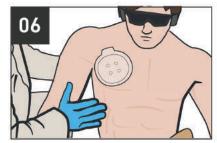
PEEL OFF the protective liner, exposing the adhesive portion of the seal



PLACE ressing on patient's wound, adhesive side down

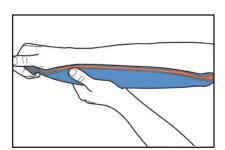


Press dressing firmly to skin to assure an occlusive seal

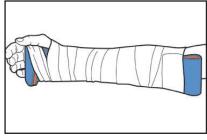


PLACE conscious casualty into a sitting position or an unconscious casualty in the recovery position (with their injured side down)

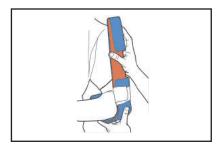
SPLINT APPLICATIONS TECHNIQUES



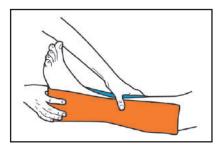
Double Layer Wrist Splint



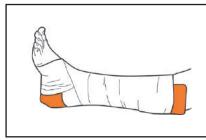
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Humeral Shaft Splint:



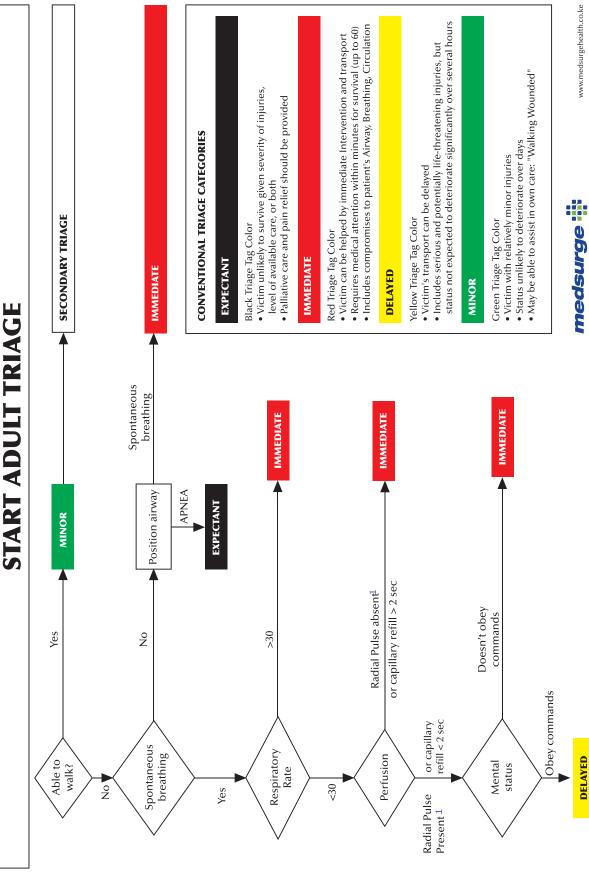
Ankle Stirrup

















	Red Resuscitation (0min)		2 Orange Urgent (15min)
Α	Obstructed airway Stridor	Α	Threatened airway
В	SpO ₂ < 80 RR > 35 or < 8	В	SpO ₂ < 80-89 RR: 31 - 35
С	HR > 130 BP _{sys} < 80	С	HR: 121 - 130 HR < 40 BP _{sys} < 80 -89
D	GCS ≤ 8	D	GCS: 9 - 13
Ε		Е	Tp > 40 Tp < 32



W.	- CBU

	3 Yellow Less Urgent (60min)		4 Green Not Urgent (180min)
Α		Α	
В	SpO ₂ : 90-94 RR: 26 - 30	В	SpO ₂ ≥ 95 RR: 8 - 25
С	HR: 111 - 120 HR: 40 - 49	C	HR: 50 - 110
D	GCS = 14	D	GCS = 15
Ε	Tp: 38.1 - 40.0 Tp: 32 - 34	Е	Tp: 34.1 - 38.0









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