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**EMS SKILL**

SOFT TISSUE INJURY / BANDAGING

**ABDOMINAL EVISCERATION**

**PERFORMANCE OBJECTIVES**

Demonstrate competency in applying a dressing to an open abdominal injury with an evisceration of the intestines.

**CONDITION**

Assess and apply an occlusive dressing to an abdominal injury with an evisceration of the intestines. Necessary equipment will be adjacent to the patient or brought to the field setting.

**EQUIPMENT**

Manikin or live model, bag-valve-mask device, O2 connecting tubing, oxygen source with flow regulator, 4"x4" dressings, large multi-trauma dressings, clear plastic wrap, tape, goggles, masks, gown, gloves.

**PERFORMANCE CRITERIA**

• Items designated by a diamond (⧫) must be performed successfully to demonstrate skill competency.

• Items identified by double asterisks (\*\*) indicate actions that are required if indicated.

• Items identified by (§) are not skill component items, but should be practiced.

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| **Skill Component** | | **Key Concepts** | |
| ⧫ Establish body substance isolation precautions | | • Mandatory (minimal) personal protective equipment – gloves | |
| ⧫ Assess scene safety/scene size-up  ***\*\* Consider spinal motion restriction (SMR) - if indicated*** | | • SMR should be initiated when spinal trauma is suspected   * This information may be obtained from bystanders and by taking the mechanism of injury into consideration. | |
| ⧫ Evaluate ~~the~~ need for additional BSI precautions | | • Situational - goggles, mask, gown | |
| ⧫ Expose the entire wound | | * To expose the wound, cut away the clothing. **DO NOT** touch or attempt to replace any protruding organs | |
| ⧫ Administer oxygen, per Los Angeles County Reference No. 1304 | | * The goal of oxygen administration is to deliver the minimum amount of oxygen to meet the needs of the patient, and to maintain a SpO2 at 94-98%%. | |
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| **PROCEDURE** | | | |
| **Skill Component** | | **Key Concepts** | |
| ⧫ Saturate a large sterile dressing with sterile normal saline (NS) | | • **DO NOT** use water (sterile or tap) to saturate dressings. Use only NS for dressings. | |
| ⧫ Place several (2-3 layers) sterile NS saturated dressings over wound  \*\* ***Ensure all exposed organs are covered*** | | • **DO NOT** attempt to replace eviscerated organs   * Using a saturated NS dressing prevents organ dehydration.   *Dry dressings adhere to and dry out saturated tissues resulting in further destruction and necrosis of abdominal organs/tissues.*    • **DO NOT** use petroleum gauze, adhering material, or any material that may lose substance when wet. | |
| **Skill Component** | | **Key Concepts** | |
| ⧫ Apply an occlusive dressing over the saturated dressings and tape on all four (4) sides  ***\*\* Prepare for rapid transport*** | | • Occlusive dressings consist of plastic wrap or sheeting or additional dry dressings over the saturated dressings. DO NOT use aluminum foil, this may cause laceration of the eviscerated organ.   * Organ dehydration and heat loss occurs rapidly with an open abdominal cavity.   • DO NOT delay transport to apply an occlusive dressing over the saturated dressings.  • Secure dressings by taping around all four (4) sides the dressing or tying cravats above and below the position of the exposed eviscerated organ | |
| **Skill Component** | | **Key Concepts** | |
| ⧫ Cover the patient with a blanket to maintain their body heat | | * Heat loss occurs rapidly with an open abdominal cavity. | |
| ⧫ Transport patient supine with hips and knees flexed – *unless contraindicated* | | • Flexing the patient’s hips and knees decreases tension on the abdomen.  • Placing a pillow or other padding under the knees assists withkeeping the knees flexed. | |
| § Explain the care being delivered and transport destination to the patient/caregiver | | • Communication is important when dealing with the patient, family, or caregiver. This is a very critical and frightening time for all involved and providing information helps in decreasing the stress they are experiencing. | |
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| **REASSESSMENT**  **(Ongoing Assessment)** | | | |
| **Skill Component** | | **Key Concepts** | |
| ⧫ Repeat assessment at least every **5 minutes or sooner for unstable** patients and every **15 minutes for stable** patients.  • Primary assessment  • Relevant portion of the secondary assessment  • Vital signs: BP, Pulse, Respirations  ***\*\**** ***Evaluate response to treatment*** | | • An unstable patient is one who has abnormal vital signs, S/S of poor perfusion or if you suspect the patient’s condition to deteriorate.   * Patients must be re-evaluated at least every five (5) minutes or sooner if any treatment was initiated, medication administered or a change in the patient’s condition occurs or is anticipated | |
| § Continue O2 therapy, if indicated, until the transfer of patient care has occurred | | * Once oxygen therapy has been initiated, it should **NOT BE** discontinued until the transfer of patient care has occurred. | |
| ⧫ Evaluate results of reassessment and note any changes from patient’s previous condition and vital signs  ***\*\*Manage patient condition as indicated.*** | | • Evaluating and comparing results assists with recognizing if the patient is improving, responding to treatment, or if their condition is deteriorating. | |
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| **PATIENT REPORT AND DOCUMENTATION** | | | |
| **Skill Component** | | **Key Concepts** | |
| § Verbalize/Document:  • Mechanism of injury  • Description of injury  • Treatment rendered | | • Documentation must be on either the Los Angeles County EMS Report, ePCR, or departmental Patient Care Record form.  • Documenting reassessment information provides a comprehensive picture of patient’s response to treatment.  • | |

Developed: 1/02 Revised: 10/1/2018



SOFT TISSUE INJURY / BANDAGING

**ABDOMINAL EVISCERATION**

**Supplemental Information**

**NOTES:**

• An abdominal evisceration is an opening on the abdominal wall where a section of intestines or other abdominal organs/tissue that protrudes.

• DO NOT use water (sterile or tap) to saturate dressings. Use only normal saline for dressings.

- Water is a hypotonic solution, which causes cells to burst. Water moves into the cells and when the cell volume exceeds the cell capacity they will rupture.

• Keep eviscerated organs saturated and warm since organ dehydration and heat loss occurs rapidly with an open abdominal cavity.

• DO NOT use petroleum gauze, or any other adherent material on the exposed organs

• An occlusive dressing consists of plastic wrap or sheeting.

• Secure dressings by taping around all four (4) sides. If the patient is allergic to tape, ~~or tying~~ cravats may be used to secure the dressings, above and below the position of the exposed eviscerated organs.