

## 8.7 Patient Packaging

Position responsible: Clinical Operations Manager  
Approved by: OMM

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Related Documents	SOP 8.1 Transporting patients SOP 8.4 Helicopter operations – use of G-MGPS SOP 8.5 Patient loading and unloading on G-MGPS
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Further information	None
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### 1.0 Introduction

- 1.1 Packaging should be seen as a fundamental part of the therapeutic process. All patients with serious injury should be handled carefully and packaged appropriately. Effective packaging aims to:
- (a) Minimise spinal movement.
  - (b) Minimise clot disturbance and further blood loss.
  - (c) Maintain normothermia.
- 1.2 The aim of this SOP is to outline the appropriate procedure for packaging patients for both land and air transfer.

### 2.0 Standard Packaging

- 2.1 Remove excessive clothing appropriate to the clinical situation in order to facilitate assessment, treatment and packaging. Ensure adequate protection from exposure and maintenance of patient dignity using standard ambulance blankets.
- 2.2 Prepare the Red Carry Sheet (pic 1) by placing it open on top of an ambulance trolley with the straps un-fastened.
- 2.3 Where appropriate prepare the blizzard blanket (Pic 2) by fully opening the blanket and placing it on top of the trolley.



Picture 1

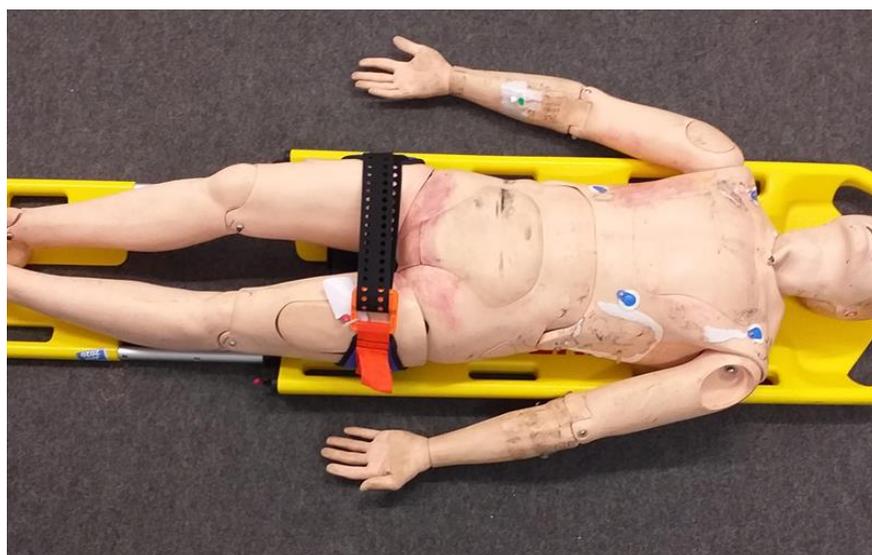


Picture 2

- 2.4 Place the patient onto the 'scoop' stretcher (pics 3&4). A slight log roll or bracing the patient may be required. Ensure the clips at each end are securely fastened. If a pelvic splint is required apply this during the log roll in order to mitigate further movement.



Picture 3



Picture 4

- 2.5 Secure the patient to the scoop stretcher using the appropriate straps (minimum of 3). Apply the head blocks and tape into place. Place at least one standard ambulance blanket over the patient.

- 2.6 Place the scoop stretcher onto the blizzard blanket (picture 5). Place a standard blanket on top of the patient.



Picture 5

- 2.7 If active re-warming is required (temp  $\leq 36^{\circ}\text{C}$  in trauma patients) place the chemical heat pads on top of the standard blanket. **Do not allow this blanket to become in direct contact with the patient.**
- 2.8 Wrap the blizzard blanket around the patient securing it at the side with the Velcro (picture 6 and 7). Fasten the straps on the ambulance trolley.



Picture 6



Picture 7

- 2.7.1 The patient can now be loaded on the land ambulance or aircraft. If loading onto the aircraft the patient should be loaded onto the transport mattress. If the decision is to fly the patient to hospital, the red transfer sheet should be placed on the ambulance trolley first then the Blizzard. The patient on a scoop is then put on the ambulance trolley. The red carry sheet will be brought to the scene by the TCM as required.

### **3.0 Patients found in the prone or lateral position**

- 3.1 Follow steps 2.1 to 2.3 as for standard packaging.
- 3.2 When the patient is ready to move, consider not splitting the scoop and place it on its side next to the patient. Log roll the patient into the scoop and then into the supine position.
- 3.3 Follow steps 2.5 to 2.9 as for standard packaging.

### **4.0 Use of the extrication board**

- 4.1 The extrication board should be used for extrication and rescue only and should not be used for packaging and transfer.
- 4.2 If the extrication board is used, initial assessment and treatment can be carried out with the patient in situ but the patient should be packaged using the standard packaging procedure outlined in section 2 for transport.

### **5.0 Patients packaged before arrival**

- 5.1 There are occasions when patients may have been fully packaged before our arrival. On these occasions it may be acceptable to leave the patient on an extrication board or in their current packaged state, as long as the patient can be appropriately accessed for assessment and is safely packaged and protected from exposure.
- 5.2 If the patient is to be left as packaged consideration should be given to augmenting this packaging utilising team equipment.
- 5.3 If the decision is made to package the patient as per the standard packaging procedure, this should be clearly communicated and the rationale explained to the attending crews. This should be done with minimum delay.

### **6.0 Splinting**

- 6.1 Splinting should be considered an integral part of the packaging process. Appropriate and effective splinting reduces pain and bleeding and improves overall patient comfort. Splinting will aid in the packaging of the patient by increasing their comfort and by making injuries more manageable.
- 6.2 Pelvic splinting: If the decision is made to apply a pelvic splint, where possible this should be applied during the application of the scoop in order to minimise the amount of movement to

the patient. The 'L' fold method should be used where possible in order to minimise movement of the pelvis. Demonstrated in picture 2 and 3 above.

- 6.3 Traction splints: If the decision is made to apply a traction splint, this should be applied before full packaging so that the patient does not need to be repeatedly uncovered.

## **7.0 Monitoring, tubes and lines**

- 7.1 Monitoring cables should be organised and attached to the patient before full packaging. The blizzard blanket allows for full access to the patient from the front should monitoring need to be adjusted or re-positioned. Monitor cables should be secured appropriately so they cannot be snagged during movement. The team should have all appropriate monitoring functioning before transport. All monitoring cables should be secured and exit the blizzard at approx. mid Torso level with the velcro sealed.
- 7.2 All endo-tracheal tubes should be appropriately secured before packaging and transport. The team should be confident about ET tube placement before transport, which should be supported by appropriate monitoring.
- 7.3 The ventilator tubing should be adequately secured to avoid snagging and occlusion. Ventilator hosing should remain outside of the packaging and visible at all times. Tubing should be taped to the top-most blanket /clothing to minimise the risk of snagging.
- 7.4 All IV and IO cannula and lines should be appropriately secured before full packaging. Infusion syringe drivers should be kept visible at all times and on top of blankets / clothing. The syringe plunger must be kept clear of any clothing or equipment that might impair its ability to continue to advance / infuse. The blizzard blanket allows for full access to the patient from either side if access to lines, cannula and injection ports is required. It is suggested that an extension set and 3-way tap are attached to the point of access in order to facilitate improved accessibility outside of the packaging. The team should be confident about the placement and patency of lines before transfer.

## **8.0 Special considerations**

- 8.1 Head injury: Patients with suspected head injuries should be packaged with the cervical collar loosened and with a head up tilt on the trolley.
- 8.2 Chest injuries: Consideration should be given to access to thoracostomies in the fully packaged patient. Access can be gained from the front of the blizzard blanket. If required the decision should be made to keep the blizzard blanket open across the torso whilst continuing to cover the patient with standard ambulance blankets.
- 8.3 Persistent hypoxia/difficulty ventilating: Consideration should be given to loosening the straps across the torso and positioning the patient with a head up tilt on the trolley in order to improve ventilation.