

Fore and Aft Carry

This technique, used in conjunction with the extremity lift (described later in the chapter), is performed by two rescuers to carry a patient over short-to-moderate distances. To perform a fore and aft carry:

1. Place the patient into a sitting position, with legs extended along the ground. If the patient is supine, Rescuer #1 (located at the patient's feet) grasps the patient's wrists and leans back to pull the patient into a sitting position.
2. Rescuer #2 (the taller of two rescuers, located at the patient's head) folds the patient's arms across the patient's chest, reaches under the arm pits, and grabs the wrists.
3. Facing away from the patient, Rescuer #1 kneels between the patient's legs and either places his hands behind the patient's knees or grasps the patient's lower legs.
4. On the count of three, both rescuers move to a crouching position, and then lift the patient in unison (Figure 5-21■).
5. Once both rescuers are standing, they may carry the patient.

STOP, THINK, UNDERSTAND**Multiple Choice**

Choose the correct answer.

1. According to national EMS organizations, what percentage of EMS workers have sustained a back injury that resulted in the loss of work time? _____
a. 10%
b. 20%
c. 25%
d. 50%
2. Which of the following would *not* be considered a situation for an urgent move? _____
a. risk of an avalanche
b. risk of a rock fall
c. risk of fire
d. risk of slipping on ice
3. Which of the following is *not* taken into consideration when making a transportation decision? _____
a. nature of last oral intake
b. weather
c. safety
d. available manpower
4. While performing a long-axis drag, the three parts of the body that should line up are the _____.
a. nose, sternum, and pubis.
b. nose, navel, and toes.
c. nose, navel, and pubis.
d. nose, pubis, and toes.
5. Which long-axis drag would you not use if you suspect a spinal injury? _____
a. feet drag
b. underarm-wrist drag
c. blanket drag
d. shoulder drag
6. How many times will an OEC Technician most likely move a patient? _____
a. 1
b. 2
c. 3
d. 4

Short Answer

1. What three questions should you ask yourself before moving or lifting a heavy object?

2. What two questions must OEC Technicians ask themselves before moving a patient?

3. Describe axial loading.

4. Define urgent move.

maintaining traction. Additionally, the patient will tend to slide downhill, toward the front of the toboggan or transportation device, making traction less effective. For this reason, patients with lower extremity injuries are placed in a (head-downhill) position.

The three major exceptions to the “injury uphill” principle are:

- ✦ Patients who are having breathing difficulty. Most patients who experience breathing problems want to sit up. Unfortunately, this creates a high center of gravity for the load (the patient) and increases the risk of the transportation device tipping over. These patients should be placed in a head-uphill position that allows them to breathe more easily because there is less pressure from the abdominal contents pushing upward. Propping the chest up with a pack or blanket behind the patient’s back may be needed. Putting a second person in the sled to hold the patient up is difficult.
- ✦ Patients who are in shock. These patients should be placed in a head-downhill position so that more blood is available to perfuse vital organs. Unfortunately, this position pushes the abdominal contents upward, which can make breathing more difficult. If both shock and respiratory distress are present, the patient should be placed in a head-uphill position because breathing takes precedence over circulation in the ABCDs.
- ✦ Patients with a serious head injury. It is recommended that patients who are unresponsive or who have significant head injury should be transported in a head-uphill position. If the patient has head trauma and is in shock, the head-uphill position is still used.

Patients with multiple injuries present unique challenges. In these cases, you must prioritize and place the more-significant injury uphill. For example, if a patient has a possible broken arm and a broken leg, the leg injury is placed uphill.

In nearly all instances, it is best to place patients on their backs. Rarely, as with a patient with an anterior dislocated hip whose leg is positioned posteriorly, the patient may be placed in the toboggan on his stomach. This should be avoided whenever possible, however, because lying prone is a difficult position for the patient to maintain, can create breathing problems, and is typically uncomfortable, especially over long transports. Another option is to place the patient on his good side in the toboggan.

Figure 5-28c Securely fasten the patient for transportation, because uneven terrain may give the patient a rough ride.
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Figure 5-28d Securely fasten all medical equipment that needs to be transported with the patient, such as an AED and/or oxygen.
Copyright Edward McNamara



4. Which of the following is *not* a backsmart tip? _____
 - a. Turn with your feet, not your hips.
 - b. Bend at your waist.
 - c. Keep objects close to your body.
 - d. Do not reach over your head.
5. All of the following are used by OEC Technicians to move, lift, or carry a patient *except* _____.
 - a. a long spine board.
 - b. an orthopedic stretcher.
 - c. rescue parallel bars.
 - d. a short spine board.
6. What is the first principle of medicine? _____
 - a. Use Standard Precautions.
 - b. Do no harm.
 - c. Help others who cannot help themselves.
 - d. Maintain scene safety.
7. Which of the following is a long-axis drag? _____
 - a. blanket drag
 - b. human crutch
 - c. chair carry
 - d. two-person assist

Matching

Match each of the following patient conditions with the most common position for transport.

- | | |
|---------------------------------|--|
| _____ 1. semi-Fowler position | a. a patient who is experiencing breathing problems |
| _____ 2. high-Fowler position | b. a patient with spinal injuries |
| _____ 3. supine position | c. a patient with chest pain and a suspected heart attack |
| _____ 4. Rothberg position | d. a patient in shock |
| _____ 5. Trendelenburg position | e. a patient who is awake and for whom no spinal injury is suspected |

Short Answer

List six basic principles of helicopter safety.

Scenario

You receive a call to the tubing park to aid an injured party. Once on scene, you find a 30-year-old male whose right lower leg is wedged between two trees. The patient is responsive and alert but has slurred speech. He complains of severe pain to his lower right leg. The patient states he was "horsing around" with two friends while tubing down the slope. He tells you he was "bumped," which forced him off the lane and into the trees. His friends state that he hit the trees "feet first." The patient denies striking his head, neck, or back and reports no pain in those areas. The friends admit to having been drinking.

Assessment of the patient's leg leads you to suspect a possible closed fracture of the right leg.

1. What type of move is needed for this extrication? _____
 - a. a nonurgent move
 - b. an urgent move
 - c. a shoulder drag
 - d. a fore and aft carry

After closing the outside lane and securing the scene, you request assistance and equipment. Another OEC Technician arrives and you formulate an extrication plan.

2. Most back injuries to rescuers are caused by _____
 - a. not enough rescuers.
 - b. adverse terrain.
 - c. poor body mechanics.
 - d. oversized patients.