

INFECTION

- If the victim does not show prompt improvement after treatment of an infection, then he should be quickly evacuated

LIGHTNING

- Any victim who is a victim of a lightning strike should be evacuated as soon as possible. Even if the individual does not have any overt evidence of damage, there is a high likelihood of a significant injury.

NEUROLOGICAL EMERGENCIES

- Evacuate any victim suffering a stroke, a TIA (transient ischemic attack, which is a warning for an impending stroke), or a new seizure.
- A significant change in mental status should lead to victim evacuation.

POISONS

- Victims with a change of level of consciousness or respiratory drive should be rapidly evacuated.
- A known lethal dose of a poison should lead to immediate evacuation.

PREGNANCY

- Any possibility of pregnancy complication should lead to victim evacuation.
- If a baby is delivered in the wilderness, both the mother and baby should be evacuated.

PSYCHIATRIC

- Any group member who is a danger to himself or herself or to anyone else must be evacuated immediately. Victims who are psychotic or who appear manic should be evacuated immediately.
- Victims who appear anxious or depressed should be evacuated. Persons whom you fear are at risk for PTSD after an accident or event should be evacuated as soon as time permits in order to seek professional help.

PULMONARY

- Victims treated for medical emergencies that involve difficulty breathing should be evacuated immediately.
- Victims with mild to moderate asthma or hyperventilation syndrome that is successfully treated do not need to be evacuated. Victims who are asymptomatic with no respiratory distress may be observed for a period of at least six hours for development of new respiratory symptoms. If they are asymptomatic for this entire period, then they do not require evacuation.

WOUNDS

- Evacuation of wounds should occur when necessary to preserve life, limb, and function, and when spread of infection cannot be controlled



ABDOMINAL PROBLEMS

When victims receive serious abdominal injuries, they need to be evacuated immediately.

General evacuation guidelines:

- The pain is associated with the signs and symptoms of shock.
- The pain persists for longer than 24 hours
- The pain localizes and there is guarding, rigidity or extreme tenderness.
- Blood appears in the vomit, feces or urine.
- The pain is associated with a fever greater than 102 degrees F.
- The pain is associated with pregnancy.
- The victim is unable to drink or eat.

ALTITUDE SICKNESS

- Any victim suffering from a lack of control of motor function, HAPE, and/or HACE due to altitude must descend to a lower elevation immediately.
- No evacuation is necessary if the victim recovers by descending to a lower elevation.

ALLERGY PROBLEMS

- Victims treated for anaphylaxis should be evacuated for further medical evaluation.
- Victims should be kept on an oral antihistamine during evacuation.

ANIMAL BITES AND STINGS

- Victims that are bitten or stung by an animal known to be venomous should be evacuated to receive definitive care.
- Large bite wounds, or any wounds suspected of being infected should lead to victim evacuation.

EVACUATION GUIDE

LIGHTNING

- Evacuation necessity is determined by the victim's ability to use the injured body part. If a limb is not usable, the victim should be evacuated, but rapid evacuation is not necessary.

BLEEDING

- A victim with signs and symptoms of a rapid decrease in blood pressure, or one who has not quickly improved following treatment of shock should be evacuated.

BURNS

In the wilderness, any burn that meets the following criteria should be evacuated:

- Partial thickness (2nd degree) burn greater than 10% of TBSA.
- Full thickness (3rd degree) burn that is greater than 1% of TBSA.
- Major burn of the hand, face, feet or genitals.
- Burn with inhalation injury.
- Electric burn.
- Burn in a medically ill victim.

CARDIAC

- Victims with suspected myocardial infarction and/or congestive heart failure should be evacuated promptly. Take care not to exacerbate disease (avoid exercise).

CHEST INJURIES

- Evacuate for any serious chest injury.
- Prompt evacuation if victim has increasing difficulty breathing and increasing anxiety.

CPR

- Anyone resuscitated by CPR should be evacuated and receive definitive medical care immediately.

DERMATOLOGY

- If a large body surface area is involved with a severe rash, one should consider evacuation.
- If serious systemic symptoms, such as moderate fever, chills, and headache, are present or if pain cannot be controlled, then the victim should be evacuated to definitive care.

DIABETIC EMERGENCIES

- Hyperglycemic victims should be evacuated if treatment is not working.
- Hypoglycemic victims should be evaluated for evacuation based on effectiveness of treatment and the victim's wishes.

DISLOCATIONS

- Due to the possibility of underlying damage, all dislocations should be evacuated and receive further medical evaluation.
- Prompt evacuation for victims that resist reduction attempts.
- Evacuation is not necessary for dislocation of the fingers, or for chronic dislocations if the victim still has use of the joint after relocation.

DIVING

- Immediate evacuation is required for any victim with decompression sickness or suspected air embolism.
- Sudden unconsciousness or increasing difficulty breathing should lead to prompt evacuation

EYE INJURIES

- Evacuate immediately if the eye has been punctured.
- Evacuate immediately if there is a sudden loss of vision in a quiet eye.
- Evacuate as soon as possible if there is a complex lid laceration, hyphema, corneal foreign body, or the cornea turns opaque in any area.
- If pain and/or redness persists in the eye for more than a few days, it is appropriate to evacuate.

FRACTURES

- Evacuate any victim with suspected fractures.
- Expediency is necessary with open fractures, fractures of the pelvis or femur, or fractures with decreased function further from the injury, which might indicate a more extensive injury, or nerve or circulation problem.

HEAD INJURIES

- With a suspected skull fracture or penetrating head wound, the victim should be rapidly evacuated.

HEAT RELATED PROBLEMS

- Any victim treated for heat stroke should be evacuated.
- Recovery from heat cramps or heat exhaustion does not necessitate evacuation.

HYPOTHERMIA AND FROSTBITE

- A victim recovering from mild or moderate hypothermia does not need to be evacuated.
- Victims with severe hypothermia should be quickly and carefully evacuated.
- Evacuate any victim with frostbite that results in blisters and/or dusky or blue-gray skin.
- Evacuate if the victim has full-thickness frostbite.