World Extreme Medicine

PRIMARY SURVEY IN REMOTE MEDICINE

S → <C>ABCDE(g)

A Real-World Framework for Wilderness Trauma

S – SCENE SAFETY & SHELTER

Before anything else:

- Check for ongoing threats to life
- Move the casualty to shelter if needed, REMEMBER: Bothies before bandages!
- Prioritise protection from the environment before beginning assessment

C CATASTROPHIC HAEMORRHAGE (BIG C)

- Scan for life-threatening bleeding
- Immediate control: tourniquet, direct pressure, wound packing
- Stabilise bleeding before progressing
- Consider TXA if trained and indicated

A AIRWAY

- Check for obstruction, consider cervical spine in trauma
- Airway takes precedence over C-spine, intervene as needed
- Prefer jaw thrust; head-tilt–chin-lift only if no C-spine risk
- Consider adjuncts (OPA/NPA) if available

B BREATHING

- Look, listen, feel. Is breathing adequate and effective?
- Manage critical injuries: open chest wounds, tension pneumothorax
- Treat based on your training and the kit you have

C CIRCULATION (OCCULT/INTERNAL)

- Assess for internal bleeding (chest, abdomen, pelvis)
- Check radial pulse, skin colour, capillary refill (note: cold reduces accuracy)
- Monitor and reassess regularly

D DISABILITY (AND GLUCOSE!)

- Use AVPU for rapid neuro assessment
- Check pupils, motor & sensory function
- Don't forget glucose, hypoglycaemia can mimic neuro compromise
- Immobilise spine if indicated and resources allow

E EXPOSURE / ENVIRONMENT

- Expose to assess, but prevent further heat loss
- Rewarm appropriately, especially in wet/cold conditions
- Stay aware of surroundings: terrain, weather, wildlife
- Ask about medications, allergies, medical history if possible

Sources: WEM Faculty Contributors, Auerbach's Wilderness Medicine, Faculty of Pre-Hospital Care (RCSEd), WEM Expedition & Wilderness Medicine Guide