

# Patient Relocation Options

**Patient relocation should only be considered in situations where the transport distance is short and the need is great, typically to a better, safer, and/or more protected site.**

## **Safety Considerations – for Rescuers and Patient**

- Evaluate the patient's injuries to choose the most appropriate method, ensuring not to exacerbate the existing injuries. If a spinal cord injury is suspected, implement spinal motion protection to minimize movement and prevent further injury.
- Check the area for dangers such as fire, smoke, falling objects, or anything that could cause harm.
- The transport method should be suitable for the terrain and distance to be covered
- Consider the number, fitness, and technical ability of rescuers when selecting a transport method

# Patient Relocation Options

## Backcountry Patient Relocation Checklist

### 1. Scene Safety

- Assess hazards: rockfall, avalanche, unstable terrain, fire, wildlife.
- Ensure rescuer safety: helmets, gloves, footing, body mechanics.
- Stabilize environment: clear debris, secure equipment, mark hazards.

### 2. Patient Assessment

- Check ABCs: airway, breathing, circulation.
- Control life threats: bleeding, airway obstruction, compromised breathing.
- Spinal precautions: suspect spine injury, minimize motion, head control.

### 3. Movement Decision

- Urgency: is the scene unsafe or patient unstable?
- Non-urgent move: patient stable, environment safe—plan carefully.
- Minimize moves: relocate once to safe, stable position.

### 4. Preparation

- Rescuer coordination: assign roles, head rescuer calls commands.
- Body mechanics: lift with legs, avoid twisting, know limits.
- Equipment: litters, improvised stretchers, insulation pads.

### 5. Movement Execution

- Clear commands: “Ready, lift,” “Stop” if needed.
- Slow, deliberate motion: prioritize spinal protection.
- Environmental protection: move onto insulation, shelter from wind/rain/sun.

### 6. Post-Move Care

- Reassess ABCs: airway, breathing, circulation after move.
- Check for changes: pain, neurological status, vital signs.
- Patient treatment and prepare for evacuation: communication, SAR activation, ongoing monitoring.

# Patient Relocation Options

## Backcountry Patient Movement (Spinal Protection Not Required)

- **Assisted walking**  
Patient is alert, stable, and able to bear weight with support from rescuers.
- **Human crutch**  
Patient leans on one or two rescuers for balance and support.
- **Two-Person Seat Carry**  
[Two-Person Seat Carry](#)  
Patient sits on interlocked arms of two rescuers; useful for short distances.
- **Two-Person Backpack With Poles Carry**  
[Two-Person Backpack With Poles Carry](#)  
Uses trekking poles threaded through two backpacks to create a supported platform.
- **Blanket/Tarp Drag**  
[Blanket Drag](#)  
Used in urgent situations (e.g., fire, avalanche risk) to move unconscious or unstable patients quickly.
- **Extremity Lift and Carry**  
[Extremities Lift and Carry](#)  
Two rescuers lift patient by arms and legs; appropriate when no spinal injury is suspected.

# Patient Relocation Options

## Spinal Protection

Spinal protection during movement in the backcountry focuses on *spinal motion restriction (SMR)* rather than rigid immobilization. The goal is to minimize unwanted movement while balancing patient survival, rescuer safety, and environmental realities.

### Core Principles of Spinal Protection

- **Spinal Motion Restriction (SMR):** Emphasizes *minimizing movement* rather than immobilizing. This includes head control, gentle handling, and avoiding unnecessary repositioning.
- **Avoid rigid immobilization:** Cervical collars and backboards may cause harm—pressure sores, respiratory compromise, and increased pain. They're no longer recommended as default tools.
- **Patient cooperation:** Awake, alert patients often do the best job of protecting their own spine. Encourage them to move slowly and deliberately if self-evacuation is possible.
- **Padding and support:** Use soft padding, vacuum splints, or improvised supports to stabilize the spine gently. Avoid hard surfaces that transmit shock.
- **Head control:** If spinal injury is suspected, one rescuer should maintain manual stabilization of the head during movement.
- **Minimize transfers:** Plan ahead to reduce the number of times the patient is moved. Each transfer increases risk.
- **Rescuer coordination:** Use clear commands. The person at the head typically leads the move. Everyone must be ready before lifting or rolling.
- **Environmental adaptation:** Protect the patient from cold, wet, or uneven terrain. Use insulation and shelter to prevent hypothermia and secondary injury.

### When NOT to Prioritize Spinal Protection

- **Life threats override spine care:** If airway, breathing, or circulation are compromised, or the scene is unsafe (e.g., avalanche risk), move the patient immediately—even if spinal protection is imperfect.
- **Unconscious or combative patients:** May require modified handling to prevent further harm to themselves or rescuers.

# Patient Relocation Options

## Backcountry Patient Movement (Spinal Protection Required)

- **Log Roll (Insulation / Packaging)**  
[Log Rolling a Patient](#)  
Used to add pads, packs, sleeping pads, or splints under the patient while maintaining head–neck–torso alignment.
- **Blanket, Tarp, or Sleeping-Pad Drag (Short Distance)**  
[Blanket Drag](#)  
For moving a patient a few feet out of hazards (water, rockfall, avalanche runout). Head and neck supported; avoid twisting.
- **Improvised Litter Carry – two-person or multi-person**  
[Improvised Litter Carry](#)  
Using trekking poles, skis, paddles, or branches with a tarp/blanket. Requires coordinated lifts and terrain awareness.
- **Team Lift and Carry**  
[Team Lift and Carry](#)  
Used when no drag is possible (snow, talus, vegetation). Keep patient rigid and lift vertically.