





Suspensiontrauma





<u>Suspensiontrauma</u>

When working in a fall endangered area an incident may occur that leads to a free hanging in the rope.



Accident at RWE Power Grevenbroich 2008

Beware that this can be a deadly threat







Suspended trauma means the health effects which are caused by a circulatory collapse during free hanging in a harness.

Circulatory collapse with orthostatic shock





<u>Suspensiontrauma</u>

Triggering factors

hanging position
Immobility
hang time
Pain
associated injuries









 The upright suspension position leads especially because of immobility of the legs (loss of muscle pump) to a orthostatic reaction in the legs. This reduces the venous return to the heart and the blood pressure drops.





Suspensiontrauma

Reduction of the venous return to the heart and blood pressure drops.

- Liquid poverty
 - Cardiac output
- Circulatory disorder
 - cell damage







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Possible symptoms of suspension trauma

Pallor

> sweating
> shortness of breath
> Initial pulse rise
> Increase of blood pressure
> Visual defect
> Dizziness
> Nausea
> Pulse drop
> Blood pressure drop







Prevention of the suspension trauma

When hanging in the rope blood circulation can be supported by regular movement of the legs (the muscle pump activity).
Discharge of the harness by a foot loop







Rescue of the person hanging in the rope:

Fix safeguard rope
attract attention and reassure
ask for any personal injury
Encourage to move
Lower from top to bottom
Body in an upright position
Alarming medical rescue service
Alarming rope rescue team



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It is an urgent matter if a person is hanging unconscious in the rope, because.....

Leaving an unconscious person hanging in the rope can lead to his death in less than 10 minutes.



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First Aid principals:

Some sources state that this group of patients should be treated in a special way. This is not correct.

>These patients should be treated according to normal ABCDE principals, especially for non-medical personnel.

>This also apply for medical personnel, but keep in mind the possibilities for delayed arrhythmia.







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If the rescued person is unconscious, but breathing normally:

Normal ABCDE approach

Focus on airway management
Recovery position
Constant monitoring of A-B-C
Hospitalization is urgent







If the rescued person is unconscious and not breathing normally

Standard procedure of resuscitation 30 chest compressions alternating 2 rescue breaths



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Medical emergency measures:

Give oxygen
venous access with a Normal crytalloid solution
Basic monitoring (possibility of critical arrhythmia)
Cautious fluid resuscitation
Possibility of hypoglycemia
hospitalization