**PERFORMANCE OBJECTIVES**
Demonstrate competency in applying a dressing to an open abdominal injury with an evisceration of the intestines.

**CONDITION**
Assess and dress an open abdominal injury with an evisceration of the intestines. Necessary equipment will be adjacent to the patient or brought to the field setting.

**EQUIPMENT**
Manikin or live model, bag-valve-mask device, O₂ connecting tubing, oxygen source with flow regulator, 4"x4" dressings, large multitrauma dressings, clear plastic wrap, tape, goggles, masks, gown, gloves.

**PERFORMANCE CRITERIA**
- Items designated by a diamond (♦) must be performed successfully to demonstrate skill competency.
- Items identified by double asterisks (**) indicate actions that are required if indicated.
- Items identified by (§) are not skill component items, but should be practiced.

### PREPARATION

<table>
<thead>
<tr>
<th>Skill Component</th>
<th>Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Take body substance isolation precautions</td>
<td>• Mandatory (minimal) personal protective equipment – gloves</td>
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<tr>
<td>♦ Assess scene safety/scene size-up</td>
<td>• Spinal immobilization should be initiated when spinal trauma is suspected by taking bystander information and mechanism of injury into consideration.</td>
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<tr>
<td>** Consider spinal immobilization - if indicated</td>
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<tr>
<td>♦ Evaluate need for additional BSI precautions</td>
<td>• Situational - goggles, mask, gown</td>
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<tr>
<td>♦ Remove enough clothing to expose the entire wound</td>
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</table>

### PROCEDURE

<table>
<thead>
<tr>
<th>Skill Component</th>
<th>Key Concepts</th>
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<tbody>
<tr>
<td>♦ Saturate a large sterile dressing with sterile saline</td>
<td>• DO NOT use water (sterile or tap) to saturate dressings. Use only normal saline for dressings. Water is a hypotonic solution and may cause osmotic lyses of cells. Water diffuses into the cells and when the cell volume exceeds the cell capacity it will burst.</td>
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</table>
| ♦ Place several (2-3 layers) sterile saturated dressings over wound | • If necessary, scoop up the eviscerated organ using a saturated saline dressing and DO NOT directly handle the eviscerated parts with hands or unsterile objects.  
  Dry dressings adhere to and dry out saturated tissues resulting in further destruction and necrosis of abdominal organs/tissues.  
  • DO NOT use petroleum gauze, adhering material, or any material that may lose substance when wet. |
### Skill Component

- **Apply a dry abdominal dressing or an occlusive dressing over the saturated dressings**

**Prepare for rapid transport**

- **Flex patient’s hips and knees – if uninjured and spinal immobilization is not required**

- **Keep eviscerated organs saturated and warm**

  **Re-saturate dressings as needed to prevent dressings from becoming dry**

- **Transport patient supine with hips and knees flexed – unless contraindicated**

- **Explain the care being delivered and transport destination to the patient/caregiver**

**REASSESSMENT**

(On-going Assessment)

- **Repeat assessment every 5 minutes or sooner for priority patients and every 15 minutes for stable patients.**
  - Primary assessment
  - Relevant portion of the secondary assessment
  - Vital signs

- **Evaluate response to treatment**

- **Evaluate results of reassessment and note any changes from patient’s previous condition and vital signs**

  **Manage patient condition as indicated.**

**PATIENT REPORT AND DOCUMENTATION**

- **Verbalize/Document:**
  - Mechanism of injury
  - Description of injury
  - Treatment rendered

**Key Concepts**

- Occlusive dressings consist of plastic wrap or sheeting or additional dry dressings over the saturated dressings. DO NOT use aluminum foil, this may cause laceration of the eviscerated organ.
- DO NOT delay transport to apply an occlusive dressing over the saturated dressings.
- Secure dressings by taping around all sides or tying cravats above and below the position of the exposed eviscerated organ. Cravats are ties used to keep dressings secured especially if patients are allergic to tape or have excoriated skin.
- Flexing the patient’s hips and knees decreases tension on abdominal muscles.
- Place a pillow or other padding material under knees to keep the knees flexed.
- Organ dehydration and heat loss occurs rapidly with an open abdominal cavity. Place towels or occlusive dressings over the dressings already applied.
- The EMS provider should frequently check to see that dressings remain saturated and wet them as needed.
- When hips and knees are flexed it decreases discomfort/pain and relaxes the abdominal muscles.
- Communication is important when dealing with the patient, family, or caregiver. This is a very critical and frightening time for all involved and providing information helps in decreasing the stress they are experiencing.
- Priority patients are patients who have abnormal vital signs, S/S of poor perfusion, if there is a suspicion that the patient’s condition may deteriorate, or when the patient’s condition changes.
- Patients must be re-evaluated at least every 5 minutes or sooner if any treatment was initiated, medication administered or a change in the patient’s condition occurs or is anticipated.
- Evaluating and comparing results assists in recognizing if the patient is improving, responding to treatment or condition is deteriorating.

**Key Concepts**

- Documentation must be on either the Los Angeles County EMS Report or departmental Patient Care Record form.
- Documenting reassessment information provides a comprehensive picture of patient’s response to treatment.
- Last reassessment information (before patient care is transferred) should be documented in the section of the EMS form that is called “Reassessment after Therapies and/or Condition on Transfer”.

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Page 2 of 3
NOTES:

- An abdominal evisceration is a section of intestines or other abdominal organs/tissue that protrudes through an opening in the abdominal wall.
- If necessary, scoop up the eviscerated organ using a saturated saline dressing and DO NOT directly handle the eviscerated parts with hands or unsterile objects.
- DO NOT attempt to replace eviscerated organs but cover them with a saturated sterile dressing or an air tight non-adhering dressing to prevent organ dehydration.
- DO NOT use water (sterile or tap) to saturate dressings. Use only normal saline for dressings.
  - Water is a hypotonic solution and may cause osmotic lyses of cells. Water diffuses into the cells and when the cell volume exceeds the cell capacity it will burst.
- DO NOT use water (sterile or tap) to saturate dressings. Water is a hypotonic solution and may cause cytolysis (swelling and bursting of cells). Use only normal saline for dressings.
- Keep eviscerated organs saturated and warm since organ dehydration and heat loss occurs rapidly with an open abdominal cavity. Place towels or occlusive dressings over the dressings already applied.
- Re-saturate dressings as needed to prevent dressings from becoming dry and adhering to abdominal organs/tissue resulting in additional cellular destruction and necrosis.
- Flexing the patient’s hips and knees decreases tension on abdominal muscles. Use a pillow under the patient’s knees to keep them flexed and provides comfort for the patient.
- DO NOT use petroleum gauze, adhering material, or any material that may lose substance when wet.
- Occlusive dressings consist of plastic wrap or sheeting or additional dry dressings over the saturated dressing. DO NOT use aluminum foil, this may cause laceration of the eviscerated organ.
- Secure dressings by taping around all sides or tying cravats above and below the position of the exposed eviscerated organ. Cravats are ties used to keep dressings secured especially if patients are allergic to tape or have excoriated skin.