

# Tips for Proper *(and comfortable)* Patient Packaging

*“Patient packing is the process in which a patient is prepared for transport, in a vehicle, to a receiving facility, while providing for comfort and immobilization. This process should not interfere with the patient’s ability to continue with normal bodily function and yet should allow the transporting personnel the ability to maintain an accurate account of the patient’s vital signs, continue with the treatment of any and all illness and injury and provide the appropriate medical care. This process must be able to be provided in a rapid and easy manner so as to not compromise scene time, the safety of the patient and medical personnel, and not become a burden in its application, whether financial or physical.”—NW MedStar - Steve Pitts, RRT, NREMT-P, (Principles, Pearls and Procedures of Patient Packaging PPT, 2009)*

## WHY?

- First and foremost, allows for quality care and safe transport of patient
- Maintains airway and prevents aspiration or further injury
- Packaging patient in “position of comfort” allows for:
  - ◊ Maintaining airway
  - ◊ Prevention of further trauma



## Alternate Options: (If Protocols allow)

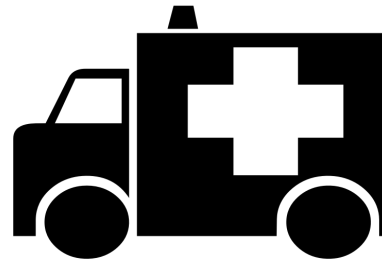
- Spinal clearance for some trauma patients
- Extremity splints
- (European-style) flexible spine packaging devices
- Specific cases that may need unconventional patient packaging/positioning
  - ◊ Severe blunt or penetrating trauma to face or head
  - ◊ Medical patients with critical shortness of breath
- For Pediatric Patients consider:
  - ◊ Car Seat
  - ◊ Parent’s lap (especially for children who are in severe respiratory distress)
  - ◊ All should still be safely belted into the transport vehicle



## Things to Consider:

- Use of a “long backboard” can facilitate a poor outcome, especially in penetrating trauma
  - ◊ The act of strapping and taping a patient flat can lead to airway and breathing difficulties
  - ◊ Has the potential to pinch and compress the soft tissue leading to further injury
  - ◊ Can restrict blood flow
- Subsequent struggling of a patient (due to uncomfortable positioning) can result in other complications
  - ◊ Additional blood loss
  - ◊ Lack of oxygen
  - ◊ Secondary injuries to spinal cord
  - ◊ **IMPROPER PACKAGING OF PATIENTS CAN**

**LEAD TO INJURY OF RESPONDERS**



## Remember:

- There are certain emergency patients where unconventional positioning may be life saving
- Unless you are in a rapid extraction/extrication situation, take your time and think ahead
  - ◊ Pad board prior to placing patient
  - ◊ Remove clothing needed for access before placing patient
  - ◊ Secure patient with transport vehicle in mind
  - ◊ Leave appropriate access for monitoring and therapies
  - ◊ Cover over the straps
  - ◊ Make sure patient **does not** move side to side if tipped
- Use appropriate securing devices for little people
- Size your cervical immobilization devices properly

## Patients are People Too!!

- How you package your patient matters
  - ◊ Acknowledge your patient’s dignity
    - \* If you are cold, chances are your patient is cold—cover them
    - \* If possible, ask permission and explain as you do procedures
- Patient anxiety can be a barrier to good care

## References:

Augustine, James J., *Patient positioning is a critical skill for EMS providers*, EMS1.com, August 25, 2011  
Dick, Thom, *Punctuate Your Performance with Great Patient Packaging*, JEMS.com; Wed., November 14, 2012  
Pitts, Stephen, RRT, NREMT-P, *Principles, Pearls and Procedures of Patient Packaging (PPT)*, 2009