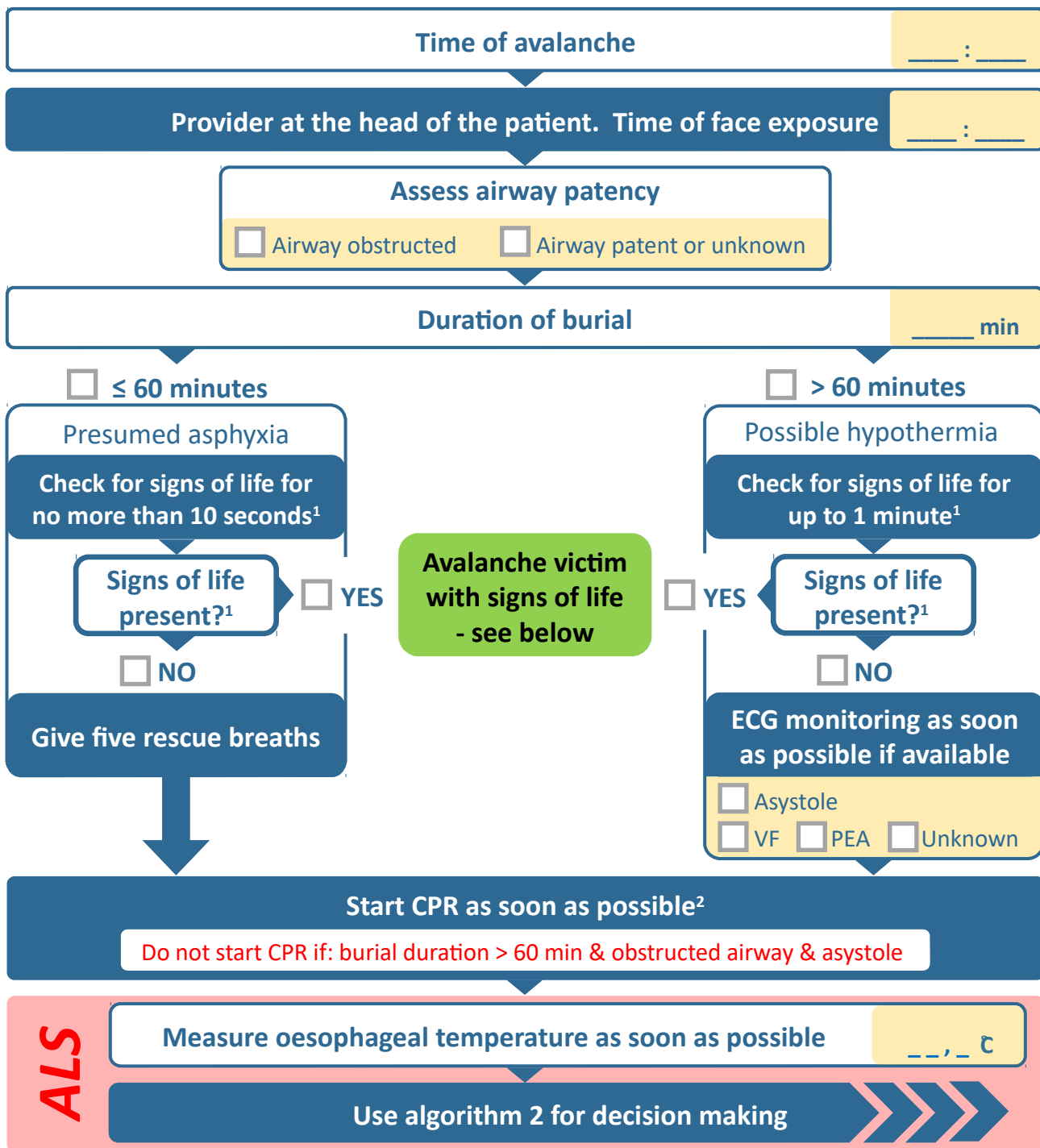


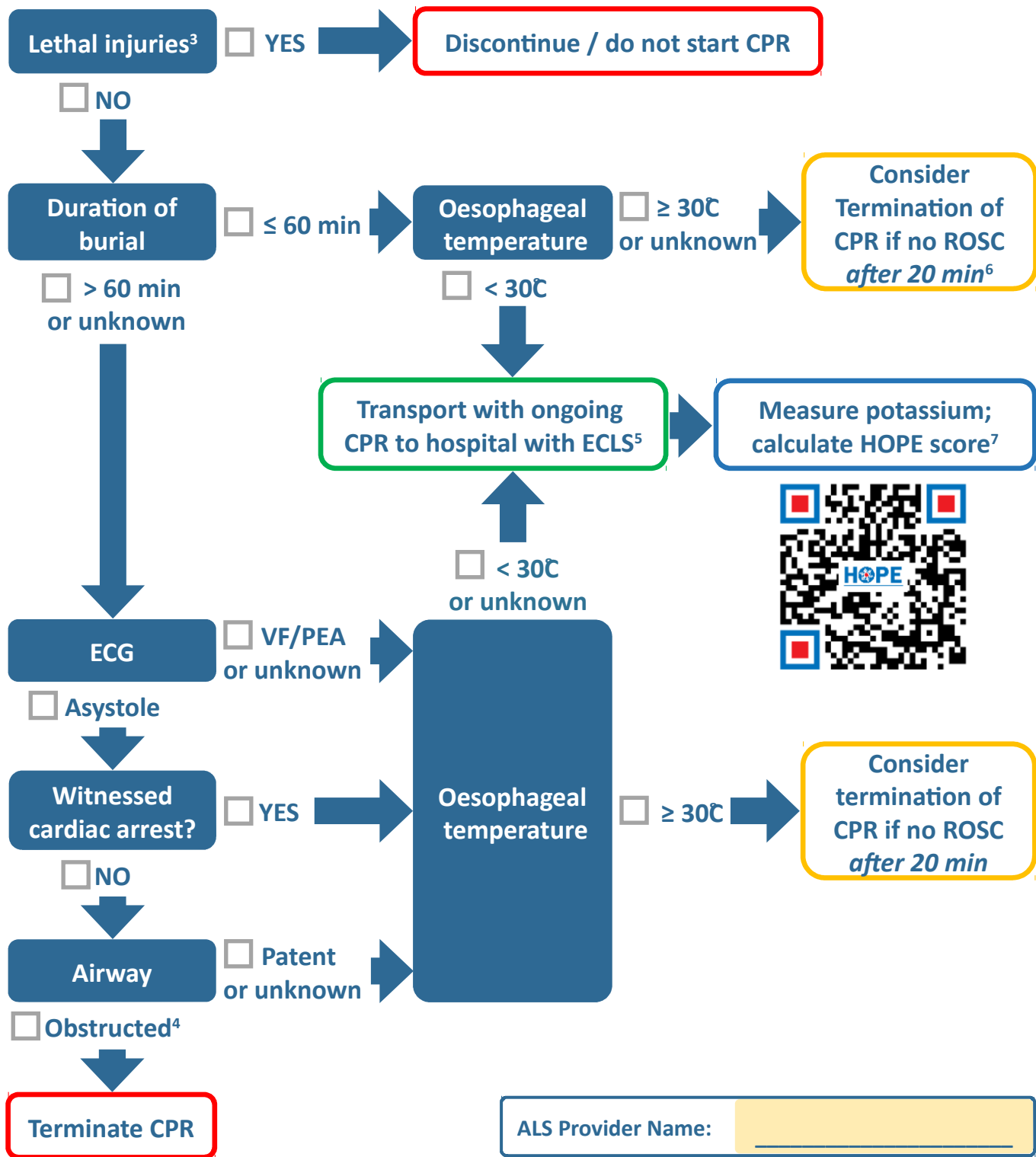
1 Initial management of critically buried avalanche victims



Critically buried avalanche victim with signs of life

- ECG monitoring as soon as possible (ideally before handling or moving the patient)
- Gentle handling and consider potential trauma
- Transfer to the most appropriate hospital
- Consider transfer to an ECLS hospital for hypothermic patients with:
Core temperature <30°C or ventricular arrhythmia or systolic blood pressure <90 mmHg
- The management of medical conditions which are not specific to avalanche victims (e.g. hypothermia, trauma) should follow the most recent recommendations

2 Decision making algorithm for advanced management of critically buried avalanche victims in cardiac arrest



- Signs of life include any of the following: A, V or P from AVPU (alert, responsive to verbal stimuli, responsive to pain, unresponsive) or Glasgow Coma Scale >3, any visible movement, respirations, or a palpable carotid or femoral pulse (for experienced ALS providers).
- Standard compression / ventilation rates. Drug dose and defibrillation depending on core temperature or, if not available, burial duration. If ventricular fibrillation persists after three shocks, delay further attempts until the core temperature is $\geq 30^{\circ}\text{C}$. Withhold adrenaline if the core temperature is $< 30^{\circ}\text{C}$.
- Assess for lethal injuries: decapitation; truncal transection; whole body decomposed. If present, do not start CPR.
- An "obstructed" or "blocked" airway requires both the nose and mouth to be completely filled with compact snow or debris.
- With a deeply hypothermic patient ($< 28^{\circ}\text{C}$), if rescue is too dangerous consider delayed CPR and if transport is difficult consider intermittent CPR.
- If core temperature measurement is not available, hypothermic CA may be considered, at the rescuer's discretion, despite a burial duration of ≤ 60 minutes in a victim with a patent airway and no signs of life where there is the possibility of very rapid cooling (e.g. burial during ascent, thin or small person, minimally dressed, sweating before burial).
- In-hospital prognostication of successful rewarming in an avalanche victim should include the estimation of the survival probability using the HOPE score. If any doubt exists whether the avalanche victim may have been asphyxiated despite critical burial, the HOPE score should be calculated using the NON-ASPHYXIA option. This will reduce the risk of undertreatment. If the HOPE score cannot be determined, the combination of a potassium < 7 mmol/L and a temperature $< 30^{\circ}\text{C}$ may be used instead to help indicate ECLS rewarming.