Management of patients with entrapped UXO

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Disclosure

The ICRC has no financial conflicts within this presentation and has no conflicts of interest with any products or material presented

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U.S. Army policy states that Moss should not be operated on because of the risk to medics and other patients

“Brown explained the possible scenarios to the medical team, including the possibility that they could all become 'pink mist' if the grenade exploded, and they agreed to treat him…”

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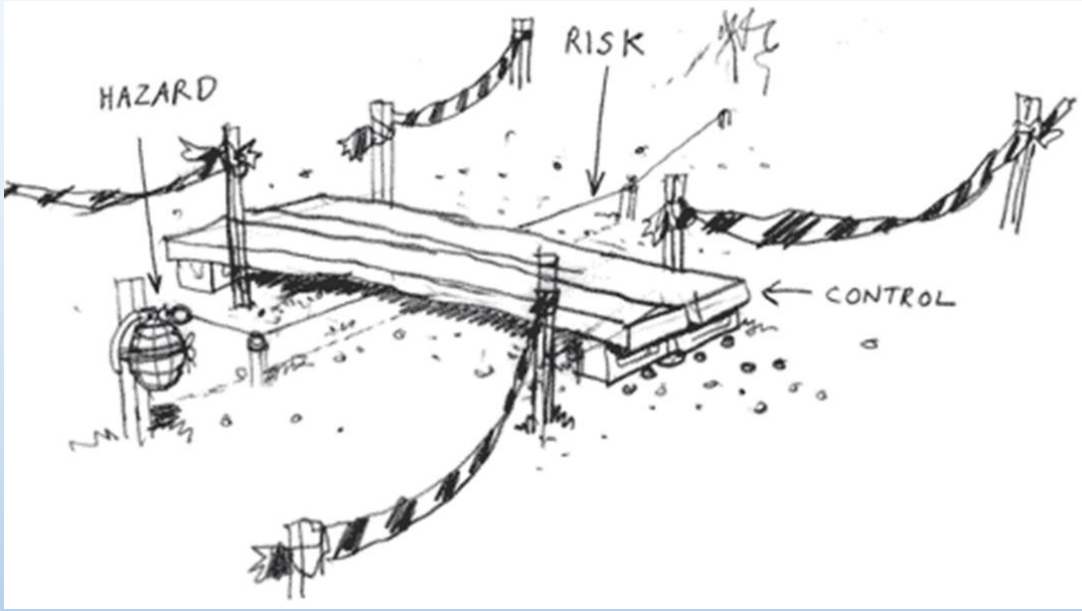
Limitations

Adapted triage system
Risk for patient
Risk for personnel
Risk for infrastructure



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Rules of rescue and risk

- Type of ordnance.
- Identification of medical equipment
- Location of the injury.
- Condition of the patient.
- Anaesthesia-Surgical procedure
- Facilities and resources available.

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Risk Awareness

All explosives are sensitive to:

- Shock
- Heat
- Friction

Some explosive weapons have complex electronic fuzing and in addition to the above may be sensitive to electricity and electromagnetic fields (e.g. those induced by phones, radios, MRI scanners, pacing, defibrillating and other medical equipment, etc)

UXO suitably exposed to the above stimuli will explode!

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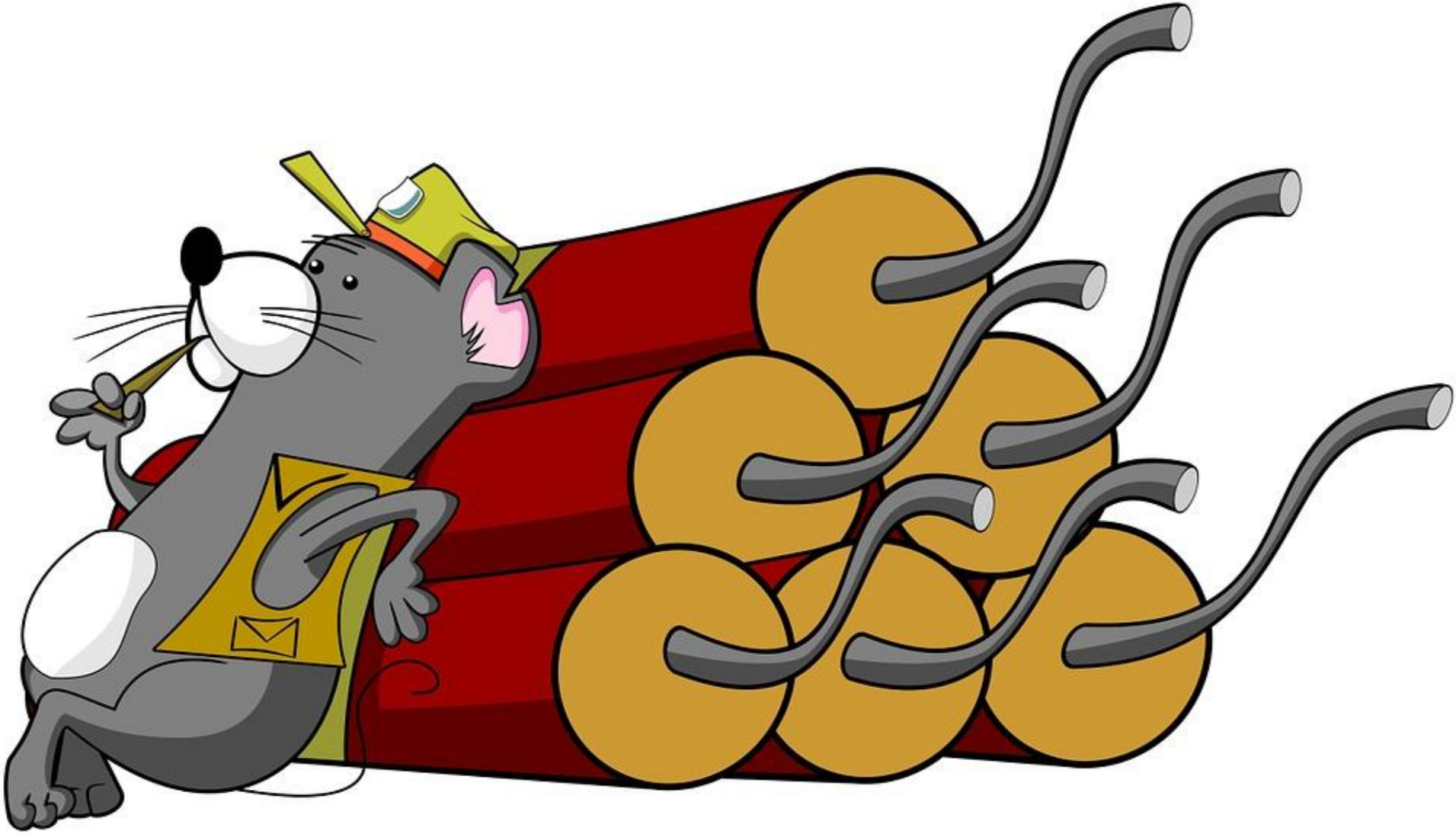
How to be prepared…



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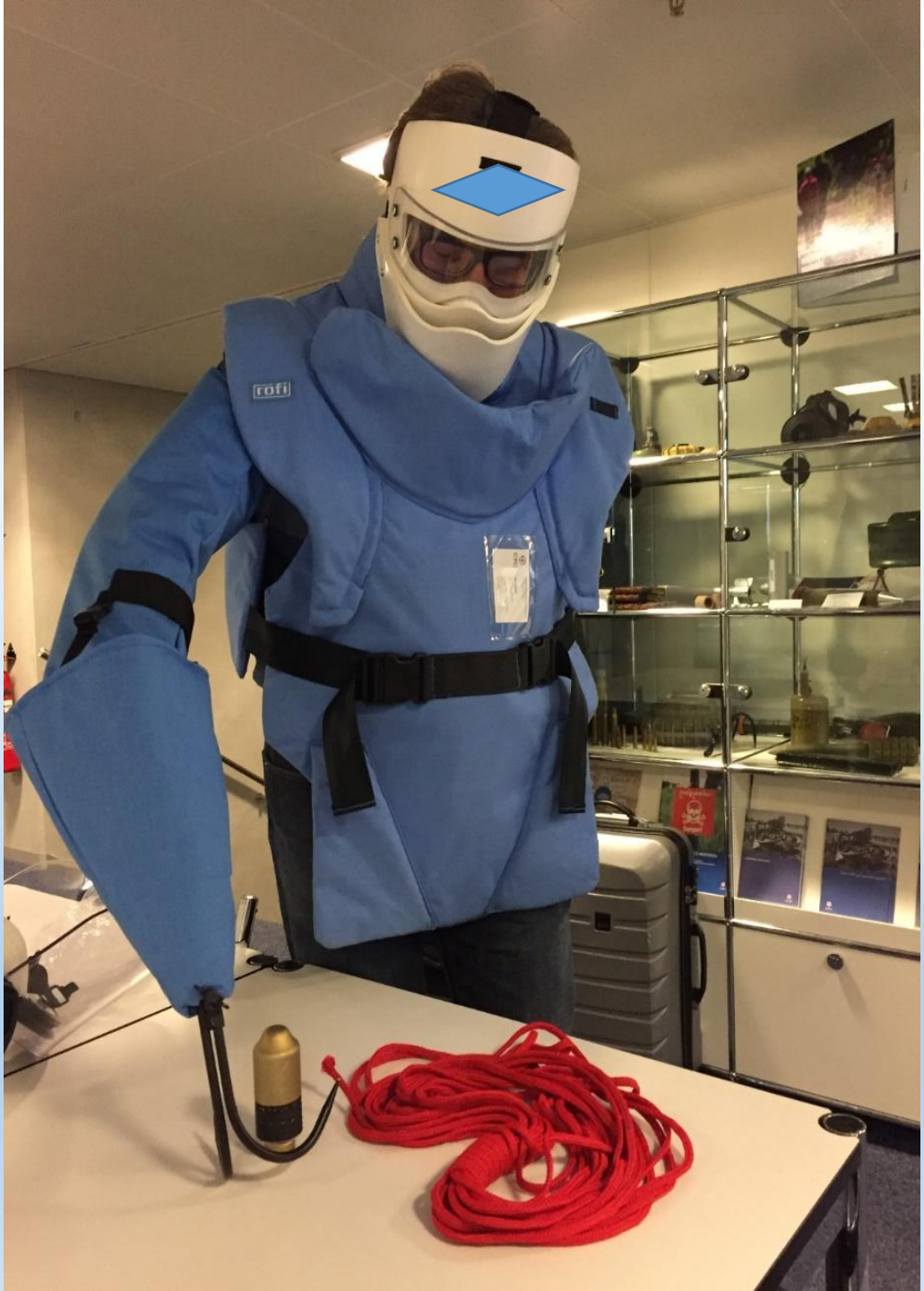

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Generic Advice

- Attempt to identify UXO cases as soon as possible during triage/admittance
- Reduce the staff level in the vicinity of a patient with UXO to a minimum
- Isolate the UXO portion from the rest of the patient body where feasible
- Take antistatic precautions when interacting with the patient
- Seek technical assistance from Police-Army EOD department ASAP

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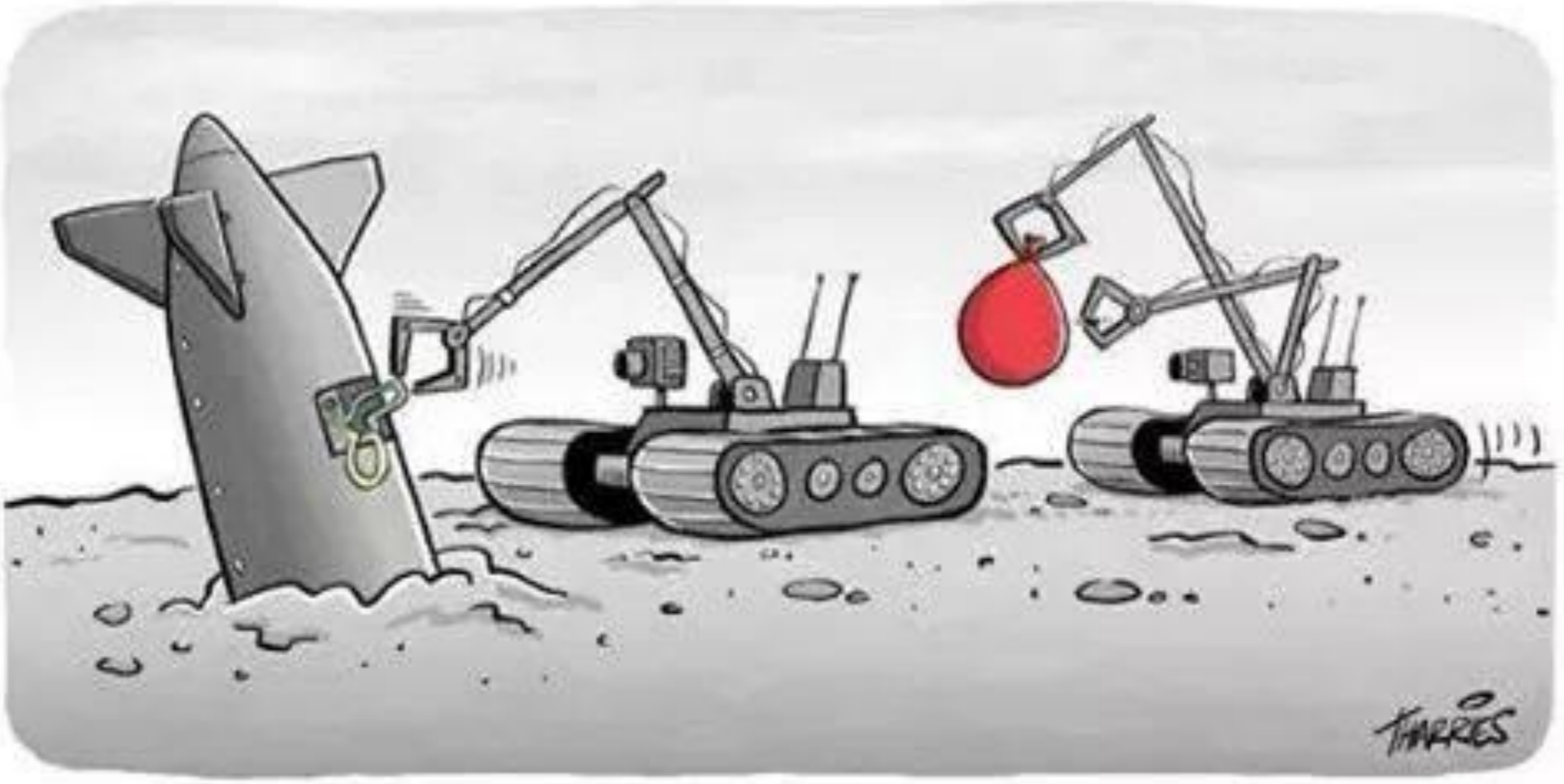
Many thanks



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