1. PROTOCOL F2 - including primary assessment (ABCDE)
   If patient’s condition is extreme, respiratory distress with severe shock, or
   serious head injury, extrication must be performed as rapidly as possible
   irrespective of any adverse effects on lesser injuries, eg limbs

2. PAIN MANAGEMENT

3. Treat HYPOVOLAEMIA if present

4. IF TRAPPED WITH COMPRESSION:
   If part of the body is compressed by a heavy object there is a risk of
   sudden death occurring following the removal of the compressive force.
   This is due to:
   - HYPOVOLAEMIA
     Sudden blood loss, both from and into the compressed tissues causing
     severe hypovolaemic shock
   - HYPERKALAEMIA
     Sudden release of K⁺, lactic acid and other toxins into the general
     circulation causing dysrhythmias and decreased cardiac contractility

5. REMOVAL OF THE COMPRESSIVE FORCE:
   - BEFORE REMOVAL
     - IV access with Hartmann’s if not already in place
     - Apply arterial tourniquet to compressed limb
     - Ensure monitor is clearly visible and attached to patient
     - Set up calcium gluconate and sodium bicarbonate ready for
       administration
   - REMOVE THE COMPRESSIVE FORCE SLOWLY
   - AFTER REMOVAL
     - Monitor ECG for signs of HYPERKALAEMIA and treat if present
     - Release tourniquets – if major bleeding or ECG changes occur
       reapply tourniquet
     - Treat HYPOVOLAEMIA if present

6. Regularly repeat and document ABCD physical examinations and
   physiological observations in order to identify trends in clinical
   deterioration