11.01 SPECIAL CIRCUMSTANCES: AUSTERE CARE

AUSTERE MEDICAL CARE CONCEPT

Austere Medical Care ("Austere Care") is a modified standard of care provided during disaster situations when medical resources, supplies and / or medical personnel are extremely limited or unavailable. Situations in which this may occur include an earthquake with major infrastructure damage or biological events with depletion of health care resources, or disruptions to the normal supply chains. The goal of a modified standard of care is to provide a basic (austere) level of medical care that is less time and resource intensive. By modifying the standard of care to a more basic (austere) level, fewer medical resources are provided to an individual person, but, instead are distributed to a greater number of individuals in a given population. The intent of austere medical care standards is to attempt to do the most good for the greatest number of people during a disaster situation.

Austere Care is only rendered in the setting of disaster or isolation and requires activation as described in this protocol. Austere Care is never considered advantageous over normal emergency medical care and cannot be used in settings where normal or comprehensive emergency care is available.

ACTIVATION/DEACTIVATION OF AUSTERE CARE

Austere care is only authorized by the County Health Officer or his or her designee. Communication of the decision to use Austere Care will come through the Incident Command System chain of authority. Medical units will render care as described in the following protocols. If warranted, standard emergency medical care protocols can be utilized at the discretion of the Medical Group Supervisor depending on local conditions. Austere Care is designed to be a "floor" level of medical care, which may be superseded or augmented as conditions permit.

AUSTERE CARE GUIDELINES

The following table identifies changes to the treatment of patient conditions covered in the Standard Treatment Protocols under Austere Care:

CONDITION	TREATMENT
Abdominal Discomfort	Treat for shock if indicated. Trial of PO fluids. Trial of over-the-counter antacid if available.
Allergic Reaction	**Epinephrine** or **Benadryl** IM if indicated.
Altered Mental Status	Check glucose. Treat with oral or IV **Dextrose** if indicated.
Cardiac Arrest	• V-Fib/ Pulseless V-Tach: If no return of spontaneous circulation (no pulses) after 3 shocks, cease resuscitation efforts. • Do not initiate resuscitation of other cardiac arrest rhythms.

Chest Discomfort / Pain	**Aspirin** and **Nitroglycerin** .
Childbirth	**Oxygen** and IV fluid hydration if needed. Deliver baby.
Near Drowning	**Oxygen** and protect from hypothermia.
Pain Control	• **Morphine**. • Help patient self-administer over-the-counter oral pain medications as appropriate & available (e.g. Tylenol; Ibuprofen).
Respiratory Distress	Bronchospasm: **Albuterol** CHF: **Nitroglycerin**
Stroke	**Aspirin**.
Trauma	Follow standard treatment guidelines for treatment of individual conditions. If shock develops and does not respond to initial IV infusion of 2 liters of normal saline, provide palliative care only.

The following table identifies treatment for conditions that are not found in the standard treatment protocols:

CONDITION	TREATMENT
Anxiety / Depression	Reassure patient; assist with finding supportive group of others such as friends, relatives or volunteers. Lorazepam OR diazepam if needed for restraint/sedation.
Dehydration	Oral rehydration solutions (Gatorade, sports drinks, water, juices.)
Fracture Care	Immobilization, ice pack, pain control with **Morphine** or over-the-counter pain medication.
Palliative Care (Comfort care for dying patients)	Reassurance, place patient with supportive others. **Morphine** or over-the-counter pain medication.
Nausea / Vomiting	Antiemetic if available, oral rehydration solutions.
Wound Care	Clean wounds with soap and water. Remove foreign bodies and debris. Irrigate with normal saline or clean water as available. Apply dressings. Qualified personnel may perform suturing. Wounds that are over 6 hours old cannot be sutured. Dressings should be changed daily. Signs of infection (fever, pus drainage, red streaks on skin, increased pain from wound) warrant triage to higher level of care.