



MARCH vs ABCDE

Wilderness First Aid just like Swift Water Rescue are evolving practices. Besides the need for practice, it's a good idea to retake these classes every two years. Its not that the old way of doing things are bad necessarily, new techniques are developed that simplify response as well as lead to far better outcomes.

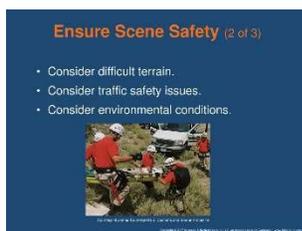
ABCDE has been the standard in primary care assessment for many decades. It is very simple to remember and helps ensure that any life-threatening conditions (LTC's) are addressed immediately.

Serious trauma situations have exposed a critical weakness in the ABCDE approach and has led to a new prioritization – MARCH.

Scene Survey

Just as in rescue work, your safety as well as others is the priority. Take a few seconds to examine the accident scene for any potential dangers. Paddling venues are in wild environments:

- High winds
- Changing water levels
- Lightning
- Undercuts, Strainers and Sieves
- Traffic (both vehicles and paddle craft)
- Nature – Yellowjackets & Snakes
- People (sometimes with guns)



Avoid tunnel vision and take a good look around. Imagine treating injuries in the middle of a fast-flowing creek and the water rises quickly. The two of you could get swept off the once safe rock and end up swimming the rapids. Now we have two victims, and one might not have their PFD on due to CPR.

Here are the basic steps we need to perform before dealing directly with the patient:

1. **Yourself** – Is the scene safe enough and will it stay that way?
2. **Your Crew** – Are the less experienced paddlers in your group safely on shore and is someone watching? Also think about who can help out and what resources you have.
3. **Bystanders** – Has anyone dealt with downstream paddler traffic? It may be necessary to post someone upstream to prevent additional injuries and/or delays. Other parties may be a great source for better equipment like a raft for transport.

4. **The Patient** – Is he/she in a stable enough spot that will remain safe. Also consider environmental factors, perhaps others in your group can quickly construct a shelter and gather clothing to avoid hypothermia.
5. **BSI (Blood Substance Isolation)** – In most cases this involves donning medical gloves for blood or bodily fluids. A CPR Mask may be needed for CPR. Sneezing/coughing may call for wearing a surgical mask. If you wear glasses, it doesn't hurt to put them on.
6. **General Impression** – How serious is the situation? Is the patient talking, great – they are breathing. Any signs of mass bleeding? How exactly did the accident take place: MOI (Mechanism of Injury)? Do we need to move the patient before treating their injuries?
7. **Communication** – Talk to the patient. Explain your qualifications and get their consent before going further.

Check-Call-Care

We performed the Check step above. The scene survey will help you make the determination on whether the patient has any life-threatening conditions. Depending on your location and the type of injury, it may be advisable to have someone in your group contact professional assistance (Call). The sooner someone is sent, the sooner help can arrive. This about what you might need and ensure the runner (paddler) makes that request. While they are going for help, proceed to the next step – caring for the patient.



Primary Care Assessment

The objective of the primary care assessment is quick identification of LTCs (Life Threatening Conditions) – basically anything that may quickly kill the patient. One of Murphy's EMT laws does a great job of summing this up: "Air goes in and out, blood goes round and round, any variation on this is bad.". In primary care, each step is Pass/Fail. It is a prioritized system meaning that if any step fails, treat immediately.

ABCDE

The ABCDE approach works well for non-trauma incidents. Unfortunately, it has its limitations for severe trauma accidents.



A – Airway: Is there any blockage of the airway. We often recheck their level of consciousness at the same time. If they have no issues talking, the airway is in good shape.

- Look: Is the chest rising & falling? Is their skin blue or purple? You might need to [tilt the head back](#) and visually look in the mouth for tongue or foreign substance blockage.
- Listen: You should be able to hear the air going in and out.
- Feel: In some cases, placing your ear on their mouth may enable you to feel the air going in and out.

B – Breathing: Determine the quality of their breathing. Is their breathing steady? Are they breathing too fast or too slow? If they are gasping for air, this needs to be treated ASAP.

C – Circulation: Verify they have a pulse. This is generally done by palpating the carotid artery in the neck. If unable to find a pulse, begin [CPR](#) and see if an [AED](#) device is available. Many raft companies these days carry AEDs or at least a radio to call for help. Some places on commercially run rivers have AEDs locked up in strategic places.

D – Deformity / Disability: Look for any deformities. We often perform a Chunk Check which is a quick palpation of the patient's main body parts feeling for any obvious abnormalities. The chunk check can also identify additional bleeding that may have been hidden by clothing like a wetsuit.

We also consider the MOI from above for any potential of head and / or spinal injuries that need to be addressed.

E – Environment: Hypothermia / Exposure can kill and needs to be taken seriously. Under scene safety we hopefully took this into consideration. Depending on the situation you may need to add some insulation under the patient as direct contact with the ground transfers heat very rapidly. Sugar, hot fluids and a storm hood or beanie can add heat rapidly.

MARCH

MARCH is basically a new priority system that handles trauma far better. The main issue with ABCDE is the initial emphasis on breathing. Breathing is great if you have a transport system – blood circulation working. In serious trauma, blood loss can quickly eliminate the circulatory system in a few minutes. The average adult has 10.5 pints or 5 liters of blood. We can handle loss of a pint of blood, the common blood donation. We can lose up to 30% (3 pints) of blood before the body can no longer maintain blood pressure. Loss of [40% \(4 pints\) is generally fatal](#).

Obviously, dealing with massive bleeding needs to take precedence over airway concerns.



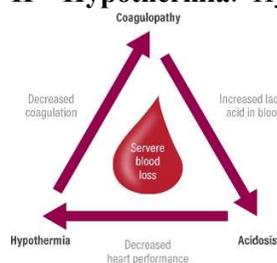
M – Massive Hemorrhage: This isn't just any sort of bleeding like venous or capillary, this is always arterial bleeding. Apply well directed pressure ASAP and consider hemostatic or pressure bandages. If that isn't adequate, a tourniquet may be necessary.

A – Airway: See the above description.

R – Respiratory: Same as Breathing above.

C – Circulation: [Shock](#) is our major concern now. Check the body for proper circulation. CPR may be called for – see Circulation above.

H – Hypothermia: Hypothermia is a key stool in the [Trauma Triad of Death](#). The triad put simply is:



- Hypothermia – The core body temperature below 95°
- Acidosis – Generally a buildup of carbon dioxide
- Coagulopathy – Clotting issues

Conclusion

Most first aid schools are transitioning to the new [MARCH](#) primary assessment prioritization with its initial emphasis on dealing with massive hemorrhages (bleeding). We are somewhat fortunate that these types of injuries are less common in paddling than they are in some other sports like rock climbing, motor cross. etc.

If your First Aid certification has expired, consider renewing with a training provider that has [experience in your sport](#). Wilderness First Aid takes only a weekend and is very reasonably priced.