

Standard Sandpiper Bag layout

NB: This is based on the standard Sandpiper Bag configuration

In general we do not recommend RSI as part of the core competencies of the clinician using a Sandpiper Bag - the reason being that RSI is best performed as part of a prehospital system under tight clinical governance and incorporating waveform capnography, post RSI ventilation/sedation strategies and clinical audit.

Instead, airway interventions have an emphasis on performing the basics (oro-/nasopharyngeal airways, use of BVM, and use of laryngoscope only for removal of foreign bodies and/or suction under direct vision.

Advanced airway interventions are focussed on supraglottic airways for severely obtunded patients plus surgical airway for the rare cases where needed.

The Sandpiper Bag Mk III comprises TWO bags, which can be unzipped to function complement each other. Both have grab handles & shoulder straps.



The bags are laid out in a C-AB approach, opening out in a clamshell format to reveal colour coded pouches containing labelled kit, each with velcro backing.

This allows the kit contents to be rapidly identified and handed to attending clinical personnel.

The smaller bag is dedicated to **Circulation**

The larger bag is dedicated to **Airway & Breathing**

Clinicians may opt to carry a separate **Drugs Bag** and/or **'First In Kit'**

Those performing prehospital anaesthesia may prefer to collate RSI equipment in a separate **SCRAM bag** (not shown)

CIRCULATION BAG



POUCH CONTENTS

1. Major Bleeding
2. EZ-IO (own pouch)
3. SAM Splints (in pack walls)
4. Femoral splint (own bag)
5. Pelvic binder (own bag)
6. IV fluids
7. IV access
8. Wound closure
9. Bandages (optional)



Note the smaller 'circulation' bag has a small external pocket, which is ideal for notes, PPE, IFAK/drugs etc



NB Pouches (8) wound closure and (9) bandage can be replaced with other equipment eg SAM pelvic binder and CT-6 or CT-7 splint if not using the more compact Prometheus pelvic binder and Slishman femoral splints

In the bag shown the EZ-IO (intraosseous access) has it's own bag



Note the TRAUMA SHEARS clipped to dedicated plastic clip (X), the sharps container (optional) and the flat pack Prometheus pelvic splint (5) used in this bag.

SAM splints (3) can be placed in the bottom of the bag/along fold.

A small 'first in' pouch containing gloves/SpO2/head torch/Sharpie/drug labels is loose (10) or can be placed in the outer pocket of the bag



Close up of SAM splints (5) in base of the bag (along fold) - this gives extra rigidity to the pack walls.

Prometheus pelvic binder (6) lays flat in the bag - if using the alternative SAM pelvic binder, it may be easier to place alongside existing pouches

The femoral traction splint is typically in it's own bag - recommended brands include the Slishman traction splint (also available as a compact form) and the CT-6 or new CT-7 devices.

AIRWAY and BREATHING BAG



This is the larger of the two bags - a shoulder harness system is concealed behind the black zipped section

There is a side pocket for cylindrical sharps container (A), and THREE zip access locations

- B - for soft collars
- C - for access to main pack
- D - for access to O2 cylinder / O2 masks
(can be used to grab an O2 mask to O2 cylinder even with bag closed)



POUCH CONTENTS

- 1 Oxygen masks
- 2 Adult bag valve mask (recommend POCKET BVM with own hard case)
- 3 Airway adjuncts
- 4 Supraglottic devices
- 5 Suction device (recommend SuctionEasy)
- 6 Chest decompression
- 7 Advanced airway (surgical airway) *
- 8 Paediatric pouch or Personal Pouch
- 9 The O2 sock (black) is folded out to allow access to O2 cylinder

Side pockets (10) can be used for gloves, chest drains and Heimlich valves/ Hyfin vents

Compact equipment such as the 'Pocket Mag Valve Mask' (11) may be used instead of the adult BVM

* in the pack shown, intubation equipment has been moved to a dedicated SCRAM bag. It is reasonable to carry a laryngoscope to allow suction and/ or removal of foreign body under direct vision.



Laryngoscopes or no laryngoscopes?

Prehospital anaesthesia is a high risk procedure and needs dedicated equipment including access to full physiological monitoring, induction & paralysis drugs and waveform capnography etc. It is not a routine procedure and the training and equipment focus of the Sandpiper Bag clinician should be to 'buy time' until help arrives, unless a supraglottic or urgent surgical airway is required.

For those NOT performing prehospital anaesthesia, it may be appropriate to place a Mac 3 or 4 laryngoscope and Magill forceps in the 'advanced airway' pouch to allow removal of eg foreign body, along with a surgical airway kit

The **Pocket BVM** is a compact alternative to the adult bag mask valve - available from TacMed



The “Suction Easy” device is light, compact and effective and recommended for Sandpiper Bags

The Yankauer sucker is NOT suitable for prehospital use and should be replaced with a DuCanto sucker (12) - both Suction Easy and DuCanto suckers are available from MidMed

Final notes

It is important to be familiar with your bag contents. This is best achieved by regular checking and re-stocking, supported by simulation scenario training, ideally with local ambulance personnel. We suggest that Sandpiper Bag clinicians maintain a checklist of equipment and maintain contact with Sandpiper Australia regarding the recommended kit contents, as this may change over time.

As always, practice good 'pack hygiene' - ensure the bag is clean and kept secure. It is important to re-stock and clean after any prehospital job. We recommend placing zips of both bags and internal pouches in the middle, so that can still access contents if a zip unexpectedly jams.

Ideally bags will be re-stocked through building relationships with local hospitals and/or ambulance services, as has been the model in South Australia's RERN scheme (rural emergency responder network). Alternatively clinicians may wish to purchase stock for own use eg sports events.

Ultimately the delivery of good prehospital care is about doing the basics, and doing the well. This is best achieved through use of a standardised bag used by a trained clinician. Please make every effort to remain up-to-date with prehospital care, to integrate with local emergency services. If you retire or relocate, please consider whether the bag remains with you or is passed to another appropriately trained clinician.

Finally, please don't forget to keep in touch - the small team of rural clinicians at sandpiperaustralia.org are keen to support colleagues such that we can establish national 'rural responder' networks across each State and Territory in this vast continent and help narrow the 'trauma gap'. Feel free to send an email, ask questions and - best of all - share your use of Sandpiper Bag with the wider community.