

Key Takeaways – SME Chat Paramedicine Emergency Care with LifeFlight

This SME Chat highlights [LifeFlight](#) and their free [First Minutes Matter](#) training course.

LifeFlight is a not-for profit aeromedical emergency rescue, protection and retrieval medicine service. Their capabilities span remote and primary retrievals, inter-hospital transfers and international medical repatriations. With 1 mission every 62 minutes, their mission is to provide equitable, rapid access to high-level care across Queensland.

[Retrieval Services Queensland](#) (RSQ) is responsible for managing the prioritisation of retrieval resources in Queensland (i.e. LifeFlight, RFDS, QAS) and acts as a 24/7 single point of contact for aeromedical tasking and remote clinical support.

In an emergency, always contact RSQ directly - not LifeFlight. As per the [Primary Clinical Care Manual](#), RSQ provides 24/7 emergency clinical support and advice for rural and remote clinicians on 1800 11 44 14.

Supporting WQ HealthPathways:

[Acute Presentations](#)

SME

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Topics Covered

First Minutes Matter Program.....	1
Red Flag Conditions – ‘Pain Out of Proportion’	2
Free Clinical Resources for rural and remote GPs.....	2
Emerging Treatments and Tools in Emergency Medicine	2
Future of Paramedicine.....	3
Q&A Highlights	3

First Minutes Matter Program

- **Audience:** Parents, carers, volunteers, and community members in rural/remote QLD.
- **Aim:** Empower bystanders to manage the *first minutes* before retrieval arrives.
- **Training Focus:**
 - Severe bleeding control (tourniquets, pressure dressings).
 - Airway management basics.

- CPR and AED use.
- Choking management.
- Febrile seizure response.
- **Features:**
 - **Free**, accessible, scenario-based training.
 - Not nationally accredited, but participation certificates provided.
 - Especially valuable in settings where retrieval delays are unavoidable.

Red Flag Conditions – ‘Pain Out of Proportion’

Time-critical emergencies where pain severity outweighs physical findings:

1. **Orbital Cellulitis** – swelling, eye pain, ↓ vision → risk of intracranial spread.
2. **Malignant Otitis Externa** – elderly/diabetic patients, severe ear pain, cranial nerve involvement.
3. **Ludwig’s Angina** – submandibular swelling, airway compromise.
4. **Mesenteric Ischaemia** – severe abdominal pain, minimal signs, AF patients high risk.
5. **Aortic Dissection / Ruptured AAA** – tearing chest/abdo pain, unequal pulses/BPs.
6. **Compartment Syndrome** – pain on passive stretch, tense compartments.
7. **Acute Arterial Occlusion** – 6 Ps: pain, pallor, pulselessness, paresthesia, paralysis, poikilothermia.
8. **Necrotising Fasciitis** – rapidly spreading infection, pain disproportionate to external findings.

Free Clinical Resources for rural and remote GPs

- [WQ HealthPathways](#)
- [GP Red Flag A-Z](#)

Emerging Treatments and Tools in Emergency Medicine

1. **Asthma Management Update**
 - **Shift:** [Australian Asthma Handbook](#) (AAH) recommends **anti-inflammatory reliever therapy** (steroid + reliever) instead of blue puffer (SABA) monotherapy.
 - **Reason:** Strong evidence for reduced exacerbations and hospitalisations.
 - **See** [Acute Asthma in Adults](#) Pathway.
2. **Tranexamic Acid (TXA)**

- **Use:** Early administration (<3 hrs) in trauma and TBI. [Read a review.](#)
- **Evidence:** CRASH-1, CRASH-2, CRASH-3 trials show survival benefit.
- **Dosing:** 1g IV bolus → 1g infusion over 8 hrs (some use 2g bolus in rural settings).
- **Impact:** Low-cost, high-yield intervention in trauma.

3. Point-of-Care Ultrasound (POCUS)

- **Expanding Role:** Beyond FAST scans → used for biliary, DVT, obstetric, musculoskeletal, fracture diagnosis.
- **Access:** Portable handheld devices now widely available.
- **Training:** [AIU \(Australian Institute of Ultrasound\) course](#) recommended for rural GPs.

4. Freeze-Dried Plasma (FDP)

- **What:** Shelf-stable plasma (3 years at room temperature), quickly reconstituted.
- **Why:** Provides clotting factors; superior to crystalloids in resuscitation.
- **Use Case:** Ideal for rural/remote trauma care where cold chain for FFP is impossible. [Read about FDP administration in trauma.](#)
- **Status:** In use internationally; feasibility under review in Australia.

Future of Paramedicine

- **Trends:** Moving into broader roles beyond ambulance work.
- **Models:**
 - Community Paramedicine: managing chronic disease, after-hours presentations.
 - Paramedic Practitioners: advanced scope (prescribing rights, acute care) similar to nurse practitioners.
- **Barriers:** Requires Medicare and legislative recognition.
- **Potential Benefits:**
 - Workforce support in rural/remote settings.
 - Reduced unnecessary ED transfers.
 - Relief for overstretched GP workforce.

Q&A Highlights

- **Triage Hotlines:** Often over-triage; more skilled triage systems needed to reduce unnecessary transports.
- **LifeFlight is hosting free *First Minutes Matter* courses in the North West, Central West and South West – See [Available Workshops and Calendar](#).**