

## EMERGENCIES

MEDICAL INFORMATION by Julian Satnick, M.D., Fleet Surgeon

This information is for use by participants in the Marina del Rey to Puerto Vallarta Yacht Race. It is important that consideration be given to each individual's need and history. Questions regarding individual utilization of this information should be taken up with your own private physician, especially in the presence of diabetes, hypertension, glaucoma or other significant medical problem.

**MEDICAL HISTORY:** Skippers and crew members should have a complete medical history of themselves indicating allergies, medications (name, dose and frequency of intake).

**IMMUNIZATIONS:** Update routine immunizations. Diphtheria/Tetanus boosters every 10 years. Consider immunization for Hepatitis A and Hepatitis B, as well as polio. Check with your physician.

**BLEEDING (HEMORRHAGE):** Treat by slowing the flow of blood. Apply pressure to the bleeding site and hold for 5 minutes and elevate the wound, if possible, so it is higher than the heart. The use of a tourniquet will stop the blood flow to a limb, but also result in the loss of a limb. Release the tourniquet slightly for a minute every 10-15 minutes.

**BURNS:** Treat with ice, cleanse with betadine, do not pop blisters, relieve pain, apply silver sulfadiazine(silvadene) or triple antibiotic ointment.

FIRST DEGREE burns treated with ice or cold running water for 10-20 minutes and applying a cooling salve like aloe vera.

SECOND DEGREE burns cause blisters, are more painful and may be moist with deep red bases. Treat for pain, ice or cold water and apply silver sulfadiazine (silvadene) or triple antibiotic ointment and cover with sterile dressing.

THIRD DEGREE burns look like the skin is cooked and requires professional care.

**CUTS, GASHES OR LACERATIONS:** Cleanse, cleanse, cleanse and remove debris, especially if dirty. Cleanse wound with copious amounts of soap and water. Cannot overdo. The first time you can use an antiseptic like betadine, alcohol or hydrogen peroxide after the soap and water. Repeated use of an antiseptic may damage healthy tissue and slow healing. Antibiotic ointment and sterile dressing to cover wound after a thorough washing.

**EYE PROBLEMS:** Foreign body. Hold lid away from eye, tears may wash it out. Wash with copious amounts of fresh water.

**FRACTURES:** Check for circulation, mobility (function) sensation, and deformity. Immobilize by splinting.

OPEN FRACTURES; Look for break in the skin over fracture site or protruding bone. This is an orthopedic emergency and must be treated by an orthopedist in 6 hours. Requires surgery and antibiotics.

IMMOBILIZATION AND SPLINTING: Elevate extremity, apply ice bag and splint with battens, magazines, pillows, oars and tape to maintain position. Remember R.I.C.E.; rest, ice, compression and elevation.

DISLOCATIONS: Circulatory and nerve impairment are common. May be an emergency.

**FISHHOOK:** Cleanse the skin around the fishhook. Push the hook on through the skin then snip off the barb. It should be easy to pull the hook back out by pulling on the exposed shank. Treat as a simple puncture wound by cleansing the skin and application of an antibiotic ointment and sterile dressing (band-aid).

**GASTROINTESTINAL:** It is not advisable to take antibiotics prophylactically. Travelers diarrhea and hepatitis is a food or water borne disease, as well as amebic and bacillary dysentery and typhoid fever. Avoid eating raw or uncooked food and vegetables. Be cautious of drinking water and the use of ice.

Diarrhea – Pepto Bismol, Immodium or Lomotil. Rehydration Salts will usually take care of simple diarrhea. Note that pepto-bismol can turn the tongue and stool black and may cause ringing in the ear. Bacterial diarrhea results in frequent watery stools and may become bloody. Cipro and Bactrim DS are commonly used antibiotics. Usually 1 pill twice a day for 5-7 days is adequate, or Xifaxan 200 mgm 3 times a day for 3 days. See your physician for a prescription. A good diet is the 'B.R.A.T.' diet which stands for bananas, rice, apple sauce and toast.

Constipation: Use milk of magnesia or dulcolax tablets.

**HEAD INJURY:** Check for consciousness, breathing, loss of blood, shock (weak rapid pulse and skin is sweaty and pale), ability to respond appropriately. Emergency situation.

**MARINE ENVENOMATIONS:** Stings from jellyfish, fire coral, sponges or sea anemone treat the area with 5% acetic acid (vinegar). DO NOT USE FRESH WATER over area. A wash with fresh urine is also effective. Application of a soothing lotion with an antihistamine and mild steroid is helpful. Antibiotics as well as a tetanus booster may be advisable. Remove the stinger with tweezers or use of shaving cream and razor. Stings from stingrays, lionfish, stonefish and rock fish are treated by placing the area into water as hot as is tolerable or apply hot compresses. Remove stinger if possible.

**MOTION SICKNESS:** Use Dramamine, meclizine, benedryl or other over the counter medication. Scopalamine patches are effective but should be used with caution if you have enlargement of the prostate or glaucoma.

**SUGGESTED LIST OF MEDICAL SUPPLIES****ALLERGIES**

Epipen An adrenaline drug in a syringe for emergency use for an acute allergy causing swelling and difficulty breathing which can be life threatening.

Antihistamines Benedryl, Actifed, Seldane D, Clariten D.

**ANTIBIOTICS**

Bactrim DS Good for bladder infections or diarrhea. One tablet twice a day.

Cipro. 500mgm Twice a day to treat urinary tract infections and diarrhea.

Keflex 250mgm For upper respiratory infections marked by fever, cough, yellow or green sputum or nasal discharge.

Xifaxan Is specific for E. Coli infections.

Azithromycin Bronchial infections. (Z-Pack)

Penicillin G 500mgm Depending on type and severity of infection, 1 tablet twice daily.

**EYE MEDICATIONS**

Boric Acid Ophthalmic 1% Soothing for nonspecific eye irritation and applied to lower lid 3-4 times per day.

Neosporin Ophthalmic Treating eye infections (ointment or drops)

Sodium Sulamyd Treating eye infections.

Eye pads Supplies

**BURNS**

Sterile dressings.

Triple antibiotic ointment.

Vaseline gauze dressings.

Sunscreen lotions and creams.

Silvadene ointment.

**DRESSINGS**

Kling 3 and 4 inch gauze dressing.

Ace bandages (2 1/2, 3 and 4 inch.

Steristrips.

Non stick dressings (telfa).

Sterile gauze pads various sizes.

Band aids of various sizes.

Cotton tip applicators.

Adhesive tapes various sizes.

**GASTROINTESTINAL**

Pepto-Bismol

Lomotil

Dulcolax Tablets

Immodium

Rehydration salts,

Prilosec for acid reflux (heartburn) or Zantac

**ORTHOPEDIC INJURIES**

4 and 6 inch Ace bandage

knee immobilizer

SAM splints for fracture immobilization, sling and roller gauze

ankle immobilizer

cardboard or aluminum splints

**PAIN**

Aspirin

Tylenol with Codeine #3

Tylenol,

Advil or Motrin

**LACERATIONS**

Betadine

Hydrogen Peroxide (fresh)

**GENERAL SUPPLIES**

Cotton tipped applicators

Thermometer

Vinegar

Hot and Cold Packs

cotton balls

Sterile gloves

Bandage scissors

Tongue depressors.

**MANUALS**

First Aid Manual – Kessler

Medical Emergencies at Sea - Beilan

**SHOULD AN EMERGENCY OCCUR:****INFORMATION A RADIO DOCTOR WILL WANT TO KNOW**

The following checklist help you in gathering medical data before using your radio to call a doctor for medical advice. These are typical questions doctors ask.

Your Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Vessel Name and Geographic Location \_\_\_\_\_

**CURRENT INJURY OR ILLNESS (What is wrong)? How did it happen or develop?**

1. What was patient doing prior to onset? \_\_\_\_\_
2. Any previous similar symptoms? \_\_\_\_\_
3. Patient taking any medications for the illness? \_\_\_\_\_ What? \_\_\_\_\_
4. He he/she take medications today? \_\_\_\_\_ Are they onboard? \_\_\_\_\_ Any other symptoms or complaints? \_\_\_\_\_ (fever, diarrhea, pain, vomiting, shortness of breath, weakness)

**PAIN:** Location. Does it radiate to any other part of the body? \_\_\_\_\_

1. What makes it worse? (Pressure, movement, urination, coughing, posture) \_\_\_\_\_
2. What kind of pain? (Sharp, stabbing, constant, dull, cramping, intermittent, burning, is it getting worse. Is anything worse with movement or pressure?) \_\_\_\_\_
3. How severe is the pain on a scale of 1 to 10 (minimal to agonizing)? \_\_\_\_\_

**EXAMINATION:** What does the patient look like? (Sick, in pain, pale, hushed, delirious) \_\_\_\_\_ Pulse rate \_\_\_\_\_ Respiratory rate \_\_\_\_\_ Temperature \_\_\_\_\_

What can you see that is not normal in any part of the body? \_\_\_\_\_

Is patient's memory and coordination normal? \_\_\_\_\_

**WHAT MEDICATIONS AND MEDICAL EQUIPMENT DO YOU HAVE ABOARD?**

Does anyone on board have medical training? \_\_\_\_\_

**IMPORTANT: Write down medical advice doctor gives. Make sure you understand it.**