

Singlehanded Transpac Emergency Medicine

presented by Allen Cooper

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Disclaimer

- Never did transpacific sail
- Don't know much

Before You Leave

- See your physician
 - Tell them what you are doing
 - Have a physical
 - Have a cardiac stress test if over 50 years old
 - Get prescriptions (see letter)

References

Marine Medicine

Weiss and Jacobs

the Mountaineers Books

Available at Amazon \$11.69

Advance Marine First Aid

Communications

- Satellite telephone is probably the best form of health insurance
- Advice services
 - Several listed in Marine Medicine

Food

- Poncho's Rule
 - 2 hot meals/day
- Specific foods I like on long trip
 - Eggs, apples, oranges, tangerines, cabbage
- Green bags (Downwind Marine)

Sleep

- Meds
 - Provigil-
 - Improves wakefulness
 - Approved for shift work disorder
 - Discuss with Physician but could be useful in an emergency

Seasickness

- Phenergan Suppositories
 - Causes drowsiness
 - Astronauts use if motion sick for more than two days
- Zofran is potent antiemetic-dissolve on tongue
- Hydration is very important
 - Gatorade is OK but not enough potassium or sodium
 - Pedialyte is better
 - Can be carried as a powder

Trauma

- Airway
- Breathing
- Bleeding
- Circulation
- Consciousness
- Cover
- Cervical

Trauma Head

- Consciousness- ?fully oriented
- Headache ?is it increasing
- Vomiting
- Pupils ?are they = ?do they get smaller with light
- Bleeding from ear or nose without direct injury

Trauma Eye

- Common: scratched eye, not necessary to cover (but may be more comfortable), should improve within 48 hours
- Foreign body: evert eyelid with Qtip or similar, irrigate with saline (fill plastic bag with pinhole in it)
- Antibiotic ointment (Ocuflax or Erythromycin ophthalmic)
- Perforation, retinal detachment: put cup or tent over and get help

Trauma Nose

- Head back and constrict
- Pack with gauze. If possible soak with epinephrine or Afrin

Trauma Chest

- Broken Ribs:
 - Hurt
 - Check for sucking air. Cover with occlusive dressing
 - Pneumothorax or hemothorax
 - Progressive difficulty breathing
 - No breath sounds
 - Get help
 - Pain meds, don't splint, watch for pneumonia

Trauma Abdomen

- Severe trauma
 - Increasing pain
 - Increasing weakness
 - Growing bruise
 - Increasing girth, bloating
- Get help

Trauma Orthopedic

- Sprains
 - Stretched or torn ligament
- Strains
 - Torn muscle
- Fractures
 - Broken bone

Sprain-Strain

- Ace: moderate compression
- Ice: cold pack
- Elevate
- Analgesic
 - NSAID is preferable but not if history of ulcer
 - Narcotic: Vicodin, Percoset, Tylenol with codeine
 - I avoid Oxycontin and don't carry morphine in part because they alter judgment

Sprain-Strain (continued)

- Third degree injury is complete disruption
 - Visible bruising in absence of direct trauma
 - loss of function
- Splint or Sling in position of function
 - Can't carry splint for everything (ankle, wrist etc.) so improvise e.g. batten
- Carry a finger splint
- Generally OK to wait a week for definitive Dx and Rx

Fracture

- Can be difficult to tell from sprain-strain
- When in doubt assume it is fracture and splint in position of function
- Check pulse frequently
- If possible reduce carefully
- Get help. If compound with broken skin this is an emergency and should be evacuated ASAP

Wounds

- Stop bleeding
 - Pressure
 - Afrin, epinephrine, clot promoter
- Prevent infection
 - Irrigation, antiseptic (betadine, H₂O₂), ointment
- Facilitate healing
 - NuSkin for small wounds, steri-strips for medium, suture or Dermabond with tape for large

Wounds cont.

- Keep dry but moist (antibiotic cream) and covering. Keep ambient, salt or fresh, out
- Leaving exposed with a scab will slow healing
- Frequent dressing changes
- Blisters and abrasions similar to wounds, antibiotic ointment, cover and keep dry

Burns

- First degree-cool, lubricate and cover
- Second degree-(blisters)-cool, evacuate, lubricate with Silvadene
- Cover with non-adherent dressing. Telfa pad
- Change at least daily
- Third degree-dead tissue below skin
 - Treat as second degree and if more then minimal area consider evacuation
- Hydration- for all burns
- Any burn > 5% (area of palm=1%) may require evacuation

Allergic Reactions

- Benadryl
- If wheezing, respiratory symptoms EpiPen carry more then one
- Asthmatic carry meds
- If recurrent or chronic Prednisone start at 60mg/day and taper by 10-20mg every third day, consider evacuation
- For skin reactions Triamcinalone ointment

Dental

- ToofyPegs: British product, one for filling, one for crown. They work
- Landfall navigation carries a kit
- Teabag

Throat, Ear

If infection likely=fever, intense pain, swollen glands Cipro should work

Chest

- Severe bronchitis= cough with fever and foul sputum use Azithromycin
- Pneumonia= High fever, localized chest pain, cough and foul sputum= Azithromycin and consider evacuation

GI

- Diarrhea
 - Food poisoning= from food left sitting out or not adequately reheated. Vomiting and diarrhea. No fever. Self limited gone in day. Only Rx is hydration and phenergan if needed
 - “Travelers” diarrhea= food or water contaminated with *e.coli* or several other bacteria, including salmonella= may last three days. May have low grade fever Rx Ciprofloxacin or Xifaxin
 - Bloody diarrhea= Usually fever shigella, invasive *e.coli*. Rx Cipro but if amoeba will not clear

GI

- Diarrhea (cont.). Rehydration is key. Pedialyte or oral rehydration packets are best. Can add baking soda to Gatorade or fruit juice (1/4 tsp./8 oz.
- Constipation. You will probably not get enough bulk. I recommend a modest amount (2 capsules) of psyllium (Metamucil) daily. Miralax is preferred laxative.

Urinary Track

- Infection common in females on long trip
 - Cipro

Medicines for Your Kit

- Phenergan suppositories, refrigerate, (Zofran)
- Ocuflax
- Afrin
- Epinephrine, Epi-Pen
- NSAID= ibuprofen (Advil), naproxin (Motrin)
- Narcotic analgesic=Vicodin, Percocet. Tylenol with codeine
- Finger splint
- Nuskin, Dermabond,
- Betadyne, H₂O₂
- Telfa pad,
- Triple antibiotic or neosporin-polymixin ointment
- Silvadene

Medicines for Your Kit

- ToophyPegs (dental kit)
- Provigil
- Benadryl
- Prednisone
- Pedalyte or Oral rehydration packet
- Antibiotics
 - Azithromycin (Z-pack, Zithromax)
 - Ciprofloxacin (Cipro)
- Waxelene

Waxelene

Use instead of Vaseline
Available at Whole Foods Bed Bath and
Beyond or CVS

