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
  – Thee 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 (Ocuflox 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, $\text{H}_2\text{O}_2$), 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)
- Ocuflox
- Afrin
- Epinephrine, Epi-Pen
- NSAID= ibuprofen (Advil), naproxin (Motrin)
- Narcotic analgesic=Vicodin, Percocet. Tylenol with codeine
- Finger splint
- Nuskin, Dermabond,
- Betadyne, $H_2O_2$
- 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