



Outdoors-Magazine.com

<http://outdoors-magazine.com>

Bush-Med Care Made Simple

Recondoc

- Skills and guides - Safety and health -



Publication: Tuesday 22 August 2006

Description :

An overview of simple, direct ways to prevent and treat common bush maladies.

Copyright (c) Outdoors-Magazine.com under a Creative Commons

Attribution-Non-Commercial-Share Alike License

Traveling through the remaining wild places in our world is without a doubt one of my favorite pastimes. There is nothing else that gives me the sense of freedom and individualism that I get from dumping all of the techno-gear and going out with a minimum of equipment. The one area that I don't advise cutting, however, is that of first aid. This is a combination of some equipment and as much knowledge as you can get your hands on. The knowledge weighs nothing so take as much as you can and always look for more.

There are a number of places to find the information that you need for solid, basic, first aid. Remember, no one is asking you to become a trauma surgeon or general practitioner. All that you need are basics for the four B's- Blister, Bad Tummies, Broken Bones/Sprains and Blood Baths. Now that's a bit of an exaggeration, but it sums things up pretty well. There is one more area, which stands above all others. Prevention: The old adage of "An ounce of prevention being worth a pound of cure" is at it's pinnacle within the wilderness setting. Common sense can save you more misery than most can imagine. A few ideas on where to find more on first aid are; The American Red Cross, Your local Community College, Area EMS stations and hospitals. Also, there are numerous books on the subject and more coming out each year. If you go looking for the information, you will find it.

As for equipment, you don't have to tote along the 40# Medic's bag that I hauled across Iraq to get the job done. A simple and well thought out kit will do the job just fine. I break mine down to cover four areas- Feet, Gastrointestinal problems, Cuts, and Fractures. I start with feet because they are my mainstay. My feet are my transportation and if they are not working properly, I'm done for. My foot care kit is simple: Moleskin, Tincture of Benzoin, Dr. Scholl's Foot Powder, a #11 scalpel blade, Alcohol swabs, and a large sewing needle. When you do feel a hotspot starting, stop and apply moleskin then. Don't put it off. You will end up with bigger problems that can only magnify and ruin your outing.

When using Moleskin, you want to raise the area around the blister. I measure the size of the blister or hotspot and cut a semi-circular piece that allows 1/2 to 3/4" around the site. This next part is where the scalpel blade comes in. Using the blade cut the center of the moleskin to the shape of the blister. You should end up with a doughnut of moleskin. Now, wipe the blister area with alcohol, allow for drying, and apply a light coating of the Benzoin. Once the Benzoin is tacky, peel off the back of the moleskin and place it around the blister. For really big, nasty blisters you may need an extra layer or two. Build it up so that sock and boot do not make contact with it. I use the needle to lance those that absolutely have to be. I don't recommend it due to the increased chance of infection. If you must lance a blister, do not just poke it in the center. Lance it near the lowest edge and keep the puncture tiny. Be sure to either alcohol or fire-sterilize the needle prior. (Please have sense enough to let a fire sterilized needle cool before using it.) Once this is done, follow with a moleskin application. Don't cut away the loose tissue. This tissue forms what we call a Biological Dressing. It is better than anything we can carry. Remember; your body makes blisters as a protection all on it's own. They may not be comfortable but they are there for a reason. The best foot care is prevention. Make sure boots are broken in and fit properly. Also check your socks frequently for wrinkles and bunching. Socks cause a lot more blisters than the boots that get blamed for them.

Next up is taking care of the Stomach. Down here in South Texas, we have a name for what results from drinking the water from south of the border. We call it Montezuma's Revenge. Basically this is a combination of diarrhea and vomiting that happens when new flora is introduced into your body's stable environment. Usually it occurs from water or food that your body is not accustomed to (Often called Travelers Diahrea). When this happens, there are only a few considerations. Hydration: You have to keep hydration in the forefront of the situation. Unfortunately, the very water that you need for re-hydration may have been the cause of the situation in the first place. Make sure that you either boil or filter the water you are treating yourself with. Otherwise you are simply going to compound the problem. The next problem to deal with is getting it to stop: This is where you want to have packed your good friend Loperamid Hydrochloride. More commonly known as Imodium, this stuff is a gift from the Gods. My latest nursing drug guide recommends 4mg. for the initial dose and 2mg. after each unformed stool. Do not exceed 8mg. per day. Since the

standard Imodium comes in 2mg. tabs, this means 2 for starters and one per dose to follow. Don't take more than 4 of these in a day. Expect stomach cramping when you use this stuff. One of the big warnings here is that it is not for children, especially those under the age of 2 years. If you are traveling in the outdoors with a child, consider all GI problems as a serious threat to their lives. Children dehydrate much faster than health adults and should be taken out of the environment as quickly as possible. The same can be said for those over the age of 65.

If GI disorder is lasting more than a day or two, get help. If you let it go very long, you will be too wiped out to get yourself out of the situation.

Now that we have covered Feet and GI stuff, it's time to get down to the good stuff. I'll start with fractures. Bones are hard. When force hits them, they break. A broken bone is the end of an outing. Get medical help and plan another trip for another day. Thus endeth the lesson. Now, what do we do about it? In my kit, I carry three items to help me out in this area. SAM Splints, ACE Wraps, and Krevats. The SAM Splint is a flexible piece of aluminum sandwiched between two layers of closed cell foam. It is light, travels well because it can be rolled up, can be molded and gives great support. They are made by the Seaberg Company of Newport Oregon and I highly recommend them. ACE wraps are the standard elastic athletic wrap that we have all known and loved over time. When using these, remember to put them on loosely. Just roll them on without pulling them snug. If you take the stretch out of them, they will work as a tourniquet as a fracture swells. As you apply an ACE, you should start at the portion of the limb furthest from the body and work your way in. If you are wrapping tightly, you will push all of the blood out of the affected limb. This is a bad thing. Be careful. Krevats are nothing more than a handy triangular cloth bandage. More often than not, you will also find one on my head when I'm out walking in the woods for fun or patrolling for Uncle Sam. If you don't mind toting the extra weight, those pop and use, disposable ice packs are a great thing to pack as well.

I could write several chapters of a book on splinting techniques alone. To keep it simple, which is the point of Wilderness First Aid, you want to immobilize the fracture, and the joints above and below the fracture site. That means choosing a splint material that will not flex and give with movement. Try to bring the splint to the injured limb and shape the splint for any deformity. None of us are born with X-ray vision and there are a lot of complications that can arise from trying to reduce (straighten) a deformed fracture. We are not trying to set the bones, only immobilize them. Leave the rest for the Doctor. If your splint is just a stick, simply pad the gaps with any soft, non-irritating substance you can find. Old T-shirts work wonders in this department. Once the splint is in place (usually along the bottom of the fractured limb) tie with Krevats or wrap with an ACE. Don't tie with anything less than 3" wide. Narrow ties will become tourniquets if the area swells. Make a note to never tie or wrap directly over the fracture site. You want to be able to visualize this area as time goes by and swelling increases or decreases. Monitor the limb often. This is a good time to bring up circulation checks. Due to the position of some splints, you might not be able to check a pulse. Nail beds of fingers and toes are a great tool in evaluating circulation to a fractured limb. If you lightly squeeze the nail bed, you will see it turn white and then the red/pink color it normally has will return. This is referred to as Capillary Refill. Normal Capillary Refill is less than 2 seconds. If it is taking longer, there is a good chance that circulation is compromised. Circulation checks should be done at a minimum of every 20 minutes. If the circulation is decreased, check the splint ties first. If they are too tight loosen them. If they are not the cause of the problem, speed up the process of getting the injured party to medical help. A Compound Fracture is one that has bone protruding through the skin. Follow the steps for dealing with a laceration and then splint. Don't try to get the bone back into the skin. It will only make matters worse. Remember, for all fractures; work with the proverbial kid gloves on. These people are hurting. I don't care how big or tough someone is, broken bones hurt. It's nature's way of telling us we're injured.

What we commonly call a Sprain is a combination injury caused by force acting on the ligaments of a limb and the resulting tissue damage from swelling. Ankle sprains occur most commonly when the foot rolls in allowing the ligaments to stretch and tear. Some folks even get to hear that lovely snap, crackle and pop sound that can accompany the injury. Those that have had the experience of a quality sprain know that it hurts like hell and will

usually slow you down or bring you to a halt. I've seen all kinds of proposed treatments for sprains. From Electric Stimulus to Emu Oil, there is always someone trying to make a quick buck. The treatment that I've actually seen work is RICE. Not the kind that you eat. RICE stands for Rest, Ice, Compression, and Elevation. You want to get weight off of the affected limb, Ice it down (A good cool stream can do wonders for this), Compress the area to limit swelling. (This is where the ACE Wrap comes in here) and Elevate it (Keep the injured limb propped up above the level of the patients heart). All of this combines to keep swelling down. In most cases, the swelling and tissue stretching that accompany a sprain does more damage than the injury itself. Unless you are running for your life, a sprain is a great reason to make camp where you are, start treating the injury, and get some rest. Remember to allow plenty of swelling space with the ACE wrap. You want it to be supportive but still have room to expand. It is just as important to check circulation here as in fractures.

One of the biggest problems with sprains is that folks don't allow enough time for the injury to heal properly. Sprains take weeks to heal, not days. If you push too fast, you will end up with a lifelong problem. I speak from first hand knowledge on this one. Just ask my left ankle.

The final area that I will be touching on is one of my personal favorites. Lacerations. There are a lot of ways that we seem to find to cut our skin open. This is especially true when in the outdoors. For my Cuts and Boo Boos section of my kit, I carry an assortment of Band-Aids, a few gauze pads of various sizes, 2 rolls of Kerlix gauze, some tape, a good disinfectant / cleanser, and some antibiotic ointment. With the advent of AIDS you may wish to include a pair or two of latex gloves.

Keeping cuts clean and covered will do a lot of good toward avoiding long-term effects from an injury. Cuts and scrapes do not have to be a trip ender. It will actually depend upon the severity. For simple or non-opening lacerations, the treatment is relatively easy. Cleans them well with copious amounts of soap and water, pat them dry, and put a dressing and bandage over them. Be sure to re-clean them at least daily and change the dressing out. If a dressing keeps being saturated with blood, you may have more injury on your hands than you first thought and should reevaluate the situation.

Moving on to more sever wounds, there are opening lacerations. These are cuts that gape open due to their depth and location. They usually bleed quite a bit and will require suturing by a Doctor. The best route of care is to cleanse them as best as possible, apply a pressure dressing by using thick gauze (I like to use one of my rolls of Kerlix for the really nasty ones) and covering with one of those ACE wraps from the fracture stuff. (The same rules apply for using the ACE) In most cases, the bleeding will taper off. If you are in the absolute middle of nowhere you may need to consider butter flying the wound until you can get medical attention. By using the Benzoin from my foot care stuff around the wound, not in it, I can make that area sticky. I then use either strips cut from Band-Aids or pieces of 100mph tape to pull the edges of the wound together. I apply a dressing over this for a complete package deal. Even with this done, you need to consider calling it quits and heading for a good Doctor.

Some folks advocate packing along a suture kit to sew up wounds ala. Rambo. This is, for the most part, a bad idea. I've seen some of these home sewing jobs gone awry come to the ER and the aftermath is a mess. The biggest risk with this is closing foreign matter into the wound. Once a wound is sealed up, there is nowhere for the body to push ineffective matter. These folks end up with some really nasty puss pockets and whole body infections. If you feel that you absolutely have to sew up a cut, please space the stitches out in order to allow room for drainage. I will say it again. I don't think this is a good idea at all. Leave the suturing to the folks that went to Medical School. Though you may dream of telling a story about a scar, you may end up telling a story about a limb you lost.

When dealing with head lacerations there are some distinct considerations. A head laceration will bleed a lot. This is due to the scalp being extremely vascular. It is actually a plus for the situation because tissue that has a greater blood supply will heal faster and runs a much lower chance of infection. Head wounds are a double whammy

because you may also be dealing with a concussion. Check these folks regularly to make sure they are not behaving strangely. If they are sleeping, Gently rouse them every couple of hours. You don't need to wake them all the way up. Just make sure they respond appropriately. If you suspect a concussion, get to medical help ASAP. The trip is over. Let them live to make the next one with you.

That about covers what I consider the basics. In actuality, there is a vast amount of information on each of the above topics that I can't even begin to cover in a short article. Do research on your own. There are constantly new developments being made in treatment of injuries. A great resource is you own Doctor. Before setting out on a trip, see if he or she can give you their recommendations on how to handle the areas that concern you. I don't always trust information found on the Internet because it is an unmonitored source that can be full of bogus "experts". Be sure of the source before trusting your life and health to it.

I've intentionally left one piece of gear to the end: The Cell Phone, or other communication equipment. With the advent of the cell phone and Air Rescue Ambulances, the chances of surviving a serious Wilderness injury have improved immensely. You don't have to turn it on for incoming calls, just take a phone with you for emergencies. Make sure there is service to the area you are going to be in. If you can't get a phone to work, try setting up a radio schedule with the Forest Service or Game Wardens in the area. It would be a shame to see someone die from an injury when a phone call could have saved their life. Folks who are drawn to the wilds are by their nature independent. There is, however, a time to call for help.

Reagan "Doc" Bretz

Post-scriptum :A word from the editor, please remember our [disclaimers](#).