GTA 08-05-059

68W
COMBAT MEDIC POCKET GUIDE

PART II: MEDICAL EMERGENCIES

June 2006

DISTRIBUTION: US Army Training Support Center (TSC)
HEADQUARTERS, DEPARTMENT OF THE ARMY

Supersedes GTA 08-05-059, February 1996

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COMBAT MEDIC POCKET GUIDE
PART II: MEDICAL EMERGENCIES

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MEDICAL EMERGENCY: ANGINA

PATIENT ASSESSMENT

- Chest pain, radiating to arms, neck, jaw, or shoulder.
- Nausea, vomiting.
- Moist skin.
- Pain goes away with rest.
- Shortness of breath
- Pain usually lasts from 3 to 8 minutes, rarely longer than 5 minutes.

PATIENT CAREI

- Give high-flow oxygen.
- Position to facilitate breathing.
- Calm and reassure patient.
- Administer aspirin according to protocol.
- Assist patient with prescribed dose of nitroglycerin if systolic B/P is >100.
- Transport and monitor.

MEDICAL EMERGENCY: ACUTE MYOCARDIAL INFARCTION (AMI)

PATIENT ASSESSMENT

- Chest pain.
- Pain does not go away with rest.
- Feeling of impending doom.
- Nausea, vomiting.
- Moist, pane skin.
- Shortness of breath.

PATIENT CARE

- Give high-flow oxygen.
- Position to facilitate breathing.
- Calm and reassure patient.
- Administer aspirin according to protocol.
- Assist patient with prescribed dose of nitroglycerin if systolic B/P is >100.
- Transport and monitor.

MEDICAL EMERGENCY: STROKE (CVA)

PATIENT ASSESSMENT

- Confusion and/or dizziness.
- Paralysis (usually on one side of body).
- Impaired speech.
- Facial paralysis.
- Headache.
- Unequal pupil size.
- Impaired vision.
- Rapid, full pulse.
- Respiratory pattern changes.
- Convulsions.
- Coma.
- Loss of bladder and bowel control.

PATIENT CARE – CONSCIOUS PATIENT

- Ensure an open airway.
- Keep patient calm.
- Administer high-flow oxygen.
- Monitor vital signs.
- Transport in semi reclined position.
- Give nothing by mouth.
- Keep warm.

PATIENT CARE – UNCONSCIOUS PATIENT

- Ensure an open airway.
- Administer high-flow oxygen via BVM.
- Keep warm.
- Place in recovery position.
- Be prepared for vomiting and/or seizures.
- Monitor vital signs.

MEDICAL EMERGENCY: CONGESTIVE HEART FAILURE

PATIENT ASSESSMENT

- Persistent cough.
- Shortness of breath.
- A tendency to tire easily.
- Tightness in the chest.
- Cyanosis.
- Edema of the lower extremities.
- Patient wants to sit up all the time.

PATIENT CARE

- Ensure an open airway.
- Position to facilitate breathing.
- Administer oxygen according to local protocol.
- Loosen restrictive clothing.
- Transport immediately.

MEDICAL EMERGENCY: EMPHYSEMA

PATIENT ASSESSMENT

- Rapid pulse, may be irregular.
- Breathing through pursed lips.
- Barrel-chest appearance.
- Wheezing.

PATIENT CARE

- Ensure an open airway.
- Position to facilitate breathing.
- Administer oxygen according to local protocol.
- Assist with patient medications according to local protocol.
- Loosen restrictive clothing.
- Transport immediately.

MEDICAL EMERGENCY: ASTHMA

PATIENT ASSESSMENT

- Wheezing and coughing.
- Increased pulse rate.
- Patient often obviously frightened.
- Distended (bulging) neck veins.
- Cyanosis (a late sign).

PATIENT CARE

- Calm and reassure the patient.
- Assist the patient in taking any prescribed asthma medications.
- Position to facilitate breathing (sit patient up).
- Loosen restrictive clothing.
- Administer high-flow oxygen.
- Assist with patient medications according to local protocol.
- Transport ASAP.

DIABETIC EMERGENCY: DIABETIC COMA (HYPERGLYCEMIA)

PATIENT ASSESSMENT

- Gradual onset of signs and symptoms over a period of days.
- Complaint of dry mouth and intense thirst.
- May appear intoxicated.
- Abdominal pain and vomiting common.
- Gradually increasing restlessness, confusion, followed by stupor.
- Coma with these signs:
  - Signs of air hunger -- deep, sighing respirations.
  - Weak, rapid pulse.
  - Warm, red, dry skin.
  - Eyes appear sunken.
  - Normal or slightly low blood pressure.
  - Breath smells of acetone -- sickly sweet, like nail polish remover.

PATIENT CARE

- Administer high concentration of oxygen.
- Immediately transport to a medical facility.
- Arrange for ALS intercept.

DIABETIC EMERGENCY: INSULIN SHOCK (HYPOGLYCEMIA)

PATIENT ASSESSMENT

- Rapid onset of signs and symptoms over a period of minutes.
- Dizziness and headache.
- Abnormal hostile or aggressive behavior, may appear to be acute alcoholic intoxication.
- Fainting, seizures, and occasionally coma.
- Normal blood pressure.
- Full, rapid pulse.
- Intensely hungry.
- Skin cold, pale, and clammy; perspiration may be profuse.
- Copious saliva, drooling.

PATIENT CARE

- Conscious patient.
  - Administer granular sugar, honey, Lifesavers candy or other candy placed under the tongue, orange juice, or glucose.
- Unconscious patient.
  - Avoid giving liquids, provide "sprinkle" of granulated sugar under tongue, or dab of glucose if protocols permit.
- Turn head to side or place in lateral recumbent (recovery) position.
- Provide a high concentration of oxygen.
- Transport to a medical facility.
- Arrange for ALS intercept.

NOTE: **If in doubt, give sugar.**

SEIZERS DISORDERS

PATIENT ASSESSMENT

- Tonic phase: The body becomes rigid.
- Clonic phase: The body jerks about violently.
- Postictal phase: Seizure stops. The patient may be confused and want to sleep.

WARNING: Two or more seizures without regaining full consciousness or a seizure lasting longer than 30 minutes is known as status epileptics.

PATIENT CARE

- Assist ventilation with BVM, suction as needed
- DO NOT restrain the person.
- Loosen restrictive clothing.
- Remove objects that may harm the patient.
- Protect the patient from injury, but do not try to hold the patient still during convulsions.
- Keep the patient at rest and have suction available.
- Administer high-flow oxygen.
- Transport and monitor.
- Avoid, if possible, patient exposure to bright lights and the use of siren.

ACUTE ABDOMINAL DISTRESS

PATIENT ASSESSMENT

- Anorexia.
- Pain – diffuse.
- Nausea and vomiting.
- Diarrhea or constipation.
- Rapid pulse.
- Low blood pressure.
- Rapid and shallow breathing.
- Fever and possible chills.
- Distention of the abdomen.
- Tenderness.
- Rigid abdomen.
- Abdominal wall muscle guarding.
- An obvious protrusion seen or felt in the abdominal wall.
- Signs of shock.
- Vomiting blood – may appear as "coffee grounds" or bright red blood.
- Unusual bowel movement (e.g., dark, tarry stools).
- Bleeding from the rectum, blood in the urine, nonmenstrual bleeding from the vagina.
- Fear or apprehension.

PATIENT CARE

- Maintain an open airway; be alert for vomiting.
- Treat for shock.
- Position the patient with knees flexed if possible.
- Reassure the patient.
- Administer high-flow oxygen.
- DO NOT give anything by mouth.
- Save all emesis.
- Transport and continue to monitor.

INGESTED POISONS

PATIENT ASSESSMENT

- Burns or stains around the patient's mouth.
- Unusual breath odors, body odors, or odors on the patient's clothing or at the scene.
- Abnormal breathing.
- Abnormal pulse rate and character.
- Sweating – often profuse.
- Dilated or constricted pupils.
- Excessive tear formation.
- Excessive salivation or foaming at the mouth.
- Painful mouth, throat, or swallowing.
- Abdominal pain, tenderness.
- Nausea, vomiting.
- Diarrhea.
- Seizures.
- Altered stated of consciousness.
- Any of the signs of shock.

PATIENT CARE OF CONSCIOUS PATIENT

- Maintain an open airway.
- Administer high-flow oxygen.
- Contact Poison Control or Medical Control.
- If ordered:
  - Dilute the poison with a glass of water or milk.
  - Some cases will involve the administration of activated charcoal to patients who have ingested poison (approved by local protocols).
  - Charcoal is not indicated for the following patients:
    - ✓ Patients who have ingested an acid, alkali, or petroleum product.
    - ✓ Patients who have a decreased level of consciousness.
    - ✓ Patients who are unable to swallow.
  - Usual dosage is 1 g of activated charcoal per kilogram of body weight. Usual adult dose is 25 to 50 g.

PATIENT CARE OF UNCONSCIOUS PATIENT

- Maintain an open airway.
- Administer high-flow oxygen.
- Give nothing by mouth.
- Treat for shock.
- DO NOT induce vomiting with:
  - Patient not fully awake and alert (unconscious).
  - Patient who ingested a corrosive or petroleum based product.

INHALED POISONS

PATIENT ASSESSMENT FOR CARBON MONOXIDE POISONING

- Headache (early sign).
- Dizziness.
- Nausea.
- Breathing difficulties.
- Cyanosis.
- Unconsciousness (in the most severe cases).
- Cherry-red skin color (rare, late sign).
- Multiple patients from the same residence/home with similar complaints as above.
- Consider environmental conditions, if early fall with first time heater use in the home.

PATIENT ASSESSMENT FOR A VARIETY OF INHALED POISONS

- Dizziness.
- Nausea and vomiting.
- Shortness of breath.
- Coughing.
- Rapid or slow pulse rate.
- Irritated or burning skin.
- Burning sensations in the mouth, nose, throat, or chest.
- Burning or itching skin.
- Severe headaches.
- Changes in skin color (usually cyanosis).
- Blood-tinged sputum.
- Excessive mucus production or tearing.
- Spray paint or other substances found on the patient's face.
- Unconsciousness or altered behavior.

PATIENT CARE

- Remove the patient form the source.
- Avoid touching contaminated clothing.
- Maintain an open airway.
- Provide needed basic life support measures.
- Administer a high concentration of oxygen.
- Remove contaminated clothing.
- Call Medical Control or the Poison Control Center.
- Be prepared for vomiting.
- Put patient in the lateral recumbent position.
- Transport ASAP

ABSORBED POISONS

PATIENT ASSESSMENT

- Skin reaction (from mild irritations to chemical burns).
- Itching.
- Irritation of the eyes.
- Headache.
- Increased relative skin temperature.
- Abnormal pulse and/or respiration rates.
- Anaphylactic shock (rare).

PATIENT CARE

- Move the patient from the source, avoiding contact with the substances.
- Use water to flood all the areas of the patient's body that have been exposed to the poison.
- Dry chemicals should be brushed from the skin before washing.
- Contact Poison Control Center or Medical Control.
- Remove all contaminated clothing (including jewelry) and wash the affected areas of the skin again.
- Be alert for anaphylactic shock.
- Transport ASAP.

SNAKEBITE

PATIENT ASSESSMENT

- A noticeable bite on the skin.
- Pain and swell in the bite area.
- Rapid pulse and labored breathing.
- Progressive general weakness.
- Vision problems (dim or blurred).
- Nausea and vomiting.
- Seizures.
- Drowsiness or unconsciousness.

PATIENT CARE

- Contact Poison Control Center or Medical Control.
- Keep the patient calm.
- Treat for shock and conserve body heat.
- Locate the fang marks.
- Remove any rings, bracelets, or other constricting items on the bitten extremity.
- Keep any bitten extremities immobilized and at heart level or below.
- Transport the patient, carefully monitoring vital signs.

PEDIATRICS:
VITAL SIGN RANGES

1. Blood Pressure

Age	Systolic (mm Hg)
Newborn (0 to 1 month)	50 -- 70
Infant (1 month to 1 year)	70 -- 95
Toddler (1-3 years)	80 -- 100
Preschool (3-6) years)	80 -- 100
School-Age (6-12 years)	80 -- 110
Adolescent (12-18)	90 -- 110

2. Pulse Rates

Age	Pulse Rate (beats/min)
Newborn (0 to 1 month)	120 -- 160
Infant (1 month to 1 year)	100 -- 160
Toddler (1-3 years)	90 -- 150
Preschool (3-6) years)	80 -- 140
School-Age (6-12 years)	70 -- 120
Adolescent (12-18)	60 -- 100

3. Respiratory Rates

Age	Respiratory Rate (breaths/min)
Newborn (0 to 1 month)	40 -- 60
Infant (1 month to 1 year)	30 -- 60
Toddler (1-3 years)	24 -- 40
Preschool (3-6) years)	22 -- 34
School-Age (6-12 years)	18 -- 30
Adolescent (12-18)	12 -- 26
Adult (over 18 years)	12 -- 20

PEDIATRICS: GLASGOW COMA SCALE

EYE OPENING
INFANTS

Spontaneous	4
To speech	3
To pain	2
No response	1

BEST MOTOR RESPONSE:
INFANTS

Normal spontaneous movement	6
Withdraws to touch	5
Withdraws to pain	4
Abnormal flexion	2
Abnormal extension	2
No response	1

BEST VERBAL RESPONSE
INFANTS

Coos and babbles	5
Irritable, cries	4
Cries to pain	3
Moan to pain	2
No response	1

TOTAL: _____

EYE OPENING
CHILDREN

Spontaneous	4
To speech	3
To pain	2
No response	1

BEST MOTOR RESPONSE
CHILDREN

Normal spontaneous movement	6
Withdraws to touch	5
Withdraws to pain	4
Abnormal flexion	2
Abnormal extension	2
No response	1

BEST VERBAL RESPONSE
CHILDREN

Oriented	5
Confused	4
Inappropriate word	3
Non-specific sounds	2
No response	1

TOTAL: _____

TOTAL COMA SCALE POINTS:	
14 to 15	5 coma scale points
11 to 13	4 coma scale points
8 to 10	3 coma scale points
5 to 7	2 coma scale points
3 to 4	1 coma scale points

PEDIATRIC EMERGENCY: FEBRILE SEIZURES

PATIENT ASSESSMENT

- Fever ↑ 103 (may be as high as 105).
- Activity seizing or postiteal state.

PATIENT CARE

- Cool with tepid water. (DO NOT allow child to shiver.)
- Administer oxygen.
- Transport and monitor.

PEDIATRIC EMERGENCY: RESPIRATORY DISORDERS: CROUP

PATIENT ASSESSMENT

- Mild fever.
- "Seal bark" cough (worse at night).
- Restlessness.
- Difficulty breathing.

PATIENT CARE

- Sitting up position.
- Administer high-flow humidified oxygen.
- Transport and monitor.

PEDIATRIC EMERGENCY: RESPIRATORY DISORDERS: EPIGLOTTITIS

PATIENT ASSESSMENT

- High fever and excessive drooling.
- Tripod position (sitting up and leaning forward.
- Severe respiratory distress.

PATIENT CARE

- **Extreme life-threatening condition.**
- **DO NOT place anything in the mouth or attempt to look into mouth.**
- Hold high-flow oxygen held at child's face.
- Sit child up.
- Allow child to sit in parent's lap.
- Keep child as calm as possible.
- Transport **IMMEDIATELY**.

CHILDBIRTH

NEWBORN VITAL SIGNS

- Pulse rate:
  140–180 beats per minute
- Respiratory rate:
  40–60 breaths per minute

NORMAL DELIVERY PROCEDURES

- Check for crowning.
- Prevent explosive delivery.
- Support head.
- Suction mouth and nose.
- Aid in delivering the shoulders.
- Support the trunk.
- Support the feet.
- Position for drainage.
- Clamp cord 6 to 8 inches from baby; place second clamp 2 inches from the first clamp.
- Cut cord between clamps.
- Maintain airway, suction as needed.
- Keep baby warm. Keep head covered.
- Do APGAR 1 minute after birth.
- Do APGAR 5 minutes after birth.

(See the chart in the next column.)

SIGN	0	1	2	SCORE	
				1 min	5 min
Heart Rate	Absent	Below 100	Over 100		
Respiration (effort)	Absent	Slow and irregular	Normal, crying		
Muscle Tone	Limp	Some flexion--extremities	Active, good motion in extremities		
Irritability	No response	Crying, some motion, grimace	Crying, vigorous, cough, sneeze		
Skin Color	Bluish or paleness	Pink or typical newborn color, blue hands & feet	Pink or typical newborn color, entire body		
			TOTAL SCORE		