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**COMBAT MEDIC
POCKET GUIDE**

PART II: MEDICAL EMERGENCIES



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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 lasts 3 - 5 minutes

MEDICAL EMERGENCY ACUTE MYOCARDIAL INFARCTION (AMI)

PATIENT ASSESSMENT

- ◆ Chest pain
- ◆ Pain does not go away with rest
- ◆ Feeling of impending doom
- ◆ Pain lasts 30 minutes to several hours
- ◆ Nausea, vomiting
- ◆ Moist, pale skin
- ◆ Shortness of breath

PATIENT CARE - ANGINA AND AMI

- ◆ Give high-flow oxygen
- ◆ Position to facilitate breathing
- ◆ Calm and reassure patient
- ◆ Assist patient with prescribed dose of nitroglycerin if systolic B/P is \uparrow 90
- ◆ 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 semireclined 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:
CHRONIC BRONCHITIS**

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

**MEDICAL EMERGENCY:
EMPHYSEMA**

PATIENT ASSESSMENT

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

**PATIENT CARE: CHRONIC
BRONCHITIS AND EMPHYSEMA**

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

**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
- ◆ 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, Lifesaver, 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

SEIZURE 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 and lasting 5 to 10 minutes or more is known as status epilepticus.

PATIENT CARE

- ◆ Assist ventilations 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, bright lights and the use of siren.

ACUTE ABDOMINAL DISTRESS

PATIENT ASSESSMENT

- ◆ 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 movements (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.
- ◆ Reassure the patient.
- ◆ Administer high-flow oxygen.
- ◆ DO NOT give anything by mouth.
- ◆ Save all vomitus.
- ◆ 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 states of consciousness.
- ◆ Any 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 glass of water or milk.
 - Administer Syrup of Ipecac followed by glass of water, if local protocol permits.
 - Dose of Syrup of Ipecac:
 - 30 ml or 2 tablespoons (adult).
 - 15 ml or 1 tablespoon (child).

(continued top of next column)

PATIENT CARE OF CONSCIOUS PATIENT (continued)

NOTE: Under 1 year, DO NOT give ipecac.

- ◆ May repeat Syrup of Ipecac dose 1 time if no vomiting occurs within 20 minutes.
- ◆ Save all vomitus.
- ◆ Treat for shock.
- ◆ Transport ASAP and monitor.

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).

PATIENT ASSESSMENT FOR A VARIETY OF INHALED POISONS

- ◆ Dizziness.
- ◆ Nausea and vomiting.
- ◆ Shortness of breath.
- ◆ Coughing.
- ◆ Rapid or slow pulse rate.
- ◆ Irritated or burning eyes.
- ◆ 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 from 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 reactions (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 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 swelling 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 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.
- ◆ Apply a light constricting band above and below the wound.
- ◆ Transport the patient, carefully monitoring vital signs.

**PEDIATRICS:
VITAL SIGN RANGES**

1. Blood Pressure

Age	Mean	Systolic	Diastolic
-----	------	----------	-----------

Neonates	80	89	60
6 - 12 months	89	96	66
1 year	96	98	64
2 years	98	100	56
6 years	100	114	60
12 years	114		

2. Pulse Rates

Age	Pulse Rate
-----	------------

Neonates	110 - 150
12 months	100 - 140
2 years	90 - 110
6 years	80 - 100
10 years	70 - 110

3. Respiratory Rates

Age	Respiratory Rates
-----	-------------------

Neonates	30 - 50
2 years	20 - 30
10 years	14 - 22
Adolescent	12 - 20

**PEDIATRICS:
GLASGOW COMA SCALE**

EYE OPENING:

INFANTS

Spontaneous	4
To speech	3
To pain	2
No response	1

CHILDREN

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	3
Abnormal extension	2
No response	1

CHILDREN

Normal spontaneous movement	6
Withdraws to touch	5
Withdraws to pain	4
Abnormal flexion	3
Abnormal extension	2
No response	1

BEST VERBAL RESPONSE:

INFANTS

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

CHILDREN

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

TOTAL: _____

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 point

**PEDIATRIC EMERGENCY:
FEBRILE SEIZURES**

PATIENT ASSESSMENT

- ◆ Fever \uparrow 103 (may be as high as 105).
- ◆ Actively seizing or postictal 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 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 or attempt to look into mouth.
- ◆ Hold high-flow oxygen held at child's face.
- ◆ Sit child up.
- ◆ Transport IMMEDIATELY.

CHILDBIRTH

NEWBORN VITAL SIGNS

- ◆ Pulse rate,
140 - 180 per minute.
- ◆ Respiratory rate,
40 - 60 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 6-8 inches from baby; place second clamp 2 inches from 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 chart on this page.)

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

Table 1. The APGAR Scoring Method.