



First Aid for Onboard Medical Emergencies

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This presentation

is on-line in both PowerPoint and PDF formats at

swq.com/firstaid

What we'll review

- First aid principles
- Preparation for your cruise
- Calling for help
- Examples of medical emergencies



First Aid Principles

First Aid Afloat

At the heart of marine medicine is improvisation. One must utilize whatever supplies or materials are on hand, and depend heavily on common sense.

from *Marine Medicine, a Comprehensive Guide**



First Aid Afloat

- Locate (*where is your boat?*)
- Access (*how will rescuers get to you?*)
- Assess (*what is the medical problem?*)
- Stabilize (*until medically trained personnel arrive*)
- Transport (*to an appropriate medical facility*)



First Aid: initial examination

- Is the patient alive? Verify
 - Airway
 - Breathing
 - Circulation
- Determine Primary Problem
- Determine Seriousness
- Look for any additional problems!



Preparation For Your Cruise

Preparation for your cruise

- Where are you cruising?
- What are you likely to encounter?
- What will you need in the way of equipment?
- How easily can you obtain additional supplies?
- How can you obtain help in an emergency?



Preparation: vessel safety

- PFDs
- Status of lifelines, bow and stern pulpits, grabrails
- Man overboard equipment
- Vessel Safety Check



Preparation: have on board

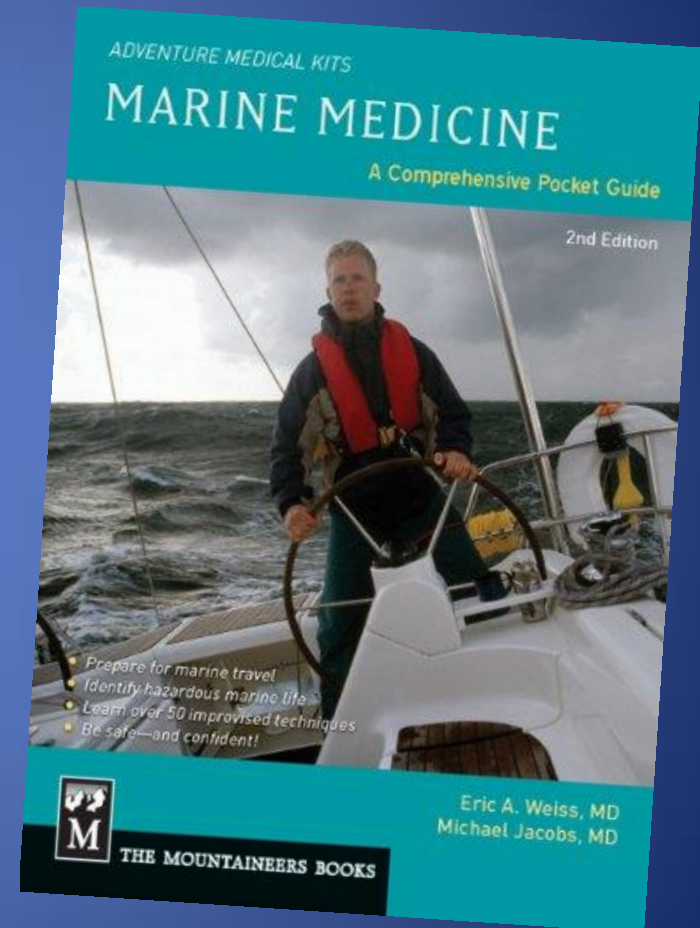
- Your medications
- First aid kit or medicine chest* (*make sure it's well marked and easily found on vessel*)
- Aspirin (*for sudden chest pain*)
- "Traveling Medical Record"*
- Appropriate clothing including footwear



Preparation: first aid books

Read in advance!

- *Marine Medicine*
A Comprehensive Guide
*(2012 edition)**
- *The Ship Captain's Medical Guide** (15 PDFs you can download)



Calling For Help

Calling for help

- Mayday or Pan-Pan
- VHF or SSB (*You want everyone around to listen in. When the Coast Guard asks you to switch to channel 22, others will switch too*)
- Digital Selective Calling distress alert and channel 16
- Cell phone: might use **at the dock**
- Leave “how to get help” laminated instructions at the helm, should your guests need to get help for YOU!

Calling for help: vessel info:

- Vessel's name and call sign.
- Vessel's position.
- Vessel's course, speed, next port of call and estimated time of arrival.
- Medical supplies carried aboard the vessel.
- On scene weather.
- Communications schedule and frequency.

*From Emergency Procedures, 1st Coast Guard District, 2001**

Calling for help: patient info:

- Patient's name, nationality, age, and sex.
- Patient's respiration, pulse, temperature, BP.
- Patient's symptoms & nature of illness/injury.
- Any known history of similar illness/es.
- Location and type of pain.
- Medication given to patient.

*From Emergency Procedures, 1st Coast Guard District, 2001**

Examples of Medical Emergencies

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- Heart Attack
- Stroke
- Seizure
- Allergic Reaction
- Diabetes
- Nausea/Vomiting
- Heat-related illness
- Cold-related illness
- Fractures
- Wounds
- Bleeding
- Head/neck injury
- Sprains/strains
- Burns
- Bites and stings
- Drowning/near

Heart Attack

- Symptoms: chest pain, shortness of breath, nausea, pain radiating to arms or jaw, sense of impending doom, ashen skin, weak or irregular pulse, sweating, faint or dizzy, collapse.
- Symptoms may be different in women & also in people with diabetes
- Have aspirin available (ask if allergic to aspirin or if contraindicated?) Chew 1 non-coated 325 mg tablet
- Does the victim have/use nitroglycerin? If yes, give dose.
- Encourage victim to rest
- *If the victim becomes unconscious, get advanced help immediately. Be prepared to give CPR if needed.*

Stroke (CVA)

- Symptoms: Problems with speech or swallowing, one-sided weakness or loss of movement in limbs, headache, confusion or loss of consciousness
- Maintain open airway, no food or drink, arrange transport ASAP
- *Clot-busting treatment for some types of stroke must be given within hours*
- CT scan in ER will be needed

Seizure

- Symptoms: jerking movements, loss of consciousness, rigidity, post-seizure confusion
- Protect the head, ease the fall, do not restrain. No tongue blades! Keep the airway open: place onto side
- *Medical help if new seizure, unconscious >10 minutes, or several seizures*
- Possible causes of new seizure: head injury, low blood sugar, other causes.

Head injury

- *All head injuries are potentially serious*
- Watch for: deteriorating consciousness, difficulty breathing, unequal pupil size, seizures, clear fluid or watery blood from the nose or ear, vomiting, worsening headache
- control external bleeding and have victim lie down
- *Obtain medical attention ASAP, esp if victim is unconscious or has had brief period of unconsciousness with return to consciousness*

Neck injury

- Assume that anyone with a head injury also has a neck injury
- look for pain, loss of movement or sensation
- support victim's neck (don't alter neck position if distorted)
- Immobilization if possible
- *Obtain medical attention ASAP*

Concluding Thoughts

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- Plan ahead
- Know your skills and bring supplies for what you can treat
- Ask your physician about necessary medications and supplies
- Consider coursework and books
- For distant travel: read CDC information*; consider evacuation insurance

*From First Aid: Personalizing your approach to medical emergencies and more minor medical problems **

Thank you!

