

Desert Medical Care

Most of our encounters are quick encounters so require quick assessments.

1. Is the person alone or with a group?
2. Is anyone in the group sick (hopefully fellows will report for each other)
3. Do you take any medicines?
4. Are you diabetic (have “sugar)? Carbs are OK in this instance, but valuable to know.
5. Do you have any blisters (ampollas “Am-poy-as” or llagas (Yagas = sores)

*** Get the person or persons to a **safe area** for better analysis.

*** When we need to call 911, Border Patrol will always come along. Patient needs to understand that.

Most common issues:

- **Dehydration** (which enhances the following ...
- **Hypothermia** - excessive cold
- **Hyperthermia** - excessive heat even when hydrated
- **Foot blisters**
- **Limb injuries**

***NOTE: **Hypothermia** can happen in hot weather when an overheated person is caught in a sudden cold rain storm and has wet clothes.

Watch for the “Umbles” - mumble, stumble, fumble, grumble – which indicate the neuro effect of either hyper or hypothermia.

Low Blood Pressure can be present in hyper or hypothermia. There is a BP cuff in the medical bag.

Hyperthermia: Heat rash, exhaustion, headache, nausea, weak rapid pulse, confusion, leg cramps, dry skin, dry mouth. Do not trust a thermometer – true core temp needs to be rectal or esophageal.

- Cool the patient – provide shade, elevate legs, ice water packs to armpits, groin, neck and head
 - Gallon bags are in the medical bag, use small bottles of water to add to ice. **Summer searches** should include a cooler with loose ice for packs, not drinks.
- When did they drink last, or urinate last (what color was it – brown is serious indication of kidney/muscle damage)?
- Re-hydrate slowly! Start with 2-3 Oz of H₂O every 10 minutes and wait 30”. Avoid caffeine.
- If they have nausea and vomiting, stop oral fluids, call for help.
- Gatorade should be diluted 50:50 with water. **Water** is the best. Also, some source of **salt**.
- If no mental improvement in 30 minutes, call 911. Patient needs to make own decision about medical transport, unless they are mentally incapable.

Hypothermia: Shivering, “Umbles”, weak slow pulse, slow breathing, clumsy, confused.

- Warm patient in the car - reclining as possible
- wrap in blankets,
- remove wet clothing add dry clothing
- **DO NOT RUB limbs!**
- Provide warm fluids, tea, broth, salty but not caffeinated drinks. **Winter searches** should include thermoses of warm fluids.

- If Unable to hold down fluids, wait 20-30 minutes while warming
- No improvement in mental status or nausea in 30 minutes, call 911
 - **** If you need to make a 911 call out of cell range, use your **SPOT 911** and do not put the patient in the vehicle and proceed toward safety and toward cell range to get through for help. 911 dispatchers will also notify BP with your call. SPOT will be able to update your location every 5 minutes as you are traveling.

Blisters:

*** Any lower limb injury requires that the person stop traveling. If they are unable to stay with a group, **they need to stop** ***

- Wash the foot – A basin with towels and soaps is in the vehicle. Water in unopened jugs is OK to use.
- Use Betadine as an anti-septic around the area.
- Blisters between toes – Apply liberally ointment or vaseline, clean dry socks!
- Blister on bottom – Treatment depends on condition and size
 - Closed small blister – Apply Polysporin (never Neosporin), apply Benzoine around blister site to enhance stickiness, apply gauze or non-stick gauze to shape of blister, cut a shaped hole in moleskin to allow blister room, apply moleskin over sticky Benzoine. Clean dry socks.
 - Closed large blister. - Slit alongside edge (not a pinprick) to allow fluid out but KEEP skin covering the area. Apply ointment, gauze and moleskin.
- Open blisters – Apply ointment, non-stick gauze, moleskin. STOP walking!
- **Trench Foot** – Very wet wrinkled odorous painful foot – Result of walking in wet shoes and socks from rain or even sweat. Can progress to blisters and infection.
 - Wash! Dry! Dry socks and shoes, rest.

**** **Duct Tape??** Best applied before a blister appears, at first sign of redness or burning. Cover area with gauze or tissue, apply tape around foot very smoothly.

<http://prepare-and-protect.net/2014/06/blisters-and-duct-tape/>

Sprain or Strain:

Pain, bruising, swelling

- RICE treatment
 - REST – Stop walking
 - ICE
 - COMPRESSION – Ace bandages in medical bag
 - ELEVATION - Stop walking

For assistance while out in the desert, we may call Dr. Sara Vazquez of NMD for consultation. Please text her first before you call so she will answer an unknown phone number.

Dr. Vazquez, 312-666-1667, text first

Grateful to Dr. Norma Price of Tucson Samaritans for her Knowledge and Wisdom