WELCOME TO CHARLESTON!
Extended Coastal Cruising: Medical Preparation and Care

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AGLCA Spring Rendezvous
Charleston
Our Presentation

- General medical preparation
- Keeping fit and staying healthy
- Dealing with emergencies (medical/trauma)
- When to call for help and how to do it
- Questions and Answers
A Philosophy

A good cruise is a safe and healthy journey.
Put Poetically

Out of the night that covers me,
Black as the Pit from pole to pole,…

In the fell clutch of circumstance
I have not winced nor cried aloud.
Under the bludgeonings of chance
My head is bloody but unbowed…

I am the master of my fate:
I am the captain of my soul.

William Ernest Henley. 1849–1903
Our Goal

Is not to make you a doctor, but to give you confidence with and tips on dealing with cruising medical problems.
Before Setting Out from a medical point of view

- Provision the boat
- Plan for the routine
- Plan for the problem

Our bodies and our health are as much concern as the other complicated machine - our boat. Human maintenance!
The Basics

- Carry all own medications (and prescriptions)
- Have brief medical profile in writing:
  - Medical problems, including any surgeries
  - Medications (large supply, prescription with you, fill at a national chain drug store)
  - Allergies
  - Immunizations (tetanus, etc)
Medical Provisioning

- Marine Medicine or First Aid Book
- Marine Medical Kit
- Medicines
We Recommend A Book(s)
First Aid Kit
(see handout)

- We don’t recommend commercial!
- Build your own
- Don’t need ‘medical grade’ stuff
  - With a few exceptions
- See handout
First Aid Kit

- Most available at local drugstore if you do wish to buy or
- West Marine is expensive
- on the web:
  - http://www.buyemp.com/
First Aid Kit

- Trauma Shears ($3 - $15)
- Tape – cloth, 1” and wide
- Hand sanitizer and antiseptic wipes
- Alcohol
  - Rubbing or EverClear
  - 70%, not full strength
First Aid Kit

- Large bottle of eye saline
  - Several if have space
  - Multiple uses – eyes, irrigating wounds, etc
- Tweezers and magnification
  - As per previous photo
First Aid Kit

- Box of menstrual pads
  - Buy gauze if you wish, this much cheaper
- Non-sterile gloves
  - Latex free if allergic
- Ace wraps (several)
First Aid Kit

- Duct tape
  - I prefer Gorilla® - no conflict!
- Cotton-tipped applicators
  - About 100 sterile
  - Huge box non-sterile
- Big box of tongue blades
First Aid Kit

- Dental floss
  - It's not just for teeth anymore!
- Vaseline
  - Buy antibiotic ointment if you wish
  - No proven benefit over plain PJ
First Aid Kit

- A few 18-G needles and large syringes
  - Rx only – get your doctor to help here
- A LOT of clean white cotton - towels or tee shirts.
  - Bandaging, padding, cleanup, etc
Medical Kit
(see handout)

- Aspirin, acetaminophen, and ibuprofen
- Imodium
- Antacid of choice and/or Pepto-Bismol
- Benadryl
- Hydrocortisone Cream 1% (OTC)
- Zinc oxide cream
- Neosporin ointment
- Mineral oil, milk of magnesia
- Benzoin
- Betadine solution
- Sterile saline bottle
- Dramamine, Phenergan*
- Transderm-scop patch*
- Zithromax* (erythromycin)
- Augmentin* (penicillin)
- Cipro*

* Raney and Reves
What about an AED?

- Depends
- How’s your wallet?
  - $1250 - $3000 (or more!)
- What’s your risk?
- Litmus test...
What about an AED?

- If you own one of these...
Practice Preventive Medicine

- Diet
- Exercise
- Dress
- Alcohol
- Rules of road
- Judgment
Diet as Preventive Medicine

(see handout)

- Eat healthy balanced diet
- Provision with fresh food at each port
- Observe all physician diet instructions
- Daily vitamin supplement (with calcium added)
- Keep well hydrated (wt./2 = oz. per day)
- Weigh every day (have scales on board)
Ignore this Sign

IF YOU HAVE A PROBLEM WITH
ALCOHOL, CHOLESTEROL OR PROTOCOL...
YOU ARE IN THE WRONG PLACE!
Exercise as Preventive Medicine

(see handout and http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/)

- Strength (arms and back especially)
- Endurance
- Balance
- Flexibility
Benefits of Exercises

- **exercise** = less likely to suffer from fractures or bone injuries – and ailments such as osteoporosis and reduced back pain. Weight bearing exercises can improve calcium deposition in the bones.
- Helps prevent many diseases (heart & cancer)
- Improves overall strength – useful on any cruise
Dress as Preventive Medicine
(see handout)

- According to weather
- For the sun
- Shoes
- Gloves
- PFD’s
Dress as Preventive Medicine

Hot Weather

Synthetic fabrics
Dress as Preventive Medicine
Cold Weather

- Wool

Example of HELP position
(Type I PFD illustrated)

Cold water immersion

MUSC
COLLEGE of MEDICINE
Eat Drink and Be Merry in MODERATION!
Rules of the Road and attentiveness
Judgment, Rules
Do not intentionally get in harm’s way

Docking and locking
Some Common Medical Problems

- Sunburn
- Sea sickness
- Gastro Intestinal (Diarrhea, Nausea and vomiting)
- Insomnia
- Weather related (Heat stress and Hypothermia)
GI Problems

- **Nausea and Vomiting**
  - Many causes
    - Sea sickness
    - GI virus
    - Serious conditions
  - **Rx**
    - Clear liquids
    - ½ conc. Gatorade
    - Phenergan (25mg)
    - Enema with Gatorade

- **Diarrhea**
  - Many causes
    - Food reaction
    - Viruses and Bacteria
    - Anxiety
    - Inflammatory bowel disease
  - **Rx**
    - Replace fluids, ½ conc. Gatorade
    - Pepto-Bismol
Serious Causes of N&V

- Heart attack
- Intestinal obstruction
- Concussion
- Bleeding gastric ulcer
- Persistent over 24 hours
- Fever over 101 F
Dehydration

- **Mild** (loss of 3-5% body weight) – dark urine, thirsty, normal pulse
- **Moderate** (5 to 10 % body weight) – small volume very dark urine, rapid pulse
- **Severe** (> 10% body weight) – no urine, sunken eyes, imperceptible pulse, shock
Sunburn

- Best treatment (again) is avoid!
  - Best sunscreen is appropriate clothing
- Ibuprofen or naproxen for discomfort
- Ointments may help
Sea Sickness
“mal de mer”

- Mild symptoms consist of tiredness, mild queasiness, weakness and cold sweats.
- Nausea, lethargy and pallor occur as the condition progresses.
- Vomiting, retching, sleepiness and a desire to withdraw from surroundings follow as advanced signs.

“At first you are afraid you’ll die, then you’re afraid you won’t.”

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College of Medicine
Sea Sickness prevention & treatment

- Rest well on the night before.
- Eat a light, low fat meal the evening before.
- Party prudently. Limit alcohol before and during the trip.
- Consult with your physician about the best medicinal or herbal remedy for you. Take or apply it at least three hours before you set out. Consider need for treatment of upper respiratory conditions or allergies. (Scopolamine patch, bendaryl, dramamine, ginger)
- Stay hydrated. Drink water or juices, particularly if in direct sun. Avoid alcohol.
- Ask the captain to position you near the center of the boat where rocking motions are less.
- Assume a job on board that involves keeping your eyes on the horizon and away from tasks requiring reading or close focus.
Insomnia

- Establish a regular schedule every day.
- Make sure the bunk (cabin) is dark and quiet.
- Keep bunk dry, clean
- Avoid stimulants before bed (caffeine and alcohol – some medications).
- A light snack of protein (milk, cheese etc) prior to going to sleep can be helpful.
- Visit the head before turning in .
- Keep ambient temperature comfortable (cool rather than warm).
- If sleep doesn’t come in 20 – 30 minutes get up return to the bunk later.
- Benadryl 25-50mg
Extremes of Temperature

*Remember that water is all important evaporation (lowers skin temp) conduction (warms or cools > air)
Hypothermia

- Mild – shivering, normal mentation
  - Stop exposure (below decks, wet clothing off)
  - Dry clothes and blankets
  - Warm liquids (sugar) and food
  - No alcohol!
### Hypothermia

#### How Hypothermia Affects Most Adults

<table>
<thead>
<tr>
<th>Water Temperature (Degrees Fahrenheit)</th>
<th>Exhaustion or Unconsciousness</th>
<th>Expected Time of Survival</th>
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<tbody>
<tr>
<td>32.5</td>
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Hypothermia

- Severe – no shivering, altered mentation
  - Stop exposure (below decks, wet clothing off)
  - Dry clothes and blankets
  - Heat packs to groin, arm pits, neck
  - Nothing by mouth!
  - Be gentle
  - Evacuate
**HEAT**

Two Key Factors
1. Temperature
2. Humidity

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With Prolonged Exposure and/or Physical Activity:

- Extreme Danger: Heat Stroke or Sunstroke likely
- Danger: Sunstroke, muscle cramps, and/or heat exhaustion likely
- Extreme Caution: Sunstroke, muscle cramps, and/or heat exhaustion possible
- Caution: Fatigue possible

Source: NOAA’s National Weather Service
Hyperthermia

- Heat exhaustion
  - Weakness, nausea, dizziness, malaise, HA
  - Normal mentation
  - Sweating or lack thereof not useful
- Heat stroke
  - Above, but altered mentation
  - Temperature typically higher
Differential Diagnosis

Heat Stroke
1. Dry, hot skin
2. Very high body temperature

Heat Exhaustion
1. Moist clammy skin
2. Normal or subnormal temperature
Hyperthermia - Treatment

- Heat exhaustion
  - Remove from heat source
  - Cool patient (more later)
  - Cool fluids orally
  - Watch urine (pale yellow, not concentrated)
- Does not usually require evacuation visit
Hyperthermia - Treatment

- Heat stroke
  - Medical emergency, 80% mortality
  - Cool patient (more later) as fast as possible
  - Nothing by mouth
  - Evacuate
Hyperthermia - Treatment

- Cooling the victim
  - Ice/cold packs to neck, groin, arm pits
  - Spray with tepid (not cold) water and fan
  - Give cool liquids (if conscious)
  - Immerse in cool water
- Try not to bring ≤ 100°
- Will overshoot

Have the person lie down

Use a fan
to lower temperature

Elevate feet

Apply cold compresses

Give fluids

© ADAM, Inc.
Uncommon: But BIG Problems

- Heart attack
- Stroke
Heart Attack

Early warning signs of a heart attack:

- Pressure in center of chest
- Pain in shoulders, neck or arms
- Chest discomfort with fainting, sweating or nausea
Heart Attack

Symptoms
- Chest and or L arm pain
- Upper body pressure
- Anxiety – “impending doom”
- Cool, clammy, nausea
- Rapid pulse, low BP
- Shortness of breath
- Feinting

Treatment
- Lie down
- Observe- breathing & pulse, BP
- Take a full aspirin and nitroglycerin, if conscious
- CPR if not breathing or pulseless ± defibrillate
- Analgesic, if available
- Evacuate (time is critical)
Stroke Types:
• Transient Ischemic Attack
• Internal bleed
• Ischemic

S * Ask the individual to SMILE.
T * Ask the person to TALK to SPEAK A SIMPLE SENTENCE (Coherently) (e.g. "It is sunny out today").
R * Ask to RAISE BOTH ARMS.
Stroke

**Symptoms**
- Speech problems, slurred speech, or difficulty speaking
- Paralysis and weakness, leg or arm or in the face, usually on one side of the body
- Vision problems
- Balance problems losing coordination
- Headache, severe and with no known cause

**Treatment**
- Lie down
- Observe- consciousness, breathing & pulse, BP
- CPR if not breathing or pulseless Evacuate (time is critical)
Some Common Trauma

first aid

Accidents happen!
“This is your last chance, no it’s yours”
Basics

- Basic Life Support course
- Know where 911 won’t work (any time underway)
- Poison Control – excellent advice 24/7
  - 800-222-1222 (entire US)
Falls and General Accidents

- Sprains/strains
- Fractures
- Dislocations
- Concussion/AMS
- Cuts
- Nosebleeds
- Knocked out teeth
- Penetrating injury
Sprains/Strains

- **RICE**
  - Rest
  - Ice
  - Compression (ACE®)
  - Elevation
- Acetaminophen (Tylenol®) or ibuprofen
Sprains/Strains

- Rest and elevation x 24-48 hrs only
- Then get back activity
- Normal activity promotes faster healing
Fractures and Dislocations

- Is it broken?
  - Obvious deformity (not always so obvious!)
  - Crunching/grinding
  - Bone sticking out
- In doubt – assume broken
Fractures and Dislocations

- Get to hospital!
  - If that is not a quick option…
- Straighten fractures?
  - Only for loss of pulses or bone sticking out
- Relocate?
  - If you can – immediately following fall
Fractures and Dislocations

- Splint (as it lies, or after straightening)
- With what?
  - Any long hard object
  - Paddle, boat hook, wooden spoon, umbrella
  - Think of cardboard, newspaper, PFD
  - SAM splint or ensolite pad
- Lots of padding and duct tape
Fractures and Dislocations

- Splinting
- Fingers and legs – tape together!
  - Injured splinted by good
Fractures and Dislocations

- Makeshift splinting
Fractures and Dislocations

- Makeshift splinting – cardboard or ensolite
Fractures and Dislocations

- How?
  - Joint above and joint below
  - Leave tips/toes exposed if possible
    - Detect lack of circulation/sensation
Falls – Back/Spine

- Suspect with any ‘hard’ fall
  - With midline back or neck pain
  - With any numbness/tingling/weakness
  - With intoxication (can’t evaluate)
- Immobilize back/neck best possible
- Evacuate
Falls - Concussion

- Blow to head + “ain’t right” = concussion
  - Or brief loss of consciousness
- Should be evaluated by physician
- What to do meanwhile?
Concussion

- Not much, unfortunately
- Keep comfortable and safe
- Do NOT need to keep awake!
  - But check periodically (every 4-6 hrs)
  - Don’t give anything by mouth
Cuts

- Apply direct pressure to stop bleeding
- Never attempt to clamp!
- Consider pressure-point for major bleeding
- Tourniquet only as last resort
  - Can result in limb loss!
  - Release every hour (with direct pressure)
Cuts

- Once bleeding controlled
- Clean with soap and water
- Small? Approximate edges with tape
  - Doesn’t need to be fancy – get job done
  - Duct tape works (poke multiple holes 1st)
- Can use Superglue® [trade secret! – medical grade is SurgiSeal®]
Cuts

- Large?
- Cover with menstrual pad(s)
- Bulk on more pads or cotton
- Wrap with ACE
- Elevate
- Get to hospital
Nosebleeds

- Rarely a major problem
  - Can be a real pain…
  - Trivia – most common cause?
    - Epistaxis digitorum
Nosebleeds

- Most of the time (>90%) anterior
- Treat with pinching
- First clear any clots by gently blowing
- Grab fleshy part of nose in front of bone
- Hold tight for 20-30 minutes
Nosebleeds

- Resist temptation to ‘check’
  - Pushing nose causes rebleed
Homemade Holder:
Nosebleeds

- Persistent bleeding down throat?
- May mean posterior – more serious
- Stay upright, get to hospital
  - Feeling lightheaded – evacuate
Displaced Teeth

- Handle minimally and by crown only!
- Gently wash to remove gross debris
  - Patient’s own saliva or milk. Saline OK
Displaced Teeth

- Gently irrigate socket with saline/water
- Using other teeth as guide, replace tooth
- Bite gently onto tissue or cloth
  - To hold in place
- Get to hospital
Displaced Teeth

- Can’t replace?
- Place under patient’s tongue
- Place in room temperature milk
- Least good – place in saline
- Time is of the essence to save tooth!
  - Every minute out, decrease 1%
Penetrating Injuries

- Do basics of life support
- Do not remove – more damage, bleeding
- Direct pressure for bleeding
- Stabilize object (prevent movement)
- Evacuate
Foreign Bodies

- Fishhooks
- Stings/bites
- Splinters
Fishhooks

- Unless you have training, don’t try
  - Get to ER
- Bulky padding to immobilize
Stings and Bites

- Very few of major concern
- ...but they can hurt like heck!
- Need to go to ED for any more than minor
  - Tetanus update if >5 years
Stings and Bites

- For severe pain:
  - Try immersion in very hot water - 110°
  - Most marine toxins are heat labile
  - May take 45-60 minutes
  - Benadryl and aspirin or ibuprofen may be helpful
  - Go to ER if not responsive
Splinters

- Very common in boating
- Usually easy first aid
- Best tools?
  - 18 gauge needle
  - Quality tweezers
  - Good magnification
- Watch for infection (pus, red streaks)
One Setup
Eyes

- Foreign bodies
- Splatters
- Trauma
Eyes – Foreign Bodies

- Be very careful!
- Q-tip or dry tissue, careful wipe
- Consider under the lids (see below)
- Try irrigation

Twist cotton-tipped swab upward
Look downward
Eyes - Spatters

- The solution to pollution is dilution!
- Move quickly
- Irrigate, irrigate, irrigate…
  - And then irrigate some more!
- Sterile saline best, but tap OK
  - Don’t make your own, buy
Eyes - Trauma

- Best treatment – don’t let happen!
- Goggles – won’t use if you don’t have
- Not much can be done in the field
- Get to hospital
Eyes

- For FB that can’t be removed or eye trauma:
  - Patch BOTH eyes. non-compressive patch
    - Commercial products available
  - Bottom of paper or foam cups, taped in place
  - Or goggles
  - Tape/cloth to block light entering eyes
Burns

- Minor

- Major
Minor Burns

- Again, avoid!
- OTC pain relievers
- Ice ok, but limit total time
- Clean dressing. +/- antibiotic ointment
Major Burns

- Get help!
- Remove burned clothing
- Apply dry clean dressing
- Don’t use ice!
- Don’t give anything by mouth
- Evacuate
Other Emergencies

- Drowning
- Electrical injuries
Drowning

- Cautions
  - Think hypothermia
  - Patient that seems to get better
    - Still needs to be seen by physician!
  - Think secondary injury
    - Especially to spine (diving, fall)
Drowning

- Any submersion & respiratory symptoms
- Basics of life support
  - Mouth to mouth is key
  - Beware ‘secondary drowning’
- Any drowning should be evaluated in ER
- If resuscitation needed, evacuate
Electrical Injuries

- Too much to cover thoroughly
- Mostly burns, major and minor
  - All should be evaluated in ER
- Key fact: ‘dead’ people after electrocution
  - Frequently not – in ventricular fibrillation
  - CPR until able to deliver shock
Electrical

- Lightening – reverse normal triage
  - Resuscitate the dead (V-fib)
  - Anyone making noise, moving, OK for now
  - All should be checked in ER
Is it an emergency?

Warning signs and symptoms:
-- Difficulty breathing, shortness of breath
-- Chest or upper abdominal pain or pressure lasting two minutes or more
-- Fainting, sudden dizziness, weakness
-- Changes in vision
-- Difficulty speaking
-- Confusion or changes in mental status, unusual behavior, difficulty waking
-- Sudden or severe pain
-- Uncontrolled bleeding, severe bone fractures & burns
-- Severe or persistent vomiting or diarrhea
-- Coughing or vomiting blood
-- Drowning or near drowning
-- Suicidal or homicidal feelings

Am. Col. Of Emergency Physician
Who to Call for Help

- At Port – call 911
- Underway – call Coast Guard on VHF 16
  - Place call ASAP
  - Remember range ~20 miles
Coast Guard

- Check vessel location (from GPS – other identifiers – e.g. marker number___)
- Use HIGH transmit power
- Give Appropriate alert, boat name:
  - “Mayday” – immediate, life threatening
  - “Pan-Pan” – non-life threatening, but evacuation needed
- Give position – have CG repeat to confirm
- Speak slowly and distinctly – keep short and simple
- Use CHANNEL 16 switch when advised
Questions?