

DMATTERS

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Medical Matters: Hypothermia

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If you were part of the TADMAT that participated in the airport drill last month, you have some idea of how the wet and cold can affect rescuer and victim alike. In a read situation, treatment for the victim would include: 1) Removal all wet clothing. 2) Wrap the patient in a blanket (e.g. Mylar). Hopefully we will obtain this item from NDMS. 3) Pre-warmed I.V. fluids. This can be accomplished by placing the fluids near a heating source. But a simpler method would be placing the bags inside the shirts worn by the rescue personnel. REFERENCES: Barbera & Cadoux. Search, Rescue and Evacuation. Critical Care Clinics Vol. 7, April 1991 P.S. I invite any and all TADMAT members to submit any Disaster Medical article to this newsletter for future publications. Please include the reference with the submission.

Thanks to Dr. Yannick, SVMC Burn Center

The TADMAT would like to thank Dr. Yannick, Medical Director of the SVMC Burn Center. Dr. Yannick provided the TADMAT with a very informative review of Emergency Burn treatment in the first twenty four hours of care. This lecture was very well received by those in attendance. An important formula from Dr. Yannick's lecture for determining fluid resuscitation needs for the burn patient was: 2-4ml Lactated Ringers / Kg / % Burn Surface Area 50% of the fluid in the first 8 hours, the remaining 50% in the next 16 hours. Dr. Yannick also emphasized: being aggressive in pain management for burn patients cover with warm, clean, DRY sheets, not cold and wet ones for chemical burns; "the secret to pollution is dilution" Thanks again Dr. Yannick for a very fine lecture!