

MEDICAL INFORMATION

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This information is for use by participants in the Marina del Rey to Puerto Vallarta Yacht Race. It is important that consideration be given to each individual's need and history. Questions regarding individual utilization of this information should be taken up with ones own personal physician.

MEDICAL HISTORY: Skippers and crew members should have with them a complete medical history of themselves which indicates allergies, medications (include dose and frequency of intake), and personal medical history (presence of diabetes, hypertension, heart disease, etc). It is advisable to have a physical checkup from your personal physician as well as a dental checkup before leaving the U.S. It would be good to have your blood type included on this record

IMMUNIZATION: Update routine immunizations (tetanus, polio, etc.) Check with your personal physician. DIPHThERIA/TETANUS: boosters needed every 10 years. POLIO: unvaccinated people should have the complete initial series; a single booster as an adult confers lasting immunity for travelers. HEPATITIS A: requires 2 shots over a 6-12 month period. The first shot confers 1 year's immunity, and the second lasts for 10 years. HEPATITIS B: 3 shots given over 6 months, and gives protection for more than 20 years. An accelerated schedule exists for those needing immunization in less then 6 months. Gamma Globulin is currently not recom-mended. TYPHOID FEVER: vaccination is available in 3 forms. One is a series of two injections, but may make you ill and is not too popular, one is a single injection and one is a set of pills taken over a week. The shots give 3 years protection and the pills give 5 years protection. Immunization may be advisable.

TRANSMISSION OF DISEASE: Travelers diarrhea and hepatitis A is a food or water borne disease, as well as amebic and bacillary dysentery and typhoid fever. It is a good practice to avoid eating uncooked vegetables and fruits which cannot be peeled. Do not eat raw food. Be cautious of drinking water and the use of ice. Bottled water, which you open, carbonated beverages, or water which has been boiled or treated with iodine is preferred. Chemical purification with iodine is better than with chlorine. However, neither will kill cryptosporidium. Purification systems which have been successful include Potable Aqua by Wisconsin Pharmacal (unless allergic to iodine) and Aquamira by SeamGrip, to name a few. Water filters made by the following have been used: Pur, Katadyne and Sweet Water as well as others. In selecting a filter, choose one that will stop viruses, bacteria, cryptosporidium and giardia. Flies can transmit infection by picking up germs from feces then landing on food. Diarrhea can reduce the absorption of medications you take such as antibiotics or antimalarials.

PROPHYLAXIS: It is not advisable to take antibiotics prophylactically. In the case of travelers diarrhea, 2 Pepto Bismol tablets taken 4 times daily while in an endemic area may be helpful. Be aware that Pepto Bismol can turn the tongue and stool black and may cause ringing in the ear. Generally, it is not advisable to take Pepto Bismol if you are allergic to salicylates, or are taking therapeutic doses of aspirin-like compounds or anticoagulants.

DIARRHEA results from bacterial or amebic infection. In the bacterial version the germs rapidly invade the intestinal mucous membrane resulting in frequent watery stools and may be followed by bloody, and/or mucous filled stool. It can peak within a week and may be associated with abdominal pain, nausea and vomiting, muscle aches, and headache. The amoebic version has a slower onset and a more intermittent, chronic pattern, with up to 20 bowel movements a day, which may be painful. Amoebae can break through the intestinal wall and create abscesses in the liver, which can cause a painful, enlarged liver with fever, weight loss and general malaise.

Treatment consists of rehydration, change in diet, medication and supportive care. Cipro and Bactrim DS are commonly used antibiotics. Usually one pill taken twice a day for 5-7 days, or Xifaxan, 200 mgm, three times daily for 3 days. Hydration and electrolyte replacement is very important. Oral rehydration salt tablets are available and good to have with you. You can make your own by adding 1 teaspoon salt and 3 tablespoons sugar (or honey) to 1 quart purified water. A good diet is the "B.R.A.T." diet which stands for bananas, rice, apple sauce, and toast. The rice should be steamed, not fried. For simple diarrhea use Pepto-Bismal and anti-diarrheal drugs like Immodium or lomotil. If you develop fever, pain, blood or mucous in your stool, obtain professional help. Giardia is treated with Flagyl, and is diagnosed by stool analysis.

FOOD POISONING is a cause of gastroenteritis as a result of bacteria, viruses, chemicals, or toxins ingested. If symptoms occur rapidly (1-8 hours) after eating, it is probably due to toxins. Sometimes, when bacteria incubate in the intestines, symptoms may not appear for 1-3 days. Usual symptoms are nausea, vomiting, diarrhea, and intestinal cramps. *Ciguatera poisoning* comes from the toxin in affected reef fish, like snapper, amberjack, grouper, or sea bass, and symptoms start within 2-6 hours after ingestion. Symptoms can last from weeks to months. It is necessary to seek professional help. *Scombroid poisoning* comes from open ocean fish like members of the tuna family, and causes an allergic response, with hives, itching, nausea, vomiting, diarrhea and intestinal cramps. The fish may taste peppery or sharp and symptoms can start quickly (within ½ hour after eating), and abates usually in 18 hours. There is no specific treatment, but antihistamines like benedryl may be effective.

MOTION SICKNESS is due to an imbalance between the middle ear's balance system, the brain, and the eyes. Many over the counter drugs are available like Dramamine, meclizine, benedryl, etc. Follow the directions on the container. Scopalamine patches worn behind the ear are especially effective, but requires a prescription. The use of one patch may be effective up to three days. All these medications may cause drowsiness. For optimum effect, they should be used before starting the trip. Also effective for some people are wrist bands with a plastic nub, based on acupuncture placement. Drugs to control nausea and vomiting are compazine and tigan. They require a prescription and may be available as rectal suppositories once vomiting has begun.

MARINE ENVENOMATIONS or stings from jellyfish, fire coral, sponges or sea anemone results in local pain, redness, itching and swelling due to the effect of a toxin. Jellyfish on the beach can still sting even when dead. **Treatment** is to pour 5% acetic acid (vinegar) onto the site to neutralize the toxin. Do not put fresh water onto the area as this causes the stinger to discharge more toxin. In desperate situations, urine also works. Remove the stinger with tweezers or the use of shaving cream and razor. The application of a soothing lotion with antihistamine and mild steroid is helpful. The Box Jellyfish in Australian waters is very deadly.

Limit the spread of the toxin by application of a compression bandage, splint the area and seek medical care immediately. Stings from **stingrays, lionfish, stonefish, and rock fish** are **treated** by putting the area into water as hot as is tolerable, but not scalding hot. Place the stung area into the water or apply hot compresses. Heat neutralizes the toxin. Remove the barb (stinger) if possible. Antibiotics as well as a tetanus booster may be necessary. If the sting is in a vital area, a surgeon may need to explore the wound.

FRACTURES, DISLOCATIONS, SPRAINS are treated with immobilization. Use of a SAM splint to the extremity, or support with tightly wrapped blanket, pillow, etc. to keep the fracture from moving. Duct tape wrapped around the supporting pillow and extremity will help. Use of pain medication is advisable. Immediate application of ice to the area of the sprain and elevation will help to reduce swelling and pain. Remember, R.I.C.E.: Rest, Ice, Compression and Elevation. If the break cuts through the skin it is an open fracture and serious infections may occur.

BLEEDING (HEMORRHAGE) is treated by stopping the flow of blood. Accomplished by **pressure** or the use of a substance like surgicel, but a pressure dressing is still needed. To apply a pressure dressing, place a clean, sterile dressing on the wound and wrap it with an elastic bandage or rolled gauze dressing and tightly secure it to the wound.

Arterial bleeding is noted by the bright red color and it is spurting. Control this type of bleeding with **direct pressure** on the bleeding site. This should be held for at least 5 minutes and the wound elevated so it is higher than the heart. If you have open cuts or sores be careful not to get the blood on them because of the potential to get HIV or Hepatitis. It is best to wear rubber gloves. This is why it is good to have both sterile and non-sterile gloves aboard. When bleeding is controlled, wrap the site with a clean, sterile pressure dressing, and keep the site elevated as high above the heart as possible. The use of a tourniquet will stop the flow of blood to a limb, but that can also result in the loss of a limb. If it is necessary to use, release the pressure of the tourniquet to just allow some bleeding for a minute every 10-15 minutes.

FISHHOOK removal requires cleansing of the skin around the fishhook. Push the fish hook on through the skin then snip off the barb. It is easy to pull the hook back out by pulling on the exposed shank. Now treat it as a simple puncture wound by cleansing and applying an antibiotic ointment like Neosporin and a dressing (band-aid).

BURNS can be first, second or third degree burns, depending on how deep the burn penetrates the skin. First degree burns are superficial and are red, hot, tender and dry. Second degree burns are more painful, blister and may be moist with deep red bases. Third degree burns go through all layers of the skin and are the most serious. The area may be pearly white, or black, and painless due to loss of nerve endings. There is a high risk of infection, dehydration, lack of temperature control depending on the extent of the burned area. First degree burns are easily treated with ice for 10-20 minutes or running cold water and applying cooling salves like aloe vera. Aspirin or ibuprofen (Advil) may be used for pain. Second degree burns may be treated with ice for 10-20 minutes, cold water, silver sulfadiazine (silvadene) or triple antibiotic ointment. Do not pop burn blisters! Third degree burns require professional care.

CUTS, GASHES OR LACERATIONS, must be thoroughly cleansed. If possible wash your hands first, then cleanse the wound with plain water and soap, applied forcefully. Antiseptics like betadine, alcohol, or hydrogen peroxide are OK to use the first time, but repeated cleansing of the wound might damage healthy cells, and slow healing. These are fine to cleanse the skin around the wound. Antibiotic ointment (Neosporin) can be put on the wound, but it does not replace thorough cleansing irrigation. If it is necessary to close the wound apply “steri-strips” bringing the edges of the wound together, then covering with a sterile dressing. Band-aids suffice for simple wounds.

This is not meant to be a thorough and complete list of First Aid Care. Please refer to any of the books mentioned below and it is recommended that there be one aboard each vessel.

SUGGESTED LIST OF MEDICAL SUPPLIES**ALLERGIES AND COLDS:**

Actifed
Sudafed
Benadryl
Claritin
Epipen (epinephrine in a syringe with needle to treat life threatening allergy like throat closing, inability to breath or anaphylactic reaction to medication, sting, severe allergy)

ANTIBIOTICS:

Cipro – For bacterial intestinal infections. 500 mgm twice daily. May upset stomach.
Keflex – Bacterial infections of skin, ears, genitourinary system. 500 mgm 4 times daily. May cause allergies similar to penicillin.
Xifaxan – Specific for E. Coli intestinal infections. Not for systemic infections.
Azithromycin (Z-pack) – Bronchial infections.
Penicillin

BURNS:

Sunscreen lotions and creams
Neosporin Ointment
Silvadene ointment
Vaseline gauze
Sterile Dressings

CLEANSING SOLUTIONS:

Hydrogen Peroxide
Betadine (Liquid, sponges or sticks or towelettes)
Sterile Saline
Isopropyl Alcohol (towelettes and bottle)

DRESSINGS:

Kling dressing (3 or 4 inch)
Gauze Pads, sterile (4 x 4)
Ace Bandages (2 ½, 3, and 4 inch)
Butterfly dressings and Steristrips
Sterile cotton tip applicators
Non stick dressings (Band aids, telfa)
Adhesive Tape (include non-allergenic
Assorted sizes Band Aids

EYE CARE:

Boric Acid Ophthalmic ointment
Tobradex Ophthalmic ointment
Naphcon A Ophthalmic drops
Oval eye pads
Chloromycetin Ophthalmic ointment 1%
Neosporin Ophthalmic ointment or drops
Sterile Eye Wash (BSS)

GASTROINTESTINAL CARE:

Diarrhea – Pepto Bismol
Immodium - Lomotil
Rehydration Salts

Constipation – Milk of Magnesia
Dulcolax Tablets

Acid Indigestion or Acid Reflux
Antacid tablets or liquid
Prilosec
Zantac

MUSCLE RELAXANTS:

Soma compound tablets
Robaxisal 750 mgm tablets
Valium 5 mgm tablets.

ORTHOPEDIC INJURIES:

4 & 6 inch Ace bandage
Ankle and knee immobilizer
SAM splints (for splinting arm or leg)
Sling
Roller Gauze

GENERAL SUPPLIES:

CPR shields
Cotton tipped applicators
Cotton balls
Rehydration salt tablets
Thermometer
First Aid Manual
Kessler: *Medical Emergencies at Sea*
Beilan: *Your Offshore Doctor*

Emergency Dental Kit
Tongue Depressors
Cold/Hot Packs
Sterile and non-sterile Gloves
Vinegar (5% acetic acid)
Scissors and tweezers

PAIN:

Aspirin, Tylenol
Tylenol with Codeine #3
Advil, Motrin

INFORMATION A RADIO DOCTOR WILL WANT

The following checklist help you in gathering medical data before using your radio to call a doctor for medical advice. These are typical questions doctors ask.

Your Name: _____
Patient's Name: _____ Age _____ Sex _____
Vessel Name and Geographic Location _____

CURRENT INJURY OR ILLNESS (What is wrong)?

How did it happen or develop?

1. What was patient doing prior to onset? _____
2. Any previous similar symptoms? _____
3. Patient taking any medications for the illness? _____ What? _____
4. He he/she take medications today? _____ Are they onboard? _____

Any other symptoms or complaints? _____
(fever, diarrhea, pain, vomiting, shortness of breath, weakness)

PAIN: Location. Does it radiate to any other part of the body? _____
1. What makes it worse? (Pressure, movement, urination, coughing, posture) _____
2. What kind of pain? (Sharp, stabbing, constant, dull, cramping, intermittent, burning, is it getting worse. Is anything worse with movement or pressure?) _____
3. How severe is the pain on a scale of 1 to 10 (minimal to agonizing)? _____

EXAMINATION: What does the patient look like? (Sick, in pain, pale, hushed, delirious) _____
Pulse rate _____ Respiratory rate _____ Temperature _____
What can you see that is not normal in any part of the body? _____
Is patient's memory and coordination normal? _____

WHAT MEDICATIONS AND MEDICAL EQUIPMENT DO YOU HAVE ABOARD?

Does anyone on board have medicval training? _____

IMPORTANT: Write down medical advice doctor gives. Make sure you understand it.