

{\rtf1\mac\deff2 {\fonttbl{\f0\fswiss Chicago;}{\f2\froman New York;}{\f3\fswiss Geneva;}{\f4\fmodern Monaco;}{\f11\fnil Cairo;}{\f13\fnil Zapf Dingbats;}{\f15\fnil N Helvetica Narrow;}{\f16\fnil Palatino;}{\f18\fnil Zapf Chancery;}{\f20\froman Times;}{\f21\fswiss Helvetica;}{\f22\fmodern Courier;}{\f23\fttech Symbol;}{\f200\fnil Compton's-Superscript;}{\f201\fnil Mishawaka Bold;}{\f209\fnil Compton's-Subscript;}{\f256\fnil Mishawaka;}{\f257\fnil MissVikki;}{\f1039\fnil Dagger;}{\f1072\fnil Placard SSI;}{\f1132\fnil Unicorn Script SSI;}{\f1214\fnil Signature;}{\f1234\fnil Academia SSI;}{\f1296\fnil Sherwood;}{\f1451\fnil Manual SSI;}{\f1522\fnil Menuetto;}{\f1723\fnil Boulder;}{\f1759\fnil GoodCityModern;}{\f1804\fnil Abrazo Script SSI;}{\f1877\fnil Match Morse;}{\f1878\fnil Match Morse Legend;}{\f1883\fnil MostGeneva;}{\f1984\fnil Bazooka;}{\f2000\fnil Skia;}{\f2013\fnil Hoefler Text;}{\f2018\fnil Hoefler Text Ornaments;}{\f2327\fnil Adrielle-Light;}{\f2354\fnil Chaucer;}{\f2468\fnil FunkyFresh;}{\f2502\fnil Tango Script SSI;}{\f2515\fnil MT Extra;}{\f2630\fnil Tycoon OldStyle SSI;}{\f3060\fnil Jennifer;}{\f3225\fnil PalatiaBold;}{\f3365\fnil Stylus;}{\f3998\fnil Librarian;}{\f4323\fnil PalatialItalic;}{\f4767\fnil Moderne;}{\f6468\fnil Palatia;}{\f8234\fnil Tubular;}{\f8237\fnil Heather;}{\f8366\fnil Muriel;}{\f8411\fnil Standout;}{\f8433\fnil Steamer;}{\f8477\fnil Jester;}{\f8482\fnil Calligrapher;}{\f8487\fnil Scribble;}{\f8709\fnil Tribune;}{\f9840\fnil Espi Sans;}{\f10241\fnil QuickType Mono;}{\f10386\fnil QuickType Pi;}{\f10486\fnil QuickType;}{\f10496\fnil QuickType Condensed;}{\f11846\fnil Gallaudet;}{\f12955\fnil Logger;}{\f14383\fnil ParamountItalic;}{\f14592\fnil OCR-A;}{\f15340\fnil Embassy BT;}}{\colortbl\red0\green0\blue0;\red0\green0\blue255;\red0\green255\blue255;\red0\green255\blue0;\red255\green0\blue255;\red255\green0\blue0;\red255\green255\blue0;\red255\green255\blue255;}{\stylesheet{\sbasedon222\snext0 Normal;}{\s1\qlj\tx1440\tqr\tx9180\tqr\tx9900 \f21 \sbasedon0\snext1 toc helv10;}}\margl1440\margr1440\facingsp\enddoc \sectd \linemod0\linex0\cols1 \pard\plain \qc\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\b\fs72 \par } \pard \qc\li720\ri720\box\brdrsh\brsp40\brdrdb \tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\b\fs72 SCOUTS-L\par -----\par SNAKE BITE\par } \pard \tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 \par \par \page From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Fri Dec 13 16:20:59 1996\par Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par Received: from pucc.PRINCETON.EDU (smtp@pucc.Princeton.EDU [128.112.129.99]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id QAA02499; Fri, 13 Dec 1996 16:20:59 -0500\par Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP V2R2)\par with BSMTP id 2403; Fri, 13 Dec 96 16:15:24 EST\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by PUEC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 2334; Fri, 13 Dec 1996 16:15:23 -0500\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 7719; Fri, 13 Dec 1996 15:12:33 -0600\par

Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release 1.8b)\par
with NJE id 7712 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 13 Dec 1996 15:11:46 -0600\par

Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail\par
V1.2a/1.8a) with BSMTP id 7711; Fri, 13 Dec 1996 15:11:45 -0600\par

Received: from spot.Colorado.EDU by tcubvm.is.tcu.edu (IBM VM SMTP V2R2) with\par
TCP; Fri, 13 Dec 96 15:11:39 CST\par

Received: from localhost (amick@localhost) by spot.Colorado.EDU\par
(8.7.6/8.7.3/CNS-4.0p) with SMTP id OAA15104; Fri, 13 Dec 1996 14:11:05 -0700 (MST)\par

MIME-Version: 1.0\par

Content-Type: TEXT/PLAIN; charset=US-ASCII\par

Message-ID: <Pine.GSO.3.95.961213124349.1311A-100000@spot.Colorado.EDU>\par

Date: Fri, 13 Dec 1996 14:11:05 -0700\par

Reply-To: Amick Robert <amick@SPOT.COLORADO.EDU>\par

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par

From: Amick Robert <amick@SPOT.COLORADO.EDU>\par

Subject: Re: First Aid question - snakebite\par

X-To: Monte Kalisch <montek@MONTEKCS.COM>\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

In-Reply-To: <3.0.32.19961213115129.00926810@199.117.27.22>\par

Status: RO\par

X-Status: \par

\par

I would agree with my esteemed colleague, Monty on his posts re: snakebite; there is also some additional information that may be of interest.\par

\par

1. There are fewer than 15 deaths per year in the U.S. attributable to the bite of the common pit viper family (rattlesnake, copperhead, cottonmouth). There are far more deaths caused by bee/wasp stings resulting in anaphylaxis (last I heard, over 600 per year). The most common fatalities tend to be those who are bitten by large diamondback rattlers indigenous to Florida, Texas, Louisiana and other southern states. Typically the fatalities have resulted when treatment has not been administered or delayed significantly; Additionally, the victims typically are those who are elderly, small children or infants, and/or medically compromised from diseases such as diabetes.\par

\par

2. The venom of the pit viper is hemotoxic (i.e., it has components which are designed to disable its prey and then to "pre-digest" the tissues by breaking down the cell structures through enzymatic action) For this reason, when a person is bitten and if treatment in the form of antivenin is delayed or withheld, the tissues affected by the venom tend to become necrotic and form blisters, open ulcers, and slough away. Major reconstructive surgery may be necessary and in some cases amputations of fingers and other extremities have occurred due to tissue necrosis.

\par

3. Pit vipers can selectively inject or withhold venom when biting prey or an "attacker." If a snake has just bitten something, it may also have exhausted its venom and be unable to inject much additional venom, so not all bites are envenomated. Envenomation becomes evident with swelling, burning sensation, blistering or in the rare cases noted above, falling blood pressure and anaphylaxis.

\par

4. The most successful treatment for snakebite of course is injection of antivenin, which is derived from horse serum. This normally works quite well to neutralize the venom, however it is also capable of causing an anaphylactic reaction in those sensitive to horse serum. Therefore a test must be conducted before antivenin treatment commences to determine sensitivity.

\par

5. There are certain pit vipers such as the Mojave rattler or sidewinder that have a venom component which causes the blood pressure to fall to dangerously low levels, and can therefore be life threatening. This was recently pointed out by a noted herpetologist here at the University of Colorado. If this occurs, advanced life support may be urgently necessary, but such incidents are quite rare.

\par

6. The only other venomous snake indigenous to the U.S. is the coral snake which is a relative of the elapid or cobra family. The coral snake is not typically aggressive nor does it have frontal fangs, so the likelihood of a bite is minimal unless it is being handled. It must grip its prey and then chew to inject venom from fangs located near the rear of its mouth. The venom, however is neurotoxic which causes neurological symptoms of paralysis, palsy, drooping eyelids, double vision, cramping and loss of muscle control and can affect breathing and other vital signs.

\par

Identification of a coral snake with the mnemonic of "red and yellow kill a fellow, red and black, venom lack" is not always accurate due to genetic anomalies which reverse the combinations on some specimens and result in confusion with its non-toxic relatives. Coral snakes are found more commonly in the southern states. Its more fierce relatives in Australia, such as the Taipan and Tiger snake, or the Cobra in Asia result in a higher incidence of deaths due to extreme neurotoxicity of venom. In India, about 4000 deaths per year are attributed to the bite of the cobra.

\par

6. The black widow spider venom is also neurotoxic and is eight times\par more toxic than cobra\par

venom but the quantities injected are so minute that the bite is rarely\par fatal. However, it often results in hospitalization with the same\par symptomology noted above. There is also an antivenin for black widow\par spider venom but it also can cause anaphylaxis and is sometimes withheld\par in favor of other therapies for that reason.\par

\par

7. As far as therapy/first aid measures noted in previous posts,\par there is some controversy over whether the application of the higher\par pressure suction units within 20 minutes of the bite may have some\par benefit, however, because of diffusion in the tissues, the probability of\par it being of any significant benefit is probably minimal. As noted,\par cutting is totally inappropriate. Sucking venom by mouth is unlikely to\par be of any benefit, and would be more likely to be a source of infection\par for the wound (the only more highly bacterially contaminated mouth than a\par human is a camel, but I digress..) but if for any reason any venom were\par swallowed it would not likely be harmful since it would be decomposed by\par stomach acid.\par

\par

8. Bee/wasp stings can be successfully treated by application of a paste\par of Adolphs meat tenderizer (unseasoned). The papinase enzyme in the\par tenderizer can chemically neutralize the bee venom. Mix a small amount of\par water with the tenderizer and apply liberally over the bite. Then place a\par moist gauze dressing over the paste, and tape in place. Allow to stand\par for about 45 minutes, then remove. Usually, the patient will be free of\par symptoms. Benadryl antihistamine capsules can also help minimize any\par reaction to bee stings if given promptly after the bite.\par

Application of ice to the sting site is helpful in lessening pain and\par swelling, but be sure to place a cloth in between the ice bag and the\par tissues to avoid excessive cooling of the skin.\par

\par

Be alert for any\par

signs of anaphylaxis resulting from the sting, such as itching, hives (red\par and white blotches near the sting site, spreading away), shortness of\par breath or difficulty breathing, paleness, dizziness, falling blood\par pressure. This is a *red flag* emergency and requires paramedic\par intervention immediately. Epinephrine (adrenalin) injections are used to\par restore the blood pressure and control the reaction. Often those who are\par known to be allergic will carry epi-pens which automatically inject a\par pre-measured dose of epinephrine into the\par thigh muscle and can be used even by minimally trained persons. Newer\par medical treatment protocols are permitting emt's and first responders to\par assist with this therapy in emergent situations.\par

\par

It would be appreciated if anyone else with experience, expertise or views\par on these topics would also contribute.\par

\par

Bob Amick, EMT-B, Explorer Advisor, High Adventure Explorer Post 72\par
Boulder, CO\par

\par

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Fri Dec 13 02:17:15 1996\par

Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par
Received: from pucc.PRINCETON.EDU (smtpd@pucc.Princeton.EDU [128.112.129.99]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id CAA08050; Fri, 13 Dec 1996 02:17:15 -0500\par

Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP V2R2)\par

with BSMTP id 6419; Fri, 13 Dec 96 02:12:14 EST\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 1456; Fri, 13 Dec 1996 02:12:12 -0500\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 2540; Fri,\par

13 Dec 1996 01:10:26 -0600\par

Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release 1.8b)\par

with NJE id 2534 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 13 Dec 1996\par
01:09:52 -0600\par

Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail\par

V1.2a/1.8a) with BSMTP id 2533; Fri, 13 Dec 1996 01:09:51 -0600\par

Received: from thunder.internorth.com by tcubvm.is.tcu.edu (IBM VM SMTP V2R2)\par
with TCP; Fri, 13 Dec 96 01:09:48 CST\par

Received: from thunder.internorth.com (thunder.internorth.com [199.247.13.1])\par
by thunder.internorth.com (8.6.12/8.6.12) with SMTP id AAA08105; Fri,\par
13 Dec 1996 00:08:50 -0700\par

MIME-Version: 1.0\par

Content-Type: TEXT/PLAIN; charset=US-ASCII\par

Message-ID: <Pine.OSF.3.95.961212233234.6060B-100000@thunder.internorth.com>\par

Date: Fri, 13 Dec 1996 00:08:49 -0700\par

Reply-To: "Byron Hynes (bph)" <bph@INTERNORTH.COM>\par

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par

From: "Byron Hynes (bph)" <bph@INTERNORTH.COM>\par

Subject: Re: First Aid question - snakebite\par

X-To: CHUCK BRAMLET <chuckb@AZTEC.ASU.EDU>\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

In-Reply-To: <9612130538.AA14288@aztec.asu.edu>\par

Status: RO\par

X-Status: \par

\par

Well, assuming that medical aid is close at hand:\par

\par

1. Scence Survey\par

2. Primary survey (ABCs) and 1st aid for life-threatening conditions\par

3. place the casualty at rest in a semisetting position\par
4. calm and reassure the casualty\par
5. steady and support the affected limb, and _keep it below heart level_\par
6. flush the bite area with soapy water\par
7. apply a constricting band to slow the spread of poison\par
8. immobilize the limb and trasport the casualty to medical help\par immediately\par
9. monitor breathing closely\par

\par

- First Aid, First on the Scene: Standard level activity book, p. 20-13.\par
St. John Ambulance, Revision 1.2, 1996 printing\par

\par

Page 8-10 of First on the Scene: The complete guide to first aid and CPR\par
specifically cautions "do not... try to suck the poison out with your\par
mouth"\par

\par

Even the St. John Ambulance "Official Wilderness First-Aid Guide" says:\par
... do not try to suck out venom... all of these have been considered\par
correct treatment at some time, but have been found to be dagerous in some\par
way. In most cases, the casualty will recover, with some loss of tissue,\par
and scarring at the bite.\par

\par

However, I should also note that because of our climate the rattler is the\par
only poisonous snake in Canada.\par

\par

St. John Ambulance is Canada's oldest first-aid agency, and is Scouts\par
Canada's acknowledged authority on first aid.\par

\par

-- Byron Hynes\par

SJA Instructor and I.T.\par

\par

\par

Chuck wrote:\par

> Tonioght at RT, one of the felloows gave a presentation on camping\par
> first aid. One of the items he showed was a "power" suction cup for\par
> snakebite. It is a tube with a plunger to pull, rather than push,\par
> to suck the poisen. I mentioned that _I_ had been under the\par
> impression that sucking was no longer approved for snakebite.\par

>\par

> Any of the EMT type first aid experts have a read on that?\par

\par

-----\par

Byron Hynes
71 Gold City Court
Yellowknife, NWT\par
Canada X1A 3P6

bph@internorth.com\par
bph@ntnet.nt.ca\par

<http://www2.internorth.com/~bph>\par

\par

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Sat Dec 14
00:24:25 1996\par

Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par
Received: from pucc.PRINCETON.EDU (pucc.Princeton.EDU [128.112.129.99]) by
cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id AAA25846; Sat, 14 Dec 1996
00:24:25 -0500\par
Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP
V2R2)\par
with BSMTP id 0344; Sat, 14 Dec 96 00:18:20 EST\par
Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by
PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 0893; Sat, 14 Dec 1996
00:18:18 -0500\par
Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by\par
TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 0590; Fri,\par
13 Dec 1996 23:14:37 -0600\par
Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release
1.8b)\par
with NJE id 0549 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 13 Dec 1996\par
23:13:48 -0600\par
Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by\par
TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 0548; Fri, 13 Dec\par
1996 23:12:46 -0600\par
Approved-By: EIDSON@TCUBVM\par
Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU
(LMail\par
V1.2a/1.8a) with BSMTP id 4872; Fri, 13 Dec 1996 10:06:11 -0600\par
Received: from ALPHA.IS.TCU.EDU by tcubvm.is.tcu.edu (IBM VM SMTP V2R2)
with\par
TCP; Fri, 13 Dec 96 10:06:08 CST\par
Received: from alpha2.curtin.edu.au (alpha2.curtin.edu.au) by ALPHA.IS.TCU.EDU\par
(PMDF V5.0-5 #15868) id <01ICYHE26CV40013KN@ALPHA.IS.TCU.EDU>
for\par
SCOUTS-L@ALPHA.IS.TCU.EDU; Fri, 13 Dec 1996 10:05:33 -0600 (CST)\par
Received: from o'neilg.curtin.edu.au (134.7.108.44) by alpha2.curtin.edu.au\par
(PMDF V5.0-6 #7809) id <01ICZQM3EYOCNUPWT@alpha2.curtin.edu.au>
for\par
SCOUTS-L@TCU.EDU; Sat, 14 Dec 1996 00:05:38 +0800\par
X-Sender: poneilgdo@alpha2.curtin.edu.au\par
MIME-version: 1.0\par
X-Mailer: Windows Eudora Light Version 1.5.4 (32)\par
Content-type: text/plain; charset="us-ascii"\par
Content-transfer-encoding: 7BIT\par
Message-ID: <1.5.4.32.19961213160203.0067c5a4@alpha2.curtin.edu.au>\par
Date: Sat, 14 Dec 1996 00:02:03 +0800\par
Reply-To: "Grant O'Neil" <poneilgdo@ALPHA2.CURTIN.EDU.AU>\par
Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par
From: "Grant O'Neil" <poneilgdo@ALPHA2.CURTIN.EDU.AU>\par
Subject: Re: First Aid question - snakebite\par
X-To: SCOUTS-L - Youth Groups Discussion List <SCOUTS-L@TCU.EDU>\par
To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par
Status: RO\par

X-Status: \par

\par

At 22:38 12/12/96 -0700, you wrote:\par

>Tonioght at RT, one of the felloows gave a presentation on camping\par

>first aid. One of the items he showed was a "power" suction cup for\par

>snakebite. It is a tube with a plunger to pull, rather than push,\par

>to suck the poisen. I mentioned that _I_ had been under the\par

>impression that sucking was no longer approved for snakebite.\par

>\par

>Any of the EMT type first aid experts have a read on that?\par

>\par

\par

I don't know what EMT is, but I do have St. John Ambulance Senior First Aid\par

qualification. Naturally here in Australia treatment for poisonous bites\par

(snake or otherwise) has to be an essential part of any first aid training.\par

First I will deal with the outmoded treatment methods that are no longer\par

used: _NO_ tourniquets (basically the only circumstance where a tourniquet\par

has any use is for a traumatic amputation), no cutting or sucking the wound.\par

\par

The recommended treatment has some similarity to bleeding control; pressure\par

and immobilise. Do not wash the wound (this allows medical staff to get skin\par

scrapings from the area around the wound to help identify the type of venom\par

and thus determine the correct anti-venine) Apply a pressure bandage\par

starting at the point of the wound and extending to the tip of the ling and\par

then returning up the limb as far as you can go. The bandage should be as\par

tight as you would tie for a sprain, and must not cut off circulation. The\par

limb is then immobilised and where possible the casualty is placed in a\par

position where the site of the injury is lowered (thus meaning that the\par

venom must move "uphill" in order to spread)\par

\par

The more general points are to reassure and calm the patient, and to get\par

medical help as quickly as possible. Also monitor the patient's condition;\par

depending on the type of venom, in some cases the venom can induce paralysis\par

and lead to the person stopping breathing; if this happens it is essential\par

to commence E.A.R. and if necessary C.P.R. immediately, and continue until\par

either medical help arrives or the person recommences breathing on their own.\par

\par

This is all from memory. If anyone wants more detail, I can get out my first\par

aid manual and quote the exact instructions of the approved snakebite treatment.\par

\par

YiS\par

– .\par

Grant O'Neil

–r| L\par

Assistant Venturer Leader

| | | \par

2nd Ballajura Venturer Unit

=> \ \ | | \par

Swan Valley District

~~ `_\par

Western Australia

v\par

\par

poneilgdo@alpha2.curtin.edu.au\par

\par

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Fri Dec 13 11:19:21 1996\par

Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par
Received: from pucc.PRINCETON.EDU (smtpe@pucc.Princeton.EDU [128.112.129.99]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id LAA29749; Fri, 13 Dec 1996 11:19:21 -0500\par

Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP V2R2)\par

with BSMTP id 1374; Fri, 13 Dec 96 11:12:18 EST\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 3692; Fri, 13 Dec 1996 11:10:17 -0500\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 4908; Fri,\par

13 Dec 1996 10:07:49 -0600\par

Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release 1.8b)\par

with NJE id 4875 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 13 Dec 1996\par
10:07:09 -0600\par

Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail\par

V1.2a/1.8a) with BSMTP id 4874; Fri, 13 Dec 1996 10:06:22 -0600\par

Received: from moose.byu.edu by tcubvm.is.tcu.edu (IBM VM SMTP V2R2) with TCP;\par

Fri, 13 Dec 96 10:06:20 CST\par

Received: from [128.187.40.116] by moose.byu.edu (AIX 3.2/UCB 5.64/4.03) id\par
AA17127; Fri, 13 Dec 1996 08:45:48 -0700\par

X-Sender: phelan@moose.byu.edu\par

Mime-Version: 1.0\par

Content-Type: text/plain; charset="us-ascii"\par

Message-ID: <v01540b01aed72a292d7e@[128.187.40.116]>\par

Date: Fri, 13 Dec 1996 09:06:53 -0700\par

Reply-To: Michael Phelan <mphelan@BYU.EDU>\par

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par

From: Michael Phelan <mphelan@BYU.EDU>\par

Subject: Re: First Aid question - snakebite\par

X-To: CHUCK BRAMLET <chuckb@AZTEC.ASU.EDU>\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

Status: RO\par

X-Status: \par

\par

Tonight at RT, one of the fellows gave a presentation on camping\par
first aid. One of the items he showed was a "power" suction cup for\par
snakebite. It is a tube with a plunger to pull, rather than push,\par
to suck the poison. I mentioned that _I_ had been under the\par
impression that sucking was no longer approved for snakebite.\par

\par

Any of the EMT type first aid experts have a read on that?\par

\par

\par

Chuck:\par

\par

I'm not an EMT type, but am a certified First aid instructor. Maynard Cox\par of the Clay County (Florida) Sheriff's Office (I assume he's still there)\par is considered one of the country's leading authorities on snake bites. In\par fact, many emergency rooms keep his phone number handy and consult with him\par when they have snake bites since species dictates which anti-venom to use.\par

\par

The "cut and suck" approach to snake bite is definately out of favor right\par now according to Cox. Quick death (10-12 a year) from snake bites requires\par several factors. Whether or not the victim was envenomated, age and health\par of the victim, quantity of venom, and if the venom was injected directly\par into an artery seem to be the major factors in quick death from a snake\par bite (15-20 minutes). Since thousands are bit a year and only a dozen or\par so die, snake bites do not require such drastic first aid as the "cut and\par suck" method.\par

\par

According to Cox, you should do *nothing* but treat for shock and get help\par or transport the victim to a hospital. No ice packs, tourniquets, or folk\par remedies should be applied. Death from a snake bite, other than when the\par factors above are present, seems to take 10-12 hours. Unless you are very\par far from a road, figures show that if you are on a paved road in the U.S.,\par you are no more than 4 hours from a hospital. It seems to defy what we've\par been taught, especially if you've been a Scout from the 60s and back.\par

\par

There's a quality article on the subject in the November/December 1991\par issue of Southern Outdoors by Wade Bourne on this subject. The article is\par titled "Snakebite Savvy." \par

\par

In case you're interested, the Clay County Sheriff's Office phone number is\par (904) 264-6512. Maynard Cox wears a pager and if you have a snake bite\par emergency, they will page him and he will return your call. If you're\par hiking with Scouts in a snake area, it may be a good idea to take this\par phone number with you and keep it handy in case you have a bite and have to\par go to an emergency room. They may not have his number or even heard of him.\par

\par

First aid, like Scouting, has many and strong opinions on subjects. This\par is what I've been taught on this one, someone may feel otherwise.\par

\par

Happy Holidays to all!\par

\par

YIS,\par

\par

Michael Phelan\par

A Feisty Fox\par

\par

Message-ID: <3.0.32.19961213101516.0090a940@199.117.27.22>\par
Date: Fri, 13 Dec 1996 10:15:24 -0700\par
Reply-To: Monte Kalisch <montek@MONTEKCS.COM>\par
Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par
From: Monte Kalisch <montek@MONTEKCS.COM>\par
Subject: Re: First Aid question - snakebite\par
To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par
Status: RO\par
X-Status: \par

\par

Chuck Bramlet (chuckb@AZTEC.ASU.EDU) wrote:\par
>Tonioght at RT, one of the felloows gave a presentation on camping\par
>first aid. One of the items he showed was a "power" suction cup for\par
>snakebite. It is a tube with a plunger to pull, rather than push,\par
>to suck the poisen. I mentioned that I had been under the\par
>impression that sucking was no longer approved for snakebite.\par

\par

Michael Phelan (mphelan@BYU.EDU) added:\par
>According to Cox, you should do *nothing* but treat for shock and get help\par
>or transport the victim to a hospital. No ice packs, tourniquets, or folk\par
>remedies should be applied. Death from a snake bite, other than when the\par

\par

And Byron Hynes (bph@INTERNORTH.COM) said:\par
>7. apply a constricting band to slow the spread of poison\par

\par

There are a couple of additions I would make. First off, Chuck, your\par
intuition is correct according to current theory. *I* would disagree with\par
what Michael said that Cox would say (the doing nothing part) and would\par
support what Byron says about a constricting band, but I think there is\par
some confusion about what they really are.\par

\par

First, a little education. There is MUCH confusion in the non-professional\par
industry about what a constriction band is and what a tourniquet is. They\par
are *not* the same thing. Both bands are made of cloth, rubber, or other\par
appropriate material that is at least 1" wide (note: rope is NEVER 1"\par
wide). 1.5 is probably the optimal width. The difference is how they are\par
applied and what they're used for. A constriction band is applied to\par
reduce venous blood flow (the un-oxygenated blood returning to the\par
heart). Since your veins are closer to the surface (you can see them in\par
young, athletic types), it doesn't take too much effort to constrict the\par
blood flow in your veins. You apply a constriction band tight enough to\par
reduce some blood flow but loosely enough to still allow two fingers to fit\par
underneath the band.\par

\par

A tourniquet is applied very similarly to a constriction band, but its\par
purpose is vastly different. You tighten a tourniquet to completely STOP\par
ALL blood flow (both arterial and venous) to and from the limb. A\par
tourniquet is ONLY used in a mass bleeding situation where a choice must be\par
made between life and limb. There are rules of tourniquets which I won't\par

go into now, but they are ESSENTIAL if you would consider knowing them. If anyone wants to know what they are, please let me know and I'll post about them.

Back to the snakebite issue, I would always use a constriction band above the snake bite. If a constriction band is used correctly (as I've stated) there is no danger in using it and the benefit could buy you some time. Its purpose, the case of a snake bite, is to reduce the amount of poison which will be sent to the heart (and then to the rest of the body). At the very least, it may help reduce the MASS amount which could help too. For this reason, a constriction band must be applied IMMEDIATELY after the strike. I would also keep the limb lower than the heart as to use gravity to your advantage.

Don't suck or pump out the poison. It's not worth the time, energy, or effort in carrying those devices (and sucking is bad because YOU could swallow the poison). DO TREAT THE VICTIM FOR SHOCK. Immediately, continually, and well! Shock treatment always includes keeping the victim calm. In the case of snake bite, avoid any activity that will speed up the victim's heart. That means, don't let them walk if you can help it. Just think about it: if the heart pumps faster, it's going to spread blood faster (and in the case of snake bite, this blood is carrying poison).

Don't use ice packs, drugs, or other non-recommended remedies.

Last bit of information:

When it comes to first aid, use the common sense rules of first aid. If there's poison in a part of the body (and poison is bad), how do we keep it from going everywhere?

I think I may start posting a "First Aid Topic of the Week" just to keep us on our first aid toes.

Monte Kalisch

Nationally Registered Emergency Medical Technician

Basic Trauma Life Support

CPR Instructor

From <@pucc.PRINCETON.EDU:owner-scouts-I@TCUBVM.IS.TCU.EDU> Fri Dec 13 13:13:06 1996

Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-I@TCUBVM.IS.TCU.EDU>
Received: from pucc.PRINCETON.EDU (smtpd@pucc.Princeton.EDU [128.112.129.99]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id NAA04326; Fri, 13 Dec 1996 13:13:06 -0500

Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP V2R2)

with BSMTP id 8218; Fri, 13 Dec 96 13:08:15 EST

Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by PUCG.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 7244; Fri, 13 Dec 1996 13:08:14 -0500\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 6056; Fri, 13 Dec 1996 12:06:22 -0600\par

Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release 1.8b)\par
with NJE id 6051 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 13 Dec 1996 12:05:42 -0600\par

Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail\par
V1.2a/1.8a) with BSMTP id 6050; Fri, 13 Dec 1996 12:05:40 -0600\par

Received: from moose.byu.edu by tcubvm.is.tcu.edu (IBM VM SMTP V2R2) with TCP;\par
Fri, 13 Dec 96 12:05:37 CST\par

Received: from [128.187.40.116] by moose.byu.edu (AIX 3.2/UCB 5.64/4.03) id\par
AA04341; Fri, 13 Dec 1996 10:44:58 -0700\par

X-Sender: phelan@moose.byu.edu\par

Mime-Version: 1.0\par

Content-Type: text/plain; charset="us-ascii"\par

Message-ID: <v01540b01aed749076e7a@[128.187.40.116]>\par

Date: Fri, 13 Dec 1996 11:06:04 -0700\par

Reply-To: Michael Phelan <mphelan@BYU.EDU>\par

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par

From: Michael Phelan <mphelan@BYU.EDU>\par

Subject: Re: First Aid question - snakebite\par

X-To: Monte Kalisch <montek@MONTEKCS.COM>\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

Status: RO\par

X-Status: \par

\par

>Chuck Bramlet (chuckb@AZTEC.ASU.EDU) wrote:\par

>>Tonioght at RT, one of the felloows gave a presentation on camping\par

>>first aid. One of the items he showed was a "power" suction cup for\par

>>snakebite. It is a tube with a plunger to pull, rather than push,\par

>>to suck the poison. I mentioned that I had been under the\par

>>impression that sucking was no longer approved for snakebite.\par

>\par

>Michael Phelan (mphelan@BYU.EDU) added:\par

>>According to Cox, you should do *nothing* but treat for shock and get help\par

>>or transport the victim to a hospital. No ice packs, tourniquets, or folk\par

>>remedies should be applied. Death from a snake bite, other than when the\par

>\par

>And Byron Hynes (bph@INTERNORTH.COM) said:\par

>>7. apply a constricting band to slow the spread of poison\par

>\par

>There are a couple of additions I would make. First off, Chuck, your\par

>intuition is correct according to current theory. *I* would disagree with\par

*COUGARS*COUGARS*COUGARS*COUGARS*COUGARS*COUGARS*COUGARS*
COUGARS*COUGARS*\par

\par

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Fri Dec 13
14:00:54 1996\par

Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par

Received: from pucc.PRINCETON.EDU (pucc.Princeton.EDU [128.112.129.99]) by
cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id OAA18071; Fri, 13 Dec 1996
14:00:54 -0500\par

Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP
V2R2)\par

with BSMTP id 1963; Fri, 13 Dec 96 13:53:35 EST\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by
PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 8622; Fri, 13 Dec 1996
13:53:34 -0500\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by\par
TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 6634; Fri,\par

13 Dec 1996 12:51:42 -0600\par

Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release
1.8b)\par

with NJE id 6629 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 13 Dec 1996\par
12:51:12 -0600\par

Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU
(LMail\par

V1.2a/1.8a) with BSMTP id 6628; Fri, 13 Dec 1996 12:51:10 -0600\par

Received: from lynx.csn.net by tcubvm.is.tcu.edu (IBM VM SMTP V2R2) with TCP;\par
Fri, 13 Dec 96 12:51:06 CST\par

Received: from gateway (ts3211.SLIP.ColoState.EDU [129.82.192.159]) by\par
lynx.csn.net (8.6.12/8.6.12) with SMTP id LAA17850; Fri, 13 Dec 1996\par
11:50:25 -0700\par

X-Sender: montek@199.117.27.22\par

X-Mailer: Windows Eudora Pro Version 3.0 (32)\par

Mime-Version: 1.0\par

Content-Type: text/plain; charset="iso-8859-1"\par

Content-Transfer-Encoding: quoted-printable\par

Message-ID: <3.0.32.19961213115129.00926810@199.117.27.22>\par

Date: Fri, 13 Dec 1996 11:51:36 -0700\par

Reply-To: Monte Kalisch <montek@MONTEKCS.COM>\par

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par

From: Monte Kalisch <montek@MONTEKCS.COM>\par

Subject: Re: First Aid question - snakebite\par

X-To: Michael Phelan <mphelan@BYU.EDU>\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

Status: RO\par

X-Status: \par

\par

Michael Phelan wrote:\par

>Before I proceed with my comments, let me say Monte that I am not trying to\par

>start an argument or trying to be right. As I look at your credentials, \par
\par

Never! That's what being a Scout is all about! 8-)\par
\par

>The reason that it is not necessary to even apply the constricting band is\par
>the behavior of the venom once it enters the body. (This is assuming that\par
>it has entered muscle tissue and not veins and arteries. Well over 90\par
>percent enters muscle tissue) The venom pools in capillaries and is\par
>usually trapped in the local area around the bite. It does not enter the\par
>bloodstream and disperses very slowly throughout the body (at least 12\par
>hours). This is why we shouldn't do anything and that we have a lot of\par
>time to seek medical help.\par

\par
Let me clarify just a little bit. I was misleading about a couple of\par
things in my post (and I apologize). Most of the poison is probably\par
captivated in the muscle tissue, that is correct; however, current theory\par
believes that some enters the venous blood stream and some (more than the\par
some that enters the veins) enters the lymph channels. Since both lymph\par
channels and veins are close the surface of the skin, they can benefit from\par
a constriction band. (Lymph is a watery substance that is channeled near\par
the circulatory channels, is filtered by lymph nodes, and will enter the\par
blood stream after that.) Lymph is the real problem because that's where\par
most of the _stoppable_ poison is going to be carried.\par

\par
I did look up some more information, which suggests that rattlesnake venom\par
is different from exotic snake venom and that applying a constriction band\par
is not recommended. The reason? Well, apparently if rattlesnake venom\par
pools then it could damage the surrounding skin tissue.\par

\par
There is no consensus in the medical community about how to treat snake\par
bites. There is, however, consensus on what NOT to do (apply ice, make\par
incisions, or use a tourniquet). Personally? I will apply a constriction\par
band above and below the snakebite and monitor the tissue surrounding the\par
injury. If you learn to apply constriction bands correctly (as opposed to\par
tourniquets), there should be no problems associated with doing so. The\par
two most important things: TREAT THE VICTIM FOR SHOCK (keeping calm, etc.)\par
and GET TO THE HOSPITAL! 8-)\par

\par
Smile, think, and do good things!\par

\par
Yours in Scouting,\par
Monte Kalisch\par
Nationally Registered Emergency Medical Technician\par
Basic Trauma Life Support\par
CPR Instructor\par

\par
Monte Kalisch =95 <mailto:montek@montekcs.com>\par
<http://www.montekcs.com/www/personal>\par
\par

I watched the Indy 500, and I was thinking that if they left earlier they
wouldn't have to go so fast. =97Steven Wright=20
\par

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Fri Dec 13
18:58:08 1996\par

Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par
Received: from server1.capaccess.org (server1.CapAccess.org [207.91.115.5]) by
cap1.CapAccess.org (8.6.12/8.6.10) with ESMTP id SAA17029; Fri, 13 Dec 1996
18:58:08 -0500\par

Received: from pucc.PRINCETON.EDU (smtpd@pucc.Princeton.EDU
[128.112.129.99]) by server1.capaccess.org (8.6.12/8.6.12) with SMTP id SAA14861;
Fri, 13 Dec 1996 18:51:36 -0500\par

Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP
V2R2)\par
with BSMTP id 9191; Fri, 13 Dec 96 18:51:58 EST\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by
PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 5919; Fri, 13 Dec 1996
18:51:57 -0500\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by\par
TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 9416; Fri,\par
13 Dec 1996 17:50:30 -0600\par

Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release
1.8b)\par

with NJE id 9411 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 13 Dec 1996\par
17:49:55 -0600\par

Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU
(LMail\par

V1.2a/1.8a) with BSMTP id 9410; Fri, 13 Dec 1996 17:49:53 -0600\par

Received: from ALPHA.IS.TCU.EDU by tcubvm.is.tcu.edu (IBM VM SMTP V2R2)
with\par

TCP; Fri, 13 Dec 96 17:49:51 CST\par

Received: from big.fishnet.net (big.fishnet.net) by ALPHA.IS.TCU.EDU (PMDF\par
V5.0-5 #15868) id <01ICYXL255740014VP@ALPHA.IS.TCU.EDU> for\par
SCOUTS-L@ALPHA.IS.TCU.EDU; Fri, 13 Dec 1996 17:49:18 -0600 (CST)\par

Received: from rodger (port048.vta.fishnet.net [205.216.133.197]) by\par
big.fishnet.net (8.7.5/8.6.9) with SMTP id QAA18502 for\par
<SCOUTS-L@TCU.EDU>; Fri, 13 Dec 1996 16:54:10 -0800\par

X-Sender: rodger@fishnet.net\par

MIME-version: 1.0\par

X-Mailer: Windows Eudora Pro Version 2.2 (32)\par

Content-type: text/plain; charset="us-ascii"\par

Content-transfer-encoding: 7BIT\par

Message-ID: <2.2.32.19961213235849.0149d27c@fishnet.net>\par

Date: Fri, 13 Dec 1996 15:58:49 -0800\par

Reply-To: Rodger Morris <rodger@FISHNET.NET>\par

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par

From: Rodger Morris <rodger@FISHNET.NET>\par

Subject: First Aid Question - Snakebite\par

X-To: SCOUTS-L@TCU.EDU\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

Status: RO\par

X-Status: \par

\par

Bob Amick's coverage of the snakebite issue was excellent. I have only\par

one minor thing to add that concerns only those of us who go into the\par

Mojave Desert of California.\par

\par

The "Mojave Green" rattlesnake does have both haemotoxin and neurotoxin.\par

Fortunately, the wee beastie is normally not aggressive and will retreat,\par

given the slightest chance. Bites by the Mojave Green rattlesnake can be\par

very nasty indeed...\par

\par

Yours in Scouting,\par

\par

Rodger\par

Rodger Morris <rodger@fishnet.net>\par

Scoutmaster, Troop 852 Wood Badge 416-18\par

Ventura County Council at Philmont, 1973\par

Camarillo, California, USA "I used to be a Beaver..."\par

\par

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Tue Dec 17 12:13:35 1996\par

Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par

Received: from pucc.PRINCETON.EDU (smtpe@pucc.Princeton.EDU [128.112.129.99]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id MAA14660;

Tue, 17 Dec 1996 12:13:35 -0500\par

Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP V2R2)\par

with BSMTP id 3626; Tue, 17 Dec 96 12:07:26 EST\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 6165; Tue, 17 Dec 1996

12:03:27 -0500\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by\par

TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 1580; Tue,\par

17 Dec 1996 11:00:40 -0600\par

Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release 1.8b)\par

with NJE id 1568 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Tue, 17 Dec 1996\par

10:59:50 -0600\par

Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by\par

TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 1567; Tue, 17 Dec\par

1996 10:59:48 -0600\par

Approved-By: EIDSON@TCUBVM\par

Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail\par

V1.2a/1.8a) with BSMTP id 3193; Mon, 16 Dec 1996 11:10:21 -0600\par

Received: from ALPHA.IS.TCU.EDU by tcubvm.is.tcu.edu (IBM VM SMTP V2R2) with\par

TCP; Mon, 16 Dec 96 11:10:18 CST\par
Received: from alpha4.curtin.edu.au (alpha4.curtin.edu.au) by ALPHA.IS.TCU.EDU\par
(PMDF V5.0-5 #15868) id <01ID2QINP5LC0002G4@ALPHA.IS.TCU.EDU>\par
for\par

SCOUTS-L@ALPHA.IS.TCU.EDU; Mon, 16 Dec 1996 11:09:44 -0600 (CST)\par
Received: from o'neilg.curtin.edu.au (134.7.108.50) by alpha2.curtin.edu.au\par
(PMDF V5.0-6 #7809) id <01ID3JTY0JSGCNWSD6@alpha2.curtin.edu.au>\par
for\par

SCOUTS-L@TCU.EDU; Tue, 17 Dec 1996 01:09:54 +0800\par
X-Sender: poneilgdo@alpha2.curtin.edu.au\par
MIME-version: 1.0\par
X-Mailer: Windows Eudora Light Version 1.5.4 (32)\par
Content-type: text/plain; charset="us-ascii"\par
Content-transfer-encoding: 7BIT\par
Message-ID: <1.5.4.32.19961216170615.00687a04@alpha2.curtin.edu.au>\par
Date: Tue, 17 Dec 1996 01:06:15 +0800\par
Reply-To: "Grant O'Neil" <poneilgdo@ALPHA2.CURTIN.EDU.AU>\par
Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par
From: "Grant O'Neil" <poneilgdo@ALPHA2.CURTIN.EDU.AU>\par
Subject: Re: First Aid question - snakebite\par
X-To: SCOUTS-L - Youth Groups Discussion List <SCOUTS-L@TCU.EDU>\par
To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par
Status: RO\par
X-Status: \par

\par
In a private email, Alan Jones commented on my mention of the use of a\par
tourniquet for amputation. I realised that as I wrote it my comments could\par
have been a little misleading.\par

\par
I probably should have qualified my statement about tourniquets. What we\par
were taught was that this is the only situation in which there may still be\par
an appropriate use for them, but not that they are routinely used for\par
amputations. Basically only if there is such severe damage that there is no\par
real likelihood of reconnecting and bleeding cannot be stopped any other\par
way. Even then, the "tourniquet" is not the old bootlace type of thing, but\par
a bandage tied firmly enough to cut off blood flow, and released and\par
reapplied if necessary every 30 minutes to minimise tissue damage at the\par
point of application.\par

\par
It is really a "last resort" first aid method. The preferred treatment if\par
possible is a firm wound dressing over the stump to stop bleeding, pack the\par
severed body part in ice, and get to a hospital as soon as possible.\par
YiS\par

Grant O'Neil - .\par
Assistant Venturer Leader _r| LI\par
2nd Ballajura Venturer Unit | | | _\par
Swan Valley District => \ \ | | _ ^\par
Western Australia ~~ ` _\par
 v\par

\par
poneilgdo@alpha2.curtin.edu.au\par
\par
From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Fri Dec 27
01:43:53 1996\par
Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>\par
Received: from pucc.PRINCETON.EDU (smtpd@pucc.Princeton.EDU
[128.112.129.99]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id BAA14808; Fri,
27 Dec 1996 01:43:53 -0500\par
Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP
V2R2)\par
with BSMTP id 7259; Fri, 27 Dec 96 01:39:10 EST\par
Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by
PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 2620; Fri, 27 Dec 1996
01:39:09 -0500\par
Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by\par
TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 8046; Fri,\par
27 Dec 1996 00:37:19 -0600\par
Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release
1.8b)\par
with NJE id 8043 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Fri, 27 Dec 1996\par
00:36:50 -0600\par
Received: from TCUBVM (NJE origin SMTP@TCUBVM) by TCUBVM.IS.TCU.EDU
(LMail\par
V1.2a/1.8a) with BSMTP id 8042; Fri, 27 Dec 1996 00:36:49 -0600\par
Received: from lynx.csn.net by tcubvm.is.tcu.edu (IBM VM SMTP V2R2) with TCP;\par
Fri, 27 Dec 96 00:36:47 CST\par
Received: from gateway (ts3115.SLIP.ColoState.EDU [129.82.192.233]) by\par
lynx.csn.net (8.6.12/8.6.12) with SMTP id XAA05997; Thu, 26 Dec 1996\par
23:36:01 -0700\par
X-Sender: montek@199.117.27.22\par
X-Mailer: Windows Eudora Pro Version 3.0 (32)\par
Mime-Version: 1.0\par
Content-Type: text/plain; charset="iso-8859-1"\par
Content-Transfer-Encoding: quoted-printable\par
Message-ID: <3.0.32.19961226233609.0092f6b0@199.117.27.22>\par
Date: Thu, 26 Dec 1996 23:37:05 -0700\par
Reply-To: Monte Kalisch <montek@MONTEKCS.COM>\par
Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par
From: Monte Kalisch <montek@MONTEKCS.COM>\par
Subject: First Aid - Snakebite & Tourniquet 101 Part 1\par
X-To: Grant O'Neil <poneilgdo@ALPHA2.CURTIN.EDU.AU>\par
To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par
Status: RO\par
X-Status: \par
\par
At 01:06 AM 12/17/96 +0800, you wrote:\par
>I probably should have qualified my statement about tourniquets. What we\par
>were taught was that this is the only situation in which there may still be\par

>an appropriate use for them, but not that they are routinely used for
>amputations. Basically only if there is such severe damage that there is no
>real likelihood of reconnecting and bleeding cannot be stopped any other
>way. Even then, the "tourniquet" is not the old bootlace type of thing, but
>a bandage tied firmly enough to cut off blood flow, and released and
>reapplied if necessary every 30 minutes to minimise tissue damage at the
>point of application.

Tourniquet use is a very specialized first aid measure and its misuse is
very common. There is only one acceptable method of tourniquet use (please
note the distinct difference between tourniquets and constriction bands [see
previous post on this same topic]). The only acceptable use of tourniquets
is in massive blood loss situations where other methods of controlling
blood loss have failed. The other methods are direct pressure, elevation,
and pressure points. In fact, I have only known one paramedic in one
situation that said these actions didn't work. I *only* use these methods
to control massive blood loss (they work!).

The other key misconception about tourniquets is the 30-minute release to
"minimize" tissue damage. This is a big NO-NO. Once a [real] tourniquet
has been applied, it is NEVER to be removed in the field. The reasoning is
very simple, actually. Since you only use a tourniquet when things have
gotten "that bad," it must be a life or limb situation and you've chosen
the life (good choice). Once the decision has been made, make the
tourniquet so tight that no blood goes to or from the point beyond the
tourniquet. Releasing the tourniquet (in the field) at any time can kill
the patient by causing tourniquet shock. Like all forms of shock,
tourniquet shock is quick and fatal. Just think about what happens to
blood that doesn't move around (it gets yucky and stiff); if you release
that icky blood back to the heart, it will pump it all over the body. That
blood can contain poisons, etc. that will kill the patient if you do such a
thing.

>It is really a "last resort" first aid method. The preferred treatment if
>possible is a firm wound dressing over the stump to stop bleeding, pack=
the
>severed body part in ice, and get to a hospital as soon as possible.

You're right: tourniquet use is a "last resort." Remember that it's a
life or limb situation that you should NEVER have to make if you rely on
your other first aid measures.

Yours in Scouting,
Monte Kalisch
Nationally Registered Emergency Medical Technician
CPR Instructor
Monte Kalisch =95 <mailto:montek@montekcs.com>
<http://www.montekcs.com/www/personal>

I watched the Indy 500, and I was thinking that if they left earlier they
wouldn't have to go so fast. =97Steven Wright=20\par

\par

\pard

\qj\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\fs22 \par

}\pard {\fs22 \par

}}