

Emergency

This article is directed mostly to non-medical missionaries serving in areas where there is limited access to proper medical care. Several questions come up. One involves deciding what to treat yourself [articles will be forthcoming on the management of common maladies such as malaria, dysentery, certain infections, and wounds]. Other questions deal with when to become concerned? When to seek treatment? What is an emergency?

Some conditions can wait several days; others are more urgent. How to decide? In medically untrained people there is no substitute for those with some level of savvy and experience. Use yours and seek out these people. Remember, everyone will have an opinion; but that doesn't mean it will be a valid one. If you feel uncomfortable with the medical situation and want someone else's input, go with someone proven to give valid advice. Don't ask an alarmist! They will only feed your anxiety and tend to provoke rash decision-making. In fact, it is best to think about these matters before they occur. When you are in the throes of such decision-making and matters are unclear, it is always better to have a plan worked out ahead of time.

Frankly, it's difficult to make health decisions concerning your own family – there's just too much emotional overlay. You have heard that, “doctors shouldn't treat themselves or their families.” There are good reasons for this. But when you are ‘on the field’, you may have no choice. So get ready – be prepared. Don't be caught unawares. Don't naively think that these things won't happen to you.

So what should I do?

- Pray for peace, control, and wise decision-making
- Don't over-react. React appropriately. [Easy to say; hard to do]
- Remember that time is our greatest ally – observation over time. As an ER doctor, I see relatively few conditions that need to be acted on immediately. Most often, there is time - the time to observe, to watch and see how things change. It is remarkable how clear things can become when observed several times over a few hours. What was once obscure and worrisome can later be seen as a minor problem – one that is improving. On the other hand, even inexperienced eyes can usually tell when someone is getting worse.
- The emotional make-up of the patient is important to take into consideration. The object is to try and separate the disease process from the emotional response to the illness (their ‘fear’ of the situation). Parents can transfer their fear onto their children. Here are some considerations: Do they tend to be stoic (non-complainers)? Do they tend to over-react? Do they complain frequently? Are they easily upset? It is best to know something of their past illnesses and injuries. Ask someone who knows them. Observation over time helps with this also. Be calm and reassuring, doing the practical things while you observe the person. The people who are clearly making matters worse should be kept away from

the patient. Do this tactfully but decisively.

PRACTICAL TREATMENT WHILE OBSERVING (FIRST-AID):

- Keep the person calm, still, lying down in the position of comfort (Knowing that the patient inherently usually knows what is best. For example, with an acute kidney stone, it becomes impossible to keep the patient still. That's ok.)

- Be reassuring! Even if you don't know what's going on, be reassuring anyway. Say such things as, "It's going to be alright."; "I'm right here with you."; "We're going to help you."

- If possible, give the patient what they request - unless you think it is harmful.

- For fever:

- 1) First give the appropriate oral dose of acetaminophen (Tylenol) or ibuprofen – tablets or liquid.

- ** 2) Aspirin can be used if there are no allergies (any association with Reyes syndrome has been with viral diseases such as chicken pox or influenza).

- 3) If vomiting occurs within 10 minutes after receiving the medicine, you can repeat the same dose.

- 4) If the fever is quite high (more than 104 degrees F), or if the person is somewhat delirious, give the medicine first and then begin sponging with tepid water (lukewarm). When the temperature is down to 102 degrees, you can stop the sponging.

- For severe vomiting and diarrhea:

- 1) Lie down and rest - have a container next to the patient for vomiting; be nearby a bathroom if possible.

- 2) Hold all solid foods.

- 3) With severe vomiting hold any oral medicines. (If high fever exists concurrently, you might try the oral medicine for fever once. If the medicine is vomited, you can use tepid sponges).

- 4) Give small amounts (from just a swallow up to four ounces) of clear liquids frequently. Clear liquids are those you can see through: water, pedialyte, tea, kool-aid, gatoraid, apple juice, weak broth, etc. It does not include milk or orange juice. It's better to stay away from carbonated beverages.

5) Try and keep others from using the same utensils or being in close contact with the patient. This is because one of the most common causes of simultaneous vomiting and diarrhea is virus disease – quite contagious.

6) Another common cause is food poisoning. Generally with food poisoning more than one will be sick simultaneously. This is usually caused by bacteria [it can be from a pre-formed bacterial toxin already in the food or from the ingestion of bacteria in food or water]

7) Pain: Usually with “gastroenteritis” (irritation of the intestinal tract causing vomiting and diarrhea), there is crampy pain. Expect this! It is a severe, gripping off and on type pain, which occurs in various areas scattered about the abdomen. It is not localized to one area. A steady, localized, gradually worsening type pain makes one more concerned about other types of abdominal problems (other than a virus or bacterial gastroenteritis = “stomach flu”). If this situation occurs, it is best to seek medical evaluation. To be reassuring, generally surgical problems are not associated with both vomiting and diarrhea.

** Remember that in some people with gastroenteritis vomiting predominates and in others diarrhea predominates. There is much individual variation. **