Blue Ridge Mountain Rescue Group

1975 - 1988
104 Documented Incidents
138 Patients

51 Status one
Patient able to evacuate self
Average evacuation time to roadhead 1 hr: 15 min

25 Status two
Patient must be carried out of the field.
Average evacuation time to roadhead 4 hr: 45 min

- Dehydration: 9
- Trauma: 8
- (Aircraft): 3
- Hypothermia: 5
- Hypoglycemia: 2
- Psychiatric: 2
- Frostbite: 2
- Epileptic: 1

53 Status three
Patient found dead on arrival.
Average recovery time to roadhead 7 hr: 00 min

- Trauma: 44
- (Aircraft): 35
- (Gunshot): 8
- Hypothermia: 5
- Drowning: 2
- Cardiac: 1
- Overdose: 1

9 Inconclusive
Body not located, rumors unconfirmed.
- Criminal: 5
- Search: 3
- Drowning: 1

1 78% of all recorded incidents occurred 1985-April 1988.
2 Records were not kept on all pre-1982 incidents.
3 Time measured started when a team located patient and stopped when patient reached roadhead.
4 Twenty-one subjects from two aircraft incidents.
MEDICAL KITS

Medical equipment available to treat the patient or an injured searcher can be divided into three levels. Initially the contents of a personnel first aid kit are present. As members increase their medical knowledge and skills the size of this kit increases. However, in all cases it can be kept fairly compact and light.

Personal First-Aid kit

The contents of a personnel medical kit are varied and open to debate. Furthermore, weight and size are major considerations. However, certain fundamental items should be carried by any member of a SAR organization. Items required for a day hike should be considerably less. While, most medical treatment in the field is done on oneself or other team members, one must be prepared to find a badly injured patient in need of prompt medical assistance. The following table includes items in bold print that should be carried. Other items are optional and should reflect the training of the individual. Furthermore, medications are not fully covered in this section for several reasons. However, they serve an important role when treating oneself (they should not be given to a patient). Therefore, the reader should consult the references given and consult their physician to determine what medications are appropriate.

DRESSING AND BANDAGES

- Band-aids (assorted sizes)
- Sterile gauze pads (2"x2", 4"x4")
- Self adhering roller gauze
- Triangular bandage
- Tape (2", 1", 1/2")
- moleskin
- Molefoam
- Spenco second skin
- Elastic (Ace™) bandages
- Butterfly closures
- Surgipads™
- Eye patch
- Vaseline™ impregnated gauze

SPLINTS

- Wire splint (6"x30")
- Tongue depressors
- Al splints

DISINFECTION

- Povidone-iodine
- Bacitracin
- Triple antibiotic ointment
- Hand soap (small bar)
- Alcohol prep pad- not for wounds at least one type
- Plastic gloves
- 10-35cc Syringe with 19g needle

DIAGNOSTIC TOOLS

- Hypothermia thermometer
- Penlight
- Stethoscope
- Syphgnomometer (BP cuff)

MEDICAL TOOLS

- Scissors
- bandage shears
- Para-med shears
- Tweezers
- Sewing needle
- sterile syringe needle
- Scalpel
- Suction device
- Safety pins
- Cotton swabs

PATIENT STABILIZATION

- Sugar source
  - hard candy
  - sugar packet
  - glutose
- Electrolyte mix
  - Gatorade
  - ERG
  - Infantlyte
- Cup
- Plastic bag (large)
- Pen/ notebook
- Parachute chord
- Tube tent
- Space blanket
- Ensolite pad
- Small stove or fuel source
- Pocket mask
- Oropharyngeal airways
SURVIVAL/SIGNALLING

Waterproof matches
Magnesium block
Fuel pellets
Candle
Canteen
compass
Knife
Flashlight
Whistle
Signal mirror
Flaregun/flare launcher
Handheld flares
Smoke signals
Insect repellent
Sunblock
Lip balm
Coins/calling card for phone
Extra prescription glasses
Sunglasses
Water purification tablets/filter

MEDICATIONS
Timber Rattlesnake
*Crotalus horridus*
- *C. h. horridus*
- *C. h. atricaudatus*

Cottonmouth
*Agkistrodon piscivorus*

Copperhead
*Agkistrodon contortrix*
Fig. 7-4. Incidence of snake venom poisoning per 100,000 population.

FIGURE 1. Reported cases of Rocky Mountain spotted fever, by state — United States. 1983