The Chirurgeon's Burden
Newsletter For An Tir Chirurgeons

ISSUE #13 – April, 2007 Editor: Lianna Stewart, MC, GdS

Your Kingdom Chirurgeon Speaks!

Greetings, all.

As some of you have noticed, it's time for the first Crier posting of the KC job. This is actually good news! The chirurgeonate is stable and growing, and is seeing the emergence of a new crop of leaders, and frankly, I'm proud when I look at the whole office! I was smart enough to let Conal build us a website, and to give Lianna and Conal encouragement to run a newsletter that's read across the known world, and I'm really pleased with the great ideas that have come forth... it's been an amazing ride!

I became Acting KC at September Crown of AS XXXIX. I officially stepped up that 12th Night. I've extended the normal two year term and will continue to be here for you through this coming tourney season, and hope to step down at September Crown AS XLII. Now, I'm not going to be at many events this season and you will have my highly capable deputies out and visible. They're in good communication with me, and I *will* see you at the Crown events and whenever else I can play Hooky - you see, I'm going back to school. If no-one's got a Time Turner to lend me, I'll have to be a good student - but I will still be on the other end of keyboards and telephones, so hopefully I'll only whine a little bit...

Now, we have a BIG shakeup in the reporting cycle. Mistress Katrei is the new Society Chirurgeon (some of you may remember, she taught at the Known World Chirurgeon Symposium we held last May). She seems to think all the kingdoms' reports should cover the *same* quarter and have the *same* deadline!! Whoda thunk? So...

Society Standard means we are now on this schedule (we'll get it on the website as soon as we can):

1Q	12/1- 2/28(9)	to RC/PC	3/5 to KC Reporting Dep	3/10 to Society 3/20
2Q	3/1- 5/30	to RC/PC	6/5 to KC Reporting Dep	6/10 to Society 6/20
3Q	6/1- 8/30	to RC/PC	9/5 to KC Reporting Dep	9/10 to Society 9/20
4Q	9/1-11/30	to RC/PC	12/5 to KC Reporting Dep	12/10 to Society 12/20

The last item is also a biggie. I have very few acknowledgements of the new Society Chirurgeon Handbook. I'd wanted to put warrants on the website to be printed out, but I have a *lot* of you whose warrants are lapsed pending that handbook review. This means that no chirurgeon is authorized to work as a chirurgeon until the handbook is read and I have on file your acknowledgement that you read it. I think I'll have to continue mailing warrants for at least long enough to fix that - and chirurgeons in charge will need to verify that any chirurgeon working has read it. Realize, if you hand him/her the handbook and watch him/her read it, that counts - and of *course* you have the handbook there at point with you, so that'll be easy, right?

I look forward to seeing folks at May Crown, and we'll hold a meeting there.

In service - to you, the Crown, and the Dream

THLord Tvorimir Danilov, MC, GdS, JdL, WOAW
Kingdom Chirurgeon, An Tir

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Our esteemed Friar Galen speaks on Hyponatremia vs Heat Problems

By Magister Galenus Ockhamnesis
Friar Galen of Ockham, MC, OP

It's becoming more and more common for news headlines to carry articles about athletes succumbing to hyponatremia (low salt, also called water intoxication) at sporting events. While I agree that it's a good idea to keep the possibility of hyponatremia in the back of your mind at SCA events, here's a very old saying in medicine: "when you hear hoof beats, think horses, not zebras." We do strongly encourage people to drink at events, especially during the warmer times of the year. Over emphasis on fluids has been implicated as one of the factors in seeing more cases of hyponatremia at sporting events. But does that mean we should modify our practices in the SCA?

I say no. The sporting events where hyponatremia is typically seen are high-endurance races such as marathons, ultramarathons, and iron-man competitions where the participants are continuously exercising at a high level for several hours. During the race there are numerous opportunities for hydration. These athletes have been told (correctly) that keeping hydrated will improve their performance. But at these long races more than just water is needed to keep them going.

At SCA events, even large melee events, fighters usually aren't exerting themselves at the same high levels for hours at a time. (Keep in mind there may well be participants with undiagnosed underlying medical problems that put them at greater risk than most.) What we need to do is make sure that attendees at events are not only getting adequate hydration, but getting electrolytes (salts) from eating food also. The pickles and oranges that are frequently offered by waterbearers are great sources of electrolytes to replenish what is lost from sweat. Sports drinks are also good sources of electrolytes. The bottom line is to provide whatever form of water and electrolytes the good gentles will consume in adequate quantities.

Many of the signs of hyponatremia overlap with simple heat exhaustion: nausea, headache, and cramps. The more serious signs of mental confusion and seizures can also be seen with heat stroke. Without specialized equipment and lab tests you can't tell the difference in the field. If someone you are evaluating is showing signs of mental confusion, they will require an ambulance ride to the nearest emergency department. Once there, the friendly ER staff can determine if the cause is heat stroke, hyponatremia, stroke, or some other process.

The types of activities we participate in at SCA events are not high-risk for hyponatremia. We're still going to see heat illness and dehydration very commonly (horses) compared to the rare case of symptomatic hyponatremia (zebra).

A comprehensive article from the American College of Sports Medicine Consensus on Hydration is available for free at:
http://www.acsm.org/Content/NavigationMenu/Research/Roundtables_Specialty_Conf/PastRoundtables/Hydration_Consensus_2005.pdf)

RED FLAG: ***If you are skimming the newsletter and missed the piece about no warrant unless the KC knows you have read the new handbook, PAY ATTENTION. We are volunteers, but we must know the new rules. Please take the time to read the changes to the handbook. (PLEASE, PLEASE, PLEASE).***

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CURRENT INFO ON THE USES OF AED AND OXYGEN

By Caelin on Andrede, OP MC

AED use is taught in nearly all CPR courses currently. Unless the location in which you are working with the patient requires a certification or license to use an AED (I am not aware of any such place in the US, but Canada has some), then you can *use* an AED. You can also own one. But no SCA group can own one.

It has to do with required maintenance. If that is not done, then the owner has liability if it fails. The SCA does not want that liability. But you should use one if available and you are trained to do so.

Emergency Oxygen (capable of providing at least 10 liter per minute for at least 15 minutes) is defined by US federal law as a first aid item. If you are trained to give oxygen, then you may apply emergency oxygen as a Chirurgeon because it is within the definition of advanced first aid (at least in the US).

No SCA group may own oxygen equipment for the same reason as the AED. But you may own it and allow SCA members to use it. Just make sure you only give emergency oxygen.

Rates of less than 10 lpm are considered therapeutic oxygen and in the US generally require a prescription.

This is because certain chronic conditions may be worsened by long term use of oxygen without a Doctor's supervision. Emergency oxygen is not provided for long enough to cause this damage and if someone needs oxygen, then he/she should be given it.

HEADACHES – THINGS WHICH SHOULD GET YOUR ATTENTION

By Dame Rowen Seticat

When is it time to 'turf' a headache? – Here are some of my 'rules of thumb'. The first few are my biggies. If any of those goes off, I push for a turf

1. If the patient has a history of headaches, but this one 'just feels different somehow' and the patient is giving off 'this just ain't right' vibes. I put this in the same class as the 'Feeling of impending doom' vibes you might get from a chest pain.

2. If they flunk the 'Cincinnati Pre-Hospital Stroke Scale' (CPSS). This is simple - honest.

   - Can they raise their arms above their head and keep them there? If they shrug their shoulders, to they move equally?
   - Can they smile and are both sides of the face moving equally?
   - Can they repeat a simple sentence back to you correctly?

3. If they have a previous history of TIA's, CVA's or a major cardiac history [like rheumatic heart disease, atrial fib, etc]. Anything that might lead me to think they are throwing clots upstairs. Or a history of previous head injury. Sometimes things have a way of happening after the initial incident.

4. Altered mental status or altered vital signs: lethargy, pupil changes, etc. In some ways, this is an extension of #2, but I thought it should be in here. There are more specific things you will

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see with increased intracranial pressure, but unless Mir wants these, let's just say if the pupils are different *and* they can't tell you that's normal for them, there's probably a problem.

FWIW: about a third of the time, my pupils aren't equal. It's physiologically normal for me.

5. The headache hasn't been relieved by their usual medications or basic comfort measures [darkened room, cool cloth] or simple OTC's like Tylenol, Motrin and/or the addition of a decongestant, etc if they have a history of allergies, etc. That is, they have to escalate pain control / medication control to gain relief.

6. Excessive light sensitivity, sound sensitivity, nausea and vomiting with no other reason behind it [i.e.: were they out parting hearty the night before and have dried themselves out] dehydration caused by N&V. If they aren't dehydrated already, they will be and things will only get worse.

7. (The Big one) When it 'just don't feel right' to you. When in doubt, grab another Chirurgeon and get a second opinion, but always run with your gut. Better a live, embarrassed patient than a calm, placid, unembarrassed dead one.

A CHIRURGEONS FEE

By Companion Aaron of the Black Mountains OP, MC

Two grumpy old Chirurgeons
came walking up the road,
and on their heads wore battered hats
with worn badges bold.
Baldric sash across their chests,
proudly trimmed with gold.
Upon their backs and in their hands
they carry humongous loads.

Chorus:
So drink to the Chirurgeonate, keep them bored and sane
Don't make them run to answer calls, for most of them are lame
Please let them laze away the days, and watch the passing game
Until they're all curmudgeons, having earned their service fame.

Two sacks for lunch, first aid kits six, two chairs to sit upon
A blanket roll, two walking sticks, ice by the ton
Two other bags for paperwork, and as they walked along
Behind them, on a wheeled cart, a cooler bouncing on.

<Chorus>

At Chirurgeons point, these curmudgeons sit well out of the sun,
regaling all with wondrous tales of bygone days long done.
Of mighty men and women, sure giants every one,
who by their blood and sweat and tears built this pile of - fun?

<Chorus>

They tell of mighty battles, of foolish deeds bravely done
Tales of acute stupidity, immortalized in song
Of silly drunks and nature gone oh so horribly wrong
Tales told without the name protecting those long gone.

<Chorus>

These Chirurgeons are curmudgeons, on this we can all agree.
But if I get an owie, or fall and scrape my knee
Call for these curmudgeons please, they're the ones for me
For these curmudgeon Chirurgeons have always worked for free.