

# First Aid - Level 6

## BITES AND STINGS

Insects and related pests are hazards in a survival situation. They not only cause irritations, but they are often carriers of diseases that cause severe allergic reactions in some individuals.

*Ticks* can carry and transmit diseases, such as Rocky Mountain spotted fever common in many parts of the United States. Ticks also transmit the Lyme disease.

*Mosquitoes* may carry malaria, dengue, and many other diseases.

*Flies* can spread disease from contact with infectious sources. They are causes of sleeping sickness, typhoid, cholera, and dysentery.

*Fleas* can transmit plague.

*Lice* can transmit typhus and relapsing fever.

The best way to avoid the complications of insect bites and stings is to keep immunizations (including booster shots) up-to-date, avoid insect-infested areas, use netting and insect repellent, and wear all clothing properly.

If you get bitten or stung, do not scratch the bite or sting, it might become infected. Inspect your body at least once a day to ensure there are no insects attached to you. If you find ticks attached to your body, cover them with a substance, such as Vaseline, heavy oil, or tree sap, that will cut off their air supply. Without air, the tick releases its hold, and you can remove it. Take care to remove the whole tick. Use tweezers if you have them. Grasp the tick where the mouth parts are attached to the skin. Do not squeeze the tick's body. Wash your hands after touching the tick. Clean the tick wound daily until healed.

### **Treatment**

It is impossible to list the treatment of all the different types of bites and stings. Treat bites and stings as follows:

- If antibiotics are available for your use, become familiar with them.
- Immunizations can prevent most of the common diseases carried by mosquitoes and some carried by flies.
- The common fly-borne diseases are usually treatable with penicillins or erythromycin.
- Most tick-, flea-, louse-, and mite-borne diseases are treatable with tetracycline.
- Most antibiotics come in 250 milligram (mg) or 500 mg tablets. If you cannot remember the exact dose rate to treat a disease, 2 tablets, 4 times a day for 10 to 14 days will usually kill any bacteria.

## **Bee and Wasp Stings**

If stung by a bee, immediately remove the stinger and venom sac, if attached, by scraping with a fingernail or a knife blade. Do not squeeze or grasp the stinger or venom sac, as squeezing will force more venom into the wound. Wash the sting site thoroughly with soap and water to lessen the chance of a secondary infection.

If you know or suspect that you are allergic to insect stings, always carry an insect sting kit with you.

Relieve the itching and discomfort caused by insect bites by applying--

- Cold compresses.
- A cooling paste of mud and ashes.
- Sap from dandelions.
- Coconut meat.
- Crushed cloves of garlic.
- Onion.

## **Spider Bites and Scorpion Stings**

The black widow spider is identified by a red hourglass on its abdomen. Only the female bites, and it has a neurotoxic venom. The initial pain is not severe, but severe local pain rapidly develops. The pain gradually spreads over the entire body and settles in the abdomen and legs. Abdominal cramps and progressive nausea, vomiting, and a rash may occur. Weakness, tremors, sweating, and salivation may occur. Anaphylactic reactions can occur. Symptoms begin to regress after several hours and are usually gone in a few days. Threat for shock. Be ready to perform CPR. Clean and dress the bite area to reduce the risk of infection. An antivenin is available.

The brown house spider or brown recluse spider is a small, light brown spider identified by a dark brown violin on its back. There is no pain, or so little pain, that usually a victim is not aware of the bite. Within a few hours a painful red area with a mottled cyanotic center appears. Necrosis does not occur in all bites, but usually in 3 to 4 days, a star-shaped, firm area of deep purple discoloration appears at the bite site. The area turns dark and mummified in a week or two. The margins separate and the scab falls off, leaving an open ulcer. Secondary infection and regional swollen lymph glands usually become visible at this stage. The outstanding characteristic of the brown recluse bite is an ulcer that does not heal but persists for weeks or months. In addition to the ulcer, there is often a systemic reaction that is serious and may lead to death. Reactions (fever, chills, joint pain, vomiting, and a generalized rash) occur chiefly in children or debilitated persons.

Tarantulas are large, hairy spiders found mainly in the tropics. Most do not inject venom, but some South American species do. They have large fangs. If bitten, pain and bleeding are certain, and infection is likely. Treat a tarantula bite as for any open wound, and try to prevent infection. If symptoms of poisoning appear, treat as for the bite of the black widow spider.

Scorpions are all poisonous to a greater or lesser degree. There are two different reactions, depending on the species:

- Severe local reaction only, with pain and swelling around the area of the sting. Possible prickly sensation around the mouth and a thick-feeling tongue.
- Severe systemic reaction, with little or no visible local reaction. Local pain may be present. Systemic reaction includes respiratory difficulties, thick-feeling tongue, body spasms, drooling, gastric distention, double vision, blindness, involuntary rapid movement of the eyeballs, involuntary urination and defecation, and heart failure. Death is rare, occurring mainly in children and adults with high blood pressure or illnesses.

Treat scorpion stings as you would a black widow bite.

### **Snakebites**

The chance of a snakebite in a survival situation is rather small, if you are familiar with the various types of snakes and their habitats. However, it could happen and you should know how to treat a snakebite. Deaths from snakebites are rare. More than one-half of the snakebite victims have little or no poisoning, and only about one-quarter develop serious systemic poisoning. However, the chance of a snakebite in a survival situation can affect morale, and failure to take preventive measures or failure to treat a snakebite properly can result in needless tragedy.

The primary concern in the treatment of snakebite is to limit the amount of eventual tissue destruction around the bite area.

A bite wound, regardless of the type of animal that inflicted it, can become infected from bacteria in the animal's mouth. With nonpoisonous as well as poisonous snakebites, this local infection is responsible for a large part of the residual damage that results.

Snake venoms not only contain poisons that attack the victim's central nervous system (neurotoxins) and blood circulation (hemotoxins), but also digestive enzymes (cytotoxins) to aid in digesting their prey. These poisons can cause a very large area of tissue death, leaving a large open wound. This condition could lead to the need for eventual amputation if not treated.

Shock and panic in a person bitten by a snake can also affect the person's recovery. Excitement, hysteria, and panic can speed up the circulation, causing the body to absorb the toxin quickly. Signs of shock occur within the first 30 minutes after the bite.

Before you start treating a snakebite, determine whether the snake was poisonous or nonpoisonous. Bites from a nonpoisonous snake will show rows of teeth. Bites from a poisonous snake may have rows of teeth showing, but will have one or more distinctive puncture marks caused by fang penetration. Symptoms of a poisonous bite may be spontaneous bleeding from the nose and anus, blood in the urine, pain at the site of the bite, and swelling at the site of the bite within a few minutes or up to 2 hours later.

Breathing difficulty, paralysis, weakness, twitching, and numbness are also signs of neurotoxic venoms. These signs usually appear 1.5 to 2 hours after the bite.

If you determine that a poisonous snake bit an individual, take the following steps:

- Reassure the victim and keep him still.
- Set up for shock and force fluids.
- Remove watches, rings, bracelets, or other constricting items.
- Clean the bite area.
- Maintain an airway (especially if bitten near the face or neck) and be prepared to administer mouth-to-mouth resuscitation or CPR.
- Use a constricting band between the wound and the heart.
- Immobilize the site.
- Remove the poison as soon as possible by using a mechanical suction device or by squeezing.

**Do not--**

- Give the victim alcoholic beverages or tobacco products.
- Give morphine or other central nervous system (CNS) depressors.
- Make any deep cuts at the bite site. Cutting opens capillaries that in turn open a direct route into the blood stream for venom and infection.

*Note: If medical treatment is over one hour away, make an incision (no longer than 6 millimeters and no deeper than 3 millimeter) over each puncture, cutting just deep enough to enlarge the fang opening, but only through the first or second layer of skin. Place a suction cup over the bite so that you have a good vacuum seal. Suction the bite site 3 to 4 times. Use mouth suction **only as a last resort and only if you do not have open sores in your mouth**. Spit the envenomed blood out and rinse your mouth with water. This method will draw out 25 to 30 percent of the venom.*

- Put your hands on your face or rub your eyes, as venom may be on your hands. Venom may cause blindness.
- Break open the large blisters that form around the bite site.

After caring for the victim as described above, take the following actions to minimize local effects:

- If infection appears, keep the wound open and clean.
- Use heat after 24 to 48 hours to help prevent the spread of local infection. Heat also helps to draw out an infection.
- Keep the wound covered with a dry, sterile dressing.
- Have the victim drink large amounts of fluids until the infection is gone.

## WOUNDS

An interruption of the skin's integrity characterizes wounds. These wounds could be open wounds, skin diseases, frostbite, and burns.

### Open Wounds

Open wounds are serious in a survival situation, not only because of tissue damage and blood loss, but also because they may become infected. Bacteria on the object that made the wound, on the individual's skin and clothing, or on other foreign material or dirt that touches the wound may cause infection.

By taking proper care of the wound you can reduce further contamination and promote healing. Clean the wound as soon as possible after it occurs by--

- Removing or cutting clothing away from the wound.
- Always looking for an exit wound if a sharp object or projectile caused a wound.
- Thoroughly cleaning the skin around the wound.
- Rinsing (not scrubbing) the wound with large amounts of water under pressure.

The "open treatment" method is the safest way to manage wounds in survival situations. Do not try to close any wound by suturing or similar procedures. Leave the wound open to allow the drainage of any pus resulting from infection. As long as the wound can drain, it generally will not become life-threatening, regardless of how unpleasant it looks or smells.

Cover the wound with a clean dressing. Place a bandage on the dressing to hold it in place. Change the dressing daily to check for infection.

If a wound is gaping, you can bring the edges together with adhesive tape cut in the form of a "butterfly" or "dumbbell".

In a survival situation, some degree of wound infection is almost inevitable. Pain, swelling, and redness around the wound, increased temperature, and pus in the wound or on the dressing indicate infection is present.

To treat an infected wound--

- Place a warm, moist compress directly on the infected wound. Change the compress when it cools, keeping a warm compress on the wound for a total of 30 minutes. Apply the compresses three or four times daily.
- Drain the wound. Open and gently probe the infected wound with a sterile instrument.
- Dress and bandage the wound.
- Drink a lot of water.

Continue this treatment daily until all signs of infection have disappeared.

## **Skin Diseases and Ailments**

Although boils, fungal infections, and rashes rarely develop into a serious health problem, they cause discomfort and you should treat them.

### **Boils**

Apply warm compresses to bring the boil to a head. Then open the boil using a sterile knife, wire, needle, or similar item. Thoroughly clean out the pus using soap and water. Cover the boil site, checking it periodically to ensure no further infection develops.

### **Fungal Infections**

Keep the skin clean and dry, and expose the infected area to as much sunlight as possible. *Do not scratch* the affected area.

### **Rashes**

To treat a skin rash effectively, first determine what is causing it. This determination may be difficult even in the best of situations. Observe the following rules to treat rashes:

- If it is moist, keep it dry.
- If it is dry, keep it moist.
- Do not scratch it.

Use a compress of vinegar or tannic acid derived from tea or from boiling acorns or the bark of a hardwood tree to dry weeping rashes. Keep dry rashes moist by rubbing a small amount of rendered animal fat or grease on the affected area.

Remember, treat rashes as open wounds and clean and dress them daily. There are many substances available to survivors in the wild for use as antiseptics to treat wound:

- *Salt water*. Use 2 to 3 tablespoons per liter of water to kill bacteria.
- *Bee honey*. Use it straight or dissolved in water.

### **Frostbite**

This injury results from frozen tissues. Light frostbite involves only the skin that takes on a dull, whitish pallor. Deep frostbite extends to a depth below the skin. The tissues become solid and immovable. Your feet, hands, and exposed facial areas are particularly vulnerable to frostbite.

When with others, prevent frostbite by using the buddy system. Check your buddy's face often and make sure that he checks yours. If you are alone, periodically cover your nose and lower part of your face with your mittens.

Do not try to thaw the affected areas by placing them close to an open flame. Gently rub them in lukewarm water.

## **Burns**

The following field treatment for burns relieves the pain somewhat, seems to help speed healing, and offers some protection against infection:

- First, stop the burning process. Put out the fire by removing clothing, dousing with water or sand, or by rolling on the ground. Cool the burning skin with ice or water.
- Treat as an open wound.
- Replace fluid loss.
- Maintain airway.
- Treat for shock.

## **ENVIRONMENTAL INJURIES**

Heatstroke, hypothermia, diarrhea, and intestinal parasites are environmental injuries you could face.

### **Heatstroke**

The breakdown of the body's heat regulatory system (body temperature more than 40.5 degrees C [105 degrees F]) causes a heatstroke. Other heat injuries, such as cramps or dehydration, do not always precede a heatstroke. Signs and symptoms of heatstroke are--

- Swollen, beet-red face.
- Reddened whites of eyes.
- Victim not sweating.
- Unconsciousness or delirium, which can cause pallor, a bluish color to lips and nail beds (cyanosis), and cool skin.

*Note: By this time the victim is in severe shock. Cool the victim as rapidly as possible. Cool him by dipping him in a cool stream. If one is not available, douse the victim with water, or at the very least, apply cool wet com-presses to all the joints, especially the neck, armpits, and crotch. Be sure to wet the victim's head. Heat loss through the scalp is great. Provide drinking fluids. You may fan the individual.*

Expect, during cooling--

- Vomiting.
- Diarrhea.
- Struggling.
- Shivering.
- Shouting.
- Prolonged unconsciousness.
- Rebound heatstroke within 48 hours.
- Cardiac arrest; be ready to perform CPR.

*Note: Treat for dehydration.*

## **Hypothermia**

Defined as the body's failure to maintain a temperature of 36 degrees C (97 degrees F). Exposure to cool or cold temperature over a short or long time can cause hypothermia. Dehydration and lack of food and rest predispose the survivor to hypothermia.

Unlike heatstroke, you must gradually warm the hypothermia victim. Get the victim into dry clothing. Replace lost fluids, and warm him.

## **Diarrhea**

A common, debilitating ailment caused by a change of water and food, drinking contaminated water, eating spoiled food, becoming fatigued, and using dirty dishes. You can avoid most of these causes by practicing preventive medicine. If you get diarrhea, however, and do not have antidiarrheal medicine, one of the following treatments may be effective:

- Limit your intake of fluids for 24 hours.
- Drink one cup of a strong tea solution every 2 hours until the diarrhea slows or stops. The tannic acid in the tea helps to control the diarrhea. Boil the inner bark of a hardwood tree for 2 hours or more to release the tannic acid.