

**Blue Ridge Mountain Rescue Group**

1975 - 1988<sup>1</sup>  
104 Documented Incidents<sup>2</sup>  
138 Patients

**51 Status one**

Patient able to evacuate self

Average evacuation time to roadhead<sup>3</sup>

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) <sup>4</sup>	35
(Gunshot)	8
Hypothermia	5
Drowning	2
Cardiac	1
Overdose	1

**9 Inconclusive**

Body not located, rumors unconfirmed.

Criminal	5
Search	3
Drowning	1

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<sup>1</sup> 78% of all recorded incidents occurred 1985-April 1988.

<sup>2</sup> Records were not kept on all pre-1982 incidents.

<sup>3</sup> Time measured started when a team located patient and stopped when patient reached roadhead.

<sup>4</sup> 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<sup>TM</sup>) bandages
- Butterfly closures
- Surgipads<sup>TM</sup>
- Eye patch
- Vaseline<sup>TM</sup> 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
  - glucose
- 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**

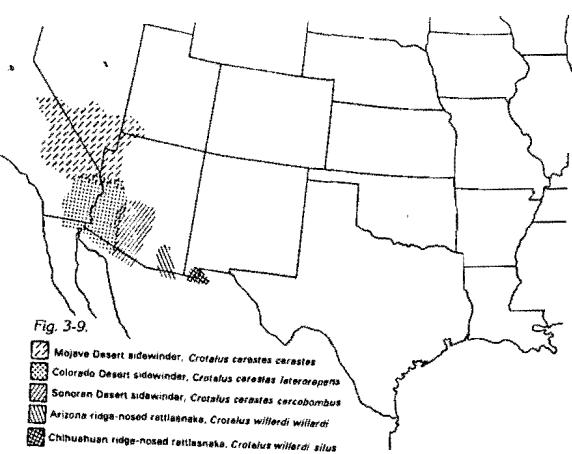
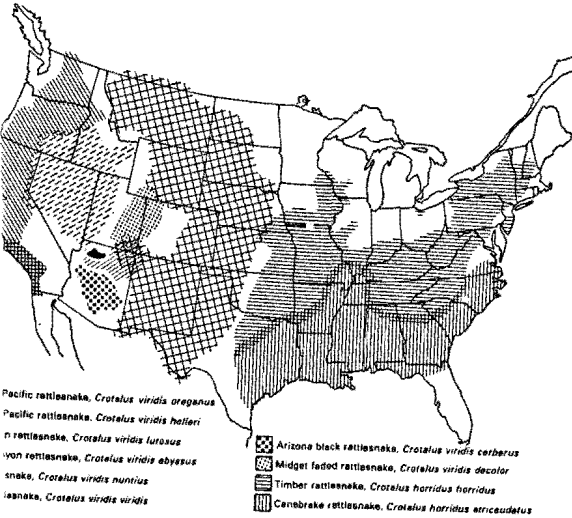


Fig. 3-9.  
 Mojave Desert sidewinder, *Crotalus cerastes cerastes*  
 Colorado Desert sidewinder, *Crotalus cerastes lateralis*  
 Sonoran Desert sidewinder, *Crotalus cerastes cercoformis*  
 Arizona ridge-nosed rattlesnake, *Crotalus willardi willardi*  
 Chihuahuan ridge-nosed rattlesnake, *Crotalus willardi allis*



Pacific rattlesnake, *Crotalus viridis oregonus*  
 Pacific rattlesnake, *Crotalus viridis holteri*  
 r rattlesnake, *Crotalus viridis luteus*  
 von rattlesnake, *Crotalus viridis abyssi*  
 Timber rattlesnake, *Crotalus horridus horridus*  
 Canebrake rattlesnake, *Crotalus horridus atricaudatus*

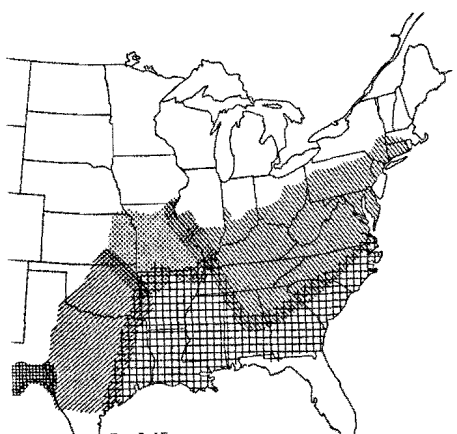


Fig. 3-15.  
 Trans-Pecos copperhead, *Agkistrodon contortrix pictigaster*  
 Broad-banded copperhead, *Agkistrodon contortrix leucostriatus*  
 Osage copperhead, *Agkistrodon contortrix phaeogaster*  
 Southern copperhead, *Agkistrodon contortrix contortrix*  
 Northern copperhead, *Agkistrodon contortrix mokessei*

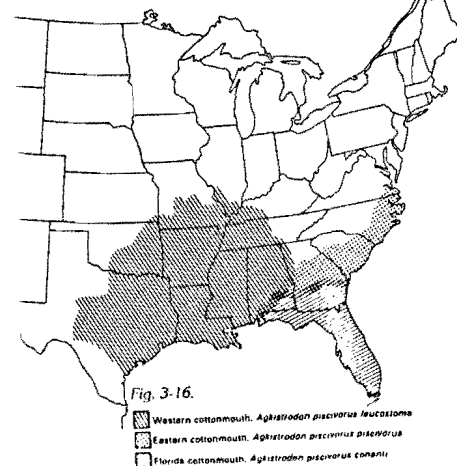
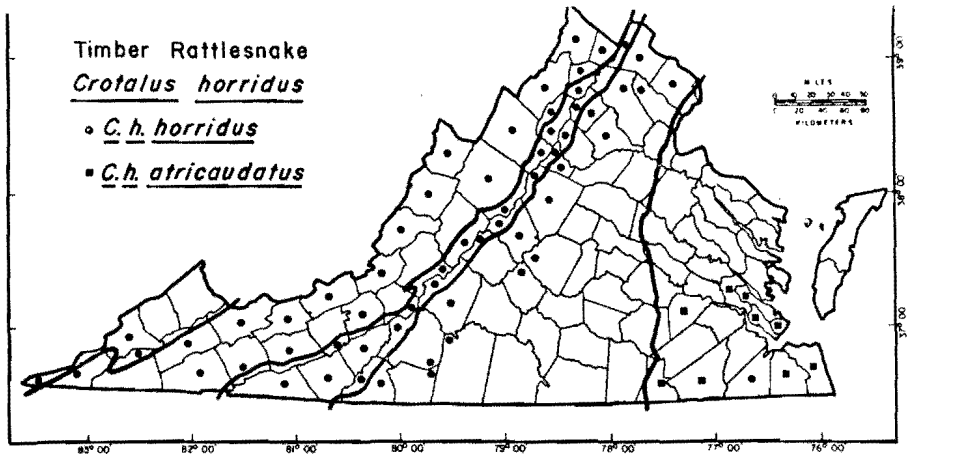
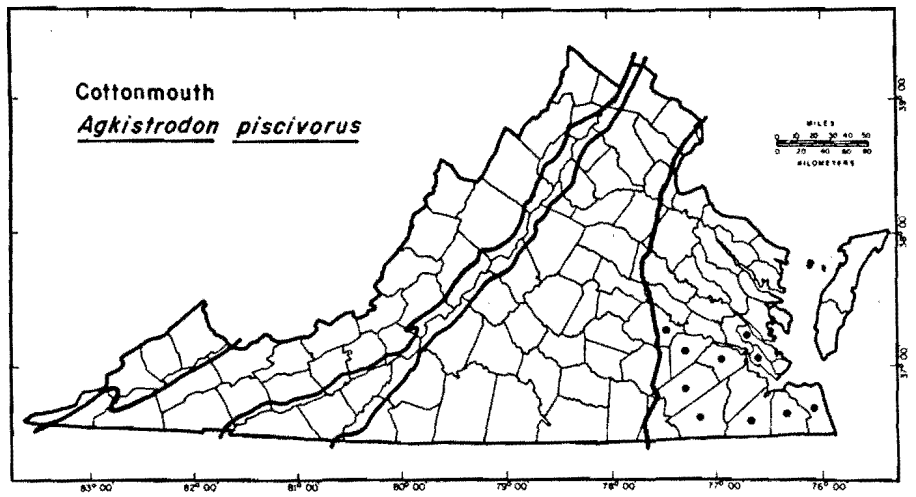


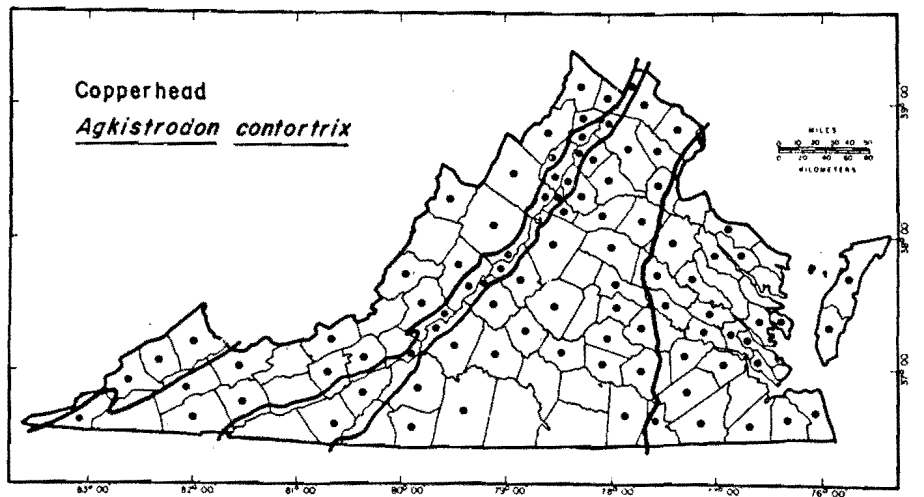
Fig. 3-16.  
 Western cottonmouth, *Agkistrodon piscivorus leucostriatus*  
 Eastern cottonmouth, *Agkistrodon piscivorus piscivorus*  
 Florida cottonmouth, *Agkistrodon piscivorus conanti*



Timber Rattlesnake  
*Crotalus horridus*  
 • *C. h. horridus*  
 ■ *C. h. atricaudatus*



Cottonmouth  
*Agkistrodon piscivorus*



Copperhead  
*Agkistrodon contortrix*

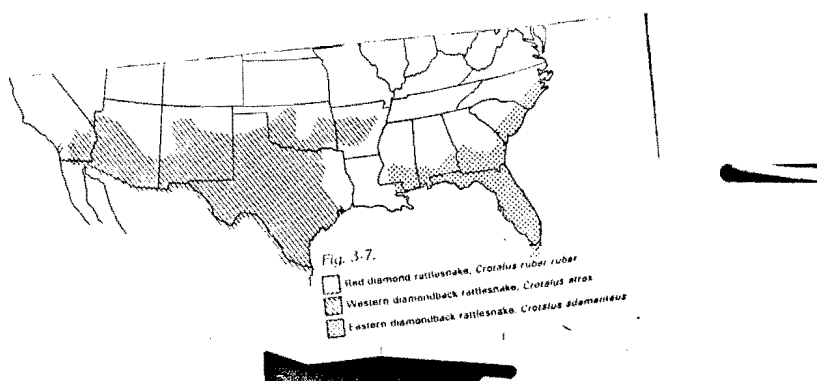


Fig. 3-7.  
 Red diamond rattlesnake, *Crotalus ruber ruber*  
 Western diamondback rattlesnake, *Crotalus atrox*  
 Eastern diamondback rattlesnake, *Crotalus adamanteus*

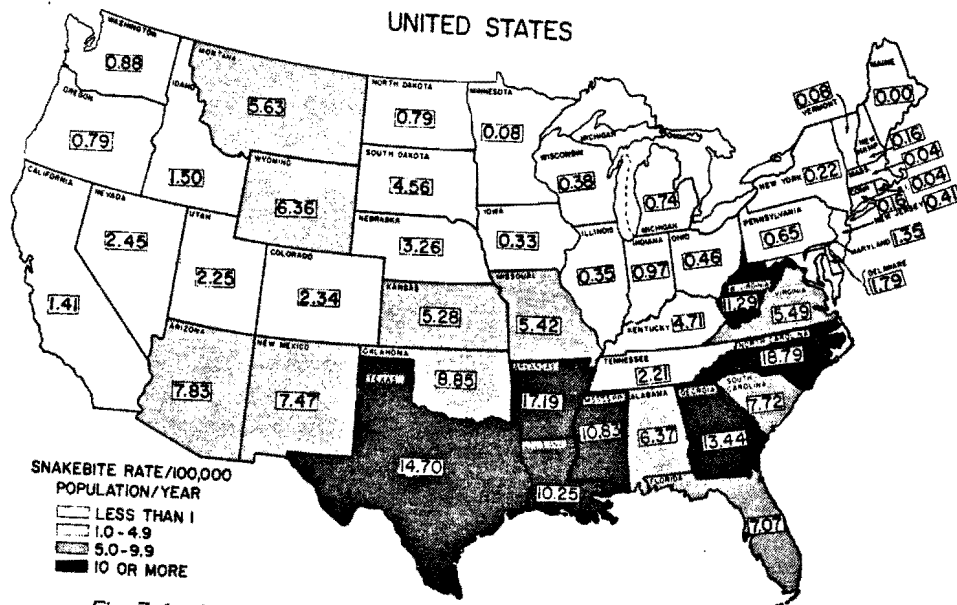


Fig. 7-4. Incidence of snake venom poisoning per 100,000 population.<sup>74</sup>

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

