

Medical messages

Gilbert Park advises on identifying the symptoms of the most pressing medical conditions that might occur when at sea, and what kind of emergency call should be made

Radio courses today teach three emergency call types: Mayday, pan-pan and *securité*. Some readers will remember when there was a fourth, pan-pan medico, designed for medical emergencies.

This was dropped when BT Coast radio stations closed. BT Coast stations were able to use the telephone network to get direct medical advice to the vessel. 'Medico' was the keyword for them (rather than the coastguard) to take the call and patch it through to a doctor. When the duties were transferred to the Coastguard all pan-pan calls would automatically go to them, medical or otherwise, and the term became obsolete. However, HM Coastguard will still respond to a pan-pan medico and treat the call accordingly.

Today, any vessel or person contacting HM Coastguard with a medical problem will speak to the duty doctor. The coastguard will put the caller into a 'connect' call with one of the two contracted

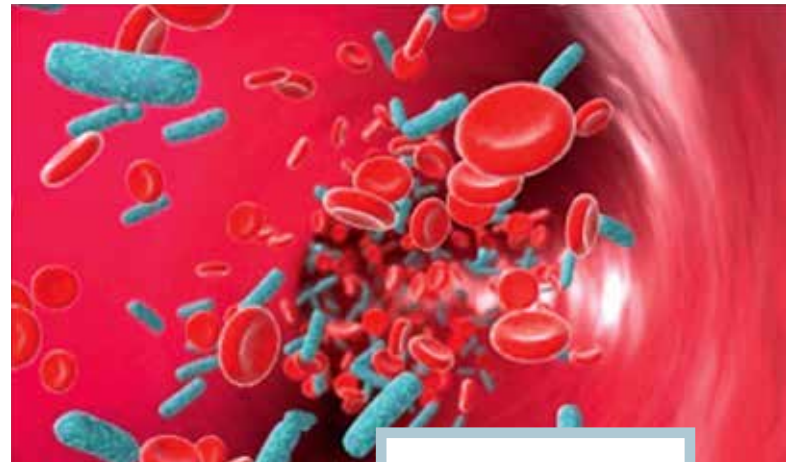
radio medical advice service hospitals (Aberdeen Royal Infirmary and Queen Alexandra Hospital, Portsmouth). The coastguard monitors the call between the casualty and the doctor so they are aware of the situation. If deemed necessary for evacuation, the coastguard will arrange the UK Coastguard search and rescue helicopter or lifeboat to transfer them to a hospital or trauma centre on shore. If evacuation is not deemed necessary, then medical facilities will be arranged to meet the vessel on its arrival.

HM Coastguard has undergone significant changes in the last two years: the remaining stations are linked electronically so that all information is available to all officers. The service now works in a single 'virtual' operations room: if anyone is in doubt about which coastguard operations centre to call, just say 'UK coastguard' and you will be answered. All the existing telephone numbers and MMSI numbers have been redirected into the new network, and a single national number for routine telephone calls will be issued in 2016.

Skippers tend to be naturally reluctant to use the Mayday, but are there instances when it should be used? It is clear that Mayday should only be used when there is a situation where, 'in the opinion of the master, a vessel, aircraft, vehicle or person is in grave and imminent danger and requires immediate assistance'. Any Mayday call will take priority over all other calls.

Immediate help

Since the abandonment of pan-pan medico, a lot has changed in medicine. It was not uncommon to allow nature to take its course and see what the recovery would be, but now there are deemed to be four common,



Sepsis occurs when an infection spreads through the blood

unforeseeable medical situations that might be encountered where delay in starting treatment may worsen the condition, resulting in permanent disability and possibly death. In medicine, the term 'golden hour' is applied to all of these, implying that treatment should be started within the hour (although the exact time frame varies) from the onset of the condition as irreversible worsening may occur thereafter.

The first is major trauma. This is easy to identify as there is usually an injury with significant blood loss, increased pulse rate, pallor and a reduced consciousness level or even coma. The next three are all medical conditions – and the relevant condition, implications and need for urgent treatment are often poorly recognised.

Septic shock

Septic shock occurs when you have a serious infection somewhere in your body: a neighbour of mine developed it while his boat was moored on a visitors' pontoon in a river. At first the infection is localised, but as time progresses it starts to affect the whole body with loss of fluid from the circulation and dilation of the blood vessels, resulting in low blood pressure. The heart compensates at first by increasing the pulse, but if the infection continues it cannot keep up and the blood supply to vital organs reduces to a level where at first they don't work normally, then they start to get damaged. (See panel, 'Recognition of septic shock'.) Prompt treatment at the

Recognition of septic shock

- Known or suspected source of infection
- Rapid pulse rate
- Inability to stand up without fainting
- Skin pale
- Not passed normal quantities of urine for several hours
- May or may not have a fever, hands cold to touch

For more information visit: www.nhs.uk/conditions/septic-shock/

failure stage reverses shock before damage starts.

The mooring my neighbour was on is surrounded by deep water with no walk-ashore facility. As he couldn't even stand up, another sailor on the pontoon took the boat to a marina about a mile away where his wife called 999 and requested an ambulance. My neighbour was taken to hospital where he was treated for his septic shock. This took some time, delaying the start of treatment. A Mayday call would have resulted in him being taken off his boat much more quickly and saving time in getting him to hospital. He was lucky in that he made a full recovery.

Stroke and heart attack

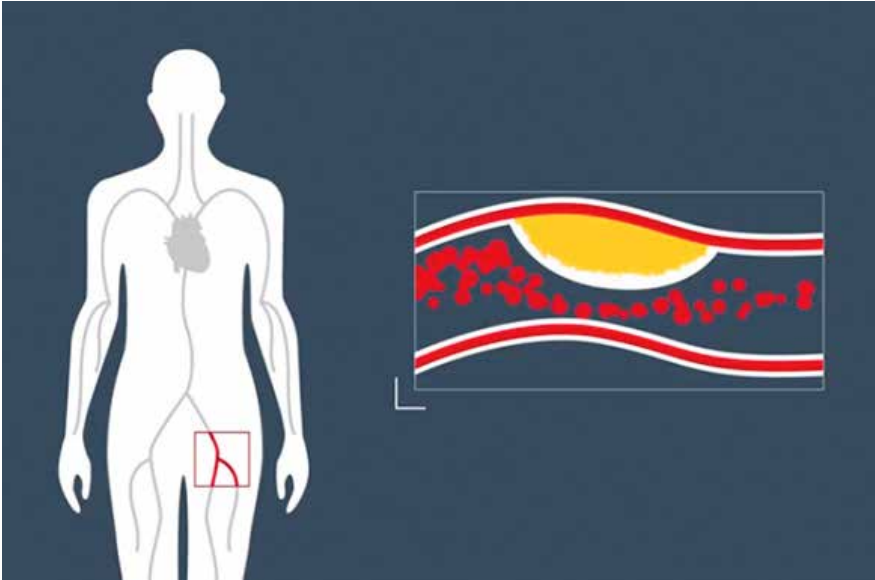
The next two emergencies, stroke and heart attack (officially called myocardial infarction, or MI), also depend on rapid diagnosis involving special tests followed by swift treatment. On one occasion, I thought I was suffering from one

ABOUT THE AUTHOR



Gilbert Park worked as an intensive care consultant for almost 30 years in Cambridge

and London. He has owned a boat for most of his working life, starting with a Mirror dinghy and progressing through Drascombes and RIBs to his current Sabreline 36. Now retired, he has taken up sailing and photography full-time.



One type of stroke and MI have the same cause – a blocked artery

of these (see 'A day I'll never remember', Learning from Experience, PBO April 2016), which prompted me to write this article. One type of stroke and MI have the same cause – a blocked artery – and both require a similar treatment, ie clot-busting drugs.

However, this has to be given shortly after the clot forms. If there is a delay, then the parts of the heart or brain beyond the blockage in the blood vessel will die. After this, unblocking the blood vessel by dissolving the clot may not only be of no benefit, but

may do more harm than good. The panels below explain how to recognise these conditions, and all of the panels also provide links to organisations that can tell you more. However, if you are in your boat out at sea, remember that it will usually take longer to get the crew member to hospital than if they were on land. Don't delay: look these sites up after sending a Mayday. No one is going to get cross with you if you've made an honest mistake – they would rather that than have the casualty's condition worsen because of fear of making the call. Why a Mayday for these

conditions? Time is of the essence, and it will alert the coastguard and others that a serious situation is occurring. If 'Seelonce Mayday' is in force, in which the channel may only be used by the vessel in distress and the coastguard (plus any other vessels they may ask to assist in handling the emergency), it also allows you to still get help without waiting for this to end. Using digital selective calling (DSC) will allow you to bypass the Seelonce Mayday and alert all ships and the Coastguard to an additional incident. In addition, a DSC distress alert will position the vessel on coastguard screens with an electronic marker.

Remember also that the Coastguard will be able to organise help to bring the boat back in safely. The crew will be depleted whether or not evacuation takes place – not just because of the crew member who is incapacitated, but also by the need for them to be looked after. If the casualty is evacuated, then you will be one crew member down.

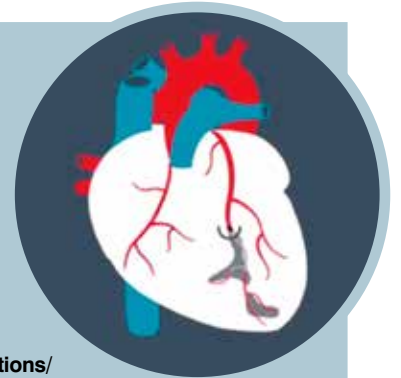
Symptoms of a heart attack

These can include:

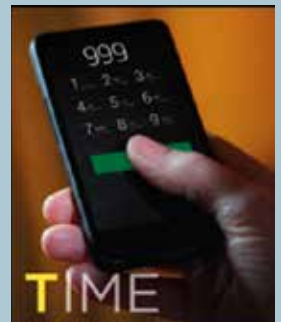
- Chest pain – a sensation of pressure, tightness or squeezing in the centre of your chest
- Pain in other parts of the body – it can feel as if the pain is travelling from your chest to your arms (usually the left arm is affected, but it can affect both arms), jaw, neck, back and abdomen
- Feeling light-headed or dizzy
- Sweating
- Shortness of breath
- Feeling sick (nausea) or being sick (vomiting)
- An overwhelming sense of anxiety (similar to having a panic attack)
- Coughing or wheezing

Although the chest pain is often severe, some people may only experience minor pain, similar to indigestion. In some cases, there may not be any chest pain at all, especially in women, the elderly and people with diabetes.

For more information visit:
www.bhf.org.uk/heart-health/conditions/heart-attack
www.nhs.uk/Conditions/Heart-attack



Symptoms of a stroke



This **FAST** test can help you to recognise some of the most common symptoms of a stroke:

- **FACIAL WEAKNESS:** Can the person smile? Has their face fallen on one side?
- **ARM WEAKNESS:** Can the person raise both arms and keep them there?
- **SPEECH PROBLEMS:** Can the person speak clearly and understand what you say? Is their speech slurred?
- **TIME TO CALL** the Coastguard.

For more information visit: www.stroke.org.uk www.nhs.uk/Conditions/Stroke

