Changes In First Aid Response

Tips from the Posse

By Mark Rackay

My grandparents raised me in a time before cardiac health, cholesterol, and eating right were invented. It was really a lot simpler then. A person could eat whatever they wanted, did not concern themselves with ingredients, and exercise was just plain silly.

Our family used table salt on everything. Salt was spread on the plate of food before even tasting it to see if it even needed salt. Then came the word that salt was "bad" for you, and it was banned from our house. We even tried that lousy "salt substitute" but were less than impressed with it.

Same family reaction when health officials said we were eating too much butter and the fat would kill us all. That was when "Oleo" entered our world and butter exited the dinner table. Oleo was a spread made from the leftovers from an automobile oil change or something, because that stuff was horrible.

Changes in health and medicine are a daily occurrence. Many changes are for real, and do in fact help save lives, while others may just be someone else's best guess.

In my early days of racing dirt bikes, I suffered some broken ribs. The good family doctor taped up my rib cage, in an attempt to ease the pain I experienced with every breath. Breathing can be very painful because the muscles used for breathing actually pull on the broken ribs.

The method of taping ribs is no longer done because taping makes it difficult for you to take deep breaths. Taking deep breaths will help prevent you getting pneumonia or suffering a collapsed lung. In most cases, a broken rib will heal on its own.

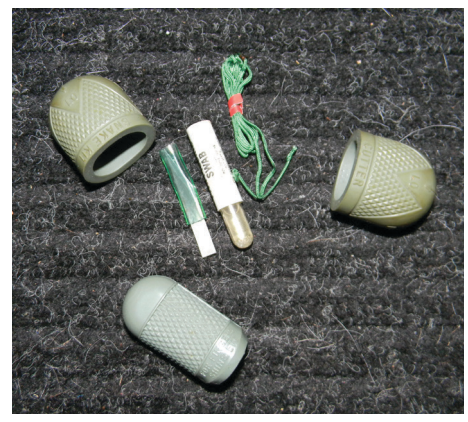
The change in treatment for broken ribs is just one example of the many changes and improvements seen for recommended first aid procedures. Any person who enjoys an outdoor lifestyle would be wise to stay up on changes.

Another area that has seen dramatic changes in the suggested emergency response is poisonous snakebite. We have all seen the tough cowboy who treats his partner for a rattlesnake bite. A piece of rope for a tourniquet and a bowie knife to open up a cut on the fang marks.

The brave cowboy then sucks out the venom from the wound with his mouth, and spits out the poison. You then wound up with one guy in bad shape from the bite, while the other guy gets very sick from putting the venom in his mouth. Presto: two victims. While this makes for great television, the actual treatment a few years back was quite similar.

I lived in Florida for a quarter century and saw more poisonous pit vipers than I care to remember. For awhile, we all carried a packaged "snakebite kit" that included a piece of rope, a sterile razor blade for making incisions on the fang marks, and several suction cups for withdrawing the venom from the wound.

While this was an improvement over the old method of sucking the venom into your mouth, it did have drawbacks. Many people, in an effort to administer first aid, were actually cutting arteries in the victim, causing them to bleed to death.



(Above) I will bet many of you remember carrying around a pocket snake bite kit , like this one made by Cutters. (Left) Sgt. Paul Southern of Montrose County Sheriff's Office teaching an emergency first aid class. If you lead an outdoors lifestyle, you had best stay up on changes in first aid. (Submitted photos/ Mark Rackay)

Then came the anti-venom kits. Injecting the venom into horses until they produce antibodies to it makes snake antivenom. This serum is then used to transfer the resistance temporarily to the bitten person.

The simple truth is more people die from a serum reaction than from the snakebite. A test must be administered to the patient to determine any allergy or reaction to the serum. Most of us do not have the training to use an anti-venom kit or the ability to lug one around in the field because of the need for refrigeration and the limited effective dates for the serums.

The suggested treatment, should you run into a rattlesnake while outdoors includes washing the area of the bite with water, and cover with a sterile dressing. Extraction of venom with suction cups or a commercially made extractor is only effective when begun within 3 minutes of the bite, and continues for 30 minutes.

Remove rings and jewelry and immobilize the injured limb. Move the person to the hospital as soon as possible. If you can, call the hospital before arrival so they can begin locating an anti-venom kit. Hence, no more cutting the fang marks or field injection of anti-venom.

Another area where advancements have been made is that of controlling bleeding. The basics of direct pressure to the injury still apply. The use of a tourniquet is still shrouded in debate. Make certain you learn how to correctly use such a device because misuse can do more damage than good.

One of the new methods of controlling bleeding involves the use of a Quick Clot product. Quick Clot comes as a patch or a length of gauze that can be held on a severe cut to stop bleeding, even when an artery has been severed. This product, along with a tourniquet should be in everyone's pack, along with the proper training to use it.

If you are like the majority of people, it has probably been many years since you have taken a CPR course. In 2010, the American Heart Association (AHA) and the International Liaison Committee on Resuscitation updated their CPR guidelines. Many important changes were made with these guidelines, and you should take a new class to learn about them.

The new guidelines for untrained rescuers call for chest compressions only, at a rate of 100 to 120 compressions per minute, for adults.

If two rescuers are available, or one with proper training, a ratio of 30 compressions to two breaths is recommended by the AHA in adults and 15-to-2 in children.

You don't have to be an outdoors person to use CPR. We have the potential of coming across a cardiac victim anywhere. Sudden cardiac arrest is one of the leading causes of death in the United States, with over 350,000 people inflicted annually. The average response time for 911 responders is between 8 and 12 minutes. For every minute that defibrillation is delayed, the survival chance is reduced by approximately 10 percent.

–Medical skills and first aid equipment evolves constantly. It is imperative that any of us who enjoy an outdoor lifestyle obtain training for emergencies. There are far more changes, updates, and recommendations than I could possibly begin to cover here. Hands-on classes are available everywhere, as are videos and books. A little Internet research will point you in the right direction.

The hands-on classes are best, especially for CPR because you get to practice the skills on a practice dummy. These skills should be updated every two years.

I am not sure if all this "eating right" and watching out for all those so-called "bad for you" ingredients actually makes a difference. I do know that if I start reading all the ingredients on the packages before I buy them, I will be in the grocery store all day and have an empty cart. As long as my wife is watching, I will eat healthy. Lunch today is one of her favorites, yard clippings salad and lawnmower sauce for dressing.

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Perplexing problems with pinyons

Gardening A to Z

By Linda Corwine McIntosh

I'm thinking, this is a really bad time to be a pinyon. Pinyon pines have long been known as great, drought tolerant trees that didn't take much maintenance, but I'm beginning to have some second thoughts with that line of thinking.

The summer droughts, heat, and wind that the trees had to endure the previous years, as well as the winter droughts before this past year, are catching up to the trees and taking a toll on them. Trees are just a bit slow to show the effects. Some of the trees are just plain stressed as a result. This is true even in irrigated areas. They are now referring to some of the pinyon problems as "Pinyon decline". This in itself is bad because stressed trees are much more susceptible to insect problems and many insects are taking advantage of this.

With that said, there's no quick easy answer to what's going on with the pinyon trees. In fact, the diagnosis can be a bit tricky. After the forest destruction that many areas experienced the past several years, many people are getting a little jumpy with the mere mention of beetles, but let me assure you, we've been through this before and many of the pinyons did just fine. The bad news is, pinyons are once again being attacked by Ips confuses spp. beetles. I remember in 2003 and around that time, I was worried that we weren't going to have any pinyon left, but as you know, there are still plenty of them around. So don't panic if your pinyon isn't looking so great right now. There's a good chance it's not Ips beetles attacking it. There are quite a few other things that could be causing your tree to decline.

So how are you to know? Well, should your tree have Ips beetles you would see oozes of sap that resemble small rust colored popcorn, on the trunk or larger branches. The adult beetle doing the damage looks like a little black or brown grain of rice, but you usually won't see it. Because the beetles become active in early spring, spraying the tree with Permethrin or Bifenthrin to protect it before they become active is the best means of control. Once the beetles have attacked the tree, little can be done to save it.

Some of the pinyons and other pines were hit this spring, and previous summers, by scale insects. Austrian pines and Mugo pines have also been affected by scale. If you look closely at the needles, you may see a lot of little black specks, especially on the older, or inside needles. The small black specks are actually the insect known as scale. The scale is protected under a little shell that its body produced. In the spring, usually about mid May, the insect emerges from under the shell and "crawls". The insect is very easy to control while it's out of the protection of the shell. Almost any pesticide will control them at that time. Oil sprays are very effective when controlling scale, even when they're not crawling, but tend to work best in the spring. I don't recommend using oil sprays when the weather is really hot! Read the label directions and follow the recommendations so you don't harm your trees.

Another insect that's been hitting pinyon is the Pinyon tip moth. The larvae overwinter in a small, silk cocoon on the bark. Sometime in May they begin tunneling into the base of the unopened buds. The result is dead and ugly tips on the tree. Spraying with permethrin or bifenthrin when the needles are forming is the best time to control them. A systemic soil drench around the base of the tree will help the tree if it has been attacked.

Twig beetles are also becoming a problem but at least they aren't as detrimental to the trees as Ips beetles. These little beetles are about 1 or 2 mm long. They bore into smaller twigs and branches with thin bark. You will see rust colored sap oozing from the areas attacked. Two or three evenly spaced sprays throughout the growing season with insecticides

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