

Chapter 1 : On a boat in cold water? - You should know these 5 things | Rebuilding Civilization

For a generation the Basic Essentials series has been as much a part of the outdoors experience as backpacks and hiking boots. Information-packed tools for the novice or handy references for the veteran, these volumes distill years of knowledge into affordable and portable books.

By Chris Woolston, M. Why is hypothermia dangerous for seniors? In most parts of the country, a degree day would hardly count as a cold snap. And yet if a senior citizen lives in a poorly insulated house and keeps the heater off to save money, such a day might be chilly enough to cause a hazardous drop in body temperature. As people get older, their bodies become a little less efficient at regulating heat. And if the body temperature dips below 94 degrees, hypothermia sets in: In the worst cases, the heart beats wildly and suddenly stops. Antidepressants, nausea medications, alcohol, and some over-the-counter cold remedies can also make them more vulnerable to cold temperatures. Because seniors are often low-income, many live in houses with little insulation or try to save money by cranking down the thermostat. How is hypothermia treated? If you suspect someone is suffering from hypothermia, take his temperature immediately. Bundle him up and get him to a doctor, preferably at a well-equipped hospital. There, doctors can provide active warming such as intravenous fluids that warm the body from the inside. If the victim has not gone without aid for several days and if his temperature has not dropped below 90 degrees at any point, he has an excellent chance for total recovery. You can also share your body heat by lying close to the victim. How can I prevent hypothermia? Staying warm begins at home. Keep your house well-insulated and leave the thermostat above 65 -- particularly if you have conditions that put you at risk or are taking medications such as phenothiazines. When outdoors, protect your body from cold, moisture, and wind with multiple layers of clothes. And since large amounts of body heat can escape through the head, be sure to wear a hat and scarf. The American Heart Association warns that exertion in cold weather can cause a heart attack, especially if you have heart disease. If that sidewalk needs shoveling, take it slow -- in fact, consider paying the kid next door to do it. Hypothermia Basic Essentials Series. Hypothermia, Frostbite, and Other Cold Injuries: Prevention, Recognition and Pre-Hospital Treatment.

Basic Essentials of Hypothermia by William W. Forgey, William W. Forgey, Eric Gossler Also known as "death by exposure", hypothermia is the lowering of the body's core temperature to a level of debilitation or death.

Description Although hypothermia is an obvious danger for people living in cold climates, many cases have occurred when the air temperature is well above the freezing mark. In the United States, hypothermia is primarily an urban phenomenon associated with alcoholism, drug addiction, mental illness, and cold-water immersion accidents. The victims are often homeless male alcoholics. Officially, 11, deaths were attributed to hypothermia in the United States from to , but experts suspect that many fatal cases go unrecognized. Nearly half the victims were 65 or older, with males dominating every age group. Nonwhites were also overrepresented in the statistics. Among males 65 and older, nonwhites outnumbered whites by more than four to one. Survival depends on maintaining temperature stability within this range by balancing the heat produced by metabolism with the heat lost to the environment through for the most part the skin and lungs. When environmental or other changes cause heat loss to outpace heat production, the brain triggers physiological and behavioral responses to restore the balance. The involuntary muscular activity of shivering, for example, aids heat production by accelerating metabolism. Hypothermia is divided into two types: Primary hypothermia typically involves exposure to cold air or immersion in cold water. The cold air variety usually takes at least several hours to develop, but immersion hypothermia will occur within about an hour of entering the water, since water draws heat away from the body much faster than air does. Alcohol is one such substance. In smaller amounts it can put people at risk by interfering with their ability to recognize and avoid cold-weather dangers. Secondary hypothermia is often a threat to the elderly, who may be on medications or suffering from illnesses that affect their ability to conserve heat. Malnutrition and immobility can also put the elderly at risk. For these and other reasons, the elderly can, over a period of days or even weeks, fall victim to hypothermia in poorly insulated homes or other surroundings that family, friends, and caregivers may not recognize as life threatening. Another risk for the elderly is the fact that hypothermia can easily be misdiagnosed as a stroke or some other common illness of old age. The signs and symptoms of hypothermia follow a typical course, though the body temperatures at which they occur vary from person to person depending on age, health, and other factors. The impact of hypothermia on the nervous system often becomes apparent quite early. As body temperature continues to fall, speech becomes slurred, the muscles go rigid, and the victim becomes disoriented and experiences eyesight problems. Other harmful consequences include dehydration as well as liver and kidney failure. Yet even at very low body temperatures, people can survive for several hours and be successfully revived, though they may appear to be dead. Pulse, blood pressure, temperature, and respiration require immediate monitoring. Other diagnostic tools include electrocardiography, which is used to evaluate heart rhythm, and blood and urine tests, which provide several kinds of key information; a chest x ray is also required. A computed tomography scan CT scan or magnetic resonance imaging MRI may be needed to check for head and other injuries. Treatment Emergency medical help should be summoned whenever a person appears hypothermic. The danger signs include intense shivering; stiffness and numbness in the arms and legs; stumbling and clumsiness; sleepiness, confusion, disorientation, amnesia, and irrational behavior; and difficulty speaking. Until emergency help arrives, a victim of outdoor hypothermia should be brought to shelter and warmed by removing wet clothing and footwear, drying the skin, and wrapping him or her in warm blankets or a sleeping bag. Gentle handling is necessary when moving the victim to avoid disturbing the heart. Rubbing the skin or giving the victim alcohol can be harmful, though warm drinks such as clear soup and tea are recommended for those who can swallow. Anyone who aids a victim of hypothermia should also look for signs of frostbite and be aware that attempting to rewarm a frostbitten area of the body before emergency help arrives can be extremely dangerous. For this reason, frostbitten areas must be kept away from heat sources such as campfires and car heaters. Rewarming is the essence of hospital treatment for hypothermia. How rewarming proceeds depends on the body temperature. Mild hypothermia is reversed with passive rewarming. Once wet clothing is removed and the skin is dried, the patient is covered with blankets and placed in a warm

room. Moderate hypothermia is often treated first with active external rewarming and then with passive rewarming. Active external rewarming involves applying heat to the skin, for instance by placing the patient in a warm bath or wrapping the patient in electric heating blankets. Severe hypothermia requires active internal rewarming, which is recommended for some cases of moderate hypothermia as well. There are several types of active internal rewarming. However, many hospitals are not equipped to offer this treatment. The alternative is to introduce warm oxygen or fluids into the body.

Chapter 3 : Basic Essentials of Hypothermia : William Forgey :

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On a boat in cold water? You better be wearing a life jacket before you end up in the water. If you happen to gasp while your mouth is underwater, you will draw the cold water into your windpipe and lungs which can then spasm and contract. Even if you manage to get your mouth above water, you may still not be able to clear the water and get enough oxygen. If things go really wrong, your epiglottis may spasm closed and you will dry drown. There is some evidence that keeping the cold water off your face and head may lessen the gasp reflex. That is why you want the life jacket on before you hit the water. It helps to keep your face and mouth out of the water. The initial immersion in cold water causes a sudden constriction of surface blood vessels which causes an immediate jump in blood pressure and heart rate; sometimes to maximum heart rate. If your heart cannot handle this jump, it stops and you die. This seldom happens in healthy and fit people but the danger is still there. If you have a choice, make sure to wear a life jacket that is self-righting so that it keeps your face out of the water if you are unconscious. Delay or avoid getting in the water. Enter the water as slowly as possible. Even poor clothing is better than no clothing. Wool or synthetic fleece still provides some insulation when wet. You better have some waterproof way to signal for help on your person and you better know how to use it. Your best chance for survival is to get help from someone else. In cold water, you only have about 10 minutes of meaningful movement before your muscle and nerve tissue ceases to function. You need to use those first 10 minutes to get help on the way. You do not want to squander those first 10 minutes trying to recover your communication device. Swimming around looking for it will just exhaust you and even if you find it you may then lack the physical dexterity to use it. It needs to be on you, waterproof and you need to know how to use it. You will be wasting valuable time that you could have used to get help on the way. You will also be reducing the time you can survive in the water until help arrives. A cell phone in a zip lock bag can work if you know that you will have signal and you have the appropriate numbers on speed dial. Your ability to swim in warm water has no relation to your ability to swim in cold water. On March 6th, , nine elite marines, trained as water survival instructors, capsized while paddling across the Potomac River. Every single one of them drowned. Had they been wearing life jackets the results could have been very different. Remember, you only have about 10 minutes of meaningful movement. Self rescue is a complicated decision. The temperature of the water, the water conditions, your level of fitness, your clothing will all be a factor. Self rescue by swimming should only be attempted if you are sure it is your best chance for survival and that you can accomplish it in the time that you still have meaningful movement. If help is on the way, your best chance of survival may be to stay still. You have about an hour before you lose consciousness but only if you remain still. What is very close? Both are assuming you have a life jacket on and you are a good swimmer. Weather conditions, clothing, etc. The Heat Escape Lessening Position: Used to conserve heat Dr. Gordon Giesbrecht University of Manitoba studies cold water survival and he has come up with a guideline to remember what to do if you find yourself immersed in cold water. You have 1 minute to get your breathing under control from the initial cold shock response. Then you have 10 minutes of meaningful movement in which you can rescue yourself or signal for help. Then you have about 1 hour before you lose consciousness from the cold. If you are forced to wait for help, you will want to adopt a posture such as H. P to reduce heat loss. You can die after you have been rescued. In , sixteen Danish fishermen were forced to jump into the North Sea after their fishing boat floundered. They thanked their rescuers and they walked across the deck and went below to the galley where they were supposed to have hot drinks and warm up. Instead, all sixteen of them dropped dead. They suffered from profound acute hypothermia. To understand how this might have been prevented, we need to understand what happens as hypothermia develops. This develops by simply not having enough clothing to maintain a thermal balance with the environment. The body uses vasoconstriction to reduce heat loss to the extremities by shutting down blood flow to them. The rescue of a chronic hypothermic individual requires the

prevention of further heat loss. Heat may be added rapidly or slowly. The victim may engage in any activity they want. Just get them heat, shelter, food, hydration and rest. The vasoconstriction at this point will have caused a profound dehydration and a compacting and alteration of the blood to allow the tremendous decrease in blood volume. This individual needs to be handled very carefully. This person needs gentle handling, slow addition of heat, prevention of further heat loss and litter evacuation. They cannot simply be wrapped up in a sleeping bag because they lack the energy to regenerate their lost body heat and rapid warming will likely kill them. The danger is that even after rescue the core temperature can continue to drop to lethal levels because of the huge heat deficit. They can be allowed to move around but they need heat fast. Profound acute hypothermia is when the person has been immersed for more than half the time it is expected that they would reach a lethal temperature. If a naked person in ice water was expected to reach a lethal core temperature in one hour, they would be considered profoundly acute after half an hour of immersion. Profound acute hypothermics must not be allowed to run around. Often they are able to do so but it causes a massive movement of blood into the cold muscles and back to the core. This causes a temperature afterdrop that only adds to the massive heat deficit. If a bath is not available a large fire will do. Profound acute hypothermia can progress to profound chronic hypothermia after the 2 hour mark of cold water immersion. Somewhere between hours the body starts making changes to blood composition and it becomes more and more dangerous to rewarm the victim rapidly. They need to be treated as a profound chronic hypothermic.

Chapter 4 : Hypothermia and Seniors

This slim but content-packed volume goes far beyond the rudimentary information in most wilderness first aid texts. Forgey devotes the majority of the text to a readable explanation of how the body produces, retains, and loses heat, providing practical advice on avoiding hypothermia in the first place.

Chapter 5 : The Basic Essentials of Hypothermia by William Forgey - ISBN: (ICS Books Inc)

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A study of the change in first aid knowledge of selected students at Indiana State University before and after a course of study and compared to established national norms / Claire Snyder.

Chapter 9 : - NLM Catalog Result

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The Basic Essentials of Hypothermia. William W. Forgey. ICS Books, Merrillville, Indiana, 68 pages, many diagrams and tables. This book is one of the Basic Essentials Series of 24 outdoor volumes, written to provide the average outdoor person with all one needs to know about problems likely to.