

Karen McKay
P.O. Box 384, Philomont, VA 20131
540-338-2509 / foxhole@erols.com

Rider Down!

An Emergency Medicine Guide for
First Responders in the
Hunt Field

By
Karen McKay
Member, Fairfax Hunt
Loudoun County, VA Firefighter/EMT

TO SAVE A LIFE

Primer for Field (as in Foxhunting) Emergency Response

WHEN TO CALL 911

Always, always, always call for help when a rider has fallen and:

- **Is unconscious for any period of time**
- **Is dazed and/or doesn't respond normally**
- **Has damage to the helmet**
- **Is complaining of pain in neck, back or head**
- **Has obvious fractures**
- **Has an allergic reaction from a bee or wasp sting**
- **Seems to be in shock**

We've had a two-horse collision at a coop. Joe and Jane hit the ground. John's horse can't stop in time and we have a three-horse pile up. Joe has little birds twittering among circling stars over his head, then he manfully tries to get to his feet. Jane has blood spreading on the thigh of her britches. Never mind if our hero says he's OK, just give him a minute to catch his breath. The person with a serious head injury is often the last to know. Don't let Wonder Woman tell you she'll be OK as soon as you help her back on her horse—"pay no attention to the piece of femur poking through my britches". John dusts himself off and says he's fine, then looks in horror at his bloody hand.

With a serious injury, you may only have three to five minutes to save a life. And no doctor or medic can tell you in the field whether it's that serious or not. That's what they make MRI's, X-rays, Cat Scans and the like for. It's an old wives' tale that you cannot put weight on a broken bone. You can, sometimes. Lucid conversation immediately after a head injury is not evidence that Joe is fine. Not our decision.

An injury can cause respiratory or cardiac arrest, and every minute that goes by without effective CPR and/or defibrillation reduces chances of survival by ten percent. Past five or six minutes and there's a strong chance of irreversible brain damage if the patient does survive.

Where we tend to be when we get hurt—far from roads and out in fields or woods, we're lucky if trained rescue people can get to us in half an hour. If the people around us are trained to be "First Responders", we have a fighting chance to survive. A CPR-trained First Responder knows the basics of emergency first aid: clear airway, start breathing, stop bleeding, immobilize traumatic injuries. A First Responder also knows what "mechanisms of injury" might cause death or disabling injury even if the casual observer thinks everything's OK.

There's no reason that each and every one of us members of a Hunt can't be and shouldn't be First Responders. Out in the hunt field, we're all we have for quite a long time before help arrives.

Let's go through what we can do for ourselves, covering the most common life-threatening injuries and medical events that can occur when foxhunting or in any other equine sport, and the best care we can give in field conditions while waiting for rescue to arrive.

HEAD INJURIES

Any time a rider comes off on his head, or is run into a tree, or is kicked in the head, we have the potential for fatal injury or being turned into a cabbage.

The damage can cause bruising of and/or bleeding in the brain, which you cannot see looking at him. Joe may look fine—just got the wind knocked out of him is all. He may even carry on a conversation, get back on his horse and continue the hunt. But in reality he may have suffered a severe concussion and/or have swelling or hemorrhaging in the brain, and in a little while Joe is in real trouble. If he lives and recovers, he will be lucky to simply have no memory whatsoever of the whole event.

SIGNS & SYMPTOMS: (any one or combination of the following is a serious red flag)

- Loss of consciousness, however brief
- Dazed, confused, disoriented or combative
 - Does Joe know what the date/day is? Where he is?
 - Does he recognize his wife or friends?
 - Does he know what just happened?
- Slurred speech
- Difficulty moving his arms or legs
- Severe headache, nausea and/or vomiting
- Obvious head wound
- Bleeding from the ears

WHAT TO DO:

- **Do not allow or help Joe to get up or to even move!** If he is lying down, sitting up or standing, keep him there and...
 - Immediately immobilize his head and neck by placing your hands, from behind Joe, on each side of his head, thumbs above his ears, fingers spread across his cheeks and your pinky under his jaw. This is called "C(cervical)-spine control".
 - Maintain C-spine control until Rescue arrives
 - If Joe tries to go to sleep, keep him awake and talking. If it comes down to it, yell at him, pinch him, tickle his feet—if that doesn't work, rub your knuckles briskly along his sternum (breastbone) and make him really mad. Just don't shake him or move his head.

NOTE--AIRWAY: The only exception to the above instructions is that if Joe has fallen in such a way that his airway is constricted, you will have to do what is necessary to open it. If Joe is unconscious or having difficulty breathing, his airway has got to be opened by repositioning his head. Won't do any good to immobilize his C-spine if he suffocates in the process. If you have to roll him on his back to open his airway, do it with 2-3 helpers, maintaining C-spine control—turn the head with the body. If he starts vomiting, roll him on his side, still maintaining C-spine control, until he stops and his airway is cleared. More about airway in a minute.

Sometimes a head injury will cause seizures. If that happens, DO NOT try to stick something in Joe's mouth—he is not going to swallow his tongue. That's another old wives' tale. If he starts thrashing about, just clear the deck of things that might hurt him and let the seizures run their course—then take C-spine control again and make sure he keeps breathing.

Leave Joe's helmet on him—the rescue people will remove it if necessary, but until then, it provides support for the cranium.

AIRWAY

If Joe is having trouble breathing or is hyperventilating so fast he can't get oxygen into his system, you're going to have to help him by breathing for him. Mouth-to-mouth resuscitation is something we do not do anymore what with the social diseases about now. But you probably won't have a pocket mask on you,

so you'll have to make the decision about risking your health to save a life. Remember that if he has fallen in such a way that his airway is obstructed, you have to straighten his neck out enough to clear the airway.

NASTY BREAKS

Closed fractures happen to us regularly, and are rarely a threat to life. How you handle it usually depends on how much it hurts—just get Jane to the hospital ASAP for X-rays.

Open fractures, or those that cause an obvious distortion under the skin, however, are another story. Bone fragments can tear open an artery, slice through nerves. Broken ribs can puncture or lacerate the heart, lungs or other vital organs. Besides which, they hurt like hell. Do what you can to stabilize the limb and keep Jane quiet until help arrives.

If it appears to be a femur (the big leg bone connected to the hip bone and the knee bone) fracture, you're going to have to put traction on it until help arrives. Jane will be screaming like hell, probably, but as soon as you take a firm grasp on her heel and foot and pull, the relief will be...well, a relief. It takes a lot of strength and endurance to keep pulling steady traction, so get comfortable and trade off (without relaxing the tension on the leg) if necessary.

AMPUTATION

Hopefully, we will never see an amputation in the hunt field more serious than a missing finger. But it happens. Control bleeding with pressure bandage (use a stock tie or shirt), and find the missing member (assuming that the person is there, that would be the finger or whatever). Don't put the severed part in water—wrap it in something reasonably clean and try to keep it cool until rescue arrives. The medics will put it in a plastic bag and submerge the bag in ice water. Keep an eye on Big John to guard against shock (more about that below) in the meantime.

BLEEDING

DO NOT USE A TOURNIQUET. Those belong with the old wives. Serious bleeding is controlled by direct pressure—use a stock tie, shirt or any other reasonably clean (or unclean if necessary) piece of cloth and apply direct pressure to the area that's gushing blood. If the blood is pouring freely and steadily, you have a vein cut and it will stop bleeding eventually under pressure. If it is pumping in time with the heart, that's an artery and it's a whole lot more serious. Keep the pressure on the wound, and if the bandage soaks through, don't remove it to look or to change—just add another bandage on top of it and keep up the pressure until help arrives.

Note: Contact with blood and other body fluids falls in the same caution category as mouth to mouth resuscitation—we don't do it any more for the same reason. You're probably not going to have rubber gloves on you, so you will have to make the same decision again about risking your life to save another. EMT's have a hard and fast rule: if it's a body fluid and it's not yours, don't touch it.

ALLERGIC REACTION

The only cause of allergic reaction we're likely to deal with while hunting is from bee or wasp stings. People know when they're allergic to stings, and had better be carrying an EpiPen.

Reaction can occur immediately upon being stung, followed in rapid succession by anaphylactic shock and death. John's horse—or a horse in front of him—has stirred up a nest of yellow jackets, and John gets stung. He's off his horse (hopefully hasn't broken anything in the process) and if he can't use his EpiPen fast enough, you might have to do it for him. Just don't use anyone else's EpiPen—it's a prescription item, and you could do more harm than good with it. Plus, that rider might need it before the day is out.

Karen McKay
P.O. Box 384, Philomont, VA 20131
540-338-2509 / foxhole@erols.com

Whether John has an EpiPen or not, keep him still and quiet, get him to sit or lie down (on somebody's hunt coat or his saddle pad to prevent hypothermia) and watch him. If he starts to have trouble breathing or goes into cardiac or respiratory arrest, you're going to have to start rescue breathing or CPR.

SNAKEBIT!

You're not likely to get bitten by a snake, but we do have a couple of poisonous species in our area. Rattlesnakes are more common in high, rocky country, but copperheads are everywhere. So it could happen.

In that unlikely event, DO NOT try the old Hollywood stunt of cutting an 'H' over the fang marks and sucking the venom out—unless you want to be a candidate for the Darwin Award.

If Jane is bitten by a poisonous snake, have her lie down on her back and stay still until rescue arrives. Don't let her move the body part that's been bitten. DO NOT apply ice or offer her your flask! You can pour the contents of your flask on Jane's wound as an antiseptic, though. You'll know in 5-10 minutes if envenomation has occurred. Even then, a poisonous snakebite is rarely fatal to a healthy adult.

SHOCK

People are funny. A big, strapping man can go into psychogenic shock at the sight of a missing finger (the result of having a rein wrapped around it at the wrong time)—or at the sight of somebody else's missing pinky.

Shock is not funny. There are several kinds of shock, but the types we're going to see in the hunt field are: hypovolemic (from uncontrolled internal or external bleeding), neurogenic (from damage to the spinal cord, especially in the neck), anaphylactic (from an allergic reaction) and, of course, psychogenic (as mentioned above).

They can all be fatal.

How do you know when you're looking at shock? You can't see it, but you can recognize some of the signs and symptoms. Expect it if Jane has multiple severe fractures, an abdominal or chest injury, or spinal injury. She might turn red, but more likely become pale. Her skin will become cool and clammy, and she will have trouble breathing. She might complain of thirst.

What do you do if Jane gets that glassy, thousand-yard stare? DO NOT offer her your flask! Give a shocky person nothing to drink, especially alcohol, no matter how much she demands it. You can dampen a handkerchief and let her suck on it. Keep her warm—lay a couple of coats over her. If her legs aren't broken, raise them 10-12 inches. Make sure she keeps breathing, and don't let her go to sleep.

FINALLY

Head and neck injuries are nothing to fool around with. Head trauma, blunt impact blow to the chest, etc., can cause cardiac or respiratory arrest or distress. The nerves that monitor and control respiratory and circulatory function reside in the brain stem. A neck injury can cause damage to the brain stem, which could result in respiratory arrest or cardiovascular collapse. Internal organ damage from blunt force injury can also have deadly results.

But you can't tell by looking. It might be hours or even days before you know, and then it might be too late. Call 911. Then post a couple riders at the closest entry to the fixture to guide rescuers to the site. Rescue is likely to arrive in at least two vehicles, so leave a rider behind for the second.

end

NOTE: If you would like to have a clinic to learn emergency medicine in the field, or for CPR certification, we can organize it. *end*