



22nd Edition

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The Ship Captain's Medical Guide

Preface

The Ship Captain's Medical Guide is primarily intended for use on ships not carrying a doctor. The recommended measures of prevention and treatment are therefore confined to those which can reasonably be expected of the ship's officers.

The First edition of the Guide was compiled in 1868 by Dr Harry Leach, Medical Officer of Health of the Port of London. The Twentieth edition was published nearly 100 years later in 1967. The Twenty First edition was a major revision, first published in 1983, and reprinted no fewer than seven times, with some amendments, between then and 1993. It stood the test of time well but has inevitably become outdated in some aspects.

This, the Twenty Second edition, is a further major revision of the text aimed at bringing the recommended actions and treatments in line with current medical practice and medical stores regulations. Where necessary the text has been re-written and the information re-arranged to improve accessibility. It is hoped that this revised text will prove 'user friendly' and will become, like its predecessor, a trusted and long lived publication.

The Guide is designed to be used in conjunction with Merchant Shipping Notice MSN 1726 (M & F), or any subsequent update, which sets out the medical stores which are required under the Merchant Shipping and Fishing Vessels (Medical Stores) Regulations 1995 SI No. 1802 (as amended by 1996 SI No. 2821). It is recommended this Merchant Shipping Notice is kept with the guide, for immediate reference.

The Maritime and Coastguard Agency (MCA) acknowledges the contributions of the working group from the Queen Alexandra Hospital, Cosham, Portsmouth, Hampshire. Grateful acknowledgements are also due to Dr PAM Diamond, Dr DB Carron and Mr DC Cahill for invaluable additional advice.

Time, medical science and technology will not stand still after the publication of this Twenty Second edition. As updating is required, it is hoped to be able to incorporate amendments to reflect advances and changes in medical knowledge and practice, and to improve the guide. To this end the MCA would welcome suggestions for improvements or changes at any time. These should be sent to: Maritime and Coastguard Agency, Bay 2/1, Spring Place, 105 Commercial Road, Southampton, SO15 1EG.

Introduction: How to use this guide

The three functions of this Guide are:

to enable you to diagnose and treat injured and sick seafarers;

to serve as a text book for Medical First Aid and Proficiency in Medical Care courses; and

to help you give some training to your crew.

The Guide should be kept in the ship's medical cabinet. All members of your crew should be encouraged to learn the immediate life-saving measures described in the first part of Chapter 1.

Casualties

The first aid treatment for casualties is given in Chapter 1 or, in the case of toxic hazards, Chapter 2 and the Medical First Aid Guide for Use in Accidents involving Dangerous Goods (MFAG) 1994 and subsequent amendments. Chapter 4 describes how to give any necessary further treatment for wounds and other injuries following first aid and removal to the ship's hospital or a cabin.

Illnesses

When a person falls sick the first step is diagnosis. Some diseases and medical problems are relatively easy to diagnose, others may be much more difficult. Diagnosis of the common diseases need not be difficult if you are methodical and make plenty of legible notes. One approach is to use a check list based on the format recommended for requesting Radio Medical Assistance. The list will both serve as a guideline for diagnosis and be useful if you have to request Radio Medical Advice or to send the patient to a hospital ashore.

Ask the patient when he first felt ill and what he feels is wrong with him. Obtain the full history of the complaint and also ask about his past medical history including drug treatment and allergies. Always listen carefully to everything the sick person has to say, and to his (and others') recollections of recent relevant events, e.g. has he been drinking, has he eaten something which has disagreed with him? Note his general appearance, (is he flushed, pale, sweating, anxious, etc.?) Depending on the complaint, get the patient to remove his clothing and examine him thoroughly. Look for rashes, bad breath, tender areas, etc. Take his temperature, pulse rate and respiration rate and examine his urine, faeces, sputum and other discharges when necessary.

You should now have in front of you a list of symptoms, your findings and the patient's temperature, pulse and respiration rates. Reference should then be made where appropriate to the following sections:

Probable causes of abdominal pain – chart

Probable causes of chest pain – chart

Diagnostic signs associated with unconsciousness – chart

Descriptions of diseases in Chapters 6, 7, 8 and 9

Consider this example of how a diagnosis is established. The patient complains that he has had abdominal pain for a few hours. This started around the navel but has now settled in the right lower quarter of the abdomen. He has felt sick and has now begun to vomit. He has vomited on two occasions. You find out by questioning him that the pain at first was spasmodic but, since it passed downwards into the lower abdomen, it has become a steady but not severe pain. He has not had diarrhoea, but is rather constipated. Examination shows that he has a temperature of 37.4°C, his pulse is 86 per minute, his tongue is furred and his breath is foul. There is tenderness in the right side of the lower abdomen, maximal at a point about half way between the navel and the upper bony part of the pelvis. There is no protein in the urine.

To establish a diagnosis, turn to the index and consult the section on the abdominal system. Compare the symptoms and signs with your findings.

The diagnosis in the example above should be one of acute appendicitis. If the patient is female, think also of ruptured ectopic pregnancy and of salpingitis. Check as part of your history-taking when her last menstrual period occurred. Then read the relevant section. You should be able to exclude these problems. Should you not be able to exclude a right sided salpingitis, then do not be concerned, as the treatment suggested for appendicitis would be effective in salpingitis as well.

A simpler method of establishing the diagnosis may be to study the diagrams and the table on the probable causes of abdominal pain in the abdominal pain chart. There you will see that the pattern of pain in Diagram 5 follows that which you have obtained in your history-taking and that the symptoms and signs which you have recorded confirm that the diagnosis is one of appendicitis.

A similar method should be used in all cases of illness. Chest pains can be diagnosed from the chest pain chart. When you have made your initial diagnosis, follow the treatment recommended for that particular illness. Carefully monitor and record the patient's progress. If other symptoms arise, check again to see whether your initial diagnosis was correct. If you are unsure of the diagnosis and

the patient does not appear to be very ill, treat the symptoms only, (e.g. paracetamol for pain or fever) and allow the patient to rest in bed. See how the illness progresses. If the symptoms disappear you are on safe ground. If they do not you will normally find that by the second or third day of the illness, the symptoms and signs are sufficient to allow you to make a diagnosis. If the patient's condition worsens and you are still unable to make a diagnosis, seek RADIO MEDICAL ADVICE.

General advice on nursing the patient while he has to remain in bed will be found in Chapter 3. Advice on precautions to be taken in giving antibiotics, pain-killers and all medicines and information about their side-effects are given in the drug supplement. Finally, if you have to obtain radio medical advice or evacuate the patient, you should read Chapter 13. In seeking advice from a radio doctor it may help to refer also to Annex I which describes briefly how the body works and gives the names of the main bones, muscles, etc. and the position of the main organs.

The dying and the dead

Chapter 12 tells you how to care for patients who may be dying, how to decide if a patient is dead, and what to do if he does die.

Causes and prevention of disease and medical problems

Prevention is always better than cure. Every master should therefore take heed of the advice in Chapter 5 about such matters as the cleanliness of the ship, ensuring that the food and water can be safely consumed, and isolating a patient who has an infectious disease.

Medical stores

Merchant Shipping Notice MSN 1726 (M & F) (or any subsequent update) sets out the statutorily required medical stores, according to the category of vessel. The Guide is intended for use with these medicines and equipment, and regular checks on stocks of medicines and their expiry dates should be carried out.