

ENCOUNTER OVERLAND LTD

MEDICAL KIT

Vehicle No..... Leader Arrival Date.....

Vehicle Type..... Seating Capacity Departure Date.....

IMPORTANT: All drugs MUST be kept in a locked medical kit in the cab of the truck

Signed..... Date.....

ARTICLE	NO. REQD	NO. RTND	ORDER	NO. SUPPLD	REMARKS
TABLETS					
1. Lomotil	2 x 100				Diarrhoea
2. Flagyl 200 mg	2 x 100				Amoebic Dysentery, Gum infec., gonorrhoea, tropc. sores, giardiasis, urethritis, vaginitis
3. Equagesic	1 x 50				Tension Anxiety and Pain
4. Nivaquin (chloroquine)	2 per week + 6 weeks after trip per EM				Treatment of Malaria
5. Maloprim	1 per week + 6 weeks after trip per EM				Prevention of Malaria
6. Tetracyclin 250 mg	1 x 100				Bad cough
7. Penicillin 250 mg	1 x 100				Bad cough Ear Infection Wound Infection Sore throat
8. Septrin 250 mg	1 x 100				Bad cough Ear Infection Sore throat Cystitis
9. Piriton 4 mg	2 x 50				Allergy Insect Bites Prickly heat/Rash Sunburn
10. Asprin 300 mg	2 x 100				Headache Mild Pain
11. Paracetamol 600 mg	2 x 100				Mild Pain

ARTICLE	NO. REQD	NO. RTND	ORDER	NO. SUPPLD	REMARKS
12. Fortral 25 mg	1 x 100				Severe Pain
13. Veganin	1 x 100				Moderate Pain
14. Valium 2 mg	1 x 20				Severe Anxiety
15. Temgesic sublingual	2 x 50				Severe Pain
<u>CREAMS AND OINTMENTS</u>					
16. Optrex 300 ml	2 x 1				Eye irritation
17. Eye bath	1				
18. Calamine Lotion 200 ml	2 x 1				Insect bites Skin irritation Prickly Heat/Rash
19. Savlon	2 bottles				Wound Cleansing
20. Haelan 60 g	2 x 1				Skin Eczema
21. Cicatrin 50 g	2				Wound Infection (humid)
22. Otosporin Drops 5 ml	2 x 1				External Ear infection
23. Chloromycetin eye Ointment 4 g	2 x 1				Eye infection
23a. Flamazine (tubes)	2 x 1				Burns

ARTICLE	NO. REQD	NO. RTND	ORDER	NO. SUPPLD	REMARKS
<u>INJECTIONS</u>					Severe Pain
24. Zylocaine 2%	1 x 20ml				
25. Fortral 30 mg	10 x 1ml				Severe Pain
26. Syringes and Disposable needles	10 x 2ml				
<u>BANDAGES ETC</u>					
27. Steristrips 154L	10 pax.				
28. Sterile Dressings Size 7	3				
29. Sterile Dressings Size 8	3				
30. Sterile Dressings Size 9	3				
31. Cotton Wool	6 x 1oz (1x11b)				
32. Triangular Bandages	2				
33. Bandages WOW 3"	2				
34. Bandages WOW 2"	8				
35. Bandages WOW 1"	5				

ARTICLE	NO. REQD	NO. RTND	ORDER	NO. SUPPLD	REMARKS
36. Bandaid Assorted	2				
37. Clinical Thermometer (F and C markings)	2				
38. Safety Pins	12				
39. Melolin 5 x 5cm	25				Wound Infection
40.					
41. Elastoplast 4322	4 x 1"				
<u>SUGGESTED INSTRUMENTS</u>					
42. Scalpel (4 sterile disp. blades)	1				
43. Surgical Scissors	1 pr				
44. Ready-to-use nylon skin sutures with needles attached	6				
45.					
46. Artery Forceps	2 prs				
47. Tweezers (flat)	1 pr				
48. Tweezers (pointed)	1 pr				

ARTICLE	NO. REQD	NO. RTND	ORDER	NO. SUPPLD	REMARKS
<u>MISCELLANEOUS</u>					
49. Hydrogen Peroxide 500 ml	2				Mix 50/50 with boiled water for washing wounds.
50. Chlorimine T	2 tubs				water sterilising
51. Potassium Permanganate (Milton)	2 tubs				Vegetable washing Hand washing (Use 6-8 grains per gallon of water.)
52. Ship Captain's Medical guide	1				
53. Medical notes	1 set				

IMPORTANT NOTES WITH REFERENCE TO THE DRUGS IN THE MEDICAL KIT

All drugs carried in our medical kit must be used with extreme caution.
Durgs should not be administered at the first signs of any illness.
One should always allow a reasonable length of time, which may well be days,
before deciding to administer any heavy-duty drugs.

Particularly in the event of using antibiotics, one must bear in mind two things:

- a.) One must take a full course of treatment, otherwise partial immunity to that antibiotic may be caused;
- b.) Most antibiotics will kill far more than just the bugs involved with the illness. They will almost certainly kill off antibodies built up in the system which give partical immunity to the minor bugs etc one picks up on the road.

N.B. DRUGS AND ALCOHOL DO NOT MIX.

If a course of drugs is being taken, the patient must NOT drink alcohol.

WW:hrk

<u>DISEASE</u>	<u>DRUG</u>	<u>DOSE</u>	<u>COMMENTS</u>
Allergy	Piriton	4 mg, 1 tablet gds - 3 days	No alcohol. Occasional reaction, stop at once.
amoebic dysentery	Flagyl	3 x 400 mg daily 5 - 10 days	No alcohol
Anxiety (Severe)	Valium 2	1 - 4 daily	<u>No alcohol</u>
Anxiety and Pain	Equagesic	2 tablets tds	
Bilharzia	-	-	Seek medical advice
Burns	Flamazine	Short usage - apply direct. More serious burns - cover with dry dressing or plastic bag - no dressing to exclude air.	
Cough (Bad and Persistent)	Penicillin or Septrin or Tetracyclin	1 tab gds 250 mg - 7 days 1 tab bd 250 mg - 7 days 1 tab gds 250 mg - 7 days	
Cystitis	Septrin	1 tab bd 250 mg - 7 days	Drink <u>plenty</u> of fluids. If condition persists, then take Septrin
Dehydration	-	-	Plenty of fluids and salt. Then fluid food.
Diarrhoea	Lomotil	4 to start, 2 six hourly until controlled or medical advice available.	No alcohol. Do not take anti- biotics, apart from not doing any good, they can actually make things worse. a.) If the diarrhoea is mild and there is no blood or excess mucus in the stools: 1st day - eat normally (except spicy food), drink plenty of clear liquids. 2nd day - just take liquids and curd 3rd day - start taking lomotil or veganin b.) If the diarrhoea is <u>severe</u> , if there is blood or mucus in the stool and if you are getting bouts of severe abdominal pain:

<u>SYMPTOM</u>	<u>DRUG</u>	<u>DOSE</u>	<u>COMMENTS</u>
Diarrhoea Stomach:		Also applies to Cholera	<p>Drink masses (you can very easily get dehydrated) To replace the salts you are losing, put 1 teaspoon salt and 1 tablespoon sugar in 1 pint of water, flavour with fruit juice or a mashed banana (to replace potassium)</p> <p>Take Lomotil and/or Codeine Phosphate</p> <p>If these do not work after 2 days, you may have Amoebic Dysentery or Giardia. Both are cured by FLAGYL (Metronidazole) 400 mg three times daily for 5 days.</p> <p>If possible, send a specimen of stool for examination before taking FLAGYL. The specimen should be less than 1 hour old as the amoebae soon disintegrate after this time.</p>
Ear - acute infection	Penicillin Septrin	1 tab qds 250mg - 7 dys 1 tab bd 250 mg - 7 dys	Acute pain in one ear
Ear - external infection	Otosporin	3 drops 3 times daily	
Eye - external infection	Chloromycetin Ointment		
Eye - grit etc	Optrex		Wash out thoroughly. If offending object remains lodged in eye, seek medical advice.
Gonorrhoea	Flagyl	2 every 12 hours for 2 days	No alcohol - see a Doctor for tests
Giardiasis	Flagyl	5 x 400mg tabs - 3 dys	
Stomach Infection	Flagyl	1 tab tds - 3 days	No alcohol
Headache	Asprin	1-2, four hourly	Contraindications
Insect Bites (Severe)	Calamine Lotion Piriton	1 4mg tab tds - 3 days	
Malaria	Maloprim	1 tab every 4 days see detailed notes	Get medical advice
Pain (mild)	Asprin or Paracetamol	1-2, four hourly 1-2, four hourly	No past history of peptic ulcer. No past history of kidney disease
Pain (moderate)	Veganin	1-2, four hourly	<p>Not to be administered if the patient has head injury, has poor breathing or has a history of alcoholism. If pain persists, seek medical advice.</p>
Pain (severe)	Fortral 25mg Temgesic sub lingual	1-4 tablets, four hourly 6-8 hourly dissolve under tongue	

NOTES FOR LEADER/DRIVER

1. Always carry Ships Doctor's Manual.
2. Always lock up all medicines in the Cab.
3. Equipment for wound care should be easily available in back of truck
4. Medicines to be administered by Leader or Medical personnel when possible. Always check expiry date.
5. Ear and eye medicines are applied to the patient. Do not drink.
6. Penicillin) These antibiotics should not be used until illness
Tetracyclin) has lasted 2 or more days. Ask if patient allergic
before administering. See a Doctor if possible.
*See "Important notes on drugs section"
7. If you suspect malaria ask for local medical advice; in different areas different anti-malarial drugs are required. See attached notes on malaria.
8. Carry a thermometer with Centigrade and Farenheit markings. If EM ill, take and record temperature night and morning until medical aid available.

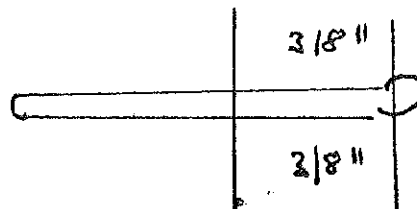
9. Wounds: If a wound is infected or abscess present, 1 small cut will release pus. Use sicule scapel. Do not open until fluid is present.



10. Treat a.) Severe vomiting
b.) Diarrhoea
c.) Sunstroke

with fluids and salt. When possible eat melons and bananas to replace potassium lost.

11. In principle, do not allow alcohol when medicines being taken without medical advice.
12. Penicillin, Septrin and Tetracyclin are interchangeable to some extent. Alternatives provided in case of known allergies which are common.
13. Chloramine T: is an extremely concentrated form of chlorine based water sterilisation. Experience has shown that consistent use of Chloramine T which has been stored properly minimises any dangers from contaminated water. The powder takes approximately half an hour to fully react with the water and should be added in greater or lesser concentrations according to degree of contamination of the water. It will continue to react until either; all the Chloramine T is rendered inactive or until the Chloramine T has destroyed all relevant contamination. Therefore, a rule-of-thumb estimation as to whether enough Chloramine T has been added is that you should just be able to detect a chlorine taste in the water. There is therefore a danger of building up excess Chloramine T in one's tank and care should be taken not to overdose the tank. The actual dosage per jerry can of water is not critical. A normal amount would be gauged by approximately 3/8" on the end of a matchstick.



MALARIA PROPHYLAXIS

Approximately 2000 cases of malaria, with nine deaths, were diagnosed in the UK in 1978. Seventy percent of these were imported from the Indian subcontinent 25 percent from Africa and 5 percent from other malarial zones.

The global malaria situation is changing and the disease is returning to areas which were previously clear. This is due to the relaxation of spraying programmes, increase in air travel and the use of prophylactics in insufficient doses. More areas are becoming resistant to the older type of prophylactics such as chloroquine, pyrimethamine and proguanil, and the more serious falciparum malaria is now occurring in Asia.

Chloroquine resistant areas include the east coast of Kenya spreading into Central Africa, countries in Central and South America, South East Asia, east coast of India, Bangladesh, Assam, Nepal, New Guinea and the Solomon Islands.

The four main types of malaria are as follows:

1. Plasmodium falciparum - causing malignant tertian and sometimes cerebral malaria. It chiefly occurs in Africa, although there are now cases in India and Asia. The fever is irregular.
2. Plasmodium vivax - causing benign tertian malaria with fever on alternate days.
3. Plasmodium ovale - causing ovale tertian malaria with fever on alternate days.
4. Plasmodium malariae - causing quartan malaria with fever every third day.

The term 'suppression' of symptomatic malaria attacks must be distinguished from the terms 'clinical cure' or 'radical cure'. Suppression means the prevention of clinical symptoms by eliminating parasites from the blood without eliminating the exoerythrocytic stage. Most prophylactic drugs do this, but the incubation period of malaria is 6 to 42 days and it is very important that prophylaxis is continued for six weeks after leaving an infected area i.e. longer than the natural duration of exoerythrocytic stages.

The choice of drugs will depend on several factors. These include intensity of exposure, whether there is any drug resistance in the area and history of drug allergy or pregnancy. No drug is guaranteed to prevent malaria and any fever should be investigated for malaria whether the patient is on prophylaxis or not.

DRUGS IN USE

Chloroquine:

Its brand names include Nivaquine, Avloclor, Aralin Resochin. This has been a very good antimalarial drug both for prophylaxis and radical cure in P. Falciparum infections. Over the last few years, chloroquine resistant malaria has developed in many parts of the world. The only place where the drug is still effective is West Africa.

Proguanil: (Paludrine, Biguinal).

This drug has no serious side-effects but has to be taken daily. In areas resistant to chloroquine there is also partial resistance to proguanil. This can be partly overcome by doubling the daily dose.

Pyrimethamine (Daraprim, Malomode)

Unfortunately, this drug is not very effective on its own and should be used only in low-risk areas. It has no serious side-effects but should not be taken during pregnancy. The dose is one 25 mg tablet weekly but since pyrimethamine has an excretion half-life of 100 hours, advise to travellers is to take one tablet twice a week. Pyrimethamine is of no use in chloroquine resistant areas but unlike proguanil, resistance cannot be overcome by doubling the dose.

Dapsone/pyrimethamine (Maloprim)

This contains 100 mg of dapsone and 25 mg of pyrimethamine and is the most effective drug against all forms of malaria anywhere in the world. Its long-term use is not advised as it might cause blood dyscrasias. The dose is one tablet per week and it should not be taken with chloroquine or used during pregnancy. It is available on prescription only.

Pyrimethamine/sulphadoxine (Fansidar, Calcidar, Antemal Methipox) This is not available in the UK but may be obtained in Europe and Asia. It contains 25 mg of pyrimethamine and 500 mg of sulphadoxine and is effective against chloroquine-resistant strains of malaria. It should not be given to individuals who are sensitive to sulphonamides or used during pregnancy unless supplementary folic acid is given. The dose is two tablets every two weeks and it may be taken with chloroquine if the area has pyrimethamine-resistant *P. Vivax* as well as chloroquine-resistant *P. falciparum*. In these areas Maloprim on its own would be the obvious choice.

PREGNANCY

It is most important to take malaria prophylaxis during pregnancy as the parasite can cross the placental barrier. Chloroquine and proguanil are safe to take.

CURATIVE TREATMENT OF MALARIA

Day 1	1000 mg Chloroquine	
	500 mg "	6 hours later
Day 2	500 mg Chloroquine	
Day 3	500 mg Chloroquine	

N.B. ALL ENCOUNTER OVERLAND LEADER/DRIVERS - IMPORTANT

Maloprim should not be taken continuously over a period of much more than 6 months. After 6 months you should then take PALUDRINE (2 tablets daily) during your next trip apart from when you are in a "heavy" malarial area, e.g. central and east Africa, Amazon areas of South America, south east Asia, when you should revert back to Maloprim. This is important for your general health and well-being so please ensure that this is implemented.

ADVICE TO GROUP AND LEADER

Be sure all injections for foreign travel have been administered, especially be sure that Polio and Typhoid are up to date. The following injections are required:

AFRICA

Smallpox (or exemption
letter)
Yellow Fever
Cholera
Typhoid
Polio
Tetanus
Gamma Globulin

ASIA

Cholera
Typhoid
Polio
Tetanus
Gamma Globulin

SOUTH AMERICA

Yellow Fever
Cholera
Typhoid
Polio
Tetanus
Gamma Globulin

Bowel Infection

- a.) Avoid raw fruit and vegetables unless peeled and washed.
- b.) Avoid raw, underdone or reheated meat or fish, salads, ice and ice cream of unknown origin.
- c.) Ensure that drinking water and milk are properly purified or boiled.
Use reliable eating places only.

Salt Loss

In hot countries take salt tablets to counteract deficiency caused by sweating. Drink 6 pints of water daily.

Glasses

Take a spare pair of glasses if needed.

Blood Group

Record in vaccination book in an obvious place.

Sun

Avoid midday heat. Wear hat.

Clothing

Nylon not advised. Long-sleeved shirt protects against sun and insect bites. Enquire about likely night temperatures, cooler?

Bathing

Avoid fresh water lakes and slow moving water - parasitic diseases common.

Snakes and Insects

Wear jungle boots and look in shoes, clothing, bedding etc.

Vitamins

Make sure sufficient Vitamin C eaten as fruit or tablet.

Skin

Easy to get fungus infections in humid conditions. Wear loose clothing, dry carefully all skin folds, between toes etc.

Venereal Disease

There is no real prevention except avoidance of casual sex. Seek medical advice as soon as possible.

Teeth

Have a check-up in plenty of time before departure.

Typhoid and Parathphoid

1. Paratyphoid A: Eastern Europe and Asia
Paratyphoid B: Western Europe
Typhoid: Western Europe, Mediterranean, Tropical and Sub-Tropical

Spread by milk and water contaminated by sewage; also shellfish, tinned meat, uncooked or unwashed food e.g. fruit, green salad, ice creams. Also caused by spreading of infection from lavatories to kitchens.

TABT Inoculation does not guarantee immunity, but prevents serious effects.

Cholera

Acute diarrhoea - requires urgent medical treatment, mainly India and Pakistan. Generally occurs in epidemics only. Usual cause of death is due to dehydration and mineral salt loss. Lots of water and also bananas (melons also helpful, oranges too but less so).

Hepatitis (jaundice)

Spread by contaminated food or water. Prolonged intermittent fever. Partial prevention by Gamma Globulin injection effective from 4-6 months after injection.

Mainly in Egypt, West Africa, Indian sub-continent and further East.