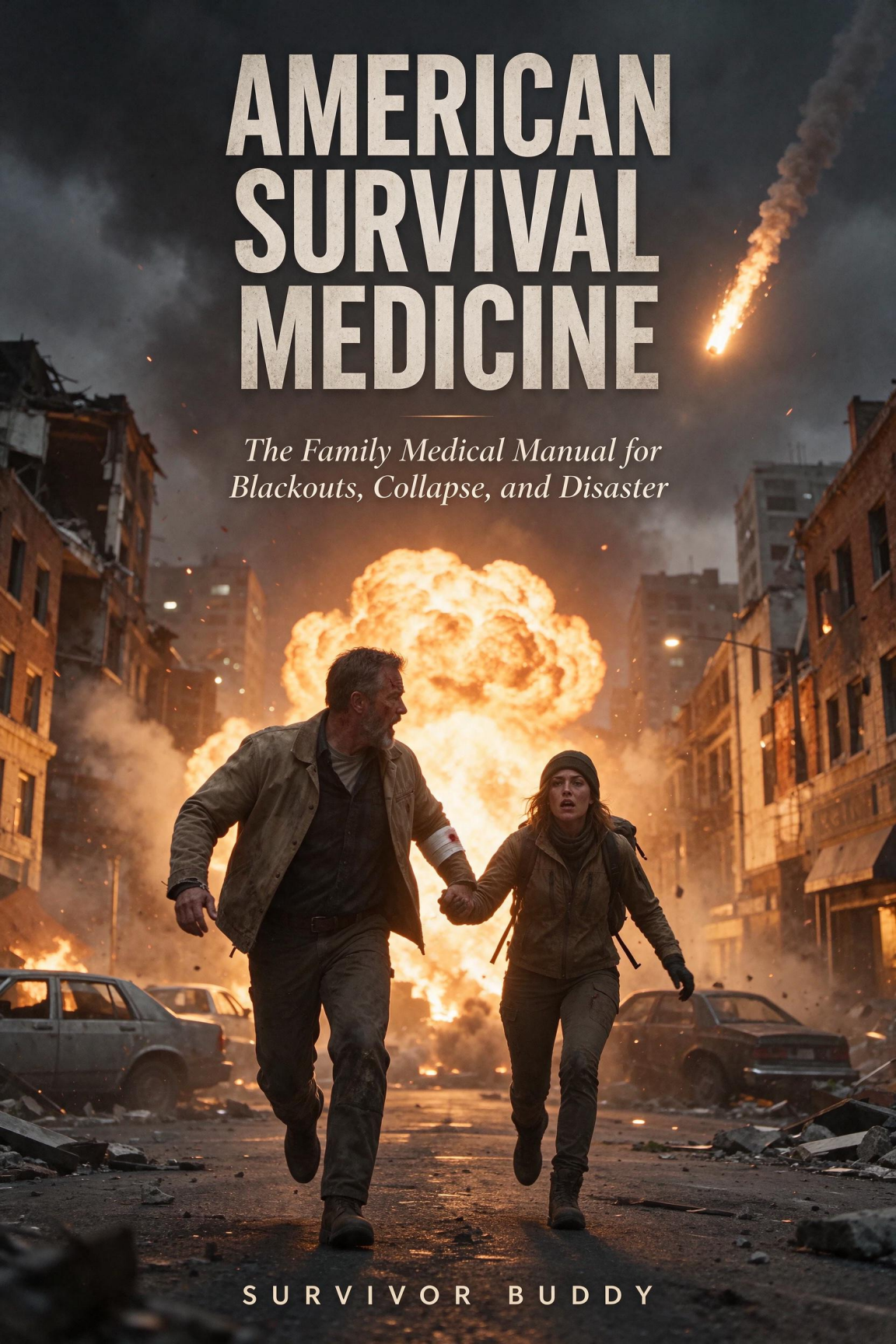
# AMERICAN SURVIVAL MEDICINE

*The Family Medical Manual for Blackouts, Collapse, and Disaster*



SURVIVOR BUDDY

# THE 30-SECOND INDEX

**Someone is hurt or sick right now?** Don't read this book. Use this page.

Find the worst thing that's happening in the left column. Go to that section. Every chapter is built so a person with shaking hands can open it cold, in the middle of a bad day: read its **If You Remember One Thing** box, then run its first question. Every tree ends in one of three words: **HOME** (we treat it here), **WATCH** (we check on a schedule, every 15 minutes or every 4 hours), or **GO NOW** (we leave, or send for help, now).

| WHAT YOU SEE | GO TO |
|---|---|
| **Blood that spurts, pumps, or pools fast** | Section 3.2: press, pack, or tourniquet |
| **Unconscious, or won't stay awake** | Section 4.2 (roll onto the side), then Section 2.4 and Chapter 10 |
| **Not breathing, or fighting to breathe** | Section 4.1, then Section 4.5 (CPR) |
| **Choking, can't talk, can't cough** | Section 4.4 |
| **Pulled from the water** | Section 4.6 |
| **A hole in the chest** | Section 4.10 |
| **Pale, cold, sweaty, fading out** | Section 5.2, then Section 5.5 (the floor protocol) |
| **Swelling face or throat, hives, after a sting or a food** | Section 6.10 |
| **Chest pain, face drooping, sudden weakness** | Section 6.2 (heart), Section 6.5 (stroke) |

| WHAT YOU SEE | GO TO |
|---|---|
| **Seizure** | Section 6.6 |
| **Diabetic acting drunk, confused, sweaty** | Section 6.7 |
| **Swallowed poison or too much medicine** | Section 6.11 |
| **A wound: cut, bite, puncture, gunshot** | Section 7.1, then Section 7.3 |
| **Arm or leg bent wrong, won't bear weight** | Section 8.1 |
| **Burn** | Section 9.1, then Section 9.2 (20 minutes of cool water) |
| **Hit their head** | Section 10.3 |
| **You have to move a hurt person** | Section 11.1 |
| **A wound going red, hot, swollen; fever after injury** | Section 12.2 |
| **Diarrhea, vomiting, drying out** | Section 13.1, then Section 13.4 (the drink) |
| **Bad cough, can't catch breath, flu that's turning** | Section 14.1 |
| **Chronic patient out of critical medicine** | Section 17.1, then Section 17.10 |
| **Fever in a baby or small child** | Section 18.1, then Section 18.4 |
| **A baby is coming and no one else is** | Section 19.1, then Section 19.3 |

| WHAT YOU SEE | GO TO |
|---|---|
| **Heavy bleeding after a birth** | Section 19.6 |
| **Knocked-out adult tooth** | Section 20.5 (minutes count) |
| **Chemical in an eye** | Section 20.8 (flush for 30 minutes, then go) |
| **Tooth pain, swollen jaw** | Section 20.1, then Section 20.6 |
| **Someone frozen with fear, or falling apart** | Section 21.3 |
| **Talk of ending their life** | Section 21.7 |
| **Fallout, radiation news, a plume, bad air** | Section 22.1 |
| **Whole household headachy and dizzy, no fever** | Section 4.7 (carbon monoxide: get out first) |
| **Contagious sickness in the house** | Section 23.1 |
| **More hurt people than helpers** | Section 26.1 |
| **Collapsed in heat: hot, confused** | Section 27.3 (cool first, then move) |
| **Dangerously cold: stumbling, slurring, shivering stopped** | Section 27.4 |
| **Snakebite, bad sting, spider bite** | Section 27.9 |

Three more places matter in an emergency. **The First Five Minutes**, right after this index, holds the whole system on two pages; copy it and tape it inside a cabinet door. And **Appendix C** holds the numbers you won't remember

under stress: breathing rates by age, the rehydration recipe, the bleach drops, the doses of the family shelf. When a symptom is not on this page, **Appendix A** sorts it by what you can see, hear, and count.

## If today is a calm day

Then you have the only resource that matters in medicine: time. Use it in this order (Section 1.8).

1. **Read Part I, The First Hour** (Chapters 1 to 6). This is the material you will never have time to look up when you need it. It has to live in your head and your hands.
2. **Do the drills.** Every chapter ends with one: a practice you can run at your kitchen table or in your yard. Every drill has a measurable goal and names the mistake it exposes. A protocol you've run once with your own hands works differently under stress than a page you once read. Appendix D strings the chapter drills into a family program for the year.
3. **Build the baseline** (Section 1.7 and Chapter 25). Water, sanitation, the family pharmacy, the health sheets. The quiet work that prevents most of the medicine in this book.
4. **Read the chapters that are about your house.** Someone in your family is diabetic? Chapter 17 is this winter's required reading. Small kids? Chapter 18. Somebody's pregnant? Chapter 19.

## How the boxes work

Inside every chapter the same few boxes do the same few jobs, so a tired reader always knows where to look:

**IF YOU REMEMBER ONE THING:** At most three moves, before the chapter's first section. Everything after it unpacks those moves.

**DO NOT:** The mistakes that hurt people, named and closed.

**GO NOW:** Warning signs. Any one of them means you leave, or send for help, now.

**IF YOU HAVE NOTHING:** The improvised version, from what is already in the house.

Every chapter then closes the same way: a **No Doctor Coming** section that says how long you can hold at home, what tells you to give up and go, and what to do if going is impossible; a **Drill**; a **Kit List** with counts; and a **SOURCES** block naming the public documents behind the chapter.

One promise before you turn the page. Nothing in this book rests on the author's opinion. Where a number or a protocol matters, the military field manual or government clinical guideline behind it is named right there in the text, like this: (TC 4-02.1). Chapter by chapter, Appendix B gathers them. Whenever a voice in your head asks *says who?* while your hands are on a human being, this book always has an answer.

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# THE FIRST FIVE MINUTES

*These pages. The whole system. In order. Tape a copy where the family can find it.*

**0. BREATHE OUT ONCE.** One long, slow exhale before you kneel. Say out loud what happened: "He fell off the ladder." Naming it starts your brain. Panic spreads to everyone at the scene within seconds. So does calm, and you are the source of one or the other. *(Section 2.2)*

**1. DANGER: 10 seconds.** What made them a casualty can make you one: live current, gas, fire, traffic, a leaning wall, falling ice, deep water. Stop what you can stop. If you cannot make the spot safe, the person comes out before any treatment. Do not become patient number two. *(Section 2.1)*

**2. BIG BLEEDING, before anything else.** Sweep your eyes head to toe. Look for blood pouring, spurting, or pooling, and clothes going dark and heavy. Found it? *(Section 3.2)*

- **Press hard. Now.** Then 10 full minutes by the clock without lifting once. *(Section 3.4)*
- Deep and still pouring, in the groin, armpit, neck, or a hole too high on the limb for a strap? **Pack it:** gauze into the hole until it is full, then press 3 minutes with hemostatic gauze or 10 minutes with plain gauze. *(Section 3.5)*
- An arm or leg emptying fast? **Tourniquet:** 2 to 3 inches (5 to 7.5 cm) above the wound if you can see it clearly; if you cannot, or there is no time, high and tight on the limb. Tighten until the bleeding stops, write the time, never loosen it on a schedule. *(Section 3.6)*

**3. AIRWAY.** Not fully awake but breathing? **Roll them onto their side.** Snoring or gurgling? Tilt the head and lift the chin, or push the jaw forward, and clear the mouth. *(Section 4.2)* Not breathing? Start CPR. *(Section 4.5)*

**4. BREATHING.** Count for a full minute at rest, while you seem to be taking the pulse; people breathe differently when they know they are watched. An adult at rest takes **12 to 20 breaths a minute**. Above 20, the adult is in

trouble; at 30 or more, it is an emergency. Blue lips, hard work to breathe, or one side of the chest not rising: expose the chest. A hole in the chest gets sealed. *(Sections 2.5 and 4.10)*

**5. SHOCK. Assume it.** Anyone bleeding, badly burned, or badly hurt: lay them flat on their back, slide insulation under them, cover them, head included, and stay beside them. A pulse climbing past 100, skin going cold and pale, and a mind sliding from anxious to confused mean it is already here. *(Sections 5.3 and 5.5)*

**6. MIND.** Speak loud, squeeze the shoulders, and write how awake they are with the time: Alert, responds to Voice, responds only to Pain, or Unresponsive. In a diabetic, check for low sugar. *(Section 2.4)*

**7. HEAT.** Wet and cold kill the injured while you work. Strip wet clothes and insulate under and over; in hot weather, give shade and water. A hurt body loses its thermostat. *(Sections 2.3 and 3.11)*

**8. NOW, and only now, decide. HOME**, **WATCH**, or **GO NOW**. Run the main tree of Section 2.3, then the stay-or-go question of Section 1.2. Write down what happened and when; you will not remember. Under stress nobody does. Then do the whole check again in 15 minutes and compare. *(Sections 2.9 and 2.10)*

**The order is the message.** Bleeding before airway. Airway before splints. Shock before comfort. People die in this order, so you work in this order, and you do not skip steps for the injury that looks dramatic. The broken arm is loud. The quiet bleed is the killer.

# WHY THIS BOOK RUNS ON A CLOCK

Walk into any bookstore's health section and you'll find medicine arranged like a filing cabinet: bones here, stomach there, skin in the back. That arrangement is fine for a library. It's useless at 2 a.m. in a house with no power, because emergencies don't arrive in alphabetical order. They arrive in time order, and the time they give you is the one fact that decides everything you do.

So this book is built on a clock instead. It runs from the killers of the first hour, through injury and illness, to the members of the family who need different numbers, then the long siege, and last the choices you make before any of it happens.

**Part I: THE FIRST HOUR** (Chapters 1 to 6). The gap itself (when the system fails), the assessment, massive bleeding, airway and breathing, shock, and the big sudden ones: heart, stroke, seizure, sugar, anaphylaxis, poison. The problems that end a life before any ambulance, even a working one, could arrive. This part has to live in your head, because there is no time to look anything up.

**Part II: INJURY** (Chapters 7 to 11). Wounds, broken bones, burns, head injuries, and the decision to move someone at all. Mishandle them and you turn a bad day into a life sentence. Handle them right and the next weeks go your way. Here the book works as a bench reference: one person reads steps aloud, one person works.

**Part III: ILLNESS** (Chapters 12 to 17). The quiet enemies: infection finding the wound, diarrhea draining a child, pneumonia settling into a chest, a household drinking its own mistakes, the family pharmacy, and chronic disease with no refills. In the history of disasters, this is where most of the dying happens (Section 1.4), and the dying is preventable if someone sees the turn early. This part teaches you to see it early.

**Part IV: FAMILY** (Chapters 18 to 21). Children, birth and women's health, teeth, eyes, ears and skin, and minds under siege. The chapters nobody wants to need, written plainly for the day you do.

**Part V: THE LONG SIEGE** (Chapters 22 to 24). Radiation and poisoned air, epidemic at your door, and nursing the patient who stays in bed for weeks.

**Part VI: DECIDED IN ADVANCE** (Chapters 25 to 27). The kit, derived from everything before it; triage, the hardest chapter; and the elements: heat, cold, water, altitude, lightning, fire, and the animals that bite. These are the decisions a household makes on a calm day, so that it never has to invent them on a bad one.

Inside every chapter the same clock runs again. One decision question opens it, and one tree answers it, and every tree ends in one of three words: **HOME** (we treat it here), **WATCH** (we check on a schedule, every 15 minutes or every 4 hours), or **GO NOW** (we leave, or send for help, now). Then come the slower problems, then the long care, then the **No Doctor Coming** section: how long you can hold, what tells you to go, and what to do if going is impossible. When you're calm, the structure reads naturally. When you're not, it aims you (Section 1.8).

## Where this book gets its medicine

Every protocol in this book is traceable to a named public source: United States military field manuals and clinical practice guidelines, federal emergency guidance, and the published field references of the world's major medical relief bodies. These are documents written for medics working where you'll be working: places where the hospital is far, the gear is short, and the evacuation is uncertain. Where a specific number or protocol matters, the source sits in parentheses right beside it. Each chapter closes with a SOURCES block, and Appendix B gathers them chapter by chapter, so you can pull the originals, most of them free public documents, and check anything in this book against them.

You should. Checking is the correct instinct, and this book is built to reward it.