

TREATMENT AND WARD RULES FOR BLAST INJURIES

Blast injury results from the impact of blast waves produced by explosions and causes lesions in those in the immediate vicinity. Such lesions are characterized by hemorrhages and tears of varying degrees in various tissues and organs of the body, but predominantly in the chest and brain. The injury frequently causes shock.

1. Treat the patient for shock according to the rules set down on the shock sheet. T.P.R. every hour.
2. In associated lesions to the external parts of the body with hemorrhage, control the hemorrhage by compression and firm bandaging if possible.
3. Obtain a history (detailed) and all information as to the probable cause of the injury and the manner in which it was inflicted.
4. Place the patient at complete rest on a litter or bed as soon as possible.
5. Observe the patient carefully and not:
 - a. Location of pains
 - b. Hemorrhage from ears, nose, or throat
 - c. Blood-stained sputum
 - d. Degree of respiratory embarrassment.
 - e. Presence of abdominal rigidity.
 - f. Blood-stained urine and stool.
6. Blast injuries are frequently associated with injuries inflicted by missiles, flying objects, etc. Be on the alert for such wounds.
7. Chest and other films indicated should be made as soon as the condition of the patient permits.
8. Surgery for associated injuries is based only upon the strictest of indications; namely, severe hemorrhage, and should not be done with gas anesthesia if this can be avoided.
9. Rest to the lungs is of great importance and can be achieved by:
 - a. Morphine in 1/6 to 1/4 gr. doses - only on direction of the Ward Officer.
 - b. Strict immobilization of the patient.
 - c. Oxygen - continuously by catheter intr-orally, or intra-nasally.
 - d. Be on the alert for the recurrence of shock or hemorrhage and treat, adequately with blood or plasma as indicated.
10. Be on the alert for the early onset of pneumonia (48-72 hours) and begin treatment with sulfonamide compounds as directed by Ward Officer as early as possible.
11. Hemorrhages into other organs and tissues of the body very rarely require intervention.
12. During bombings or shelling, seek adequate shelter in gutters, holes, cellars, etc. If no cover is available, lie on the abdomen, so that the heavily muscled posterior aspect of the chest wall is presented to the blast wave. A protective cover of heavy rubber or other resilient material would be ideal prophylaxis but probably not very practical.