

CHAPTER 5 GENERAL PROCEDURES: INSPECTION AND TREATMENT

(NATO STANAG 2122, CENTO
STANAG 2122, SEATO STANAG 2122)

You must prevent skin disease if you can. But, if you fail to prevent it, then you must aim to limit the damage. In tropical areas, this means that you must inspect the skin frequently and as soon as you spot damage to the skin, you must treat the lesion *immediately*, thoroughly, and gently. This chapter offers you some guidelines on inspection and treatment. More specific information and procedures are found in Chapters 6, 7, 8, and 9, and in the Appendix.

Inspection

Visually inspect the skin of each member of your company after each mission. To do your inspection properly, you must be able to see the skin well. Have personnel step outside, or into a well-lighted area. In addition, have them wear only their underwear or a towel and a pair of shower shoes.

Treatment

Emphasis is placed on immediate treatment of lesions because, in the tropics, minor skin lesions can become serious and incapacitating injuries very quickly. For example, if not treated early, a small abrasion can become an ulcer and a small patch of ring-worm can spread to cover half the body.

SOOTHING TREATMENTS

Unless you are reasonably sure the patient has a fungal or a bacterial infection, it is better to soothe the skin than to kill the "germs." More damage can be done by "overtreatment" than by "undertreatment." As a rule, highly inflamed, blistered, or oozing areas require gentle and calmative treatment. Application of wet soaks, removal of restrictive clothing, and administration of anti-itch tablets (Rx No. 5) soothe the affected area, prevent rubbing of clothing, and encourage the patient to stop scratching by eliminating the itching. In addition, immobilization of the affected part provides the necessary rest.

Soaks

Cool and warm wet soaks are not practical in combat situations, but are frequently used in aid stations. Cool, wet soaks are applied to

acutely inflamed, oozing, or infected skin. They relieve pain or itching, reduce inflammation, soften crusts, remove accumulated secretions, and promote drainage of pus. Warm, wet soaks, on the other hand, are used to apply heat to an abscess or to a boil. They aid in bringing the boil to a head.

The general soaking procedure is as follows:

To lessen the chance of infection, use potable water.

To relieve severe itching, put a couple of ice chunks in the water.

If infection is present, warm the water to a comfortable temperature, but not so hot that you will scald the patient.

When removing dried secretions and crusts, such as in treating infected dermatitis, add just enough surgical detergent (Rx No. 4) to make the water cloudy.

Use a compress to soak a limited area on a leg, arm, or thigh.

Employ a helmet, pan, plastic bag, or bucket to soak hands, toes, or feet.

Use a cup to soak a finger.

Under usual circumstances, continue the soaking procedure for a period of 10 to 20 minutes and repeat, two to four times a day.

When softening hard crusts, extend the initial soaking period to 45 or 60 minutes.

Specific instructions for soaking with a compress are:

Use a towel, a washcloth, or a 4-x4-inch or 4-x8-inch (10-x10-centimeter or 10-x20-centimeter) gauze pad as the compress.

Thoroughly wet the cloth.

Apply to the affected area.

Change every 3 to 10 minutes, or whenever the compress approaches skin temperature.

In changing, take the compress off completely, immerse it in the water or solution, wring it out, and reapply.

Be sure to completely rinse the compress each time.

Misapplication of wet soaks can result in complications. Prolonged wet soaks can damage the skin by either making it too soggy or too dry.

Check patients requiring soaks daily.

Make adjustments in the number of soaks to be done and in the time of application.

Skin damage can also occur if the soaks are covered with plastic or rubber sheeting. Such covering prevents evaporation, encourages the skin to become soggy, and reduces the effectiveness of the soak.

Do not cover soaks with plastic or rubber materials.

CREAM TREATMENTS

Using antifungal and antibacterial creams

Both antifungal and antibacterial creams (Rx Nos. 1 and 3) are applied in the same way.

Rub the cream gently and thoroughly into the infected areas until it disappears.

Rub it in *immediately* after obstructing crusts are removed.

Rub it into the areas that were infected for 2 weeks after the skin is healed.

Explain to the patient

In treating the areas that were infected for 2 weeks after they are healed, you are preventing the return of the infection.

Use caution

If the cream is still visible, too much cream is being used. Be especially careful in the groin area and between the toes to rub the cream in until it disappears. Use the proper medicine; i.e., use the antibacterial cream for a bacterial infection and the antifungal cream for a fungal infection.

Adverse reactions

A skin lesion may not improve or may become worse; i.e., become redder, itch more, and weep or ooze, with the antibacterial or antifungal cream treatment. This situation may arise if:

The medicine is applied incorrectly; i.e., too much or too little is used, the rubbing is too vigorous, or the cream is not used often or soon enough.

The wrong medicine is used; i.e., an antibacterial medicine is used against a fungal infection, an antifungal medicine is used against a bacterial infection, or an antifungal or antibacterial medicine is used to soothe an allergic reaction or skin irritation.

The patient has an adverse reaction to the medicine; i.e., the medicine is too strong or the patient is allergic to the medicine.

Remedies

Use the following remedies to counteract any adverse reactions.

The medicine is applied incorrectly. *Review and closely follow the directions for application.*

The wrong medicine is used. *Stop the treatment; review your diagnosis; and administer the correct medicine, or get the patient to the doctor.*

The patient has an adverse reaction to the medicine. *Stop the treatment. Evacuate the patient if the reaction is severe or if improvement does not occur within 48 hours.*