



BOY SCOUTS OF AMERICA

HYCOTEE HERALD

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June 2010

SummerTime

Think of all the great ideas for Summertime Fun activities – Fishing Derby, Raingutter Regatta, Beachless Beach party, places to go and things to do.

Let's keep our Cubs interested over the summer by keeping them busy. And keeping them outdoors. Don't give them the chance to have to think about signing up again in the fall. Keep them active (once or twice a month) and then Scouts just becomes the natural thing to do. They just do more of it in the winter.

Summertime Fun Planning

Have an interesting Leaders' meeting this month setting up your summer program. After Spring Recruiting you need a decent summer program for the new recruits or we would lose them before the fall.

Try to adopte a philosophy of two events per month – one paid and one free. That way everyone has a chance and no one can say they could not afford the events.

In June it is time for an annual Pack Picnic or a day trip to a local park. (Survey parents and see what they would like to do, but be sure to have several suggestions. In July, it is Baseball game and a Car Wash. In August, brings Ice Cream Socials or Raingutter Regatta or a Space Derby. The other events could include a pack soccer tournament, to help the Scouts get ready for Fall soccer, or an Ultimate tournament. Belt Loops for those who come on out!!!

So get them outside and have fun.



Calendar

June

- 4..... Rockingham County Roundtable
- 5..... Pinewood Fun Run
- 17..... Cherokee District Committee Meeting
- 20..... Father's Day
- 20-24 WEBELOS Summer Camp - Week 1
- 20-27 BS Summer Camp - Week 1
- 21-25 Cherokee District CS Day Camp
- 27-1 WEBELOS Summer Camp - Week 2
- 27-3 BS Summer Camp - Week 2

July

- 4..... Independence Day
- 4..... WEBELOS Summer Camp - Week 3
- BS Summer Camp - Week 3
- 11..... WEBELOS Summer Camp - Week 4
- BS Summer Camp - Week 4
- 15..... Cherokee District Committee Meeting
- 18..... BS Summer Camp - Week 5
- 25..... BS Summer Camp - Week 6



Pinewood Derby Fun Run

When: June 5, 2009

Time: 9:00 am until 12:30

Where: Palace Pointe

Who's it for???? All the Person County Cubs!

We're having a "Fun Run"• on Saturday, June 5, 2009 at Palace Pointe. This will be a chance for all the Person County Cub Scouts to come and run those cars you worked so hard on "just "ONE MORE TIME."

We will begin with car check in at 9:00am - at which time your cars will be weighed, measured and impounded. We will then have Pack run offs for fastest cars for each den those winners will hang around to compete later in the morning - those not winning are strongly encouraged to enter the most creative and most beautiful competitions.

Each Pack that intends to participate needs to schedule their times, so that ALL boys have a chance to race at least once more.

If anyone knows of someone or group who is willing to donate money to help pay for ribbons and trophies please contact Fran Bradsher - email is best - bradsherf@gcs.k12.nc.us or Sharon Hamlett - Hamlett@esinc.net - we'll have certificates for participation but would love to have medals of some type for the day.

Place Pointe is graciously allowing us to set up and run at their place and the only thing they ask is that we don't bring in ANY outside food or drink. The Diner will be open for those needing a caffeine or sugar fix!!

****OH, DADS, leaders or young at heart scout supporters - if we have enough cars - we will run an "old timer's race!!"•

*****Reminder - the cars must be built out of the BSA Pinewood Derby kit - not cars purchased elsewhere.

National Summertime Pack Award

A pack can earn the National Summertime Pack Award by doing three pack activities when school is out for the summer—one activity each in June, July, and August. Packs that qualify get a colorful streamer for their pack flag. Dens that have at least half of their members at the three summer pack events can earn a den ribbon. Pack members who take part in all three events are eligible for the National Summertime Pack Award pin, to wear on the right pocket flap of their uniform.

If a pack is in a "year-round school" (or is part of a home-school association), the pack could earn the Summertime Pack Award by having a special pack activity during school breaks.

Tick bite fever

One of the best things about growing up in the country is being able to go outside anytime you want. One of the worst things is all the bugs you have to put up with especially ticks. I remember as a boy how we'd "look" ourselves for ticks after playing outside. Often, we'd find one or two. Sometimes we'd be covered-on our pants, down our shirts, in our ears. It was the kind of thing that made you want to spit.

Description

- √ Tick bite fever is a bacterial infection transmitted by ticks.
- √ Symptoms of tick bite fever may include include fever, headache, malaise and a skin rash.
- √ Being bitten by ticks usually occurs during outdoor activities in rural or wilderness areas.
- √ The symptoms of tick bite fever can vary considerably in severity.
- √ Tick bite fever can be treated with antibiotics such as doxycycline.

What is tick bite fever?

Tick bite fever (rickettsia) is caused by a bacterial infection transmitted by ticks. This condition occurs in many areas of the world and is often known by a variety of names.

What causes tick bite fever?

The organism that causes tick bite fever belongs to the Rickettsial family of bacteria. There are a number of different species of Rickettsias. These organisms are relatively small – about 2/1000ths of a millimetre long – and are only able to survive inside cells. They are found in certain wild and domestic animals, and ticks acquire the organisms when they feed on these animals.

When the tick bites a human, the bacterium is transmitted in the saliva. The bacteria can also be transmitted from ticks to their offspring when still in the egg stage i.e. the Rickettsiae infect the eggs of the tick and thus infect the offspring.

How do you catch tick bite fever?

As mentioned above, the organisms are transmitted in the saliva of an infected tick when it bites humans. Alternatively, if the tick is crushed on your skin, the rickettsias may be able to enter through a small abrasion.

Being bitten by ticks usually occurs in rural or wilderness areas i.e. when you are out camping, hiking in long grass etc. The ticks that are able to harbour the organism belong to either the

Amblyomma, Dermacentor or the Rhipicephalus family of ticks. The Amblyomma ticks actively seek out humans to feed on, while Rhipicephalus ticks tend to lie in wait on grass, and will bite you if you walk past.

Symptoms and signs of tick bite fever

If you get bitten by an infected tick, the incubation period (the period between being infected and displaying symptoms) is about five to twelve days. Symptoms can vary, depending partly on the organism involved. Your age and underlying health may also influence the severity of the infection.

Typical features may include the presence of a black mark where the bite occurred, and fever, severe headache and a rash. The black mark at the site of the tick bite is called an eschar (or a tache noir), and looks like a small ulcer (2-5mm in diameter) with a black center. It may look something like a spider bite. The eschars can be single or multiple and can sometimes be very difficult to find. The eschar usually appears once the fever appears, as does the headache and malaise

(general feeling of ill-health). Lymph nodes near the eschar may be enlarged.

A rash is usually, but not always, a feature of tick bite fever (it is supposedly less likely to occur in someone infected by *R. africae*), but when it is present, it consists of small red marks on the skin, sometimes raised slightly above the surface. It typically starts on the limbs and spreads to the trunk, and can involve the entire body, including the palms of the hands and soles of the feet.

Symptoms

- ◆ abrupt onset of fever
- ◆ sweating, excessive
- ◆ severe muscle aches
- ◆ joint stiffness
- ◆ headache
- ◆ photophobia (sensitivity to light)
- ◆ nausea and vomiting
- ◆ generalized weakness
- ◆ occasional faint rash

How is tick bite fever diagnosed?

Your doctor will examine you and question you about your symptoms and whether you could have had recent exposure to ticks. The typical scenario would be that you had been hiking or camping in a

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rural or wilderness area, and were therefore in contact with ticks. About a week later, you would have experienced a severe headache, fever and generally felt poorly. You may also have a rash and/or an eschar, and enlarged lymph nodes near the eschar. The presence of the rash and an eschar is a very strong diagnostic sign for tick bite fever. Some other conditions that may be confused with tick bite fever are infection with *Neisseria meningitidis* (the meningococcus, which causes meningitis and a skin rash), measles and German measles. The pattern of the rash is different in measles and

German measles, and the rash in meningococcal infection tends to occur more rapidly, and looks like severe bruises rather than small red marks.

Because the organism lives inside cells, it is very difficult to culture it in a laboratory, and this isn't routinely offered as a diagnostic test. However, your body makes antibodies (proteins that attack invasive substances or organisms) to the bacteria, and these can be looked for in the laboratory. These serological tests are the main method of confirming a diagnosis of tick bite fever. However, sometimes the tests only become positive after a couple of weeks, so while they may help to confirm a diagnosis, they are not always immediately helpful early on in the infection. If you have typical symptoms of the infection, and a history of possible exposure to ticks, your doctor may decide to treat you before results of the serological tests are known.

How is tick bite fever treated?

Some forms of tick bite fever are fairly mild and self-limiting – people may get better on their own without specific treatment. This can take up to two weeks however, and treatment with an antibiotic can shorten the duration of symptoms and reduce the chance of a serious side effect. In severe cases, antibiotic therapy is more important, and can be life saving. The antibiotic doxycycline is the preferred agent for treating tick bite fever. Some people are not able to take doxycycline, in which case chloramphenicol, or sometimes ciprofloxacin, may be used instead.

Experience with using ciprofloxacin is more limited than with doxycycline or chloramphenicol. In addition, the use of antibiotics like clarithromycin and azithromycin for treating tick bite fever is being studied. These agents may be especially useful for treating pregnant women with tick bite fever.

Can tick bite fever be prevented?

The easiest way to prevent tick bite fever is to avoid being bitten by ticks. Avoiding rural or wilderness areas where ticks are likely to occur is one way to achieve this, but not a great solution if you enjoy hiking and camping. Other measures are generally common-sense, such as wearing insect repellents and long trousers and sleeves. When walking or hiking in tick-infested areas, tuck long pants into socks to protect the legs, and wear shoes and long-sleeved shirts. Ticks will show up on white or light colors better than dark colors, making them easier to remove from your clothing. Check yourself and your pets frequently. If you find ticks, remove them immediately by using tweezers, pulling carefully and steadily. Insect repellent may be helpful.

There is no vaccine against tick bite fever, and taking prophylactic antibiotics (as one does for malaria) has never been shown to be effective or necessary.

When to call the doctor

Things that should make you suspicious of tick bite fever would be potential exposure to ticks (either by hiking or camping, or you think you've been bitten by a tick imported by your favourite pet!) along with fever, headache, a rash and a black ulcer-like lesion (the eschar). In this sort of rather obvious scenario, it is advisable to see your doctor. Unfortunately, the eschar is not always visible, so the absence of an eschar shouldn't lull you into a false sense of security. Another problem is that the symptoms of fever, headache and a rash are very common (many viral infections, for example, can cause this).

In these less obvious situations, the decision of whether or not to consult a doctor depends to some degree on how ill you feel, and what your underlying state of health is (your age, any other health problems, any regular medication etc). As with most illness, some common-sense is required, but if you are in any doubt and you are feeling unwell, it would be best to consult your doctor.

A little background

A little background, taxonomically speaking, is in order. First, there's, the animal kingdom that much is easy. Then phylum: for ticks it's Arthropoda which in layman's terms means joint legged creature. Next is class: spiders, scorpions, ticks and mites (all of which have eight legs and no antennae) make up the Arachnida class. Ticks are then singled out un-

der the super family Ixodoidea and then divided into two distinct subfamilies, Argasidae (soft ticks) and Ixodidae (hard ticks) Distinctions within a family are denoted by genus and species, with about 800 species described worldwide. Both hard and soft ticks are potential disease carriers, but hard ticks are the main vectors in transmitting tick-borne diseases to man.

Where do ticks come from? They come from eggs a one-time batch of as many as 5,000 per female in hard-tick species. The larvae that hatch out are called seed ticks. These are not “worms.” as the stage name might suggest, but miniature versions of adult ticks. Seed ticks have only six legs and are unable to reproduce. Their top priority is getting their first meal.

For a deer tick-the primary carrier of Lyme disease-this is not what you'd call an exercise in fine dining. Deer ticks prefer back-alley eateries like the Rat's Back or Mouse Far Lounge. The meals at these places are enormous. Adult ticks can take on anywhere from 200 to 600 times their unfed body weight. But as it goes with back-alley eateries, sanitation is sometimes a problem. And so along with its meal, the lama may also ingest a spiral shaped spirochete bacterium known as *Borrelia burgdorferi*, the organism that causes Lyme disease.

After completing the meal (and while .still hanging out at the Rat's Back), the larva molts. forming an eight legged nymph. Then it's back to the buffet for meal number two. When this engorgement is complete, the nymph drops off the host and hides in leaf litter to molt into an adult capable of reproduction-capable, that is, after a third and final feeding.

With this meal as its goal, the adult tick climbs a blade of grass or a weed stem. Then. when it detects movement, heat or the “smell” of CO₂, it waves it,, forelegs in the air, hoping to catch a ride with some unsuspecting traveler in this case, usually a deer. Tick and mite experts (acarologists) call this behavior “questing.”

It can take several months for a tick to make contact with a suitable host. As one writer puts it. ticks are “great exponents of the gentle an of waiting.” Just how many die in the process is not known. What we do know is that adult ticks can live up to five years without feeding. According to Cynthia Mills, a doctor of veterinary science from Salem, Oregon, ticks are able to “suck water from the air, and [they] bother to breathe [only] four times a day.” As one

researcher puts it. “Nothing's on but the pilot light.”

That's one reason why ticks are sometimes so plentiful. Other factors include El Nino winters and, of course. the number of eggs the females lay. And as for those times when you end up with three ticks on one leg. Its possible that you've stumbled into a nest of recently hatched larvae. But a more likely explanation comes from a team of Ohio State University- scientists: ticks, it seems, are drawn to road-sides by simple vehicle activity-the aforementioned movement, heat and CO, from exhaust.

So does all of this mean that anyone taking a walk on a country road may as well hang a sign around his neck, reading: “Tick Bait?” No, but it does mean you should it go tromping in ditches in the middle of summer, when ticks are most active. Other ways to protect yourself are pretty much common sense:

- ◆ Keep the area around your home free of tall grass and weeds.
- ◆ Stay to the center of pathways when walking through places you know to be tick-infested.
- ◆ Wear light-colored clothing with long sleeves and tuck your pants into your hoots.
- ◆ Use a permethrin-based repellent on outer clothing. Permethrin is a synthetic version of pyrethrum, a chrysanthemum extract.
- ◆ And don't forget to look over yourself and your kids every few hours; tickborne diseases are not passed to a host immediately, so removal of a tick, even three hours after the initial bite, greatly reduces the chance of disease transmission.



SNAKES

How many species of venomous snakes live in North Carolina?

Six: copperhead, cottonmouth, timber rattlesnake, pigmy rattlesnake, eastern diamondback rattlesnake and eastern coral snake. There are also 31 nonvenomous species in North Carolina, for a total of 37 species.

- Copperhead
- Cottonmouth
- Timber rattlesnake
- Pigmy rattlesnake
- Eastern diamondback rattlesnake
- Eastern coral snake

Which is the most dangerous?

Although the eastern coral snake possesses very powerful venom, it is rare in the state and no bites have been recorded. The eastern diamondback rattlesnake has a large quantity of venom that is more toxic than that of the timber rattlesnake, pigmy rattlesnake, cottonmouth or copperhead. However, it, too, is quite rare.

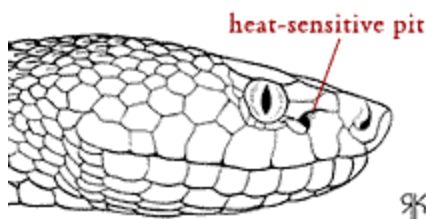
The copperhead can be considered the most dangerous in North Carolina simply because in many areas of the state, it is the only venomous snake you are likely to encounter. The copperhead is more likely to occur near human dwellings than other venomous species, and it is responsible for the vast majority of venomous snakebites.

Can a copperhead bite be fatal?

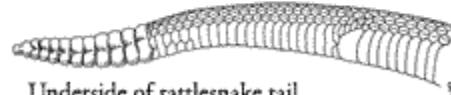
Fortunately, copperhead venom is relatively mild. The bites are painful, but deaths from copperhead bite are extremely rare. When proper medical assistance is received, the bite normally causes no permanent injury. Medical assistance should always be sought for any venomous snakebite.

What is a pit viper? Do any live in North Carolina?

Five of North Carolina's six venomous species are pit vipers. The distinguishing feature is the heat-sensing pit, or indentation, between the eye and nostril on each side of the head (lateral head figure, right). The pits face forward and are used to detect differences in temperature. The snakes' "binocular" heat-sensing ability allows them to detect in total darkness



Underside of copperhead/cottonmouth tail



Underside of rattlesnake tail

the location and probably the size of warm-blooded animals. This faculty is primarily used to acquire food—just as snake venom

is. However, it also can help snakes detect the presence of animals that might prey upon or otherwise harm them.

All pit vipers have vertical, elliptical pupils, and most of the scales under the tail are in a single row, (tail figure, left) although these characteristics can be difficult to observe.

The eastern coral snake is the one venomous species in North Carolina that isn't a pit viper. It has many characteristics in common with the 31 nonvenomous snakes, which have round pupils, no pit and a double row of scales under the tail (tail figure, right).



Underside of tail of coral snake and non-venomous snakes

How can I avoid snakes?

You can reduce the likelihood of their presence near your residence by removing items they might use for shelter – or which their prey might use — such as scrap sheet metal, boards, woodpiles and similar debris. Raising materials off the ground promotes dryer storage and attracts fewer critters. When woodlands and other plant communities are nearby, eliminating the possibility of a snake is virtually impossible. Learn to identify the dangerous species in your area, and be cautious when conducting activities that could promote encounters (e.g., don't walk around barefooted outdoors at night when the copperhead is on the prowl for food).

What's the correct way to deal with snakebite?

- 1 Stay calm. Call 911 or Carolinas Poison Center at 1-800-848-6946.
- 2 Try to identify the snake by sight only. Look for color, markings and head shape.
- 3 Do not try to kill the snake; it could bite again.
- 4 Keep the patient calm and immobile (preferably lying down).

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- 5 Keep the affected limb at an even level with the rest of the body.
- 6 Do not use a tourniquet.
- 7 Do not cut the wound.
- 8 Do not try to suck out the venom.
- 9 Do not pack the wound in ice.

Where are snakes found?

More species of snakes occur in the Coastal Plain (36) than in the Piedmont (29) or the mountains (21). In most habitats, nonvenomous snakes far outnumber venomous snakes in both number of species and number of individuals. One or more species of snakes are likely to occur in most natural habitats that are not intensively manicured. Riparian habitats along stream corridors probably have the highest diversity of snakes.

Which snake is the most common in North Carolina?

The most common snake in North Carolina very likely is the eastern worm snake. The largest one recorded from the state was 330 mm (13 inches). It is usually seen when dug up or uncovered while moving objects such as logs or mulch. The rat snake and black racer also are commonly seen large snakes that are active by day and live in habitats frequented by humans.

What's good about snakes?

Some eat rats and mice that damage crops and property, and carry diseases; all are important parts of their ecosystems. Some also have beautiful colors and markings, and many help people learn about the natural world. Snake venoms have been used in a variety of medical applications. In some parts of the world, snakes are considered valuable food items, prized for high-priced leather products and revered as mythical creatures.



Brown Recluse

The name "Brown Recluse" describes the color and the habits of this increasingly infamous spider. Brown Recluse spiders, with the scientific name of *Loxosceles reclusa* are one of the few spiders in the United States that are known to be very harmful to humans. It is regarded by some as more dangerous than the Black Widow spider because it is considered a house spider and isn't as simple to identify.

Appearance and Identification

Adult Brown Recluse spiders are yellowish-tan to dark brown. They have long, thin gray to dark brown legs covered with very short, dark hairs. Both male and female spiders are similar in appearance and are equally venomous. Young Brown Recluse spiders are smaller and somewhat lighter in color. The most distinguishing mark on a brown recluse spider is the presence of a dark brown or black violin or fiddle on its back with the violin's "neck" pointing toward the rear of its body. For this reason, they are sometimes called "violin spiders" or "fiddleback spiders".

The presence of a violin-like marking on the back of a spider is not conclusive evidence of a brown recluse spider. There are other species of spiders which have markings that resemble violins. The brown recluse spider does not have any markings on its abdomen. If you see a spider that has markings on its tail end, it cannot be a brown recluse spider. The color of the abdomen is tan to brown, but may appear darker if the spider has recently fed.

The spider has 6 eyes in 3 pairs arranged in a semi-circle in front of the violin. This is uncommon since most spiders have 8 eyes. The average size of a mature Brown Recluse spider is about the size of a quarter.

Diet and Feeding Habits

Brown Recluse spiders feed on cockroaches and other insects. They do not spin webs to catch prey but instead hunt for their prey or wait until an insect comes in close proximity to them. Mobile prey like houseflies and relatively harmless prey are held down with the initial bite while the venom does its work. With prey that might be more harmful to the spider, such as other spiders or ants, the Brown Recluse spider will lunge and bite the prey in a vulnerable area and immediately back away while the venom acts to quickly paralyze them. The spider then moves in to feed. The same venom that acts to liquefy an insect's innards for consumption also causes the "flesh rotting" appearances as shown on the right.

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During the day, Brown Recluse spiders spend their time in quiet, undisturbed places. If they are seen roaming during the day, pesticide applications, hunger, overcrowding or a desire to find a mate has probably brought them out. Sometimes they will be discovered trapped within a smooth surface such as a bathtub or sink. But because they are primarily nocturnal, they will typically begin to stray from their hiding place about an hour or two after dark. This is when they spend their time hunting for food. This explains why many bites occur while victims are sleeping. While they are hunting for food, they may crawl up onto a bed and bite when the victim inadvertently rolls onto the spider during normal sleep movements.

Brown Recluse spiders are remarkably resilient and can survive 6 to 12 months with no food or water and have an average life span of 2 to 4 years. In laboratory conditions, they have lived as long as 7 years.

Location

Brown Recluse spiders prefer warm, dry locations. Here are some places where they are typically found indoors:



Dangers to humans

Relatively few spiders are able to pierce the human skin, but the Brown Recluse spider is one of

them. Brown Recluse spiders are non-aggressive. They typically hunt at night and most people are bitten by them through accidental contact while putting on clothes, rolling over them in bed at night, or coming into contact with areas where they prefer to dwell. Brown Recluse spiders generally bite when trapped between the skin and another surface such as bed sheets. The bite frequently goes unnoticed until the serious after-effects begin to settle in. The spiders are active in temperatures ranging from 45o F to 110o F but bites can occur at any time of the year in a heated home where there is a constant temperature

Precautions

- ◆ Check your bed before getting into it, especially if the bed has been unused for a while. Keep beds and cribs away from the wall. Remove bed skirts to reduce the chances of Brown Recluse spiders crawling in or on your bed.
- ◆ Shake out your clothes before putting them on.
- ◆ Avoid putting clothing on the floor when you go to bed at night.
- ◆ Shake out your shoes before putting them on.
- ◆ Wear gloves and long sleeved shirts when cleaning out or emptying closets, boxes or containers that are usually left undisturbed.
- ◆ Wear gloves and long sleeved shirts when gathering wood from woodpiles, cleaning out garages, barns, sheds or other outbuildings.

FIRST AID & HEALTH

When journeying into the wilderness it is important to carry a complete first aid kit and book. It is also wise to take a first aid course. A good diet, cleanliness and appropriate clothing will lower the risk of harmful situations.

Disease, infection and often, insect bites can be avoided when maintaining a proper diet. It is important to bathe daily but if this is not possible be sure to wash your hands frequently. Soap can be made using ashes and animal fat or by boiling the inner bark of a pine tree. Construct a toothbrush by mashing the end of a green twig. When setting out for your journey remember to pack a wide range of clothing and extra footwear.

FIRST AID

If an accident occurs in the wilderness it will be your responsibility to deal with the situation. The specific sequence of actions when dealing with this situation is:

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1. Remain calm, providing your patient with quiet, efficient first aid treatment.
2. Keep the patient warm and lying down. Do not move this injured person until you have discovered the extent of the injuries.
3. Start mouth-to-mouth artificial respiration immediately if the injured person is not breathing.
4. Stop any bleeding.
5. Give your patient reassurance. Watch carefully for signs of shock.
6. Check for cuts, fractures, breaks and injuries to the head, neck or spine.
7. Do not allow people to crowd the injured person.
8. Do not remove clothing unless it is imperative.
9. Decide if your patient can be moved to a proper medical facility. If this is not possible, prepare a suitable living area in which shelter, heat and food are provided.

SHOCK

Shock is a depression of all of the body processes and may follow any injury regardless of how minor. Factors such as hemorrhage, cold and pain will intensify shock. When experiencing shock the patient will feel weak and may faint. The skin becomes cold and clammy and the pulse, weak and rapid. Shock can be more serious than the injury itself.

Use the following method to prevent and control shock:

1. When treating injuries:
 - i. restore breathing
 - ii. stop bleeding
 - iii. treat breaks and fractures
2. If there are no head or chest injuries place the patient on his/her back with the head and chest lower than the legs. This will help the blood circulate to the brain, heart, lungs and other major organs.
3. If severe head and chest injuries are present elevate the upper body. If chest injuries are present, elevate the injured side to assist in the functioning of the uninjured lung.
4. If the injured person becomes unconscious, place him/her in a face down position to prevent choking on blood, vomit or the tongue.
5. Keep your patient warm and under shelter.

STOPPED BREATHING

If breathing has stopped, begin mouth-to-mouth resuscitation. Place the patient on his/her back and follow these steps:

1. To open the airway lift the patient's neck and tilt the head back.

2. Keeping the neck elevated, pinch the nostrils to prevent air leakage.
3. Place your mouth completely around the victim's mouth and blow, watching for chest expansion.
4. After removing your mouth, listen for air leaving the patient's lungs and watch for the chest to fall. Check for an airway blockage if the chest does not rise.

Repeat these steps approximately 12 to 15 times per minute. If treating a child, cover the nose and mouth with your mouth. Use smaller puffs of air and repeat this method 20 to 25 times per minute.

BLEEDING

To control bleeding, elevate the wounded area above the heart and apply pressure using either gauze, clean cloth, dried seaweed or sphagnum moss. Use pressure at the pulse point between the injured area and the heart if bleeding fails to stop. If bleeding still persists, use a tourniquet between the injury and the heart. This method should only be used in extreme situations. After bleeding has been controlled, wash the wounded area with disinfectant and apply a dressing and bandages.

FRACTURES

A fracture is classified as either a simple (closed) or compound (open). Signs that a fracture is present include:

1. Pain at the affected area.
2. The area may or may not be deformed.
3. The victim is unable to place weight on the area without experiencing pain.
4. A grating sensation or sound may be present during any motion of the injured area.

Treatment is as follows:

1. If in doubt, treat the injury as a fracture.
2. Splint the joints above and below the fracture.
3. If the fracture may penetrate the skin, it could be necessary to apply traction to straighten the deformity.
4. Be sure to pad your splints.
5. Check the splint ties frequently to be sure they do not hinder circulation.
6. Cover all open wound with a clean dressing before splinting.

DISLOCATION

Dislocation happens when the ligaments near a joint tear, allowing the movement of the bone from its socket. It is unwise to treat a dislocation unless you are a trained professional as permanent damage may occur. The affected extremity should be supported

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using a sling or other device and pain controlled with aspirin or other suitable drugs.

SPRAINS

Treat sprains by applying cold to the area for the first 24 hours then once the swelling has subsided, let the sprain sit for a day. Apply heat the following day to aid in the healing process. The sprain should be splinted and rendered immobile until the pain has completely disappeared.

CONCUSSIONS

Concussions or other head injuries are often accompanied by a leakage of watery blood from the nose or ears. Other symptoms may include convulsions, an unresponsiveness of the pupils or headache and vomiting. Keep the injured party warm, dispense a pain killer regularly and allow time for the body to rest and repair.

HEAT EXHAUSTION

Heat exhaustion is not uncommon when water is not sufficient. The body becomes dehydrated and salt-depleted, resulting in nausea, faintness, a weak, rapid pulse and/or cold and clammy skin. Treatment includes plenty of rest, liquid and salt tablets.

SUNSTROKE

Sunstroke may occur when the body is exposed to excessive sun. The body becomes overheated and provides too much blood to the circulatory system resulting in a flushed, hot face, rapid pulse, headache and/or dizziness. Treat sunstroke by resting in a cool area and applying and consuming cold liquid. Prevent sunstroke by wearing proper headgear.

MUSCLE CRAMPS

Muscle cramps occur when the muscle accumulates excessive lactic acid or a loss of salt through perspiration. Treatment includes resting, deep breathing and stretching. Restore the salt balance immediately.

BURNS

Burns are most commonly followed by shock. Administer a pain reliever immediately, apply gauze covered in Vaseline to the affected area and bandage. The patient should consume more water than usual.

BLISTERS

Blisters are the painful, and common, result of ill-fitting footwear. At the first sign of discomfort, remove boots and socks and place a piece of adhesive tape over the affected area. If it is absolutely necessary, open a blister by first washing the area thoroughly then inserting a sterilized needle into the side of the

blister. Apply disinfectant and a bandage.

HEADACHES

Headaches are often experienced in the mountains due to inadequate eye protection, tension in the neck, constipation or "water intoxication", a swelling of the brain tissue which happens when the hiker has sweated excessively over a period of days and consumed large quantities of water without taking salt tablets. Aspirin may be used to alleviate the pain but one should find the source of headache to prevent further discomfort.

SNAKE BITES

Snake bites are not overly common. One species of venomous snake, a rattlesnake is found in the dry belt of the southern interior. If you come across a snake slowly ease back. A snake bite rarely causes death; victims may be left untreated for up to eight hours.

After an attack occurs:

1. Keep the person calm, reassuring them that bites can be effectively treated in an emergency room. Restrict movement, and keep the affected area just below heart level to reduce the flow of venom.
2. Remove any rings or constricting items because the affected area may swell. Create a loose splint to help restrict movement of the area.
3. If the area of the bite begins to swell and change color, the snake was probably poisonous.
4. Monitor the person's vital signs — temperature, pulse, rate of breathing, blood pressure. If there are signs of shock (such as paleness), lay the victim flat, raise the feet about a foot, and cover the victim with a blanket.
5. Get medical help immediately.

BEE STINGS

Bee stings are common and harmless unless you are allergic. Remove the stinger then apply disinfectant and cold water to reduce the swelling.

HYPOTHERMIA

When the temperature of your body falls to a level at which your vital organs can no longer function you are experiencing hypothermia or exposure sickness. Hypothermia will develop rapidly and is caused by cold, wet and/or windy weather that chills the body at a speed faster than it can produce heat. A lack of energy-producing food and proper clothing will heighten the speed at which hypothermia will affect you. Always remember to bring extra clothing. It is important to hike at the speed of the slowest member of your party. Take frequent breaks and keep a close watch for members experiencing signs of fa-

Continued from page 10

tigue. Exposure sickness generally occurs in temperatures of less than 10 C (50 F).

Symptoms are easily recognizable:

1. Feeling cold and constantly exercising to keep warm.
2. Uncontrollable shivering and numbness.
3. Violent shivers. Your mind becomes slow and starts to wander.
4. Violent shivering ceases and muscles begin to stiffen and become un-coordinated. Exposed skin becomes blue and thoughts are foggy. Victim usually lacks the capability of realizing how serious the situation is.
5. Pulse and respiration slows.
6. Victim will not respond and becomes unconscious.
7. The section of the brain controlling the heart and lungs ceases functioning.

Treatment must be quick and efficient:

1. Move the victim to a sheltered area, out of the elements.
2. Remove wet clothing and replace with dry clothes and if possible, a sleeping bag.
3. Wrap warm rocks and place them near the patient.
4. Do not let the victim fall unconscious.
5. Give the victim a warm, non-alcoholic drink.
6. Allow another person in the sleeping bag to share body heat.
7. Exhale warm air near the vicinity of the patients mouth and nose.

HYPERTHERMIA

Hyperthermia is a result of the body being overheated due to increased air temperature, solar or reflected radiation, poorly ventilated clothing, a low fitness level or excess bulk.

Symptoms include:

1. Heat cramps may occur and should be treated by moving the victim to a shady area and supplying water and salt tablets.
2. Heat exhaustion is a mild form of hyperthermia and includes symptoms such as headache, dizziness, fainting, clammy skin, blurred vision, nausea and vomiting. Treatment is the same as heat cramps.
3. Heat stroke is the most serious degree of hyperthermia. The victim will have little or no perspiration, a hot and flushed face, full pulse, and become either apathetic or aggressive. Cool the victim as quickly as possible paying extra attention to the head, neck and chest. If the bodies temperature continues to rise, unconsciousness,

delirium, convulsions and ultimately death may occur.

To avoid hyperthermia, avoid strenuous activity on hot days, wear loose clothing and a hat, drink plenty of fluids and take salt tablets.

DIARRHEA

A change of diet, dirty cooking utensils or the consumption of tainted water may result in diarrhea which in turn will cause a loss of nutrients and precious body fluids. Take extra care in cleanliness and boil water for an additional three to five minutes to avoid diarrhea.

WORDS TO LIVE BY

Nancy, a Cub Scouting friend in NJ

- Accept that some days you're the pigeon, and some days you're the statue.
- Always keep your words soft and sweet, just in case you have to eat them.
- Always read stuff that will make you look good if you die in the middle of it.
- Drive carefully. It's not only cars that can be recalled by their maker.
- Eat a live toad in the morning and nothing worse will happen to you for the rest of the day.
- If you can't be kind, at least have the decency to be vague.
- If you lend someone \$20, and never see that person again, it was probably worth it.
- It may be that your sole purpose in life is simply to serve as a warning to others.
- Never buy a car you can't push.
- Never put both feet in your mouth at the same time, because then you don't have a leg to stand on.
- Nobody cares if you can't dance well. Just get up and dance.
- The early worm gets eaten by the bird, so sleep late.
- When everything's coming your way, you're in the wrong lane.
- You may be only one person in the world, but you may also be the world to one person.
- Some mistakes are too much fun to only make once.
- Don't cry because it's over; smile because it happened.
- We could learn a lot from crayons: some are sharp, some are pretty, some are dull, some have weird names, and all are different colors but they all have to learn to live in the same box.
- A truly happy person is one who can enjoy the scenery on a detour.
- Happiness comes through doors you didn't even know you left open.
- Have an awesome day, and know that someone has thought about you today

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Level 3

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Level 4