



The Chirurgeon's Burden

NEWSLETTER FOR AN TIR CHIRURGEONS

ISSUE #5 – January, 2005

Editor: Lianna Stewart, GdS

From the Kingdom Chirurgeon

THLord Tvorimir Danilov, MC, GdS, W.O.A.W. Acting Kingdom Chirurgeon, An Tir

Greetings, all, and may all our yule feasts be warm and cheery!

I am still the Acting KC, and not sure when that will change. Possibly 12th night. I am profoundly grateful to all the energetic volunteers who have undertaken projects these past months; the radio team, the emergency-planning class team, the folks in different regions working up trainings for chirurgeons (I'll be at as many as I can!). I am also most deeply grateful to HL Gabrielle Lepinay, who has become my reports deputy and cut by 2/3 the paperwork I was trying to get hold of... And Conal MacNaughton who's given us a great new website (linked to our page of the Kingdom site) Yay!

Please sign up for the An Tir Chirurgeons' email list (look up lists on the kingdom site); I put important info on it. It's a lot easier to communicate through the list when I have something to tell everyone. The list sticks to useful content and is pretty quiet. If you want the chatty list too, there's a yahoo group called SCA Chirurgeons - you can learn a lot there.

Two pieces of business: defining a warrant a bit better, and apprentice requirements.

When you receive a warrant card, it's only a portable representative of the roster of warranted chirurgeons I maintain. In order to be warranted, a chirurgeon has to have current membership and certifications as well as be a journeyman or master chirurgeon. Anyone who is not warranted, i.e. on this list, is not a chirurgeon *at this time*. We can fix that, just send in your stuff. The reason this is important is that an actual chirurgeon is an officer of the SCA and covered by our insurance and all that. It's a legal matter, and important to not cause confusion on who is / is not a chirurgeon. This is why I and my deputies are contacting people and trying to make sure everyone who needs to be warranted has everything in.

Right now on the An Tir Chirurgeon website we've linked who the branches claim as chirurgeons as we hope to get these people properly warranted. There will soon be a page that

lists only those who are really chirurgeons (currently warranted). I'll go to the seneschals then and ask them to check that list.

On warranting apprentices, please be aware as you travel that we have several apprentices from remote parts of the kingdom. When you set up Point, have a sign in sheet and ask questions when someone shows up to work. As most of you know, I need not just a signature on the apprentice card, but evaluations of actual first aid performed to warrant someone. I need your help with this, please make the extra effort when you meet someone new. Don't be surprised if an apprentice has a card w/ signatures you don't recognize, either. These remote folks can be supervised by certain branch officers. However, it's probably a good idea to check what first aid was observed -- these branch officers tend not to realize we actually need to see care provided and get carried away signing off for a nicely set up Point!

Remember when you are ChIC, send your report to Gabri or I the next week. If something big happens, PLEASE call me w/in 24 hrs. It's a lot easier to hold a clue than a bag when talking to the Chirurgeon General or one of my fellow officers. I'd much rather receive a call I didn't need than miss one I did.

As we head toward spring, start watching for fighters who've done nothing all winter pulling muscles and binging up joints. That's also the time to go through your kit for expired and low supplies. Thank you all for the solid contribution you make to our society and the wellbeing of its people! Sign up for the list for more of what's going on and what I'm up to. (Nudge)

In service to you, our populace, and our Crown,

Mir



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Diabetes and the SCA

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Being a diabetic SCAdian isn't all that difficult. With a little extra planning, thought, and common sense you can attend events and enjoy yourself as much as the non-diabetic SCAdian next you.

One day events are not generally a problem. If a menu is available, look it over before hand so you know what you can or can not eat. Or what you should or shouldn't eat for that matter. Carry a snack with you just in case feast is delayed. I recently had that happen, a feast ended up being 2 hours late. Fortunately I had a friend helping in the kitchen who was able to provide me the snack that I (ahem...) forgot to bring with me. Think about the garb you are wearing in reference to taking an insulin shot. Personally I take my injections in my stomach which can be a bit challenging at times, especially if a bodice is involved. There are so many cases made for carrying diabetic supplies that transport and storage is not the problem it once was. The American Diabetes Association website <http://www.diabetes.org/home.jsp> has a listing, as well as Diabetes Forecast magazine http://www.diabetes.org/diabetes-forecast.jsp?WTLPromo=CORP_forecast

Don't be afraid to let people know you are diabetic, particularly the Chirurgeon in Charge of the event. This makes it much easier on you and on those around you, trust me. Many times my husband will be telling me to get something to eat and I will insist that I feel fine, only to start sweating profusely and shaking a minute or two later. It is to the point where he can take one look at me and know that things are not as they should be.

Temperature changes can affect blood sugar levels. For example, the feast hall/gathering area is a comfortable temp. Then you go to court where suddenly it is very warm. Pay attention to how you feel.

Emotions play a big part of things as well. If you are attending an event and someone close to you, or maybe even you, gets an award or is recognized for something, this can cause a change in blood sugar levels. Again pay attention to how you are feeling. In a situation where eating would be a little difficult or conspicuous, I have had a nurse tell me that it is perfectly alright to have non-sugar free candy on you to make sure nothing strange happens in the middle of a ceremony.

Fighters in particular need to pay close attention to their blood sugar levels, how they are feeling before, during, and after a battle. Glucose tablets or tubes of cake icing are very easy to carry and conceal. And the cake icing is much tastier than the Glucose Gel and also lasts longer.

Long events such as Pennsic require the same planning, thought and common sense, but on a bit larger scale. Insulin should be kept at as stable a temperature as can be managed. I have found that placing mine in a Ziploc, in the cooler works very well. Especially as a great number of the coolers now have the removable basket which keeps it out of the water, etc. but still keeps it cool. Pay attention to your fluid intake. While dehydration is not a good thing for a non diabetic, for a diabetic, it can lead to all sorts of ugly situations, such as being hospitalized. If you are attending a longer event, such as Pennsic, which has a Chirurgeon staff, stop and see them. Inquire as to whether they have the facilities to store your medication if you would prefer not to go the cooler route. Also ask if they have any way of identifying you if you go down in the market place, food court, or anywhere else away from your camp and camp mates. The Chirurgeons at Pennsic have what is called a Confidential Medical Form, or the "Oh God" form. Basically it is meant to be filled out by anyone with a medical condition that needs to be known in the event of an incident. You fill out the form and get a small sticker to place on the back of your site medallion, which will identify you to the Chirurgeons if necessary. This form is kept completely confidential and only accessed in the event of an emergency.

Just as a side note, if you really think you are having trouble dealing with your diabetes at events, marry a Chirurgeon and make sure he/she introduces you to many of their friends and



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associates. They will make your life miserable if you should need their “professional” attentions...trust me, it guarantees you behave and pay attention to the important details that go along with being a diabetic.

As I said at the beginning, a little planning, and a great deal of common sense can ensure you have safe and enjoyable events.

***Note from the editor and verified by Lady Trinity: Please wear a medic-alert bracelet, necklace, or other identifying item if you have a chronic illness such as diabetes. This will make the chirurgeon's job easier.

HYPOGLYCEMIA

Causes: Too little food, too much insulin or diabetes medicine, extra exercise!!

Symptoms: Shaking, fast heartbeat, sweating, anxiety, dizziness, hunger, impaired vision, weakness, fatigue, headache, irritability.

Chirurgeons actions: offer ½ cup orange juice or milk or several hard candies, request that person check blood sugar. Wait 30 minutes after symptoms go away and offer a light snack such as a half of a peanut butter or meat sandwich and ½ glass milk.

HYPERGLYCEMIA

Causes: Too much food, too little insulin, illness or stress.

Symptoms: Extreme thirst, frequent urination, dry skin, hunger, blurred vision, drowsiness, nausea.

Chirurgeons actions: Request person check blood sugar. If blood sugar over 250 mg./dl. Call physician/911.

COMMUNITY-ACQUIRED MRSA

After the recent discussion of the newly discovered MRSA (methicillin resistant staphylococcus aureus) disease, I went looking for information which could help us as chirurgeons be able to recognize and preliminarily recommend that someone presenting with similar symptoms be referred to the nearest hospitals emergency department. I found: "Community-Acquired Methicillin-Resistant Staphylococcus aureus Carrying Panton-Valentine Leukocidin Genes: Worldwide Emergence" at <http://www.medscape.com/viewarticle/460126>. The article strained my one term of microbiology to the hilt. I did learn that CA-MRSA is simple to treat. Nearly all of the common antibiotics will cure it. The problem is in recognizing it. At this point in time, I have not yet found a simple list of possible symptoms. Part of the reason for that is that the CA-MRSA isolated in the United States is slightly different from the strains isolated in other countries. I will keep searching so that possibly we can have information at our fingertips in time for the tourney season.