

“A medical student’s experience of medical provision at BE events”

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Learning Objectives:

- To observe pre-hospital assessment of injured competitors
- To observe the first elements of trauma care
- To practice collection and analysis of information
- To see medicine practiced outside of the hospital environment.

Events:

- Eglinton; 6th, 7th July - CANCELLED
- Burgham 14-15th July - CANCELLED
- Burgie; 21st, 22nd July
- Hopetoun; 28th, 29th July
- Hendersyde; 4th August - ABANDONED
- Blair Castle; 25th August
- Central Scotland; 11-12th August - CANCELLED

*“Equestrian Eventing: The Olympics’
Most Dangerous Sport?”*

Time magazine, July 2012

Medical Teams

- Doctors; from a range of specialties, number per team ranging from 1 – 6.
- Private hire ambulances
- Red Cross Volunteers
- Crowd doctors

- Estimated total number of starters between all shows: 720
- 16 rider falls
- Estimation of proportion of starters who fell: 2.2%
- Proportion of fallers seen by a medic; 25%

Examined Riders

1)

XC refusal, rider continued over fence and rolled about 10 feet further.

Initial examination by paramedics.

Uninjured, possible soft tissue injury, lumbar region.

Examined Riders

2)

XC refusal, rider unseated backwards, fell towards the ground head first.

Initially rider left the course, later reported to the paramedics. (multi rider)

Uninjured.

Examined Riders

3)

SJ refusal, rider continued over fence through the rails and onto the ground.

Paramedics first to attend, rider reported pain in her neck.

No abnormalities seen or felt, rider reported tenderness of neck so was immobilised using c-spine collar and spinal board, and transferred to hospital in road ambulance.

Examined Riders

4)

XC refusal, rider fell onto left arm.

No formal examination carried out, assumed to be soft tissue injury, rider happy to continue.

Why were only 25% of fallers seen by a medic?

- Many riders do not need seen (uninjured).
- Length of time for medics to arrive at the site.
- Impossible for medics to track down riders when they have left the course.
- Riders not reminded they are supposed to report to a medic after a fall, even if they are uninjured.

Examinations

- Informal
- ABCD approach
- GCS
- Pain enquiry
- Exposure, inspection and palpation of painful area

Injury report form

Pros:

- Universal form which can be used at all events across the country.
- Prompts for important information.

Cons:

- Check box style does not allow for accurate description of injury
- Little space for extra information

Head Injury

- Head trauma/ concussion relatively likely injuries.
- Symptoms can begin some time after injury occurs.
- People may not recognise first symptoms.
- Leaflets could be an effective method of giving relevant information, in riders own time
- Riders recommended to replace their hats after a fall.

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