

Appendix 10 INGESTION OF CHEMICALS

The swallowing of a chemical is one of the less probable events on board a ship. In general, it happens by mistake, such as after drinking from the wrong bottle. Usually this mistake is noticed at once.

Chemicals may act as local irritants on the stomach and intestines. The more severe corrosive chemicals, e.g. acids and alkalis, may cause bleeding or perforation of the gut. Remember that other illnesses, e.g. food poisoning, peptic ulcer, alcohol excess, may cause similar symptoms.

Chemicals may also be absorbed, and cause general symptoms.

Diagnosis

- There may be chemical burns around the lips and the mouth and throat.
- Nausea and vomiting usually occur, but there may be symptoms of more general poisoning.
- Diarrhoea may occur; it is important to note whether the faeces become black, tarry, foul smelling after poisoning since this is likely to be caused by **BLEEDING** from the gut.
- The casualty may vomit up bright red blood, or dark brown “coffee grounds” which is blood that has been altered in the stomach.
- If an intense pain develops in the stomach accompanied by a rigid abdomen when touched, then a **PERFORATION OF THE GUT** may have occurred.
- Thirst may become intense after severe diarrhoea and vomiting.
- There may also be general symptoms which may occur after a time delay.

RADIO FOR MEDICAL ADVICE.

Further advice: **see table 10.**

Perforation of the gut and peritonitis

If an intense pain develops in the stomach and the abdomen is rigid when touched, then perforation of the gut may have occurred.

This causes peritonitis, which is an inflammation of the thin layer of tissue (the peritoneum) which covers the intestines and lines the inside of the abdomen.

Diagnosis

- The onset of peritonitis may be assumed when there is a general worsening of the condition of a casualty already seriously ill following ingestion of corrosive chemicals.
- Peritonitis commences with severe pain all over the abdomen – pain which is made worse by the slightest movement. The abdomen becomes hard and extremely tender, and the casualty draws up his knees to relax the abdominal muscles.
- Vomiting occurs and becomes progressively more frequent, large quantities of brown fluid being brought up without any effort.
- The temperature is raised (up to 39.40°C [103°F]).
- The pulse is feeble and rapid (110 to 120 per minute), gradually increasing in rate.
- The pallid anxious face, the sunken eyes and extreme general weakness all confirm the gravely ill state of the casualty.
- If hiccoughs begin, this must be regarded as a very serious sign.

RADIO FOR MEDICAL ADVICE.

Further advice: **see table 10.**