

Podcast #192 Transcription: Surviving A Gunshot Wound

Jeff: It's happened far too many times, and every time it does the news and our politicians follow a very predictable cycle. A mass shooting happens. People freak out and call for gun control. Politicians on both sides of the aisle argue. Everyone but the gunman gets blamed and nothing at all changes, except that we all feel just a little bit less safe each time.

If you were confronted by an active shooter, or even just an armed criminal in a dark parking lot, knowing how to engage that shooter and take them down is something that you've probably thought about before.

But have you thought about the other side of the coin, the medical side, in terms of delivering first response aid to the wounded? If you were shot, would you know what to do before you bled out and left your family alone and in trouble? Or perhaps even more disturbing for some, would you know how to provide care for a loved one, so that you're not left there watching them die slowly in your arms as you sit there helpless because you don't know what to do? Well, we're here to make sure that that scenario never happens to you.

Hello, everyone. This is Jeff Anderson, Editor for *Modern Combat and Survival Magazine* and Executive Director of the *New World Patriot Alliance*, with another podcast to help you better prepare for any threat you may face in your role as a protector and a patriot. With us today is someone who is the perfect resource for our topic today. Please welcome Dr. David Pruett back to the show. David, thanks for joining us man.

David: Great to be with you, Jeff.

Jeff: Always great to have you back on here. You are a wealth of knowledge. This is very specific and we've never really done this before. So I'm really looking forward to this.

Listen, everyone. If you haven't seen our previous interviews with David before, he is a residency-trained board certified emergency physician practicing in the Pacific Northwest. Prior to civilian practice, he spent 11 years as an emergency physician on active duty in the Navy. And before attending medical school, he spent eight years as a fire fighter and EMT in Santa Cruz, California.

Today David also teaches general emergency preparedness, with a special interest in field expedient emergency medicine in extreme survival conditions. In addition, he is a lead physician at his hospital on the disaster committee and an avid ham radio operator, which intrigues me actually.

He's spoken to the International Space Station over 33 times via ham radio. And he is a survival communications trainer. To learn more about David and his work, make sure that you visit him online at www.Amp-3.net.

David, in this topic, when we're talking about trauma first aid care, especially when it comes to something from an attack, like a gunshot wound or a knife wound or things like that, we're going to talk about those different types, but the first thing people think about is equipment, what should you have for first aid.

So let's talk about that first. When we're talking about emergency trauma care for an injury—from a gunshot wound, knife stabbing or something like—that, what are the most important first aid gear components that somebody should have, either on their person or something that they can quickly access to be able to give first aid?

David: Sure. That's a great question, Jeff, and unfortunately, a very timely question if you watch the news these days. As an emergency physician, we like to keep things simple. I'll keep it very simple for you. There's three things that you need. I'll say three things plus. I call it the critical triad. So I think you need to have a tourniquet, a trauma dressing and a hemostatic agent. The plus component is, ideally I'd like to throw in a pair of heavy duty nitrile gloves in that little kit, just so that you've got some protection against any bloodborne problems if you're taking care of somebody that's been injured.

A lot of people worry about a specific tourniquet, which one do you use. I like to just say whatever one you're the most comfortable with. There are several out on the market. I would just pick one and practice with one, and make sure that you're familiar with how to use it. Just like you practice with a firearm, I think you need to practice with your tourniquet.

I'm a big fan of the SWAT-T Tourniquet, because it really requires little to no training. If you get panicked, and most people will be panicked when they're doing this, you'll be putting a tourniquet on tighter. And that's the whole point, is a tight tourniquet is going to stop hemorrhage and potentially save somebody's life. The alternative is the CAT tourniquet, that's the Combat Applied Tourniquet. That's a very, very popular tourniquet. I don't care which one you get. Just get one and practice with one.

Trauma dressing, my favorite one is the Israeli trauma dressing. Why is that? That dressing was invented by an Israeli Defense Forces medic. Unfortunately, every day that dressing is used in Israel. It's a battle-proven trauma dressing. It's very easy to apply. It comes vacuum-packed in a very small package. Again, there's a lot of these out on the market. I would just say pick one and practice with it so that you're comfortable with it.

So you need a tourniquet, you need a trauma dressing and you need a hemostatic agent. Again, there's different hemostatic agents. Just pick one. Then have that kit with you. The main thing is that you practice and have it with you when you need it.

Jeff: **The thing is, those are so small that a lot of people can carry those with them, whether you carry it in a cargo pocket, or there's other ways to carry it as well. But just those few items are easy enough, light enough, small enough to be able to carry with you and have on your person, so that when you have to jump in action they're there and ready for you.**

We look at criminals that are out there. Yes they could be armed with a firearm. An active shooter obviously, they're a shooter. Right? You see in other countries where they might have a machete, they might have a knife or something like that. We often have shooters that are out there. A lot of street criminals don't necessarily have a firearm, but probably all of them have a knife. I think knife wounds and knife attacks are things that most people, even concealed carry guys, don't necessarily think of as the threat, or know how to respond to it, especially from a medical standpoint.

So when we're talking about knife wounds and knife trauma, how does that differ from a gunshot wound? Because I've seen different statistics, but a knife can be even deadlier than a gunshot wound is. You're the expert. You've seen this, whether it was in active duty or whether it was in hospitals in trauma care. But how does a knife wound and its care differ from a gunshot wound?

David: Well, I think once you get into the hospital setting there are specific issues different from a knife wound than a gunshot wound. For instance, a gunshot wound has a lot of ballistic trauma that happens besides just the penetrating injury of the round itself.

But again, a knife wound is a penetrating wound. I think the key thing to know about when you see a knife wound, someone that's been injured with a knife, you want to realize that there are many structures that are underneath that actual hole that you're looking at or that penetration. So it can be kind of deceiving. You might see only a small little stab wound. But we like to think of, however long that knife is you make a funnel, and anything in that funnel is potentially injured by that knife. So they can be very deceiving, and you can have a life-threatening injury but all you see on the surface is a small puncture wound.

I think in the field you treat them the same way. You want to stop bleeding and you want to get that person to help right away. Both of these injuries, gunshot wounds and knife injuries, are really trauma system entry injuries, and they really go to the operating room and there are surgical considerations. So what you're

doing is really stabilizing, as best you can, and trying to prevent hemorrhage and buying time for that person so they can get to definitive care.

Jeff: I think that definitive care is part of that equation. People, especially I think with knife wounds, that might be very perceptive. With a gunshot wound I think you kind of assume that there's internal damage. Right? It's a gunshot wound, for God's sake. But with a knife it might look like a small wound, when you could be bleeding on the inside. The only difference—it's not like somebody is going to say, "Well, let's rub some dirt on it and put a Band-Aid on it and go home." Well, maybe they would. "Well, I don't think it needs stitching. I think we're good to go." But there could actually be a deeper wound.

It also could be the difference between saying, "Well, it doesn't look like it's bleeding all that much. So I think we could get in the car and we'll take you to the hospital," versus, "No. Stay there." Keep them from moving around and doing more damage. Do what wound care you can there, and then call 911 and have a trained professional come out and do care there. Rather than just thinking that there's nothing beyond that little puncture mark, when there actually could be. Right?

David: Yeah. I think that's great advice, Jeff. So if you were, say, at a movie theatre and some bad incident happened, and say it was a knife attack and someone got injured, and you happened to be the person that—I just want to say thank you to people that watch this and want to learn how to be proactive and help their citizens.

But if you're the one that steps up to the plate and goes to help that person, just realize that if you just see a small little puncture wound that that is always very deceiving. There is always the potential for bad injury. Those people need to be assessed by professionals in a hospital setting, where they can be evaluated for life-threatening injuries, or injuries that could involve other structures that could be repaired.

So don't be deceived. I guess the message is don't be deceived by a small little puncture wound and say put a Band-aid on it and go home. That person needs to be fully assessed. The only way to do that is in the hospital setting, with the modalities that they have in the hospital.

Jeff: Yeah. Yeah. Totally. All right, David, let's say that the unthinkable has happened. Let's say it's an active shooter situation and we have casualties around us. It could also be a situation where I'm wounded or a family member is wounded in a violent attack, whether stabbed or shot.

But what it really comes down to, and I think we've seen this mostly in television emergency room dramas, but it's the assessment of how do you

know what would to go to first or do first aid on first. But it's that assessment that really can throw a lot of people, especially when you've got the adrenaline going and everything and it's, "What I do? What do I do?"

So what are your best tips—when it comes to the attack is over and I have to assess either multiple casualties or the person, my loved one that's with me, what's the best way to go about assessing trauma care for somebody that's injured?

David: Sure. That's a great question, Jeff. I like how you put me in that situation, in that the threat is already over. I'll preface that by saying you always want to have situational awareness. You want to always be thinking of seeing safety. You want to be thinking of safety for yourself and safety for the people that you're taking care of. So that's always in the back of your mind. Even if you think that the scene is safe, always have your radar up and be thinking about potential dangers that you're not aware of.

For people that are not trained to assess trauma, I would say it's going to be very, very obvious to you what you need to do first. That is stop the bleeding. That's going to kill someone first. The whole point of the conversation we're having right now is dealing with hemorrhage from either a gunshot wound or a knife attack. The treatment for that is applied pressure. Make a decision if you need to apply a tourniquet.

I would say if you look at the wound and it's bleeding very heavily, and if you see pulsatile bleeding—and that will be pretty obvious, that will look like a squirt of blood coming out—that needs to be stopped. The best way to stop that is to apply a tourniquet. You apply a tourniquet between the wound and the heart. So for example, if I was injured on my arm here, I would apply the tourniquet right here.

So I want to stop the blood flow going to that injury. That can be life saving for people. It's something that you should practice with. If you're using a firearm, you really need to have at close access a little trauma kit that has that critical triad that we talked about earlier.

Jeff: **The people that are listening, that didn't see where David is talking about. If you have an injury on your forearm, let's say you're stabbed on your forearm, and the bleeding won't stop, you might actually have to put a tourniquet on above the elbow. Correct me if I'm wrong, David. If it's close to the elbow—they might say two to four inches above the wound or something like that. But if that spot is located where your elbow is, that's not a great place for a tourniquet. You're not going to necessarily get the soft tissue compression that you might need to be able to stop the bleeding to that area. Correct?**

David: Yeah. You ask great questions, Jeff. In that scenario, I would put the tourniquet directly over the middle of the bicep, where you get that maximum soft tissue and you can apply the maximum compressive pressure to stop that bleeding.

That's another reason why I like the SWAT-T Tourniquet. If you have an injury that's very high up in the groin, that is really the only tourniquet that I'm aware of, because of its stretch and elasticity, that can get up high in the groin, right up high over the hip and apply pressure in that femoral artery. So that's another plus for that particular type of tourniquet.

Jeff: Something that nobody wants to really think about is, what if I get shot? Again, we see this with concealed carry guys, where they always think the best case scenario. Bad guy tries to attack me, not so fast there Mr. Bad Guy, I have my gun. I shoot him. He goes down. I'm the hero. But what if I'm shot? People don't think about that. What if I'm the one shot, even if I did take out the bad guy. It's that solo trauma care that can save your life.

So what do I need to know when it comes to—what procedure should I follow to assess the severity of the wound, to give myself treatment if I'm the one who is both the victim and the doctor?

David: Great. Yeah. That's an awesome question, and that kind of completes the loop of this whole thought process. I've listened to your podcasts, and you guys talk and train about quick action drills, what to do. If this happens, do this. I think you always have to assume that you are going to be a victim at some point and you're going to be injured. With that mindset, you want to practice self-care.

So what we've been talking about before this particular question is something called buddy care. If you're in the military you train for not only buddy care, but you're obligated to provide self-care until someone can come to your aid and provide buddy care for you. That's why you carry that equipment on your vest or your belt, is that is your lifesaving equipment. In fact, if someone came to help you, they're going to grab the gear off your vest, because the items on their vest are for them if someone needs to help them. So self-care is very critical.

I'm an advocate of if you start—first of all, get that critical triad that we talked about. Get a tourniquet. Get a trauma dressing. Get a hemostatic agent. Throw a pair of gloves in there. Put them in a bag. I'm going to go one step further and say get two of them. Mark one of them training, and the other one is the one that you tuck away for if something happens.

Whenever we go to the range, we always pull out a training set. We'll decide, today is the day we're going to practice putting on a tourniquet. Or the next time we go to the range we practice putting on a trauma dressing. If you do that with your range buddies every time you go to the range, over a cycle of going to the range you will have practiced over and over and over again buddy aid. Then take

it one step further. You start practicing some action drills. Say, hey, today I'm going to practice self-aid. I want you guys to watch me. I'm going to put the tourniquet on myself.

Trust me. The first few times you do that it's all fingers and you're fumbling and it's difficult to do. But every time you do it, you get better at it. Just like every time you shoot you get better at it. Eventually you'll get to the point where you can quickly grab that tourniquet, and apply it and provide self-aid for yourself.

Then practice putting on a trauma dressing. You can put on a trauma dressing by yourself. I don't know if Jeff has seen us in some of these trade shows, like PrepperCon. But I actually do a class, and I show people how to not only do buddy aid but also self-aid. I'll demonstrate that on the stage. Sometimes I'll even have someone come up and we'll practice doing that together, so they can get a feel of what that's like.

But I think if you're going to the range, practice these skills. Just like you're practicing your shooting skills.

Jeff:

Let me ask you this. I hadn't really thought about this before. Very similar to when you're on an airplane. If the oxygen masks come down, and you're supposed to put your oxygen mask on before your loved one, to make sure that you're conscious to be able to take care of them, I guess. But the same thing goes, I guess, if I'm injured and my loved one is injured. Obviously, if I have a nick on my finger and they have a sucking chest wound it's a totally different story.

But should I always assess my own injuries first to see if I need care? It seems like it's a moving target. I know it's a really hard question. But are there any sort of best practices for assessing that, if I'm first before a loved one?

David:

Well, that is a very cool question. I have a passion for these things. This is always a favorite topic when we're out at one of these shows at dinner with other folks. I don't know that there's any studies or anything for that particular scenario that you talk about, but I think it brings up this whole situational awareness. When you have situational awareness you start thinking about scenarios, and that scenario you'd have to think about to yourself. If I'm injured and I'm bleeding, and my loved one is injured and bleeding, who do I take care of first?

I don't know that there's a right answer, but I think you want to say to yourself—I look at it as your airline with the oxygen mask analogy. I don't know if I'm right or wrong, but I would quickly try to stop the bleeding on myself, so that I'm going to have a little better chance, maybe, of helping my loved one. You're not going to be doing yourself any favor if you're active and moving around and

hemorrhaging, and your loved one is injured. Or maybe they're not able to care for you.

So I think my answer, and I'm happy to have someone criticize me, would be to provide self-aid first. Then if I can muster and rally to the situation, then start providing aid to my loved one or someone that's around me that needs help.

Jeff: **That makes a lot of sense. The other thing I think people should—this is maybe another level. Maybe it's the next level, is also, can you do these things with only one arm? Or what if you can't walk? Especially if you have to tie a tourniquet on your own arm, and you realize that pretty soon you're going to have a very numb arm. It's not bleeding anymore, thank goodness, but you might be down to only one arm trying to give care.**

You've been talking about tourniquets. One of the things with the new types of tourniquets that we have, that they can be done with one hand. They can be done with one hand on yourself, or with one hand on somebody else. So choosing your equipment, like you talked about, a lot of those things when you're thinking about it, being able to do them with one hand is where people have gone with development of the technology when it comes to emergency medical supplies. So that makes a lot of sense.

David: I thought about this question on your—I'm trying to remember. I think the most recent podcast, 191. First of all, kudos for 191. That's awesome. You talk about the injury.

Jeff: **One-handed shooting.**

David: Yeah. And now you have one arm. God forbid you're now dealing with weak arm tactics. You absolutely have to practice initiating self-aid with weak arm, strong arm, just like you do with your gun training. I think that if you're operating a firearm, and if you are a concealed carry person, and I think that that requires a certain personal commitment, I think you take it to the next level.

Part of that commitment is that you recognize that you may, for whatever reason, be in a situation where you might get injured, or someone else might get injured. And you'd better practice and be aware of how to take care of an injury, to somebody else or yourself, so that you can be as safe and effective as possible.

Jeff: **Great advice. Preach to the choir. I love it. This is awesome. That's the exact message we are really trying to get out to people. The techniques that you talk about today are a really good step in getting people to think differently about it, but also in knowing how to take action on it. That's awesome.**

Listen, everyone. This is really critical lifesaving information that a lot of people just never even address. Fortunately, David has really an incredible

DVD on this topic. He talks about these at prepper shows for emergency preparedness, as well as just on your site you'll find a lot of great information.

I urge you to go over and check out his website. Again, it's www.Amp-3.net. Go check it out. He's got a lot more training over there. You can get access to recommendations for different types of gear, you can get different types of gear. Definitely go check it out. Well worth your while. Again, it's www.Amp-3.net.

Until our next *Modern Combat and Survival* broadcast, this is Jeff Anderson saying prepare, train and survive.