



Safety Valve

HEART ATTACK

By La Farge

George had learned a long time ago that, in the area of S&M, age is not a negative factor. Though the "young prettys" were nice to look at, it was the older, more experienced man that knew how to function in ascene. That's why when Howard, age 54, called saying he would be in town for the weekend, George cleared his schedule and invited Howard to stay.

It had been a great weekend both socially—a party with friends on Friday night—and sexually—play sessions of their own Saturday afternoon and evening with a special dinner out at a good restaurant between. They slept in on Sunday morning and George had fixed a special brunch with all the trimmings when they got up. It was now late Sunday afternoon. Howard had packed his toys and leather along with his other clothes and was ready to head back home. George was helping him load the last of his bags out the front door and into the car when Howard suddenly turned ashen white, broke out in a sweat, clutched at his chest, gasped for breath and fell to the floor. Calling Howard's name and shaking him produced no response. George placed Howard on his back and reached for the hall phone as he quickly checked for a carotid pulse by feeling just under Howard's jawbone about halfway between his ear and his chin. He detected no pulse and noticed that his friend's chest showed no visible rise and fall or respiration. George was unconscious, his heart was not beating and he

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was not breathing.

Dialing the local emergency number which he always kept posted on the phone, George called for an ambulance, giving his address and stating that he had an apparent heart attack victim. He then kneeled beside Howard and turned Howard's head to the side and opened his mouth to check for any apparent obstruction in his airway. Finding none, he placed one hand under Howard's neck and the heel of the other hand on Howard's forehead. Raising up on the neck and pressing down on the forehead, he bent Howard's head back. With the thumb and forefinger of the hand on Howard's forehead he pinched the nostrils tightly closed, and covering Howard's open mouth with his own, blew four quick breaths into Howard's lungs. He quickly measured two fingers up from the base of Howard's sternum (breast bone) and, placing the heel of one hand over the sternum above these two fingers and covering it with the other, gave 15 hard compressions to Howard's chest at a rate of slightly more than one per second (striving for a rate of 60 to 80 per minute), attempting to depress the sternum one and a half to two inches with each compression. He concentrated the force of the compressions on the sternum through the heels of the hands, keeping his fingers interlocked and off of Howard's chest. He then shifted back to his first position and gave two more breaths to Howard's lungs, clamping the nose and sealing his own mouth over Howard's, keeping the head bent backward to open the airway. He was able to assess the effectiveness of the mouth-to-mouth breathing by observing Howard's chest rise as he blew into his mouth.

George continued CPR (cardiopulmonary resucitation), alternating two breaths with

every 15 compressions until the paramedics arrived. He was more than glad to see them, as one-person CPR is difficult to maintain for any lengthy period of time, and he was truly tired when they arrived. The paramedics took over CPR while George gave them a quick report on what had happened.

The paramedics with their equipment and training were able to restore Howard's breathing and heartbeat, and as soon as he was stable, they loaded him into the ambulance and transported him to the nearest hospital. George accompanied him to the hospital and gave as much history as he knew to the admitting office. Having claimed Howard's personal belongings in the emergency room, he was able to find Howard's insurance card in his billfold. George also assumed responsibility for calling Howard's family, telling that Howard had been staying with him on his "business trip."

DISCUSSION:

Had George not known the fundamentals of CPR and quickly initiated it, he might as well have called the undertaker for Howard, as by the time the paramedics arrived, Howard's brain would have been irreversibly damaged due to lack of oxygen. George's efforts maintained the circulation of oxygenated blood to vital tissues and saved Howard's life.

A heart attack occurs when an occlusion (stoppage) of the arteries feeding the heart muscle deprives the portion of the heart fed by the artery of blood and oxygen causing it to die. The severity of the heart attack depends on the area and location of the heart muscle damaged; however, given time and rest, heart muscle will repair itself with scar tissue, provided vital functions are maintained during the immediate post-heart-

attack shock, during which time the heart tends to stop or quiver, not pumping enough blood to maintain life. A heart attack can occur at any time; however, men between 40 and 55 are at higher risk; and stress, such as a busy weekend in a strange environment, along with physical exertion, such as carrying heavy bags, can be a factor.

Had another person been present, two-person CPR could have been carried out—one person doing one breath for every five chest compressions by the other.

The fundamentals of CPR can easily be remembered by thinking A, B, C:

- A—Airway: Check the mouth to make sure the airway is open and bend the head back (hyperextend the neck) to open the airway.
- B—Breathing: Force air into the victim's lungs by sealing your own mouth over his while holding the nostrils closed.

In one-man CPR, two breaths are given for every 15 chest compressions.

In two-man CPR, one breath is given for every 5 chest compressions.

- C—Circulation: Compressing the chest at a point two fingers above the base of the sternum 1½ to 2 inches places enough pressure on the heart to force some blood through the circulation.

Once CPR has been initiated, it must not be interrupted for more than five seconds.

Everyone should know the fundamentals of CPR, and it is difficult to learn them by merely reading about them. Courses are available through the American Heart Association and through many community colleges and adult education programs. Such a course will enable a person to give the best of immediate care to a victim of cardiac arrest in any situation. □