

REVIVING THE DEAD

By Bill Gant, March 2000

Even if a character fails a 1d100 'K' (Instant Kill) roll, modern medical techniques may be able to revive him/her. A character can be revived if cardiopulmonary resuscitation (CPR) is applied within 4 minutes of the 'K' roll failing, followed by defibrillation within 8-12 minutes, then advanced cardiac life support thereafter.

A rescuer must immediately attempt first aid to perform CPR. It takes (**15 – Physician SI**) Rounds of necessary preparation beforehand (i.e. assess the situation and casualty, clear the airway, check for breathing, send for help, perform expired air resuscitation, check for pulse). If more than the casualty's **Endurance +15** Rounds elapse after he/she failed the 'K' roll and before CPR succeeds, he/she is *dead*, although the rescuer will not know this.

After the necessary preparation has been completed, a CPR roll is made against **Physician EML +20** once per minute (6 Rounds) until the roll succeeds:

CARDIOPULMONARY RESUSCITATION (CPR)

CS: CPR successfully maintained. Casualty makes a **K5** roll on 1d100 once per minute until successful or Endurance minutes have elapsed since he/she failed the initial 'K' roll – beyond this period, increase the 'K' roll by +2 every minute (i.e. K7, K9, etc) until successful. If successful, the casualty's pulse and breathing return but he/she remains unconscious (CS) or only the pulse returns – expired air resuscitation is still required (MS). If the 'K' roll is a Critical Failure, the victim is *dead*, although the rescuer will not know this.

MS: As for CS, except the casualty makes a **K8** roll instead of K5 to regain a pulse.

MF: No effect - another CPR attempt can be made after one minute (6 Rounds). If more than the casualty's Endurance +15 Rounds have elapsed since he/she failed the 'K' roll, he/she is *dead*.

CF: As for MF, except the rescuer has inflicted 3d6 Blunt Impact to the casualty's Thorax!

A *defibrillator* with cardiac monitor can be used in conjunction with CPR to increase the chance of resuscitation. It sends an electrical pulse (200-360 joules) to shock the heart into restarting. To use the unit, a roll is made against **Physician EML +50** each minute until successful. If successful, any 'K' rolls from CPR are reduced by -4 (CS) or -2 (MS). However, there is an inherent danger in that a CF may (20% chance) force the *rescuer* to make an E3 Shock Roll to avoid electrocution (the casualty is unharmed).

If the casualty's pulse returns but he/she is not breathing, expired air resuscitation (EAR) must be performed. A roll is made against **Physician EML +30** once per minute (6 Rounds) until the roll succeeds:

EXPIRED AIR RESUSCITATION (EAR)

CS: EAR successfully maintained. Casualty makes an **E4** roll on 1d100 once per minute until successful. If successful, the casualty begins to breathe but is in shock (CS) or unconscious (MS). The rescuer then places the casualty in a recovery position to tend to bleeding, wounds, shock, etc. If the Shock Roll Critically Fails, the casualty's pulse stops – CPR must be re-initiated.

MS: As for CS, except the casualty makes an **E6** roll instead of E4 to resume breathing.

MF: No effect - another EAR attempt can be made after one minute (6 Rounds). If more than the casualty's Endurance $\times 2$ Rounds have elapsed, cardiac arrest occurs - CPR must be re-initiated.

CF: As for MF, except the rescuer accrues additional Fatigue Points equal to his/her FR.

Even if the casualty begins to breathe again, cardiac arrest is still possible. A Shock Roll must be made every minute until the patient is stabilised in a medical facility – if a CF is rolled, the heart stops again.

Both CPR and EAR are strenuous physical activities - the rescuer accrues Fatigue Points equal to his/her FR every minute, which will affect his/her Physician EML.

❑ DRUGS

The use of certain drugs will help stabilise a casualty until he/she reaches a hospital. They are administered through an intravenous (IV) drip that take 3-5 minutes to set up and take effect:

- *Epinephrine* – Administered first. One 1 mg dose lasts about 3-5 minutes. During this time, all Shock Rolls are reduced by -3 (e.g. E6 becomes E3). Also, any ‘K’ rolls are reduced by -2 should the patient suffer another cardiac arrest and CPR need to be re-applied. A typical ambulance will have 12 doses readily available – a high dose (5 mg) will reduce Shock Rolls and any ‘K’ rolls by a further -1.
- *Lidocaine* – Administered about a minute after the epinephrine. One 1.5 mg dose lasts about 3-5 minutes. During this time, two consecutive CF Shock Rolls (instead of just one) are required to force a cardiac arrest. A typical ambulance will have 6 doses readily available but no more than two doses should be administered to a patient.
- *Bretylium* – Administered if lidocaine is insufficient. One 5 mg dose lasts about 5 minutes. During this time, any ‘K’ rolls are reduced by -2 (cumulative with epinephrine) should the patient suffer another cardiac arrest and CPR need to be re-applied. A typical ambulance will have 12 doses readily available.
- *Sodium Bicarbonate* – Considered for administering if the above drugs are insufficient. One dose lasts about 10 minutes. During this time, any Shock Rolls are reduced by -1 (cumulative with epinephrine). A typical ambulance will have 6 doses readily available.

If the patient survives the journey to a fully-equipped medical facility, there is a high likelihood that he/she will recover.

❑ BLEEDING WOUNDS

HårnMaster Gold’s rules state that if total Bloodloss Points (BPs) exceed the victim’s Endurance, he/she falls unconscious, and if total BPs exceed double Endurance, he/she dies. This rate is too fast to be realistic.

In GunMaster Gold, the victim feels faint but can otherwise function normally as long as the total BPs do not exceed his/her $END \times 3$. If they exceed $END \times 3$, he/she falls unconscious. If the total BPs exceed $END \times 5$, he/she dies.

All Bleeding injuries in GunMaster Gold are serious and life-threatening. It is possible for a casualty to die from blood loss while CPR or EAR is being performed – if he/she bleeds to death, the casualty can never be revived. It is advisable for a second rescuer to attempt to halt the blood loss while CPR or EAR is being maintained.