

SHOCK

The body's normal reaction to severe injury or psychological trauma is to go into *shock* (this is a medical term, not the same as the **GURPS** condition known as "shock," p. B419). This is a state in which oxygen supply cannot meet tissue demand. It can be caused by blood loss, heart irregularities, infection, allergic reactions, or stress. Many of the results of the Fright Check Table can be interpreted as various severities of shock. Symptoms of shock include

weakness, anxiety, pallor, weak pulse, and low blood pressure. Anyone trained in first aid will expect shock if he knows the patient has suffered some trauma, and can attempt appropriate action.

If someone is not expecting a person to be in shock, roll vs. Diagnosis+4 or First Aid+4 to recognize the symptoms. To treat shock, use the rules on p. B424. The changes in time taken to attend to shock and the effectiveness of the treatment at different tech levels reflect the increase in medical knowledge and availability of better equipment.

DIAGNOSIS

Once a patient is out of immediate danger, the next step in medical care is determining what the patient is suffering from. In many cases, this is the first stage of medical attention, as when a patient with an illness or minor injury seeks a doctor. The diagnosis process can involve interviewing

the patient (if conscious) to learn what symptoms he has noticed, external examination of the body, measuring vital signs, testing samples, technological imaging techniques, or exploratory surgery.

Medical Treatment

This chart describes the sequence of events when a patient seeks modern medical treatment (TL6+). Most of these tasks are routine and do not require a skill roll (see p. B345); make only the skill rolls noted below.

1. The patient sees a general practitioner, who performs a *Basic Examination* (p. 126) and makes a Diagnosis roll. If the problem is not obvious, the doctor orders *Laboratory Tests* (p. 127) and/or *Medical Imaging* (p. 127).

2. If tests are required, a lab technician or radiologist uses Chemistry/TL6 or Electronics Operation (Medical)/TL7+ to process the results.

3. The doctor uses the results to make a new Diagnosis roll at a bonus (p. 127). Depending on the diagnosis, go to step 4a or 4b.

4a. The doctor uses Physician skill to prescribe medication or other appropriate treatments (bed rest, bone setting, physical therapy, etc.).

4b. If the doctor recognizes the problem is out of his field, he refers the patient to a specialist.

5a. The pharmacist dispenses any needed medication. If the medicine is not prepackaged, he makes a Pharmacy skill roll.

5b. The specialist confirms the GP's diagnosis. An additional Diagnosis roll is only required if the GP was stumped or wrong. The treatment may be simple (see 4a) or require surgery.

6b. If surgery is required, the surgeon operates, rolling on Surgery skill.

6a. If the patient is not self-medicating, a nurse administers the medicine, using Physician to make sure the dosage is within safe limits.

7b. After surgery and throughout *Recovery* (p. 139), the medical staff uses Diagnosis to make sure the patient is stable and healing as expected.