



# Practice Tips

## Being a camp doctor

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Being a doctor at an overnight summer camp is a great experience. You are often out in the wilderness, away from civilization, in harmony with nature, and able to catch up on reading, water sports, and other camp activities. It is this very isolation and inaccessibility to medical facilities that makes being a camp doctor both a challenge and a frightening responsibility. Your role is not only doctor, but sometimes parent, not only to the campers, but occasionally to the staff as well.

For some emergencies, such as serious accidents and unexpected grave illnesses, no matter how prepared you are, you can do little except use common sense and minimize risk.

### Setting up the medical clinic

If you are the first doctor up for the summer, you have the added responsibility of reviewing the facilities. Infirmaries should have the following.

#### *For common infections and wounds*

- Systemic antibiotics
- Topical antibiotics for ear and eye infections
- Antihistamines
- Cough medicines
- Analgesics
- Antidiarrheal, constipation, and nausea medications
- Asthma inhalers
- Topical cortisone, antihistamine, antifungal, and antibiotic creams

#### *For more serious conditions*

- Blood pressure machine (adult's and child's cuff)
- Otoscope
- Ophthalmoscope
- Stethoscope (If these instruments are not available, physicians should bring their own)
- Anaphylactic kits with preloaded epinephrine and oral antihistamines. Make sure these kits are placed at both swim and canoe docks in case a camper has a bee-sting allergy
- An emergency kit that can be locked in a cupboard should include epinephrine that is not outdated and injectable dimenhydrinate, diazepam, and morphine

#### *For minor surgery*

- Suture materials
- Disposable surgical blades
- Sterilized drape sheets
- Surgical supplies for suturing minor lacerations
- 10-mL, 3-mL, and 1-mL syringes and needles. The 1-mL syringes can be used for allergy shots and other immunizations

Review sterilization procedures with the nurse, and have the various instruments in an appropriate tray so that they are ready to use. A needle driver, a few pairs of surgical scissors, a few forceps, and some small surgical clamps could be useful.

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## Practice Tips

### For serious emergencies

- An Ambu bag
- Intubation tubes
- Airway device
- Continuous oxygen
- Butterfly needles of various sizes
- Intravenous solution, such as normal saline

Review this equipment when you first get to camp and be prepared to deal with serious emergencies. Diagnostic swabs, throat swabs, and midstream urine bottles can be used before antibiotics are administered for some common infections. Taking a *Physician's Desk Reference*, a *Merck Manual*, and an emergency manual is wise.

### Kits for overnight and canoe trips

- Analgesic tablets
- Acetaminophen (Tylenol 3)
- Nonsteroidal anti-inflammatory drugs
- Antihistamines
- Bee-sting kits
- Surgical tape
- Scissors
- Topical antibiotic cream
- Sunscreen
- Antihistamine cream
- Tensor, regular, and triangular bandages; strapping tape; and 2x2 and 4x4 sterile gauze pads

Make sure there are spinal boards at swim and canoe docks that can be used to transport campers with spinal injuries. The board can be floated into the water and the injured person placed on the board, which can then be moved onto a boat and transported to a dock. Patients can then be taken by ambulance to the nearest hospital.

### Campers' medical conditions

It is important to review campers' medical histories. Note any active conditions that need monitoring and make arrangements to follow up at appropriate



**Setting up an infirmary:** Dr Borins (above on right) and the camp nurse prepare for campers.

**Camp Tamakwa in Ontario's Algonquin Park:** The boat dock offers a great view of the sunrise (below).



times. All children being actively treated and having medications from home should come to the clinic for medication review and physical examination. Letters from home should be read. If phone calls need to be made to parents or doctors about medical conditions that need special supervision, I recommend you do that right at the beginning.

Medications dangerous for overdose or misuse should not be left in campers' cabins. If a camper is reliable and is taking medication unsupervised at home, he or she could probably continue to take the medication unsupervised in his or her cabin.

If a camper is not reliable or the parent was giving the medication at home, that medication should be given at the clinic by the nurse. The nurse should prepare a list of all campers' medication requirements. Every dose of every medication given should be documented to establish that children have been getting their medications. Allergy shots should be noted on a calendar; children should be monitored to ensure they come in for their shots.

### Medical records

Each camper should have a medical record. Visits to the nurse for minor things, such as bandages, analgesia, or sliver removal, should be recorded. Any visit that requires the doctor's attention should

be documented as to symptoms, signs, diagnosis, treatment, and follow up. If a medical condition requires treatment in an emergency department, send a note with the child and telephone the emergency physician. The note should be copied and left in the child's chart to document what occurred and why a transfer to the emergency room took place. The camp or the physician should keep all records for 7 years.

### Calling parents at home

Some medical conditions require that parents be called to notify them of the situation. Calls can be made by camp director, counselor, section head, or physician. Any major illness, starting a medication, suturing, or severe emotional disruptions should be communicated to parents. All referrals to an emergency department should be accompanied by a call to parents at the time of the referral.

### Common medical problems

Common problems like slivers, insect bites, sore throats, and headaches should be reviewed with the nurse, so you both understand what kinds of cases should be referred to the physician. Only ailments that would normally require a visit to a doctor at home should be seen by the camp physician. Adhesive bandages can be left outside the clinic for campers to use with instructions on how to wash wounds without the assistance of doctor or nurse. The nurse can handle most slivers.

Sore throats are common at camp. If strep throat is suspected, throat swabs should be taken. Mild analgesics (eg, acetaminophen) can be given for pain, and lozenges can be given if symptoms warrant. Children with minor upper respiratory infections can go swimming as long as they do not appear ill or have a fever. Keep campers who have high fevers or ear infections out of the water, and write notes to inform appropriate staff. Campers who are ill should be examined by the doctor before being allowed to go on overnight or canoe trips.

When you are alone, away from civilization, and you have a diagnostic or treatment decision

to make, a telephone call to the sick child's doctor is often helpful. Similarly, a telephone call to an emergency department or consultant can answer your questions about treatment. When in doubt, do not hesitate to refer.

### Communicable diseases

The most common outbreaks of communicable diseases are strep throat, gastroenteritis, impetigo, and viral infections. Children with these conditions should be told about proper isolation techniques, and counselors should be encouraged to prevent campers from sharing drink cans, water bottles, canteens, and eating utensils. If strep throat is diagnosed, all campers living in the sick child's cabin with symptoms of sore throat should have cultures taken.

Sometimes kitchen staff are a major source of infection. If they are sick, they should be treated and kept out of the kitchen. Serving utensils should be placed on tables so campers do not stick their own forks into common dishes and spread germs to one another. Campers with impetigo should not share towels or washcloths. Head lice can also be a serious hazard at camp; special precautions have to be taken.

### Never out of touch

It is helpful to carry a beeper so the camp director or the nurse can reach you if you are windsurfing, canoeing, or hiking in the woods. If no beeper is available, check in frequently and tell the appropriate people where you are. Being a camp doctor can be a most pleasurable and relaxing experience. Being prepared and having a properly supplied clinic and good procedures can make your time at camp enjoyable and rewarding. ✨

We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Tips can be mailed to Dr Tony Reid, Scientific Editor, *Canadian Family Physician*, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax (905) 629-0893; or by e-mail [tony@cfpc.ca](mailto:tony@cfpc.ca).