Are You Ready?

by Tom Buist

In recent months three technical assistance calls have arrived on weekends. In all three cases a disturbing trend emerged. The firms did not have the products on hand needed to properly treat the cases presented for their care. We will review the situations and offer a plan of preparation for each scenario.

My cell phone rang on a Saturday in December at 7:30 a.m. which is never a good sign. In my experience, a call on that day and at that time never results in the caller telling you they found an extra grand and they would like you to have it. The conversation got to the point with no pleasantries.

"Tom, I think we have a problem, no, a big problem! This lady was removed last night and placed on the preparation room table around midnight. She was in a hospital supplied pouch and a head block had been placed under the head, but the pouch was never opened and the remains were never inspected. This morning she was removed from the pouch and we discovered a recent abdominal surgery with a little green area around the site. It looks like the area has some bubbles."

I concurred that it was not the best news of the day. He then stated that he thought he had a tissue gas case and asked what I thought. My response was that we did and, even if we were not positive, we would need to treat the case as such, or suffer dire consequences. I suggested the arterial mixture he use be waterless with three bottles of Introfiant, three bottles of Metaflow, three bottles of Rectifiant, and one bottle of Dis-Spray which would attack the gas through the injection process. I estimated we would need to repeat this mixture, depending on the case, trying to inject a total of two to three gallons of solution or more, if needed.

Next we needed to address the brain, knowing that if Clostridium perfringens were present in the body, you could bet the house the brain would be affected. The last thing we needed was one day into visitation, or on the day of the service, to have the eyes swelling out and gas leaking. I suggested using a 13 or an 18 gauge needle and going through the nostril and penetrating the cribiform plate in the direction of the eyes and injecting a minimum of 60 cc's of Basic Dryene into the brain. The phenol has a fast killing action on the bacteria. Once the brain was treated, I suggested placing a barrier around the neck just above the clavicle, a barrier around each wrist to protect the hands, and a barrier around the abdominal area that presented itself green at the start of the preparation. Channeling an area with gas is critical. Leaving the incisions open with channels until the next day will allow any gas to escape. You also can re-inject if needed.

Once that was completed and saturation had been achieved, a complete, methodical aspiration must take place. I suggested 32 oz of Perma Cav 50, with 16 oz in the pleural cavity and 16 oz in the abdominal cavity. If the case was severe, they should use Basic Dryene for the cavity treatment.

After all of the preparation was completed, they should make sure all instruments were disinfected and sterilized. They must wash the instruments with a disinfectant soap and water, and then place them in DSD for 10 hours. Following that time, remove and rinse them off and towel dry. Do not forget the trocar! End the cleaning process by disinfecting the table, counters, floors and cot, according to the specific disinfectant's instructions.

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silence on the line.

Then the news came in an odd tone: "I do not have most of the stuff you talked about."

"What stuff?" I asked.

"The chemicals you mentioned. I do not stock all of them."

Move to late December, between Christmas and New Year's Day. A nice time to be a rep as road time is reduced due to holidays and we close out the old and prepare for the new year. It was Friday and the weekend looked to be some pleasant family time. But this is funeral service and new challenges find you at any time. My cell phone rang and we started on a new adventure.

"Tom, are all the people going a little crazy?"

Well, this conversation looked to be a good one.

"I have a family that wants to hold the body until January 22, but I do not have refrigeration. What are we going to tell them?"

Well, another present for this Dodge Rep to unwrap. I informed him we could accomplish this and it would be a positive experience for both the firm and the family. He was not as enthusiastic as I was, but he listened to my thoughts.

I started with, "Has preparation started?" and he said, "Not yet."

Here's what I told him: Begin with the disinfection of the remains and use Dis-Spray to treat the mouth, eyes, nose, and private areas of the body. Make sure, when posing the features, the inner canthus has Kalip applied to help close and control dehydration over the next few weeks. Brush a light coat of Kalon Massage Cream over the face and hands prior to arterial injection. When closing the mouth, use a mouth former or Inr-Seel to achieve normal contour and this will keep moisture from being drawn away from the tissue. If you have to use any cotton, coat it with Kalip to keep it from becoming a wick and drying out the lips.

For an arterial solution I gave two options that would work. The first was a waterless solution of two bottles of arterial, four bottles of co-injection, four bottles of water corrective, and one bottle of Restorative. This mixture would be repeated, trying to inject a minimum of 2.25 gallons, and trying a third solution if necessary. The second option, if the operator preferred, would be to use 16 oz – 20 oz of arterial, 32 oz of co-injection, 32 oz of water corrective, 16 oz of Restorative and warm water to produce a solution. This would need to be repeated and the goal would be to inject a minimum of two gallons, looking to achieve proper fixation and saturation of the tissue. The arterial of choice would be humectant-based, either Plasdo 25 or Regal 30, based on the case and the embalmer's preference.

After arterial injection is completed to a satisfactory saturation, the cavity work, if possible, should be delayed 10-16 hours. This will allow the arterial solution to remain under pressure and in contact as long as possible. I suggested 32 oz of Dri Cav for the chemical treatment of the cavity. Once the remains have had the final washing, apply Kalon Massage Cream to the face and hands, then drape the body with a sheet. Select a room in the building that has a stable temperature with limited air movement. The body should not have any air directed at it or be near a cold air return. Stable is the key word. If possible, use a body rest and positioners to allow air under the remains, keeping moisture from accumulating on the back side. Move the positioners a few inches every few days to allow all the surface to stay dry. Check the remains every two days and apply cream to the face and hands as needed.

Again, there was silence on the line.

"Hello are you there, or did I drop a call?" I asked.

"I do not have most of the stuff you mentioned," was the reply.

It was New Year's Day! Football and food! But my cell phone rang at 3 p.m. Those words again: We have a problem! A snowmobile rider was found late last night having left the trail and hit a tree. The remains had trauma, raw issue exposed, and was leaking all over the table. The head had no major issues as the rider did have a helmet on at the time of impact. The trauma was to the right shoulder and leg. Not a problem. Here is the plan.

We should treat the raw tissue with packs prior to arterial injection. As my buddy Jack Adams would say, "Get it all working at once." We need to mix our special little paste, SynGel HV with Basic Dryene. I like it at a heavy consistency and, then, with a 1" brush, apply it to all of the raw tissue and cover it with plastic wrap. Proceed with the arterial injection and the cavity treatment. Remove the wrap and clean up the table and then apply the paste one more time in non-viewable areas and cover with Webril or another absorbent material. Wrap the leg or other areas in shrink-wrap or another plastic wrap. This will prevent leakage, keep the preservative in place, and control odors. When plastic garments are used, add VP or DodgeSorb into the garments as a safety net to prevent leakage. That was easy and the next game was about to start.

"Do I have another dropped call?"

No, just one more, "I do not have all of the stuff you mentioned."

The "stuff" has become the issue. We have the knowledge and we have the resources to follow the proper procedure on each case. What we need to do is spend some time stocking the completely ready preparation room. It does not need to be expensive and supplies do not have to be kept in great quantity. But the facility does need to be able to respond to almost every type of situation. You must equip yourself to win. In each case I have discussed, we had to make due with what was available and it compromised the results.

In the first case he only had 12 oz of Dis-Spray in stock, only 8 oz of Basic Dreyne, and no Perma

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Cav 50. We used all the Dis-Spray in our prescribed arterial solution. The 8 oz of Basic Dryene was enough to put 60 cc's in the brain and the remainder around the neck and wrist as a protection barrier. The cavity available was De-Ce-Co. The end result was a family viewing but closed for the public.

In the second case, the firm had one bottle of Restorative, no water corrective, no Plasdo 25 or Regal 30, no Dri Cav, and no body rest. We used Plasdopake 18 index with 22-25 oz per gallon, the bottle of Restorative, and an extra bottle of co-injection to cut out water in the solution due to the lack of water corrective. Since we had no Dri Cav, we used 22 oz of Basic Dryene for the cavity treatment. We created the body rests from boards and bottles. The result was satisfactory, with post-preparation care for the entire storage period. A viewing did take place for the family and the public.

In our third case, he had no SynGel HV, plastic wrap, VP, DodgeSorb, or Basic Dryene. To dry the tissue we used cavity packs, and instead of using plastic wrap, we made due with covers from the dry cleaners, and Q-S powder was available for an absorbent. They purchased adult diapers and made absorbent wraps under the plastic. The tissue was preserved and dry, with a slight cavity odor. Not an ideal working environment for the operator.

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Let's take a look at what we might want on the supply shelf. Arterial chemicals should be stocked in several types. Every embalmer will have his or her favorite chemical and that is wonderful. You should also have a humectant-based chemical, a go-to potent (high index) arterial for severe cases, a jaundice formula for both mild and severe cases, and an arterial that is of a different color than you normally use. If you use a red or pink-based formula make sure you have a tan or brown-based chemical, for when it's needed.

Co-injection chemicals are a must in today's environment. Everyone should have a co-injection or pre-injection chemical that stimulates drainage and promotes circulation.

A water corrective is needed to control the adverse affects of minerals, salts, and gases in the water supply. It is also effective against chemicals in the body fluids by inactivating or neutralizing the chemicals working against the arterial solution.

I realize that few firms are able to afford everything under the sun. If that is the case, form an alliance with a firm in your area and each of you cover a share of the possible problems. At the time of need you will have access to the necessary chemicals.

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Tom Buist

Having a humectant chemical is a must. It treats dehydrated tissue cells on the emaciated case, and it keeps the dehydration case from being a visual problem. It's a very effective additive for treating frozen or refrigerated cases. It also makes an effective external pack to rehydrate facial areas.

A tissue reduction and moisture controlling chemical is necessary. Edema is on the increase with current medical practices. This chemical is a mainstay when it comes to reducing swollen cases.

Cavity chemicals are not a "one type fits all cases." Having a general purpose cavity and the embalmer's favorite is fine, but a low fuming cavity is also wise for a variety of cases and it is easy on the embalmer and makes an effective cavity pack with light bleaching. Every prep room should keep a heavy hitter (high index) on the shelf in the cavity department. You will need this one at some point every year.

Accessory chemicals are just as critical as main line arterial and cavity chemicals. All rooms need an embalming spray. It should work well on delicate tissue and have a mold inhibitor. A cauterization chemical that dries, bleaches, disinfects, and deodorizes is a must. You should also have liquid sealant, adhesive bond that dries clear and can seal bone, a sculpting and sealing compound, a preservative and drying compound in one, an absorbent compound that can suck up anything, and the proper line of disinfectants for the instruments, surface areas, and floors.

A Hi-Risk Disposable Instrument Kit is very valuable when needed.

I did not have the time to cover the cosmetic issues with the cases I discussed. Each required its own special touches. We know each firm and technician has his or her standard mix, and in most cases it complements the firm's lighting and the nuances of the visitation room. We do need to ask what does each case need to achieve the complexion that appears natural for that person? This means that the cosmetic selections must be able to adjust to the many different appearances of deceased individuals that we encounter each day. You must take into consideration the chemicals and dyes used, as well as the artificial and natural lighting in your building or in the church you are going to.

This was not intended to be a full check list of what you need, but rather a reminder to review what you have and, even more important, what you do not have available. I realize that few firms are able to afford everything under the sun. If that is the case, form an alliance with a firm in your area and each of you cover a share of the possible problems. At the time of need you will have access to the necessary chemicals, as well as a helping hand on the trying case of the month.

Remember, we are all in this together. It is not a problem but an opportunity to perform procedures that no one but the men and women of funeral service can accomplish.