



A Sobering Too-Close Encounter

By ATCS(AW/SW) David D. Clark,
Naval Safety Center

I was spending a quiet Sunday afternoon at home, watching football, when my daughter brought me the phone, saying, “It’s Aunt Debbie, but I can’t understand her.”

I took the phone and tried to decipher my sister’s wails. After I had calmed her down, she explained that some kids with a baseball bat had beaten up my 11-year-old nephew, Patrick. She said he was unconscious and asked if I would track down Mom and Dad. I asked which hospital she was at, then hung up and called our parents.

Twenty minutes later, my wife and I were at the hospital, looking for my sister and brother-in-law, Charlie. Mom and Dad were right behind us.

We learned from my sister that neighborhood kids had found Patrick between the townhouses where my sister lives. He was covered in vomit and was unresponsive. Charlie had run to the scene and found him choking. Luckily, an off-duty paramedic was nearby and realized Patrick was choking on his own blood and vomit. He cleared Patrick’s airway moments before a 911 call brought paramedics and police, who started investigating the alleged beating.

The paramedics first thought Patrick would not recover. He stopped breathing after arrival at the hospital, and doctors had to intubate him. They told my sister they also planned to do X-rays and a CAT scan.

While all of us were sitting in the waiting room, my sister explained a little more of what she understood had happened. She said Patrick, who is known for his adventures (e.g., he follows his father surfing, fishing and hunting), had been out playing and skateboarding.

With a few more phone calls to family members, we soon were having a small reunion in the waiting room when a doctor came in and said the X-rays were negative. Everything was in the right place, and nothing was broken. We breathed a sigh of relief with this news, even though we still didn’t know the results of the CAT scan. He said it would take more time and assured us he would be back with another update as soon as one was available.

A nurse then came by and told my sister and brother-in-law they could see Patrick. The trip was a short one for my sister—she returned, crying as hard as she had before. Patrick still was covered in blood and was unresponsive.

More time passed, and the nurse came back and asked for my sister. When my sister returned this time, she wasn’t crying. Having lived with her for 18 years, I knew the look on her face—she was fuming mad.

“He’s drunk!” she exclaimed.

We looked at her and said, “He’s what?”

“He wasn’t beat up; he’s drunk—very drunk!” she responded. “The lab results show he has a BAC of .34.”

“But how did he get drunk?” we asked.

My sister started naming kids in the neighborhood who were at the top of her list of possible suspects.

“So where did the blood come from?” we asked.

“He wretched it up from being sick with all the alcohol in his system,” my sister said, quoting the nurses and doctors.

After the doctors determined Patrick’s problem was related to alcohol, instead of a beating, they changed the game plan for his recovery. They doubled his IVs and catheterized him. The CAT scan was negative for everything, except a bump on the back of his head. We later

learned he evidently had fallen while trying to skateboard home after he became intoxicated. The doctors decided they were going to transfer him to a local children's hospital that was better prepared to handle his alcohol poisoning.

My wife and I stayed with Patrick until he became conscious and was stable; then, we went home. He was transferred to the children's hospital that evening, and, after four hours of observation and more IVs, he was released.

We later learned some older kids had talked my nephew into drinking vodka. They thought it was neat, watching him stagger around. Doctors said he had to have drunk six to eight ounces, based on his BAC when they checked it.

In talking to the medical officer at Naval Safety Center, I learned that alcohol shuts down the area of the brain that controls breathing. We were lucky to have found Patrick so soon.

My nephew has made a complete recovery and remembers everything that happened before he passed out. He also remembers waking up in the hospital, with Mom asking him crazy questions to check his mental awareness.

Age 11 definitely is too young to be drinking—so is 8, 9 and 10. However, it's not too soon to be helping young people understand the dangers related to alcohol. Start early with your children because more and more of them are getting introduced to alcohol and drugs at a very early age. Don't just explain the dangers; also tell them what to do when offered alcohol and drugs.



Help them understand the physical effects that even a little bit can have on their small bodies.

According to Kid's Health online (www.kidshealth.org), communication is key.

Make it easy for them to ask questions without feeling that they're asking something dumb or something that will get them into trouble.

Education is the next key point. Start at pre-school age and help your children learn how to make good decisions about alcohol and drugs. When they're between the ages of 4 and 7, talk to them about their bodies and how alcohol and drugs can be harmful. "Alcohol educators often call these opportunities 'teachable moments.'"¹ Ages 8 through 11 are extremely important

The victim in this story goes out to play and skateboard. Some older kids, however, entice him to sample some adult-like activity that lands him in a hospital.

times—peer pressure becomes a major factor. "Teach your child to say 'no.'"² Continue pushing the hazards and damaging effects alcohol and drugs can have on their bodies. Between the ages of 12 and 17, "your aim should be to reinforce what already has been taught and to keep the lines of communication open."³

Protect the ones you love. ■

1, 2, 3 www.kidshealth.org, "Talking to Your Child About Alcohol"