

Shrapnel Pockmarks

I don't know what it is, but there's lots of it.

The patient's flesh has a scattering of shrapnel or grit buried in it, if allowed to remain it will cause infection

Quick Fix: You can numb the area and scrub it out with a nail-brush. This will take a **minute** of agony and **until the end of the NEXT combat scene** their maximum endurance is reduced by 2.

Proper Procedure: You can use laser forceps to painstakingly remove every piece, then disinfect the area.

Arterial Bleed

Oh, feth, it's spurting everywhere!

Medicæ Intervention: The patient resumes their **bleed count** you must spend 10s applying a tourniquet to the wound or they will continue to bleed out.

Proper Procedure: You can suture the ruptured artery in a careful surgical process. The patient will drop to **Bloodied** immediately if they run or jump during the next scene; thereafter they are fine.

Dislocated Joint

That definitely shouldn't be sticking out like that...

Quick Fix: You can yank the joint back into its socket. The shock will be substantial. **Until the end of the NEXT combat scene** their maximum endurance is reduced by 2.

Proper Procedure: You can use muscle relaxants and anti-inflammatories to relocate the joint more carefully, before strapping the limb up. The patient cannot use the limb until they **Recuperate**.

Nerve Damage

Can you feel this? What about this?

You may call **Get it Together** on the patient the next time they become **Bloodied** you will continue to fight as normal for the next 10s while bleeding before collapsing unconscious from blood loss.

Quick Fix: Let this to run its course, administering a minor anti-inflammatory to get them up and moving.

Proper Procedure: Using a course of treatments will correct the nerve damage. The patient will no longer suffer the effect above, but will have some residual numbness.

Concussion

Those pupils are definitely different sizes.

Medicæ Intervention: The patient is concussed and needs to rest; they should remain as still as possible but not sleep, and engage in no stressful activity.

Should they loose endurance or strain their body in any way before they can **Recuperate** they fall unconscious and become **Subdued**.

Severe Concussion

This level of dizziness might be a sign of something really bad...

Quick Fix: The patient becomes unsteady, dizzy and very confused; this level of concussion cannot simply be rested to recover, and there is no quick fix available. The character cannot make calls at distances longer than 5-meters or make use of any **Powers** or **Expertise Traits**

Proper Procedure: You can stabilise the cranium and relieve pressure with a few minutes' work with an auto-injector. The above effect will only last until the end of the next Combat Scene.

Shattered Joint

Well, that's definitely not meant to bend like THAT.

Quick Fix: The patient cannot functionally use one limb. You can strap and splint it to stop them making a mess by trying to bend it, but it will stay in the position you splint until you can do a full reconstruction.

Proper Procedure: Joint replacement and reconstruction every Chirurgeons favourite screaming 3D puzzle. Opening the joint you can painstakingly reassemble ruined joint. After letting it set for twenty minutes they'll have full use of the limb again, but might want to consider permanent replacement later.

Bone Shrapnel

This is... eurgh... whose even was this?

Quick Fix: A bone splinter has embedded deep in them. You can cover it and apply antiseptic quickly. **Until the end of the NEXT combat scene** their maximum endurance is reduced by 2 if they fail to get the proper procedure within 5 minutes of this they will collapse **Bloodied** and suffer the **Blood Poisoning** complication (show them that card)

Proper Procedure: The foreign matter is already spreading infection. You must cut away a portion of the surrounding flesh and disinfect or cauterise thoroughly.

Dissociated Parts

Which was your least favourite finger?

Quick Fix: Through trauma or blood loss, the patient is in danger of losing extremities (e.g. toes, fingers). If you work quickly, you can rapidly amputate one (of the patients choice) to save the rest.

Proper Procedure: You can apply a temporary tourniquet and enough synthskin to restore blood-flow.

The patient cannot use the affected limb until the end of the next combat scene.

Shock

Slurred speech, cold hands, shaking...

Quick Fix: You can expend a **Supply** to give the patient a quick epinephrine-steroid cocktail to put them back on their feet. They are shaky and jittery; they gain +1 Endurance until the end of the combat scene and lose 2 endurance from their pool after that until they have seen a **Chirurgeon**

Proper Procedure: You can keep the patient warm and give them something to drink, but they need to sit down somewhere quiet. Once they **Recuperate** like this the effect clears.

Blood Poisoning

Clammy skin, difficulty breathing, sweating, racing heartbeat...

Medicæ Intervention: The patient needs an immediate (within 30s) blood transfusion from a live donor. This will take at least 15 minutes; if interrupted, the patient suffers the following effect

Toxic Shock- by expending 5 **Supplies**, you can arrest this otherwise they lose organ function in 30 seconds - they can be resuscitated if they have **Fate** remaining

Torn Ligaments

That's an awful lot of swelling...

If the patient has a limb disabled by a call then that is the affected limb, otherwise it is their choice

Quick Fix: You can tape the joint to stop it moving further, but pain and swelling render the limb useless until after the **two** combat scenes (not including an ongoing one)

Proper Procedure: You can splint or brace the joint to keep it functioning. They will be unable to run (if a leg) or wield a weapon (arm) for the next 30 minutes while the glue sets.

Nicked Vein

Tiny, easily missed, but deep...

Quick Fix: There's a lot of blood on the patient, but you or a **Medicæ** following your instructions can quickly patch up the obvious damage and they can get back on their feet. They will fall unconscious and become **Bloodied** in 30 minutes; neither they nor you are aware of this **IC**.

Proper Procedure: By taking longer suturing the patient's wounds yourself, your eagle eye spots the tiny puncture wound and patches it before any serious blood loss results.

Collapsed Airway

Lips turning blue, choking sound, racing pulse...

Medicæ Intervention: If you supply air immediately, there won't be permanent brain damage. The patient needs a tracheotomy, and you cannot stop their bleed count, only pause it while you are actively treating them; characters with **First Aid** cannot pause it at all.

Proper Procedure: You can reinforce the airway with an immediate topical steroid and a clever trick using bone-cement. The patient will collapse to **Bloodied** and suffer this **Complication** again if they run in the next 30 minutes.

Cracked Ribs

They're an embuggerance at the best of times...

Medicæ Intervention: The patient will not be able to use the benefits of traits that rely on movement (including using a weapon to make a call) until seen by a **Chirurgeon**, and will lack breath and be in pain when running, but can otherwise act normally once you have finished.

Proper Procedure: You can open the chest cavity and fuse the ribs in place. The patient will need to keep a dressing in place for the next scene; if it's displaced by them taking a damaging call other than **Blam**, they will drop to **Bloodied**.

Numb Fingers

Blood loss or nerve shock has them fumble-fingered.

Quick Fix: The patient's fingers are numb and unresponsive. You can give them back full mobility with a few injections or a minor electroshock, but they won't be able to fire a ranged weapon, write or use grenades for the next two scenes.

Proper Procedure: You can restore blood-flow with topical steroids and more careful manipulation. They should have full sensation back within 10 minutes.

Tinnitus

A ringing in my... what? I can't hear you, my ears are ringing!

Medicae Intervention: Nothing to be done; the patient will be mostly deaf for the next scene. They should wear earplugs before standing so close to a detonation next time.

Proper Procedure: You can reduce the swelling in the ear canal and restore hearing.

Flash Burn

It's tender... here? Here? Here too? Oh dear...

Quick Fix: The patient has light but extensive flash burns. You can apply synthskin spray rapidly, but the pain will distract them. Until after the **two** combat scenes (not including an ongoing one) their maximum endurance is reduced by 2

Proper Procedure: You can apply a broad-spectrum painkiller as well as synthskin and biogel to promote swift healing. Their skin will feel numb for the next 30 minutes, but they will be able to function normally.

Shaky Hand

I'm sure you weren't trembling like this before...

Quick Fix: You may expend a **Supply** to give the patient a quick dose of anticonvulsant - this should keep the shaking under control, but it will come back after a scene. The patient cannot aim accurately above short range (can only make calls against targets within 5m) with a ranged weapon, or write clearly.

Proper Procedure: An important muscle in the wrist has been damaged. You must expose the nerve and stitch it back in.

Bruised Lungs

Chest pain, shortness of breath, hey, stay with me now!

Quick Fix: Call **Get it Together** the patient cannot run and has trouble breathing until treated as beneath.

Medicae Intervention: You may expend a **Supply** to provide inhaled chems to relieve the pain, they cannot run for the next two scenes.

Proper Procedure: You artificially stimulate breathing while you treat the injury. You will need an assistant to keep the patient breathing while you work. Once complete, they will be short of breath and wheezy but combat effective.

Whiplash

Try to keep your head still...

Quick Fix: You or a Medicae following your instructions can splint, but the patient will suffer headaches and dizziness, The character cannot make calls at distances longer than 5-meters or make use of any **Powers** or **Expertise Traits**

Proper Procedure: You can administer topical anti-inflammatories and realign the patient's vertebrae. They should make a full recovery after resting without strenuous physical movement for around fifteen minutes while the chems work.

Gutshot

One of the slowest and most unpleasant ways to die

Quick Fix: The patient's stomach has been punctured and bile is leaking into their bloodstream. You can apply coag, but pain and nausea will continue if they are not given full treatment within an twenty minutes, they suffer **Blood Poisoning** and cannot regain Endurance at all until this has been repaired..

Proper Procedure: Patient needs surgery to close the wound and a hefty dose of antibiotics to purge toxins from their system. Once complete, make another Power Check in case of a second Complication.

Slipped Disc

Can you feel your legs?

Medicae Intervention: Back pain, numbness and weakness in the legs. Over the scene, the pain will steadily increase until it becomes excruciating; morphia can ease this, but if they have not been properly treated by the end of the scene, they will be unable to walk until they have seen a Chirurgeon.

Proper Procedure: The patient must be restrained while you open up their back, find the disc and force it back into place. Once complete, they will suffer intermittent numbness but make a full recovery.

Haematoma

Regular bruise wasn't good enough for you?

Quick Fix: Bruising on the bone has led to swelling and pain. You can apply cold and compression to restore function, but the patient will collapse in agony to **Subdued**, if they are struck by **Repel** or **Drag** until they have received full treatment.

Proper Procedure: On its own it will be weeks before this stops; by draining the blood from under the skin and a course of antibiotics to prevent infection then they'll be fine.

Torn Away Flesh

Ah... well... you're probably going to need something to fill THAT gap.

Medicae Intervention: Whatever has done this damage, it has removed tissue leaving a gaping void. You can pack and seal it with biofoam by spending a **Supply**; however, if the patient does anything strenuous they will drop to **Bloodied**.

Proper Procedure: The healing process for these wounds can be years. In a limb one normally amputates. But you can treat temporarily and for the remainder of this event the patient feels persistent pain reducing their endurance by 2.

Visual Impairment

Follow my finger... ah...

Medicae Intervention: The patient has suffered some form of damage to their eyes. It is not going to be permanent, but they are partially blind. You can perform surgery but until they see a **Chirurgion** they cannot clearly see anything further than 1m away from them and are very sensitive to light changes.

Proper Procedure: The eyes are fragile things; you could replace them with ocular bionics, however if you take your time with eye surgery you should be able to restore their sight to normal after you are done.

Broken Jaw

Yeah, you might be talking now, but soon you'll be screaming in pain.

Quick Fix: You can wire the jaw shut so they can't make it worse while it heals naturally. Of course, they won't be able to speak in anything other than clenched-jawed slurred mumbles until this is unwired or properly healed.

Proper Procedure: If you open the jaw you can use bone-weld to repair the bone. This will cure if they **Recuperate** and do not strain the jaw or aren't tossed around if they do they drop to **Bloodied**, suffering from the effects of this **Complication** again rather than drawing anew..

Foreign Object

Mm, well that's a nice deep wound you've got there.

Medicae Intervention: You can patch up the wound and cover it and it will heal naturally. Neither you nor the patient are **IC** aware of the object lodged in them. They can move as normal but will feel a dull ache inside them. In 20 minutes they will collapse **Bloodied**, suffering the **Blood Poisoning** complication (show this to them).

Proper Procedure: Without the obvious sign of an exit wound there's a good chance something is still inside them. You will need to locate it and remove it to prevent infection.

Gaping Wound

Oh, well that doesn't look pleasant at all...

The patient bleed count continues as you discover a gaping hole

Quick Fix: You can staple or glue the wound closed; but the pain means they cannot use traits or fight in combat and any damaging call greater than **Blam** will cause them to become **Bloodied** again.

Proper Procedure: Taking time stitching this closed and dressing it with biogels. After **Recuperating** the wound will be healed. If they do anything strenuous before **Recuperating** they become **Bloodied**

Skin Lesions

Well, that's going to leave you a nasty scar...

Medicae Intervention: Part of the patient's visible skin has been torn away (they decide) leaving a nasty abrasion. You can disinfect it and get them on their feet, but this will leave a visible scar after it has finished the process of natural healing

Proper Procedure: Though the skin has been torn away you can repair this quite easily, a graft of synthflesh or vat-grown flesh where the old flesh was will let it heal over and appear as it was before (there may be some slight discolouration if the patient wishes).

Extensive Burns

That's the trouble with promethium, it burns...

Redraw if the patient has not taken a call of **Burn** in this combat.

Quick Fix: You can coat the patient in foul-smelling burn-salve and use **Opia** to get them moving, but they are then going to live with burn-scars across a large area without reconstructive surgery.

Proper Procedure: Using synthflesh and vat-grown flesh you can replace most of this horrific damage over time.

Shell Shock

Sometimes, the wounds aren't physical...

Medicae Intervention: The patient seems physically fine. But they are demonstrating some psychological symptoms of their wounds and the horrors of war.

The patient becomes **Shaken** their mental state is one of mental shock, developing a thousand-yard stare, a heightened sense of threat and excessive reactions when startled. War is hell.

Warp Lesions

Huh, well that wounding pattern doesn't look... natural.

Redraw if the patient was not attacked by the **Warp** call or a creature of the Warp.

Medicae Intervention: What are those odd marks? Do a **Power Test**;

On a Success; The skin becomes alive growing teeth, spines or worse you take 2 endurance damage. You can remove & cauterise it with the help of an **Exorcist** the patient will lose 1 Willpower and 2 Endurance for the next two scenes after this.

On a Failure; Get a Ref

Punctured Lung

Not the kind of extra ventilation you want to have.

The patient has suffered a wound that has resulted in the rupture of their lung. Their bleed count continues and they begin to cough up blood as it spills into their lungs.

Proper Procedure: You'll first need to need to prevent the fluids from filling the lungs, draining them to permit respiration before accessing the chest cavity to repair the damage to the lungs that are causing the issue. For the rest of the day they will not be able to run and their endurance is -2 due to the pain.

Organ Failure

Oh God-Emperor! Get me Strms! Stat!

Proper Procedure: The patient needs an immediate (within 30s) dose of stims at the cost of one supply - otherwise they suffer the following;

Organ Death - the patient falls unconscious by expending 5 Supplys, you can arrest this otherwise they lose organ function in 30 seconds - they can be resuscitated if they have **Fate** remaining

Busted Bionic

Sometimes, you need a Coghead, not a Chirurgeon...

Redraw if the character does not have either prosthetic bionics or the **Bionic Enhancements** trait.

Medicae Intervention: The patient has suffered extensive damage to one of their bionics. If this is a prosthetic limb or sensory organ then it simply ceases working; if this is a bionic enhancement then ONE of the abilities associated with that trait ceases function. This can only be repaired by someone with the **Tech Priest** trait.

Bionic Rejection

The flesh is weak, but sometimes? It fights back.

Redraw if the character does not have either prosthetic bionics or the **Bionic Enhancements** trait.

Quick Fix: The patient's body is rejecting their bionics. By suppressing the immune system you may prevent this but if the patient suffers a infection-related effect in the next day they must find a ref.

Proper Procedure: A series of long and careful re-grafts can reintegrate bionics without rejection.

Fused Clothing

Oh, oh this is going to hurt a LOT

Redraw if the patient has not taken a call of **Burn** in this combat.

Medicae Intervention: The patient's clothing has melted into their skin by cutting it free you can get them on their feet. But this is not a clean procedure if they do not see a Chirurgeon within 30mins they will become Bloodied and suffer the **Blood Poisoning** complication

Correct Procedure: You will need to carefully clean the wound before disinfecting it, and sealing it.

Too much of a good thing

Opia is a necessary thing to keep a patient quiet, but it can kill.

Redraw if the patient has not had **Opia** today

Medicae Intervention: You may perform surgery on minor wounds - if you use **Opia** they become groggy and high and are effected by **Weaken** for 30s - if not seen to by Proper Procedures they become **Bloodied** and suffer the **Organ Failure** complication.

Proper Procedure: You detect dangerous concentrations of Opia in the patients blood - pump the system for 10s before performing Surgery if necessary.

Evasive Vein

Ok well, I need to get to work so...sorry.

Medicae Intervention: You can't find a vein in order to administer a dose of **Opia** to quiet the patient, so if you want to perform surgery you'll have to proceed without it.

Proper Procedure: You spend a goodly amount of time hunting before finally finding a place to make the injection.

Catastrophic Wound

We'd just call it a 'through and through' but there's a hole I can see through

Redraw if the patient was not Bloodied as a result of **Sunder**.

The patient has suffered severe trauma to one of their vital organs. It will cease function in 10 minutes.

Quick Fix: You can temporarily hook up the patient to a meditech device that will replicate the function of their organ. They cannot move away from this device.

Proper Procedure: If you get to the patient in 10 minutes you can save the organ, otherwise you will need to find a transplant or bionic graft.

Ruined Limb

Well, you didn't NEED four limbs did you?

Redraw if the patient was not Bloodied as a result of **Sunder** or didn't have a limb disabled by an effect.

Quick Fix: One of the patient's limbs has been utterly ruined by the blow it sustained - it will be useless for the rest of the Event, you can splint it.

Proper Procedure: You will need to spend a while repairing the limb, otherwise amputating to install a bionic or vat-grown flesh at the cost of a **Supply** to fabricate one or purchase one if available.

Severe Blood Loss

Well, now you've gone and bled everywhere...

Proper Procedure: The patient's wounds have caused them to lose an immense amount of blood. You will need to find a willing donor to give their blood via transfusion.

The donor must decide how much **Endurance** they are sacrificing in the transfusion. The patient gains that much Endurance, the donor loses that much Endurance - neither of these can be increased until two combat scenes have passed.

Eyes Where They Shouldn't Be

Oh god! What in the living Hells is THAT!?

Redraw if the patient was not struck today by **Warp**, encountered a Warp Creature or has not suffered a Warp-related effect.

Medicae Intervention: As you begin to fix the minor wound you look into it...an eye stares back at you - you take the **Dread** call. If you cannot resist it then the patient resumes their bleed count - they can be treated if you have the aid of an **Exorcist** and can resist **Dread** from the eye - the patient will lose 1 Willpower and 2 Endurance for the next two scenes after this.

Violent Expulsion

Mmm, I'm just tidying up here and argh! It's in my eye!

Medicae Intervention: As you are completing triage, blood, puss or some other fluid bursts from the wound spraying you in the eye. You may call **Get it Together** on your patient - you on the other hand are blinded in one eye until you can spend 30s washing it out you cannot clearly see anything further than 1m away from yourself and you are very sensitive to light changes.

Surgical Wound

When in the muck treating casualties sometimes you end up the infected one.

Redraw if you are treating the patient in a **Medbay**.

Quick Fix: This surgery takes 10s more, you cut yourself while doing it and think nothing of it. In 20 mins you suffer the **Weaken** call - you know this to mean you have an infection, you can treat this with a **Supply** otherwise you become **Bloodied** suffer the Blood Poisoning complication

Surgical Exhaustion

It's easy enough for a Medicae or Chirurgeon to forget to take care of them self.

Redraw if it is the first day of Campaign Event or you have not yet performed Surgery this event

Quick Fix: This surgery takes 10s more - but at the end you begin to feel exhausted and world weary - you need to **Recuperate** otherwise any time you perform Triage you must either;

Become **Shaken** from all the horror you've seen.

Automatically fail the **Power Test**

Not in the Textbooks

Ah, I...I have no idea what to do with this.

Get a Ref you've encountered something dangerous and unique that you haven't encountered in your studies.