

MS

Nov 5, 1976

SCENARIO DEVELOPMENT

MISSION: Orbiter with Spacelab
DURATION: 7 days
EXPERIMENTS: Life Sciences
CREW: Commander, Pilot, MS, PS-1, PS-2
CREWMEMBER: MS

SCENE: Medical debriefing, evening of first day in orbit.

MS reports mild nausea, no other finding or complication from entering weightlessness.

Medical officer makes placatory response.

Enter data.

SCENE: Morning activities, second mission day. The MS is communicating to Mission Control.

"I feel bad this morning, sort of achey, like the flu. I didn't want breakfast, and I want to miss my schedules this morning."

Mission Control:

"We'll alert the mission surgeon to your communication and he'll be contacting you shortly."

(Mission surgeon comes on the loop and institutes these procedures:)

Familiarization with medical summary data on MS, or call up MEDICS history of MS.

Interrogation of MS on symptoms and general health.

Interrogation on development of symptoms.

Observation of MS on TV and verification of complaint.

Interrogation of MS on environment and total crew response.

Development of detailed history of personal contact during premission period.

(MS - Flu)

Check of available immunological data.

Request MS measure vital signs with assistance of another crewmember.

Have MS perform abbreviated physical exam, abdomen and ENT emphasis, with assistance of another crewman.

Determine medical kit items aboard which are potentially useful in alleviation of symptoms and therapy.

Use data to arrive at diagnosis, severity, and plan of treatment, isolation, duty, etc. Prescribe NASA antimotion-sickness preparation.

Plan alternative treatment if symptoms or response remain unfavorable.

With Flight Director and TOT work task-sharing to perform catch-up or deletion of missed work. (A member of Orbiter crew or PS-1 would have to perform selected MS duties.)

Enter data.

SCENE: Medical debriefing, evening of second mission day.

MS reports continued malaise and myalgia. Stomach unsettled. Anorexia. Ate some lunch and some supper. Is performing limited duty.

Mission surgeon interrogates about specifics of food intake, bowel movements, and things which alleviate and worsen symptoms.

Medical officer requests MS measure vital signs and perform abbreviated physical examination with abdomen and ENT emphasis with help. "Wait and see" posture taken. MS continued on NASA antimotion-sickness preparation.

Enter data.

SCENE: Morning activities, third mission day.

MS reports continued nausea, anorexia, malaise, myalgia; nothing incapacitating.

Enter data.

(MS - Flu)

SCENE: Medical debriefing, evening of third mission day.

MS reports continued malaise, nausea, myalgia and anorexia.
Ate all meals and performed duty.

Mission surgeon requests MS measure vital signs and abbreviated physical examination with abdomen and ENT emphasis with assistance.

Mission surgeon continues MS on NASA antimotion-sickness preparation.

Enter data.

SCENE: Morning activities, fourth mission day.

MS states he feels better. Mission surgeon requests MS measure vital signs and perform abbreviated physical examination with abdomen and ENT emphasis with help. Mission surgeon continues MS on NASA antimotion-sickness preparation.

Enter data.

SCENE: Medical debriefing, evening of fourth mission day.

MS reports slight malaise, but feels he is almost OK. Mission surgeon requests MS measure vital signs and conduct abbreviated physical examination with abdomen and ENT emphasis with help.

Enter data.

SCENE: Medical debriefing, evening of fifth mission day.

MS reports condition unchanged. Mission surgeon requests MS measure vital signs and conduct abbreviated physical examination with abdomen and ENT emphasis with help.

Enter data.

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(MS - Flu)

SCENE: Medical debriefing, evening of fifth mission day.

MS reports condition unchanged. Mission surgeon requests MS measure vital signs and conduct abbreviated physical examination with abdomen and ENT emphasis with help. MS eager to continue duties. No further specific findings. Enter data.

SCENE: Morning activities, sixth mission day.

MS reports slight fever and pain in the abdomen, localizable to the right upper quadrant. Can still perform duties.

Another crewman explores the abdomen and reports palpable liver margin and a tender abdomen. Vital signs measured.

Mission surgeon has another crewman observe color of conjunctiva and cast of skin, and gets response of normal coloration.

Enter data.

SCENE: Medical debriefing, evening of sixth mission day.

No change in MS's condition. Vital signs measured by another crewman.

No change in coloration.

Enter data.

SCENE: Morning activities, seventh mission day.

MS's fever reduced. Jaundice detected on eyeballs and skin. MS feels much better, however. Abbreviated physical examination conducted by another crewman.

Mission surgeon requests the MS to take it easy and to maintain isolation as well as possible. Mission control reschedules activities to relieve MS in part.

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(MS - Flu)

MS reports increased abdominal tenderness and another crewman reports easily palpable liver margin.

Mission surgeon advises crew to keep clear from MS as much as possible, and to maintain separation from MS's waste products.

Enter data.

Mission surgeon refers record to KSC Flight Medicine for use upon recovery of MS.