MOULAGE INJURIES

Laceration
* Match skin to skin color
* Put small amount of road rash around the skin edges or cover general area first
* Smooth skin on skin surface with fingers/tools, blending edges with light amount of Petroleum Jelly
* Open/slit wound with a blunt-edged tool, making it jagged and irregular
* Wound can be a simple laceration or be peeled back in places showing a tear effect
* Apply coagulated (thick) blood inside the wound, placing it to follow the natural flow of gravity
* Small, rolled up cotton balls (soaked in simulated blood) can be applied to represent clots
* Thin, medium, and thick blood can be applied at the end for the most realistic/desired effect

Coach the patient to react with pain specific to the area. Indicate head injuries with vomiting.

Bruising
* Apply road rash on any area of the skin with black sponge
* Put dabs of bruise powder over this affected area

Coach the patient to react with pain specific to the area involved.

Road Rash
* Apply road rash to designated area with black sponge
* Use a blunt edge tool dipped in thick blood and run down that area in several places, continuing in the same direction each time
* Any available cracked asphalt, dirt, or ash can be added to the injury site

Coach the patient to react with pain specific to area involved.

Burns/Blisters
* Apply road rash to the designated area with black sponge
* Mix about 2 tsps burn powder with approx. 2 tsps warm water and stir quickly to applesauce-like consistency Note: this mixture has to be applied quickly before it sets up much thicker
* Apply this immediately to affected area in a thin paste
* Let this set for 2-3 minutes to thicken to a gelatinous state
* Use a thin, blunt tool to pull the mixture away from the skin in several places
* Use dark lipstick and road rash to show charred portions of simulated burn
* With syringe plunger in, insert syringe into petroleum jelly, pull out plunger sucking petroleum jelly up into the syringe
* Using a thin, blunt tool, raise the burn mixture away from the skin while placing the pointed syringe under it and push in plunger creating ‘pockets’ of petroleum jelly in several places for blister effect
* Apply very small amounts of thick blood in some of the ‘open’ wounds
* Add another layer with sprinkling bruise powder, burn powder and ash

Coach the patient to react with pain specific to the area.
MOULAGE INJURIES

Inhalation Burn
* Blacken face with minimal makeup like thin layer of simulated death cream
* Apply dark lipstick or burn powder to nose, mouth, and eyes
  Coach patient on shortness of breath, mouth gasping for air, inability to speak, and sitting in a tripod position.

Sprains
* Apply road rash, blending bruise powder in with cosmetic sponge to indicate bruising
  Coach the patient to react with pain specific to the area with inability to use area naturally.

Bites/Stings
* Apply road rash to small rounded area with Q tip or cosmetic sponge
* Using Q-tip, dab dark lipstick to show small penetration of stinger
  Coach the patient to react with pain specific to the area, and possible allergic reaction (shortness of breath with throat feeling like closing up, and use of very few words).

Cardiac
* Pale victim’s face and hands with white eye shadow or shock ointment
* Apply light layer of dark lipstick to lips, fingertips, and ear lobes
* Spray 'sweat' or baby oil on face and hands to show clammy condition CAUTION: Sweat is glycerin and water, not to be used outdoors in warm weather to avoid drawing bees
  Coach the patient to react with pain specific to chest, left shoulder, headache, shortness of breath, possible nausea/vomiting, pale, cool, and clammy.

Impalements
* Match skin to skin color
* Smooth skin on skin surface with fingers/tools blending edges with light amount of petroleum jelly
* Put object to be impaled into skin making sure to close the gap carefully and not jab victim
* Add very small amount of road rash around the skin edges
* Apply thick blood to the wound entry, placing it to follow the natural flow of gravity
  Coach the patient to react with pain specific to the area, and possible shock depending on the severity of injury.

Heat stroke
* Apply road rash to face and hands with smooth cosmetic sponge for 'flushed' effect
  Coach the patient to react as confused and panting, imitating one whom is hot, red, and dry.
MOULAGE INJURIES

Evisceration
- Use directions for "Impalements" (see above)
- Place moist oatmeal and thick blood in a condom placed near the stomach
- Hold "impaled stomach" with arms, squeezing for effect of contents oozing from intestine
  
  Coach the patient to react with pain specific to the area as well as shock, fear, and possibility of death

Broken bone
- Follow directions for "Impalements" (see above)
- Insert chicken or rib bone in the appropriate area at a realistic angle indicating a 'break'
- Dab small amount thick blood at site of 'break'
  
  Coach the patient to react with pain specific to the area with possible shock depending on the severity.

Shock/Hypothermia/Drowning
- Pale patient's face and hands with white eye shadow or creamy diaper ointment for shock
- Apply light layer of dark lipstick or simulated death ointment to lips, fingernails, nasal openings, and ear lobes
  
  Coach the patient to appear lifeless.

Death
- Apply light layer of dark lipstick or simulated death ointment to lips, fingernails, nasal openings, and ear lobes
  
  Coach patient to appear lifeless with mouth slightly open.

Vomiting
- Wet and/or mix dry instant cereal in mouth with saliva (may add raisins, nut pieces, corn etc).
  
  Coach patient to begin retching or go into a rocking motion, especially with neck movements, expelling mouth contents in a projectile fashion or expel contents with it rolling from mouth while acting lethargic.

Foaming at the mouth
- Insert one tablet from packet of Effervescent Pain Relief (like Alka Seltzer) into mouth to mix with saliva or a little of the water and let this 'drool' out mouth (holding head at angle for desired effect)
  
  Coach patient to act ‘funny’ and when being observed, tilt head sidewards, letting foaming material flow out side of mouth to ground or protected flooring.