

**DEATH UNTO
DARKNESS**



**MEDICAL
COMPLICATION**

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**MEDICAL
COMPLICATION**

Complication Shrapnel Pockmarks

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

MEDICAE: The patient has a scattering of grit or shrapnel in their flesh. You can numb the area and scrub it out with a nail-brush. This will take five minutes of screaming agony, and leave them at -1HP for the next scene.

CHIRURGEON: You can use laser forceps to painstakingly remove every piece, then disinfect the area. They need to keep a bandage over it during the next scene, or risk infection.

**COMPLICATION
Shrapnel Pockmarks**

Complication Arterial Bleed

Oh, feth, it's spurting everywhere!

MEDICAE: You must immediately apply a tourniquet. The patient will be in agonising pain and, if they try to move, will immediately drop to 0HP.

CHIRURGEON: You can suture the ruptured artery. The patient will drop to 0HP immediately if they run or jump during the next scene; thereafter, they will be fine.

**COMPLICATION
Arterial Bleed**

Complication Dislocated Joint

That definitely shouldn't be sticking out...

MEDICAE: You can yank the joint back into its socket. The shock will be substantial. The patient is on -1HP and unable to use dodges for the next scene.

CHIRURGEON: You can use muscle relaxants and anti-inflammatories to help relocate the joint. The patient cannot use Dodges for the next 30 minutes.

**COMPLICATION
Dislocated Joint**

Complication Nerve Damage

Can you feel this? What about this?

MEDICAE: The patient feels tingling in the extremities and gains the effect of **I Will Not Die** for the next scene. The next time they drop to 0HP, they suffer an immediate further Complication.

CHIRURGEON: The patient has suffered nerve damage and needs immediate somato-respiratory chem realignment. They will have some residual numbness.

**COMPLICATION
Nerve Damage**

Complication Flash Blindness

How many fingers am I holding up?

MEDICAE: The patient has had their retinas scorched. You can flush their eyes to alleviate it, but they won't be able to engage in ranged combat until they are seen by a Chirurgeon.

CHIRURGEON: You can repair the damage on patient's sight, but the treatment will cause them to suffer from temporary blindness for the next hour.

**COMPLICATION
Flash Blindness**

Complication Concussion

Those pupils are definitely of different sizes.

MEDICAE: The patient is concussed and should remain as still as possible. If they engage in melee combat, they will collapse and remain unconscious until they are treated by a Chirurgeon.

CHIRURGEON: You can stabilise the cranium, and relieve pressure with an autoinjector. The patient will suffer from dizzy spells and lose balance at least twice during the next scene.

**COMPLICATION
Concussion**

Complication Shattered Joint

That definitely should not bend like that.

MEDICAE: The patient cannot functionally use one limb. You can strap it up and apply a splint to stop bone fragments making more of a mess via attempts to bend it, but it will stay in the position you splint it into until they are seen by a Chirurgeon.

CHIRURGEON: You can open the joint to reassemble the shattered bone. After 20 minutes, they'll have full use of the limb again, but might want to consider permanent replacement later.

**COMPLICATION
Shattered Joint**

Complication Bone Shrapnel

This is... eurgh... who did this even belong to?

MEDICAE: A bone splinter - the patient's or someone else's - embedded deep in the flesh. You can cover it and apply antisept, but they will drop to zero HP and suffer an additional Complication if not seen by a Chirurgeon in the next 30 minutes.

CHIRURGEON: The foreign matter is spreading infection. You must cut away a portion of the surrounding flesh and disinfect thoroughly. Once complete, make another bead draw.

**COMPLICATION
Bone Shrapnel**

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Complication Dissociated Parts

So, which is your least favourite finger?

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

CHIRURGEON: You can apply a temporary tourniquet and enough synthskin to restore bloodflow. The patient cannot use the affected limb for the next scene.

**COMPLICATION
Dissociated Parts**

Complication Cautery Burn

Oh, dear, that was set a little too high.

MEDICAE: One of your tools has caused a penny-sized burn on the patient's skin. They will suffer extreme and distracting pain in the area, and cannot use Dodges for the next scene.

CHIRURGEON: You can treat the burn, and return function, though it will likely leave a scar.

**COMPLICATION
Cautery Burn**

Complication Mild Shock

Slurred speech, cold hands, shaking...

MEDICAE: You can keep the patient warm and give them something to drink, but they will need to sit down and rest somewhere quiet. They are unable to run or fight for the next 30 minutes.

CHIRURGEON: You can give the patient a quick epinephrine-steroid cocktail to put them back on their feet. They are a bit shaky, but gain +1HP for the next scene.

**COMPLICATION
Mild Shock**

Complication Major Shock

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

MEDICAE: The patient needs an immediate blood transfusion from a live donor. The transfusion will take at least 15 minutes; if interrupted, the patient drops to OHP and suffers an immediate complication.

CHIRURGEON: The transfusion takes 10 minutes and you can restart without penalty if interrupted for less than 1 minute

**COMPLICATION
Major Shock**

Complication Torn Ligaments

That's an awful lot of swelling!

MEDICAE: You can tape the affected joint to stop it from moving any further, but pain and swelling will render the limb useless for the next 2 scenes (after the end of this scene).

CHIRURGEON: You can improvise a brace for the joint to keep it functioning. The patient will be unable to run (if a leg) or wield a weapon (arm) for the next 30 minutes while the glue sets.

**COMPLICATION
Torn Ligaments**

Complication Nicked Vein

Tiny, easily missed, but leaks like a sieve.

MEDICAE: There's a lot of blood on the patient, but you've patched up the obvious damage. (They will fall unconscious on OHP in 30 minutes.)

CHIRURGEON: Your eagle eye spots the tiny puncture wound, and you patch it before any serious blood loss occurs.

**COMPLICATION
Nicked Vein**

Complication Collapsed Airway

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

MEDICAE: If you intubate immediately, they won't suffer any permanent brain damage. The patient must be seen by a Chirurgeon before they can be moved.

CHIRURGEON: You can reinforce the airway with an immediate topical steroid and a clever trick using bone-cement. The patient will collapse if they run in the next 30 minutes.

**COMPLICATION
Collapsed Airway**

Complication Cracked Ribs

They're an embuggerance at the best of times.

MEDICAE: Six weeks' light duties? Probably not. Grin and bear it. The patient will not be able to use Dodge unless seen by a chirurgeon, and will be short of breath when running.

CHIRURGEON: You can open the chest cavity and fuse the ribs in place. The patient will need to keep a dressing on for the next scene or they will start bleeding, and drop to OHP within minutes.

**COMPLICATION
Cracked Ribs**

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Complication Numb Fingers

Blood loss or nerve shock has them fumble-fingered.

MEDICAE: The patient's fingers are numb and unresponsive. You can give them full mobility back, but they won't be able to fire a ranged weapon, write or use grenades for the next 2 scenes.

CHIRURGEON: You can restore bloodflow with topical steroids. They should have full sensation back within 30 minutes.

**COMPLICATION
Numb Fingers**

Complication Tinnitus

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

MEDICAE: There's nothing to be done; the patient will be mostly deaf for the next scene. They should remember to wear ear-plugs next time they decide to stand that close to a detonation.

CHIRURGEON: You can reduce the swelling in the ear canal. They should be able to hear normally after about 10 minutes.

**COMPLICATION
Tinnitus**

Complication Flash Burn

Does it hurt... here? And here? What, here too? Oh, dear...

MEDICAE: The patient has light but extensive flash burns. You can apply synthskin, but the pain will still be both considerable and distracting. They cannot use Dodges for the next 2 scenes.

CHIRURGEON: 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.

**COMPLICATION
Flash Burn**

Complication Shaky Hand

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

MEDICAE: Anticonvulsants will keep the shaking under control, but it will come back after a scene (cannot aim accurately above short range, or write clearly.) Drugs can control the shaking, but a surgeon will be needed to fix it permanently.

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

**COMPLICATION
Shaky Hand**

Complication Bruised Lungs

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

MEDICAE: You can provide inhaled anti-inflammatory steroids to relieve the pain, but the patient cannot run for the next 2 scenes.

CHIRURGEON: You can expose the diaphragm and treat the injury. Someone else has to keep the patient breathing as you work. After, they will be short of breath but combat effective.

**COMPLICATION
Bruised Lungs**

Complication Whiplash

Try to keep your head still...

MEDICAE: The patient has badly strained their neck muscles. You can apply a splint, but they must remain sedentary for the next 30 minutes, while the chems work, or risk damage to the spine.

CHIRURGEON: You can administer topical anti-inflammatories and realign the patient's vertebrae. If they don't suffer any injuries to the neck or back, they will make a full recovery.

**COMPLICATION
Whiplash**

Complication Gutshot

One of the slowest and most unpleasant ways to die.

MEDICAE: The patient's stomach or bowel has been punctured, and toxins are now leaking into their bloodstream. You can apply coag to stop the external bleeding, but they must see a Surgeon within the hour.

CHIRURGEON: The patient needs immediate surgery to repair the wound and purge toxins from their system. Once complete, make another bead draw.

**COMPLICATION
Gutshot**

Complication Slipped Disc

Can you feel your legs?

MEDICAE: The patient suffers back pain, numbness and weakness in the lower limbs. Over the next scene, the pain will steadily increase until it becomes excruciating; you can offer morphia to ease this.

CHIRURGEON: The patient must be restrained so you can open their back, find the disc and force it into place. After, they will suffer intermittent numbness but make a full recovery.

**COMPLICATION
Slipped Disc**

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Complication Fractured Pelvis

No, you CAN'T just walk this off!

MEDICAE: The patient suffers agonising pain in their hip when they try to move; the fracture is unstable. The patient cannot run; and may only walk with crutches or if a Medicae has applied nerve blocks for that scene, until they see a Chirurgeon.

CHIRURGEON: You can use surgery to pin and weld the bone back into place. The patient cannot run and can only walk with crutches or assistance for 1 hour, but will be fine after.

**COMPLICATION
Fractured Pelvis**

Complication Haematoma

A regular bruise just wasn't good enough for you?

MEDICAE: Bone-deep bruising caused severe swelling and pain. You can apply a cold pack to restore function; but the patient will collapse and drop to 0HP if suffers a STRIKEDOWN or is hit in the same place again, until seen by a Chirurgeon.

CHIRURGEON: You need to drain the blood building up under the periosteum and give a course of antibiotics. As long as they keep the location elevated, and medicate for a week, they'll be fine.

**COMPLICATION
Haematoma**

Complication The Good Stuff

I normally just give Morphia, but I had trouble finding a vein.

MEDICAE: You have administered a large dose of unusually strong painkillers. The patient will feel remarkably euphoric, and be significantly more inclined to engage in risky behaviour for the next scene.

CHIRURGEON: You have administered a large dose of really good painkillers. Effects as above; the patient also gains the effects of **I Will Not Die** for the next scene.

**COMPLICATION
The Good Stuff**

Complication Kidney Failure

Why are you turning yellow? That's not your normal colour... is it?

MEDICAE: You can perform immediate surgery and remove the kidney. Your patient will suffer a permanent -1HP. This can be corrected by a Chirurgeon.

CHIRURGEON: You can perform chemical dialysis with the right combination of drugs and litanies. The patient will make a full recovery.

**COMPLICATION
Kidney Failure**

Complication Allergic Reaction

Ugh, you've gone all blotchy. Those hives are big enough for bees!

MEDICAE: You can inject the patient with adrenaline. They will be fine for 30 minutes, but must be seen by a Chirurgeon or go into shock.

CHIRURGEON: You have identified the allergen and purged it from the system. The patient will suffer from -1HP for 30 minutes, then make a full recovery.

**COMPLICATION
Allergic Reaction**

Complication Morphia Overdose

Well, at least the pain is no longer an issue.

MEDICAE: The patient will gain an extra 1HP for 30 minutes; then, they will drop to 0HP immediately, and require further treatment.

CHIRURGEON: You need to administer a competitive antagonist drug to flush their system. They will suffer a -1HP penalty for 30 minutes, then make a full recovery.

**COMPLICATION
Morphia Overdose**

Complication Sepsis

Er, blood is supposed to be red, not black, right?

MEDICAE: You can bleed the patient to attempt to purge the infection. They will suffer a permanent -1HP penalty until treated by a Chirurgeon.

CHIRURGEON: You can fight the infection with a specific course of antibiotics. The patient will need a top up every 20 minutes, for a duration of 1 hour.

**COMPLICATION
Sepsis**

Complication Burst Stiches

Blood, blood everywhere! See, this is why I told you not to flail about.

MEDICAE: With bandages, double stitching and/or sheer force of will, you somehow manage to reseal the wound and ensure it stays shut. However, the patient will not be able to run until they are treated by a Chirurgeon.

CHIRURGEON: You restitch the wound, but tell/ask/threaten the patient to take it easy this time. They will be unable to use grenades for 1 scene, but will make a full recovery afterwards.

**COMPLICATION
Burst Stiches**

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Complication Misaligned Bone

I'm fairly sure that this limb shouldn't bend this much.

MEDICAE: You can stabilize the bone, but the patient won't be able to use that limb, or any Dodges, until seen by a Chirurgion.

CHIRURGEON: Setting the bone properly involves a lot of pulling (for you) and screaming (for the patient) as you can't numb the area until you're done. After, the limb will be sore, but functional.

COMPLICATION Misaligned Bone

Complication Internal Bleeding

Bruises usually don't increase in size while I'm looking at them.

MEDICAE: You can apply coag to stop the bleeding temporarily. After 1 hour, the patient will need to see a Chirurgion or risk bleeding to death.

CHIRURGEON: The patient needs immediate invasive surgery to find and stop the bleeding. Once done, do another bead draw.

COMPLICATION Internal Bleeding

Complication Brain Hemorrhage

What do you mean 'Everyone is singing instead of talking'?

MEDICAE: You can drill a hole in the patient's skull to relieve the pressure. They will lose all memory of the past hour, be unable to use fine motor skills and their speech will be slurred - until they are seen by a Chirurgion.

CHIRURGEON: You can use the right drugs and litanies to stop the bleeding and prevent further swelling. The patient will recover fully, but suffer from minor and temporary memory loss.

COMPLICATION Brain Hemorrhage

Complication Old Wound

I got this from a bolter shell to the knee. No, really.

MEDICAE: You cut into an old surgery site, and seal it up successfully. It will be alright, won't it? You may ignore this complication.

CHIRURGEON: Whoever treated this originally was a butcher. You spend the next five minutes reopening the wound and treating it properly. Any previous scarring will eventually disappear.

COMPLICATION Old Wound

Complication Gangrene

I can smell rotten apples. Can you smell rotten apples?

MEDICAE: You can amputate the affected limb to prevent the spread of the gangrene. Bionics are all the rage these days, anyway.

CHIRURGEON: You can do a precise excision of the infected flesh, then apply a course of antibiotics to halt the infection. The limb is safe but the patient won't be able to use Dodge for 1 hour.

COMPLICATION Gangrene

Complication Foreign Object

Has anyone seen my chromo? It was right here just a moment ago!

MEDICAE: You've accidentally sewn a small instrument inside the patient. Over the next hour, they will feel sharp stabbing pains, and, eventually, pass out and will have to be seen by a Chirurgion.

CHIRURGEON: You can immediately guess where the missing instrument is. You can remove it without complications if you choose to operate. Otherwise, apply the same effect as above.

COMPLICATION Foreign Object

Complication Fever

You are not supposed to be able to boil recaff on your forehead.

MEDICAE: You can give the patient a specific course of medication to alleviate the symptoms until the fever passes. Your patient will need a top up every 20 minutes, for the duration of 1 hour.

CHIRURGEON: You are a medical expert. Your patients do not get fevers. You may ignore this complication.

COMPLICATION Fever

Complication Collapsed Lung

This lung is flatter than my cousin singing 'Blessed Be My Light'.

MEDICAE: You can lance the lung to reinflate it, but it will be a temporary measure. The patient cannot engage in meleed combat until seen by a Chirurgion, otherwise they will lose their breath and collapse.

CHIRURGEON: You can reinflate the lung in a safe manner, and ensure a full recovery. The patient will not be able to run for 1 hour, however.

COMPLICATION Collapsed Lung