



INJURIES

- 1 Determine the maximum amount of **damage** the hit bodypart can take (Hand/Feet HP/3, Limbs HP/2) and note the damage you took on your character sheet
- 2 Roll against HT to prevent **instant death** per -1xHP of damage you suffered (Maximum -5xHP)
Failure by 1 or 2 mortally wounds you
- 3 Roll against HT if you suffered a **major wound** (Head, Vitals, HP/2, Hand/Feet HP/3) to avoid knockdown and stunning (Face/Vitals -5, Skull/Eye -10, +3 High Pain Threshold, -4 Low Pain Threshold)
If you fail, you fall prone and drop anything you were holding, if you fail by more than 5 you fall unconscious
Limbs, Extremities and Eyes will be crippled if they suffer a major wound
- 4 If you are **stunned**, you must choose the Do Nothing Maneuver, you may use active defenses at -4 but cannot retreat.
At end of your turn, roll against HT to recover
- 5 Suffer **shock** and reduce your DX and IQ per HP you lost - to a maximum of -4 on your next turn only
- 6 If you have **<= 1/3 HP** left, you halve your Move and Dodge (round up)
- 7 If you have **0 HP or less** you halve your Move and Dodge (round up) and must make a HT roll (-1 per -1xHP, +1 per Hard to Subdue) to avoid falling unconscious

MAJOR WOUNDS

A “major wound” is any single injury of greater than 1/2 your HP. If you are using hit locations, a lesser injury that cripples a body part also counts as a major wound – see Crippling Injury. Any major wound requires a HT roll to avoid knockdown and stunning.

BODYPART DAMAGE THRESHOLD

Bodypart	Max. Damage
Arm, Leg	HP/2
Hand, Foot	HP/3
Eye	HP/10

On Page 2 of your Character Sheet you can find pre calculated values for your Character for easy reference



KNOCKDOWN AND STUNNING

Whenever you suffer a major wound, and whenever you are struck in the head (skull, face, or eye) or vitals for enough injury to cause a shock penalty (see Shock, B419), you must make an immediate HT roll to avoid knockdown and stunning.

Modifiers: -5 for a major wound to the face or vitals (or to the groin, on a humanoid male); -10 for a major wound to the skull or eye; +3 for High Pain Threshold, or -4 for Low Pain Threshold.

On a success, you suffer no penalty beyond ordinary shock. On a failure, you’re stunned; see Effects of Stun, below. You fall prone (if you weren’t already), and if you were holding anything, you drop it. This effect is called knockdown, and isn’t the same as “knockback” (see B378).

On a failure by 5 (Boni for Hard to Subdue apply) or more, or any critical failure, you fall unconscious! See Recovering from Unconsciousness (B423).

Those with Injury Tolerance (B60) suffer reduced effects: No Brain means that skull, face, and eye injuries don’t cause knockdown or stunning unless they are major wounds – and even then, the roll is at no special penalty. No Vitals means that vitals and groin injuries don’t cause knockdown or stunning unless they are major wounds, in which case the roll has no special penalties. Homogenous and Diffuse include No Brain and No Vitals.

EFFECTS OF STUN

A failed knockdown roll can cause “stun,” as can certain critical hit results and some afflictions. If you are stunned, you must Do Nothing on your next turn. You may perform any active defense while stunned, but your defense rolls are at -4 and you cannot retreat.

At the end of your turn, you may roll against HT. On a success, you recover from stun and can act normally on subsequent turns. On a failure, you remain stunned; your next maneuver must also be Do Nothing, but you get another roll at the end of that turn . . . and so on, until you recover from stun.

Mental Stun: If you are surprised, you might be mentally stunned; see Surprise Attacks and Initiative (p. 393). This sort of stunning works as described above, but you must make an IQ roll, not a HT roll, to snap out of it. You’re not hurt – you’re confused!

CRIPPLING INJURY

When using hit locations, sufficient injury to a limb, extremity, or eye may cripple it. This requires a single injury that exceeds a certain fraction of the target’s HP. For humans and humanoids, these thresholds are:

Limb (arm, leg, wing, striker, or prehensile tail): Injury over HP/2.

Extremity (hand, foot, tail, fin, or extraneous head): Injury over HP/3.

Eye: Injury over HP/10.

It is sometimes possible to cripple a body part with less damage or no damage at all; e.g., with a specific critical hit result.

A blow to a limb or extremity can never cause more injury than the minimum required to cripple that body part. For example, if a man has 10 HP and suffers 9 points of injury to his right arm, he loses only 6 HP – the minimum required to cripple his arm. Exception: No such limit applies to the eyes!

Dismemberment: If injury to a body part before applying the above limit was at least twice what was needed to cripple it, the body part is not just crippled but destroyed. A cutting attack or explosion severs a limb or extremity; otherwise, it’s irrevocably crushed, burned, etc.

EFFECTS OF CRIPPLING INJURY

Any crippling injury is also a major wound, and requires a HT roll for knockdown and stunning; see Knockdown and Stunning (B420). Below are some additional effects specific to particular body parts; all these effects apply to dismemberment as well. These last until the fight is over, and possibly longer – see Duration of Crippling Injuries (B422).

CRIPPLING INJURY EFFECT TABLE

Hand	You drop anything you were carrying in that hand. If you were using two or more hands to hold an object, roll vs. DX to avoid dropping it. You cannot hold anything (e.g., a weapon) in that hand. You can wear a shield on that arm and use it to block, but you cannot attack with it. Until healed, you have the One Hand disadvantage (B147)
Arm	As for a crippled hand but while someone with a crippled hand could at least carry something in the crook of the arm, you cannot use a crippled arm to carry anything! You do not drop a shield on that arm (unless the arm is severed), but you cannot use it to block – and since it’s just hanging in front of you, reduce its usual Defense Bonus by one. Until healed, you have the One Arm disadvantage (B147)
Foot	You fall down! You cannot stand or walk without a crutch or something to lean on. You can still fight if you brace yourself against a wall. If you have nothing to lean on, you may assume a kneeling or sitting posture. Until healed, you have the Lamé (Crippled Legs) disadvantage (B141)
Leg	You fall down! You can still fight if you assume a sitting or lying posture. Until healed, you have the Lamé (Missing Legs) disadvantage (B141)
Eye	You are blind in that eye. Until healed, you have the One Eye (B147) disadvantage – or Blindness (B124), if you lose all your eyes – unless you have some substitute for eyes

MORTAL WOUNDS

If you fail a HT roll to avoid death by 1 or 2, you don’t drop dead, but suffer a “mortal wound.” This is a wound so severe that your internal injuries might kill you even after you stop bleeding.

If you are mortally wounded, you are instantly incapacitated. You may or may not be conscious (GM’s decision). If you suffer further injury and must make another HT roll to avoid death, any failure kills you.

While mortally wounded, you must make a HT roll every half-hour to avoid death. On any failure, you die. On a success, you linger for another half-hour – then roll again. On a critical success, you pull through miraculously: you are no longer mortally wounded (but you are still incapacitated).

If you’re alive but mortally wounded, surgery may be able to stabilize your condition – see Stabilizing a Mortal Wound (B424). At TL6+, “trauma maintenance” can keep you alive while waiting for surgery. This involves CPR, oxygen, transfusions, etc. Instead of rolling vs. HT every half-hour, roll against the higher of your HT or your caregiver’s Physician skill every hour – or every day, if you are on a heart-lung machine or similar life support. You do not need to roll at all if you’re put into magical or ultra-tech suspended animation!

If you recover from a mortal wound, make a HT roll. On a failure, you lose a point of HT permanently. On a critical failure, the GM may apply the Wounded disadvantage (B162) or some other effect (e.g., reduced appearance due to scarring).

BLEEDING

If you are injured, you may continue to lose HP to bleeding. At the end of every minute after being wounded, make a HT roll, at -1 per 5 HP lost. On a failure, you bleed for a loss of 1 HP. On a critical failure, you bleed for 3 HP. On a critical success, the bleeding stops completely. On an ordinary success, you do not bleed this minute, but must continue to roll every minute. If you do not bleed for three consecutive minutes, the bleeding stops for good. Otherwise, you or someone else will need to make a First Aid roll to stop the bleeding; see First Aid (B424).

The GM decides which wounds bleed. Cutting, impaling, and piercing wounds usually bleed; crushing wounds generally don’t, but there are always exceptions. Minor burning and corrosion injury does not bleed significantly: the damage sears the flesh, cauterizing the wound and preventing blood loss. However, if such injury causes a major wound, treat it as a bleeding wound, oozing blood plasma until properly treated.

FIRST AID TABLE

Tech Level	Time/Patient	HP Restored
0/1	30 minutes	1d-4
2/3	30 minutes	1d-3
4	30 minutes	1d-2
5	20 minutes	1d-2
6/7	20 minutes	1d-1
8	10 minutes	1d
9+	10 minutes	1d+1

Treat FirstAid/TL8+ as FirstAid/TL6 if there is no equipment available

FIRST AID

The two main uses for First Aid skill (B195) are bandaging and treating shock.

BANDAGING

It takes one minute to apply pressure or a tourniquet to stop bleeding. This

restores 1 HP. Using the Bleeding rule (B420), someone who is wounded but receives a successful First Aid roll within one minute of his injury loses no HP to bleeding. A later roll will prevent further HP loss.

TREATING SHOCK

After bandaging, the aid-giver may take extra time to apply a more elaborate dressing and treat the victim for shock. He must keep the victim warm, comfortable, calm, and still. After the time indicated on the First Aid Table, he may roll against First Aid skill.

On a success, the medic rolls as indicated on the table to see how many HP the victim recovers – minimum 1 HP. A critical success restores the maximum possible HP! This roll includes the 1 HP for bandaging; thus, a roll of 1 HP restores no further HP.

On a critical failure, the victim loses 2 HP instead of recovering any HP at all!

SURGERY

Surgery can physically repair damage to the body, but it’s risky at low TLs – especially prior to the invention of anesthesia (mid-TL5) and blood typing (TL6).

If your surgery roll fails, the patients takes 2d damage for simple procedures, 3d for complex ones.

Base Modifiers: -3 if the area or equipment cannot be properly cleaned and sterilized; -3 for head or chest surgery; -5 for undiagnosed problems. If you lack Physician skill, you are at -5 to do anything but “field-expedient” surgery (e.g., stitch wounds or extract arrowheads, bullets, and shrapnel).

Equipment: Basic equipment gives -6 at TL1, -5 at TL2-3, -4 at TL4, -2 at TL5, and +(TL-6) at TL6+. Equipment quality further modifies the roll; see Equipment Modifiers (B345). The modifiers for TL5+ surgery assume that anesthetic is available. If it isn’t, apply a -2 penalty to skill. This is instead of the usual -1 for a missing item.

Infection: Before TL5 (and, at the GM’s option, even during much of TL5), antiseptic practice is poor. Check for infection (see Infection, B444) after any surgery.

STABILIZING A MORTAL WOUND

Each attempt takes one hour. The roll is at -2 if the patient is at -3xHP or worse, or -4 if he’s at -4xHP or worse. On a failure, repeated attempts are allowed, at a cumulative -2 per attempt. If the victim dies on the table, resuscitation may be possible; see Resuscitation (B425).

REPAIRING LASTING CRIPPLING INJURIES

It is possible to fix a lasting crippling injury (see Duration of Crippling Injuries, B422) through surgery rather than leaving it to heal on its own. This takes 2 hours. On a success, measure the injury’s remaining recovery time in weeks rather than months. But on a critical failure, the injury becomes permanent!

REPAIRING PERMANENT CRIPPLING INJURIES

Radical surgery can fix certain permanent crippling injuries at TL7+; exact details are up to the GM. This often requires prosthetic or transplant parts, which might be costly or hard to find. At TL7-8, the procedure might only restore partial functionality. This kind of operation is also tricky: -3 or worse to skill. On a failure, the patient needs 1d months to recover before another attempt is possible.

RECOVERY

Rest lets you recover lost HP, unless the damage is of a type that specifically does not heal naturally (for an example, see Illness, B442). At the end of each day of rest and decent food, make a HT roll. On a success, you recover 1 HP. The GM may give a penalty if conditions are bad, or a bonus if conditions are very good.

MEDICAL CARE

Anyone under the care of a competent physician (Physician skill 12+) gets +1 on all rolls for natural recovery.

The healer may also make a Physician roll to cure the patient. Only one physician may roll per patient, but a single physician can care for up to 200 patients. The exact number of patients a physician can attend to and the frequency withwhich he may roll to cure them depend on the TL of his Physician skill; see the Medical Help Table, below. On a success, the patient recovers 1 HP; on a critical success, he recovers 2 HP. This is in addition to natural healing. However, a critical failure costs the patient 1 HP!

MEDICAL CARE TABLE

Medical TL	Frequency of Rolls	Patients per Doctor
0	There are no physicians, get well by yourself	
1-3	Weekly	10
4	Every 3 days	10
5	Every 2 days	15
6	Daily	20
7	Daily	25
8	Daily	50
9	2 x daily	50
10	3 x daily	50
11	4 x daily	100
12+	5 x daily	200

Doctor rolls against Physician, treat Physician/TL7+ as Physician/TL6 if there is no equipment available as long as the surroundings are clean

INFECTION

A microorganism that attacks open wounds may cause an “infection.” Infections are possible anywhere, but some places (especially jungles) may harbor especially severe forms of infection.

Open wounds treated with antibiotics (TL6+) never become infected except on a critically failed First Aid or Physician roll. People wounded under less-than-clean circumstances (GM’s decision) and who do not receive treatment must make a HT+3 roll, modified as follows:

Ordinary “clean” dirt in wound: +0.

Dung or other infected matter in wound: -2.

Locale harbors a special infection: -3.

These modifiers are cumulative, and replace those listed under Contagion (B443).

On a failure, the wound is infected. Treat this as any other disease. A typical infection requires a daily HT roll, modified as above, with failure indicating the loss of 1 HP. Most infections progress until the victim either makes a HT roll, ending the infection, or takes so much injury that he dies.

Treatment with antibiotics (TL6+) gives +3 to HT rolls. This usually halts the infection before serious injury can occur.

If drugs are unavailable, or if the patient doesn’t respond, a surgeon can cut out the infected tissue if the injury from infection hasn’t progressed beyond a certain point. On the head or torso, this limit is the patient’s HP/2. On a limb or extremity, it is the amount of injury required to cripple the body part. Surgery cannot help infections more severe than this.

The surgeon must make a Surgery roll. This inflicts 2d of injury to the head or torso, or amputates a limb or extremity. On a success, it cures the infection. On a failure, damage or amputation occurs but the patient remains infected.