

Robustness/Wound Table

HP/Damage	Value	HP/Damage	Value	HP/Damage	Value
1	-2	13-18	5	121-180	11
2	0	19-24	6	181-240	12
3	1	25-36	7	241-360	13
4-6	2	37-60	8	361-600	14
7-8	3	61-84	9	601-840	15
9-12	4	85-120	10	841-1200	16

Conditional Injury

Look up your character's HP on the table above and note the linked value; this is your Robustness, which replaces HP in this system.

When an attack deals damage, look up the penetrating damage to find its Wound Potential. To find how damaging the attack is--its "Severity"--use the following equation:

$$\text{Severity} = \text{Wound Potential} - \text{Robustness} + \text{Severity Mods}$$

Severity Modifiers

Aspects of an attack beyond its penetrating damage can affect the attack's Severity.

Damage Type

For most targets: -2 if pi-, +1 if cut or pi+, or +2 if imp or pi++.

Hit Location

Severity modifiers for hit location *replace* rather than stack with damage type modifiers.

Neck: +1 if cr or corr, +2 if cut.

Vitals: +2 if tight-beam burning, +3 if imp or any pi.

Skull: +4 in all cases.

Face: +1 if corr (see p. B399)

Limbs and Extremities: Reduce pi+, pi++, and imp to +0.

Target Composition

If the target is Homogeneous or Unliving, these modifiers replace damage type modifiers.

Unliving: +0 if imp or pi++, -2 if pi+, -3 if pi, or -4 if pi-.

Homogeneous: -2 if imp or pi++, -3 if pi+, -4 if pi, or -6 if pi-.

Diffuse targets **cap** Severity at -6 if imp or any pi or -4 if other damage types unless they fall into the exceptions listed on p. B380 (area effects, explosions, etc.).

Wounds to Extremities

The following modifiers only add to Severity to determine Wound Level effect, not Pain or for healing purposes: +2 if arm or leg, +3 if hand or foot, or +6 if eye; if the eye suffers a Crippling effect, the attack also counts as a hit to the skull. Wounds to extremities cap out at Mortal Wounds.

Severity

The final Severity of the attack determines two consequences--Wound Level and Pain--as per the table below. While Wound Level effects are cumulative (e.g. a Reeling wound also calls for an HT roll as a Major Wound would), only use the current Severity to determine Pain.

Severity	Wound Level	Pain
-7 or less	None	--
-6	Scratch	Mild Pain
-5	Minor	Mild Pain
-4/-3	Minor	Moderate Pain
-2	Major	Severe Pain
-1	Reeling	Terrible Pain
0/1	Crippling	Agony
2/3	Mortal	Agony
4/5	Instantly Fatal	Agony
6 or more	Obliterating	Agony

Wound Level

Scratches are near-negligible.

Minor Wounds are trivial wounds but can add up over a long fight.

Major Wounds call for an HT roll vs. knockdown and stunning (p. B420).

Reeling Wounds impair mobility; **halve** Dodge and Move.

Crippling Wounds are decisive blows. Roll HT to avoid falling unconscious; in addition, if the location hit was an eye or extremity, that body part is crippled (p. B421)

Mortal Wounds risk death. On a blow to the head or torso, roll (HT+2)-Severity. Failure means you die. If this roll succeeds, repeat after one hour then every 12 hours until you receive medical aid or die. If you pass the initial HT roll, check for unconsciousness, knockdown, etc. at a penalty equal to Severity. Extremities hit are permanently crippled.

Instantly Fatal Wounds are just that. Short of quick access to expensive medical tech or the equivalent, you're a goner.

Obliterating 'Wounds' mean you are totally destroyed--burned to charcoal, gibbed, etc. You have NO chance of bodily revival.

Pain

Getting wounded *hurts*, and it takes serious grit to shrug off the pain of a bullet in the stomach. After receiving a wound of Severity -6 or higher, make an HT roll (at +3 if you have High Pain Threshold); on a failure, you *immediately* suffer a painful affliction as shown on the Wound Severity Table. Success reduces the pain by one level (e.g. Moderate Pain becomes Mild Pain), critical success by three, and critical failure worsens it by one. The level below Mild Pain is, of course, "no pain."

In the heat of combat, you can attempt to suppress the pain and fight on through it. This calls for a Concentration maneuver and a roll against the *higher* of HT and Will penalized by the current Severity. Success means you ignore penalties from Pain for the rest of the fight or until you are wounded again.

The various levels of pain inflict growing penalties to DX, IQ, skill, and self-control rolls. *Mild Pain* gives -1 to these rolls, *Moderate Pain* gives -2, *Severe Pain* gives -4, and *Terrible Pain* gives -6. High Pain Threshold halves these penalties; Low Pain Threshold doubles them.

Agony is in a league of its own. Rather than simply inflict penalties, the searing pain keeps you from taking any action whatsoever! In combat, you must take repeated Do Nothing maneuvers until the pain stops (usually via painkillers; see p. UT205 and BT149). Additionally, you lose 1 FP per minute the pain persists. Low Pain Threshold doubles the rate of FP loss while High Pain Threshold lets you power through the pain, treating it as Terrible Pain.

Horrific Damage: Large-area burns are some of the most painful injuries. Increase Severity by +2 only for the purpose of Pain.

Multiple Injuries

Once someone has suffered a significant wound, further wounds of lesser Severity have limited effect. A new wound of worse Severity overwrites the old one, but a wound with Severity of -5 or higher **and that is no more than two grades lower than the current Severity wound trigger an HT roll**. On a failure, conditions worsens by one step, which may result in worse Wound Level and/or Pain. On a success, their condition does not worsen.

Example: A knight takes a nasty slash to the chest and is at Severity -1. His opponent follows this up with a knee to the stomach. If this attack's final Severity is -4 or lower, it has no effect; the knight is already reeling from the sword blow, so a bruised stomach isn't going to make a difference. If the attack's Severity is 0 or higher, the knight's new condition is based on that Severity. If the attack lands between Severity -3 and -1, however, the knight must make a HT roll to avoid having the blow push him over the edge into Severity 0 territory.

Healing

Note the Severity of the most grievous wound on the torso or head as well as the Severity of each limb or extremity.

Natural Healing

The table below shows the time needed for a wound of a given Severity to fully heal. Lasting crippling effects, however, can still take months to heal on their own. If healing is interrupted, subtract the time spent healing from the original recovery time to find the current Severity.

Example: A commando's worst torso wound is Severity -1 after a mission; this takes 10 days to heal completely. If he were ambushed after only five days of recovery, he'd have five days left; going by the table, that'd mean his injuries have partially healed to Severity -3.

Severity	Time	Severity	Time
-6	1 day	0	2 weeks
-5	1.5 days	1	3 weeks
-4	2 days	2	5 weeks
-3	5 days	3	7 weeks
-2	7 days	4*	10 weeks
-1	10 days	5*	15 weeks

*If the body is placed in a Regeneration Tank (p. UT201) within an hour of death, use the listed time to recover.

Medical Care

All of the following rolls take a penalty equal to the patient's worst Severity wound e.g. +2 if Severity -2, -1 if Severity 1, etc.

First Aid: Follow the normal rules for First Aid but read "HP Restored" as instant reduction in days of healing; rather than restoring 4 HP, first aid would reduce a five-day, Severity -3, Moderately Painful wound to a one-day, Severity -6, Mildly Painful wound! "HP as days of healing" is also used for regenerative effects (Regeneration advantage, Regeneration Tank, etc.).

Stabilization/Revitalization: Surgery and ultra-tech equipment can stabilize mortal wounds or even revive someone who has died from such an injury. This calls for a Surgery roll.

Long-Term Care: Roll Physician *weekly* with standard modifiers. Success improves the Severity level by one step, critical success by two, and critical failure *worsens* it by a step! Most physicians release patients for home care once Severity has been reduced to -3; nature will take care of it quick enough at that point.

Bleeding and Exhaustion

Blades and bullets aren't the only ways people get injured, and even if such attacks are the origin of a wound, the resulting blood loss can be an even bigger threat.

Exhaustion

Pushing yourself too far or being deprived of necessities for too long can absolutely kill. To handle this using these rules, first look up your FP score on the table at the top of the document; the linked value will be your Fatigue Threshold (FT).

Whenever your FP dip below 0, treat the number of negative FP you've accumulated so far as the penetrating damage of an attack, except that it's checked against your FT rather than your Robustness. The resulting wound and its Severity has the same effect as any other injury under these rules.

Repeat this "attack" whenever you lose further FP, whether it's lost to exhaustion, willingly spent on special abilities, drained by supernatural attacks, etc.

Example: A post-apoc wastelander has HT 11, FP 12, and a Fatigue Threshold of 4 (based on her max FP). She has been without food or clean water for too long and has finally reached -1 FP, so she must now check for injury. -1 FP is the equivalent of a 1-point injury for a Wound Potential of -2. This makes the final Severity of the exhaustion -6, the equivalent of a scratch; her stomach is giving her some discomfort but it's not severe.

Later that day, she stumbles across a psionic mutant that drains her energies, bringing her down to -6 FP. The Wound Potential of a 6-point injury is 2. This is much more dire as the final Severity is now -2, the equivalent of a major wound; she'll need to roll HT to avoid being stunned, and on top of that she's now in Severe Pain as her body cries out for food and drink and rest.

Bleeding

Rather than cause injury directly, bleeding and blood loss drain your FP, which as shown above can become lethal.

At the end of every minute after being wounded, roll HT-2, subject to additional modifiers shown below. On a failure, lose 1 FP *and* reduce your max FP by one as well; this does not affect your FT, however. On a critical failure, lose 1d FP and reduce your max FP by two. On a success, you don't lose FP but you don't stop bleeding either. A critical success (or medical attention) stops the bleeding.

Apply the following modifiers to the roll:

Hit Location: -8 for the skull, -6 for vitals, +1 for arms/legs, +3 for hands/feet.

Damage Type: -3 for impaling or huge piercing, -2 for cutting or large piercing, -1 for piercing, no modifier for crushing or small piercing, +2 for burning or corrosion, +4 for tight-beam burning; if the hit location was the skull or vitals, do not add modifiers for damage type.

Severity: Subtract Severity as a modifier (so Severity -2 means +2, Severity 1 means -1, etc.).

Example: A street samurai is in a shootout with some cops after a botched heist. He currently has a Severity -5 wound on his foot from where he cut himself climbing through a broken window; bleeding rolls are at +3 for the feet, -2 for cutting damage, and +5 for Severity, for a net roll of HT+4. During the shootout, a SWAT sniper plugs him in the vitals with a small piercing (pi-) round for a Severity -1 wound; the new modifiers are -6 for the vitals, +1 for the severity, and no modifier for damage type because vitals overwrite that, so the final roll is HT-7. Our poor sammy is likely screwed even if he survives the shootout itself, because with his HT of 11, he fails on any roll higher than a 4, and on a 14 or higher he critically fails! He needs to get to a streetdoc ASAP; he'll likely be out of FP in under 10 minutes, so on top of his reeling wounds he'll start taking extra "attacks" from his growing exhaustion!