Dynamite Nurse Returns

0. Presentation

Dynamite Nurse Returns is a deck-building card game staged in a fantasy world hospital (healing monastery). Players take the roles of doctors (in this world called "nurses") whose mission is to heal and cure adventurers who have been hurt, poisoned, cursed or simply ill.

If you perform well, your monastery will stay famous as a life-saving institution. But it's not easy, because monsters are always out there, and there seems to be no end to foolish adventurers who insist in plunging into dungeons, getting themselves into trouble.

You have to take care of all those who didn't make it, and heal them so they can leave your monastery whole. If not, your patients will worsen, you will run out of beds and generally, everything will just collapse.

But just as you're doing your best to keep things in order, you have these jealous other monestaries getting in your way. And while you are researching new medicine, your patients are coughing blood. You have to watch out so they don't die on you. You probably have to take the help of other skilled nurses.

If you kill too many of your patients (they'll be revived by some fancy mage anyway, but it's smelly and gooey and generally not pleasant), you'll end up getting the infamous Dynamite Nurse nickname and be feared by all for the rest of time – even by the monsters.

1. Components

This game consists of the following stuff:
- **214 cards**
  - 40 Patient cards
  - 132 Play cards
  - 23 Nurse cards
  - 15 Kill mark cards
  - 1 Dynamite Nurse card
  - 3 Reference cards
- **30 markers** (6 each of 5 colours)
- **this rulebook**

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Please note: Though some of the art in this game is erotic, the game itself is not about sex. It's a card game with sexy nurses in it.

What's a deck-building card game?

A deck-building card game is a card game where all players start with small, identical card decks. Each turn during the game, players will draw and play cards from their personal decks. Played cards go to each player's personal discard pile. When a player's deck is empty, he shuffles his discard pile to form a new deck. Hence, the player's deck will be used over and over again.

As the game proceeds, players will be able to add more cards to their deck, by "buying" cards from a central supply containing a lot of different types of cards available to all players. This supply contains cards which in turn can be used for various effects.

Which cards to buy is up to each player to decide, so while all players start out with identical decks, they will gradually add new cards, ending up with decks that are quite different, hence "deck building card game". Unlike Collectible Card Games, all cards needed to play the game are included in this box.

2. Cards and markers

A detailed description of what the cards do.

If you're reading rules for a deck-building card game for the first time, just skim this section, and return here once you've grasped the rules, or use it as a reference while reading the rules.

2-1 Patient cards (40)

These represent the patients that are sent to the player's monasteries. There are four types of patients: Ill, Wounded, Cursed and Poisoned. The cards also indicate severity and what happens whenever a player gets them (see later in the rules about that).

Patient cards have a front and back. The front side is when they come out of the dungeon. The back represent when they have deteriorated and are dying.

Players can heal the patients in their monasteries, and if they do, they recieve the patient cards as Victory Points. However, if players let patients lie outside, or wait too long with healing them, they will deteriorate. Deteriorated patients who deteriorate again will die, and the player gets a Kill mark. Kill marks work as negative Victory Points.

Patient cards never enter the players card decks.

Front (normal)   **Back (deteriorated)**

1. Card name – here "wounded" and "poisoned"
2. Card type (and subtype)
3. Severity – the amount of healing points required to heal this patient. Noted in two places. On the "deteriorated" side, some patient cards have 2 numbers. The large is for "healing", the small for "bandaging".
4. Victory Points – the number of points the player gets at the end of the game if he has healed this patient.
5. Card rule – "Acute" patients have special rules that apply.
6. Deteriorated – the card is turned over if the patient's state has deteriorated.

> For details on each card, please refer to the card paste-up sheet, where you will find 6 pages of paste-ups for all play cards and nurse cards. You will also find a crib sheet for the patient cards. As they don't enter the player's decks, and because the text on the patient cards is so spares, there is no need for card paste-ups there.

2-2 Play cards (132)

The cards that form the players decks are collectively called "play cards". These are the cards that players draw and play. Players start out with 8 play cards (and 1 nurse card) as their deck. During the game, the players will buy or gain more play cards from the central supply (the "village"), gradually expanding their decks.

The play cards are the core of the game; it's these cards that the player use to heal patients, get various beneficial effects, or buy more cards from the village.

There are 4 types of play cards: Diagnosis, Healing, Paperwork and Events. Nurse cards (next subsection) are much handled like, and work like play cards, but they are not sorted as such.

Diagnosis (orange)   **Healing (pink)**

Paperwork (blue)   **Event (purple)**

1. Card name – a star mark indicates the card is part of the starting deck.
2. Card type (and subtype)
3. Buy cost (in gold) – the amount of gold required to buy this card from the supply (village).
4. Victory points – some of the play cards have victory points that count at the end of the game if the card is in your possession (hand, deck, monastery or discard pile). Some have negative points.
5. Play bonus – the amount of healing points (number in a red cross) or gold (number in a gold coin) that the player gets when playing this card.
6. Card rule – the things that apply when you play the card.
7. Breasts – to add some spice. Has no influence on the game.

2-3 Nurse cards (23)

During the game, nurse cards are handled and played as play cards (they share the same card back), but they look at a bit different.

Nurse cards represent doctors (in this world, both doctors and nurses are called "nurses") and emergency medical technicians.

By playing nurse cards, players can attempt to help patients in transportation, and heal patients in sick bed. Each player starts with one nurse in his deck; regard this as representing the player.

During the game, players can employ (buy) other nurses to increase their ability to operate, heal and buy other cards.

Nurse card	Play/Nurse card back

1. Card name – a star mark indicates the card is part of the starting deck.

2. Card type (and subtype)

3. Victory points – Victory points that count at the end of the game if the card is in your possession (hand, deck, monastery or discard pile). Some have negative points, others have a zero.

4. Card rule – the things that apply when you play the card.

5. Nurse colour – the five starting nurses have a coloured marker. The player getting this nurse at the start should take the corresponding markers.

6. Breasts – to add some spice. Has no influence on the game.

2-4 Kill mark cards (15)

Represents the number of patients that have died on the player's watch. The more of these a player has, the more negative VP they are worth – there is a chart on the back of each kill mark card.

All kill mark cards also have a number. If you pile the kill mark cards in ascending order, it's easy for all players to quickly see how many kill marks remain.

Kill mark cards never enter the players' card decks.

2-5 Dynamite nurse card (1)

During the game, the player with the most kill mark cards must have this card in front of him. There is only one of these, so it will swith owners like a hot potato.

At the end of the game, this card counts as an additional 2 kill mark cards.

2-6 Reference cards (3)

For easy reference. The blue front shows the course of the game, the black back shows the game end conditions and point calculation.

2-7 Monastery markers

These markers are placed on the patients that are carried out out of the dungeons, to mark which monastery (which player) is responsible for them. Each player only has 6 markers, so no one can every be responsible for more than 6 patients.

Players can only heal their own patients. Players get kill marks if "their" patients die. Whenever a patient leaves the board (is healed or killed), the player regains the marker.

3. Game end and winning

The game ends if any of the 2 following conditions are met:

• **All 15 kill marks have been taken.**
• **There are no more patients in the dungeon.**

Once the game ends, each player counts his number of Victory points:

• **Victory points coming from healed patients.**
• **1 VP for each patient in sick bed.**
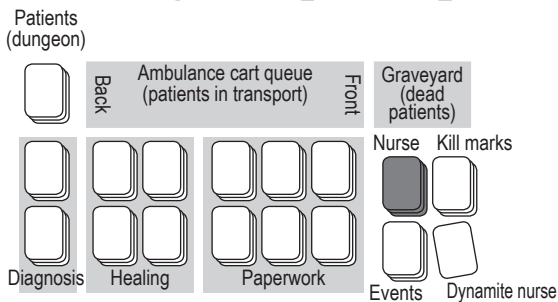• **Victory points from play/nurse cards.**
• **Kill card penalty.**

The player with the most Victory Points is the winner. In case of a tie, the player with the least number of kill marks wins the tie. If it's still a tie, it remains a tied victory.
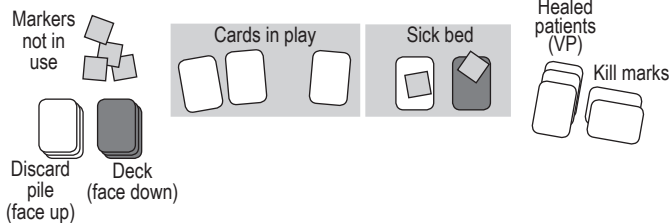
4. Game setup

If you're reading rules for a deck-building card game for the first time, just browse the "village setup example" and "monastery setup example" (next side) and proceed to the rules section.

● Players sit around the game table. The center of the table is the common area, called the "village". The area in front of each player is called his "monastery" and should have room for the player's deck, his discard pile, patients in his sick bed, and a pile for healed patients and kill marks.

● Take the 5 starting nurse cards (the ones with a star mark by their name) and deal one to each player. When playing with less than 5 players, put the unused starting nurses back in the box; they are not used during this game. Shuffle the rest of the nurse cards and place in a *face down* pile in the village.

● Give 5 "History" (play/diagnosis (orange)) and 3 "First aid" (play/healing (pink)) to each player. Put the remaining "History" and "First aid" back in the box; they are not used during this game.

● Take the Event play cards, shuffle them and place in a *face up* pile in the village.

● Take the remaining play cards and place in face up piles in the village, sorted after card name. That will result in a total of 12 piles: 2 "diagnosis" piles, 4 "healing" piles and 6 "paperwork" piles.

● Shuffle the patient cards, see that all are flipped the same way, and place them in a face-up pile in the village. This pile is called "the dungeon".

● Put the 15 kill mark cards, in numbered order, in a face up pile in the village. (For a 3 player game, remove kill mark cards numbers 13–15).

● Each player now takes the 6 markers corresponding to the colour of the nurse card he got. He shuffles the 9 cards (1 nurse card, 8 play cards) and places them face down before him (in his monastery) – this is his deck.

● Lastly, all players draw 4 cards from their decks.

Village setup example

Patients (dungeon)

Ambulance cart queue (patients in transport)

Back / Front

Graveyard (dead patients)

Nurse / Kill marks

Diagnosis / Healing / Paperwork

Events / Dynamite nurse

Monastery setup example

Markers not in use

Cards in play

Sick bed

Healed patients (VP)

Kill marks

Discard pile (face up)

Deck (face down)

5. Flow of the game

Players take turns clockwise around the table, and each player turn consists of the following four phases (details are handled the next rules sections):

1: Main phase – the player plays cards from his hand. The player may also in this phase heal one patient or buy a card from the village.

2: Someone gets hurt-phase – A new patient from the dungeon is added to the ambulance queue, and the turn player decides who should be responsible for her. Or, the state of one patient in transport worsens.

3: Admission phase – The player may choose to admit his patients in transport to sick bed. If he doesn't have beds enough, his patients deteriorate.

4: Cleanup – All cards that were played, and all cards left in the player's hand, go to the player's discard pile. The player may choose to keep 1 unplayed card in hand. He then draws 4 cards from his deck (*reshuffling his discard pile if his deck runs out of cards*), and turn goes to the player on the left.

This is repeated until the game ends.

6. Main phase

During the main phase, the player may play any number of cards from his hand. Please note that only play cards (and nurse cards) can form part of a player's hand. Patients, Kill marks and Dynamite nurse are never part of a player's deck.

Note: Cards are played and resolved one at a time.

Some of the play cards have a **bonus** mark on them. There are two types of bonuses: **Healing points** (number in a red cross) and **gold** (number in a gold coin). When a player plays such a card, he immediately gets the points; healing points can be used to heal patients and gold can be used buy more cards. Points can be used at any time during the main phase, but none of them can be carried over to the next turn; any unused points disappear once the player's main phase ends.

During the main phase, the player may **at any time perform one healing or buy one card** from the village. This can be done before playing cards, after playing cards or in between playing two cards. In order to heal, the player must have gained enough healing points, and in order to buy, the player needs gold.

Healing

Healing means to heal one of the player's own patients in his sick bed. Please note that patients in transport (on the ambulance carts) or other players' patients cannot be healed. There are two types of healing: *surgery* and *bandaging*. Regardless of which the player does, healing can only be done on one patient. If the player wants to heal more than once, he must play cards that allow him to do more than one healing.

Surgery means to fully heal a patient and have her leave sick bed. All patients have a severity indicator at the top right and bottom left of their cards. (Deteriorated patients often have two numbers in the bottom left. The one for surgery is the large one.) If the player has enough healing points, he can "pay" these points to fully heal the patient. (Please note that the player only pays these virtual "points" – the cards that granted him the points stay put.) The patient is then discharged from sick bed, and gained as victory points (put in a separate pile, see monastery setup example). The marker is returned to the player's not-in-use markers.

When a player fully heals a patient by performing surgery, that player takes the top card of the nurse deck and places it face up on his discard pile. If there are no nurses left, he doesn't get one. Please note that if a player gets a patient as points in other ways than via surgery, he does *not* gain a nurse card.

Bandaging can only be performed on deteriorated patients. By paying the number of healing points indicated by the *small* severity figure in the bottom left of the patient card, the player can flip the card so the patient isn't deteriorated any longer. However, the patient isn't fully healed and doesn't leave sick bed.

Buying cards

Buying a card means that the player takes a card from the central supply and places it on his discard pile. *Only play cards can be bought.* Nurse cards, patient cards, kill mark cards or the Dynamite Nurse card can not be bought. The card that is bought is put on the players discard pile and will thus come into the game the next time the player shuffles his discard pile.

In order to buy a card the player must have enough gold points (bonus gained from play cards). The gold cost for each card in the village is noted in their top right corners. The player "pays" these gold points to take the top card of any one play card deck in the village. (Please note that the player only pays these virtual "points" – the cards that granted him gold coins stay put.) A player can only buy one card per buying action. If he wants to buy more than one card, he must play cards that allow him to do more than one buying.

When buying event cards, the player is as an exception allowed to buy the card beneath the top card, but he may not look at it before declaring. After revealing the card, he may decide not to buy it, but it's still regarded as he consumed his chance to buy.

7. Someone gets hurt-phase

In this phase, a patient from the dungeon (the patient deck) is added to the ambulance cart queue. *However, the upper limit of the cart queue is as many cards as there are players.* If the cart queue is already full when "someone gets hurt" (even if it was via a card effect), instead of drawing a new patient, there's an ambulance

crisis and one patient deteriorates – see below.

If there still is room in the cart queue, the turn player draws the top patient card and adds it to the queue (behind any other cards already in the queue, if any). *If this was the last of the patient cards, the game immediately ends.* If not, the turn player now decides who should be responsible for the new patient. He may choose any player who has markers not in use – himself or someone else. The chosen player places one of his markers on the new patient card.

If the cart queue is already full, instead of adding a patient, an ”ambulance crisis” occurs: The normal patient (non-deteriorated) closest to the front of the queue deteriorates; flip the patient card (the marker stays put). If there are only deteriorated patients in the queue, the patient in front dies; remove the card from the queue, put the patient in the graveyard. The player responsible for that patient gets a kill mark card and his marker back. (See ”Deterioration, death and the Dynamite Nurse”.)

8. Admission phase

In this phase, the turn player may admit to his sick bed any number of his patients in transportation (patients in the ambulance cart queue). As stated earlier, players in transport can't be healed, so in order to heal the patients and get the victory points, players need to first admit the patients (put them in his sick bed).

Only patients under the turn player's supervision (patients with his own colour marker on) can be transferred from the cart queue to the player's sick bed. To do this is called to ”admit” the patients. *Admitting a patient is not mandatory.*

Each player only has 2 sick beds in his monastery. When admission is done, whether the player admitted patients or not, if the turn player has more than 2 patients in sick bed, only 2 of them are lying in real beds with cute nurses watching over them – the rest are lying on the cold stone floor, left alone in their misery, and as a result of this, they deteriorate. The turn player chooses freely which 2 of his patients are the lucky ones. This is called the ”admitted patients deterioration”. *Please note that any healed patients that the player has gained as VP, are of course not counted as lying in sick bed. (They're hanging outside the monastery, hoping to get a glimpse of the nurses again.)*

If a deteriorated patient deteriorates again, she dies, see ”Deterioration and death”.

9. About depleted card piles

There are a lot of card piles in this game. Let's review what it means when either of these piles are depleted.

If a player's draw deck is depleted, nothing specific happens at that point. However, if the deck is empty *when the player is instructed by the rules or a card to draw a card from his deck*, he shuffles his discard pile to form a new draw deck. Please note that only the discard pile is reshuffled – any cards in play at the moment of the reshuffle (if the player reshuffles in the middle of his main phase) stay put until the player has finished his turn. If the draw deck and the discard pile are both empty, then the player cannot draw any cards, and the draw card-effect is nullified.

If any of the play card or nurse card piles in the village is depleted, nothing special happens.

Simply, you can't buy more of those cards, and you don't gain a nurse card from fully healing a patient.

If the patient or kill mark cards deck is depleted the game ends immediately. All players proceed to calculating VP. See section 3.

Certain card effect instruct the player to **return a card to the village**. The card in question must be returned to the pile it came from (even if it's currently empty) and is now buyable by other players. Most play cards are identical, so it's easy to just put the returned card on top of its corresponding pile, but for nurse and event cards, the situation is different: If a nurse card is to be returned, it's put *face down at the bottom of the nurse card pile*. Event cards are returned face up at the top of their pile. As the nurse card pile is face down, and players are only allowed to see the top card of the face-up event cards, when returning these cards, take care so that no one catches a glimpse of information they're not allowed to.

10. Deterioration, death and the Dynamite Nurse

Regardless of reason, when a normal (non-deteriorated) patient deteriorates, simply turn the card over. The marker (marking who's responsible for the patient) stays on the card. When an already deteriorated patient deteriorates again, the patient dies.

When a patient dies, the card is moved to the graveyard, where scrupulous and greedy dark mages and necromancers are waiting to resurrect the dead. (They're expensive and scary, and also smelly, so the patient will hate you for life.) The player gets his colour marker back, and also takes a kill mark card and places in his monastery (close to the patient VP pile is best). If the kill mark card was the last kill mark card, the game ends immediately. Kill mark cards are worth negative VP at the end of the game; the more you have, the worse they are.

The player who has the most kill mark cards must immediately take the Dynamite Nurse card from the village or whoever has it, and have it in front of him. So, as soon as any player gets the very first kill mark card, he immediately gets the Dynamite Nurse. It won't leave him until someone else has *more* kills than he has; if someone gets as many kills as the current owner, the Dynamite Nurse still stays.

It might in rare circumstances happen that several players get kills simultaneously, and both are tied for most kills. In this case, the Dynamite Nurse goes to the one closest to the turn player in clockwise order.

The Dynamite Nurse card counts as 2 kill marks at the end of the game. It also allows the owner to brag that he became the Dynamite Nurse. Now, having 2 kills in any other game might be good, but in this game it's bad. However, during the game it's at many occasions very handy to be the Dynamite Nurse. You just don't want to have the card when the game ends.

11. Cards and rules

Sometimes, the text on the cards break a rule in the rulebook. That's the point of the cards.

12. Special expressions

You know what these words mean – it's just that in certain cases, you want to know what they *really* mean.

- **Admit a patient**: Means to take one of your patients from the ambulance cart queue and put in your sick bed.
- **Ambulance cart queue**: The queue of patients in transport; those that have recently come out of the dungeon but aren't in any sick bed yet. The upper limit of this queue is as many cards as there are players.
- **Ambulance crisis**: Happens when "someone gets hurt" and the ambulance cart queue is already full. The frontmost non-deteriorated patient deteriorates. If all queued patients are deteriorated, the frontmost patient dies instead.
- **Card in play**: The cards you have played this turn. They are lying in your "played" area and are not part of your discard pile – yet. The text of cards in play is in effect as long as the card is in play. All cards in play are discarded in the cleanup phase.
- **Deck**: All the card piles in the village are considered as "decks" (except the Dynamite Nurse, as that's only 1 card). They are separated by calling them "nurse deck", "event deck" and so on. All decks except the nurse deck is face up, but only the top card should be visible, and no player may look through any deck.
- **Discard**: Means to put a card from your hand (or sometimes, cards in play) onto your discard pile.
- **Discard pile**: The player's own, personal pile of discarded cards. It should always be face up, and all player's discard piles are open information to all players.
- **Draw a card**: Means to take the top card of your draw deck and add it to your hand.
- **Draw deck**: Each player's personal face down pile of cards to draw from.
- **Dungeon**: The face up deck of patients. When this deck is depleted, the game ends.
- **Gain a card**: You "gain" a patient card (as VP) when you fully heal them. They go onto your pile of healed patients. You also "gain" a nurse card. That one goes onto your discard pile, just as if you bought it.
- **Gold coins (points)**: Virtual points that you get from playing cards with a gold coin bonus. You use up your gold coins by buying cards. Also, gold coin points can never be carried over to the next turn.
- **Graveyard**: The pile of patients that were the subjects of unfortunate events. The order of dead patients is irrelevant and the graveyard is always open information to all players.
- **Hand**: The cards you currently have in your hand.
- **Heal**: Paying healing points to operate or bandage a patient in your sick bed. You can only heal 1 patient per heal.
- **Healing points**: Virtual points that you get from playing cards with a healing point bonus. You use up your healing points by healing patients. Also, healing points can never be carried over to the next turn.
- **Monastery**: The player's own personal area, where he has his draw deck, discard pile, cards in play, sick bed, his colour markers and any gained patients and kill mark cards. The player's hand does not count as part of his monastery.
- **Play a card**: Means to choose one card in your hand, put it down into your "played" area and execute the card's effects (getting bonus points, et al).
- **Return to the village**: Means to return the card to its appropriate place in the central supply.
- **Someone gets hurt**: This happens each turn, but also sometimes due to card effects. Means to draw the top patient card and add to the ambulance cart queue. If the queue is already full, instead of adding a patient, and ambulance crisis occurs.
- **Sick bed**: The place each player has for nursing patients in their monastery. Each player only has 2 real beds – if they have more than 2 patients in sick bed, the exceeding patients deteriorate.
- **[This]**: Means "this card which this text is printed on".
- **Trash a card**: Means that the card goes out of the game and can't be gained or bought by anyone.
- **Village**: The central supply of cards.
- **Your patients**: The patient card(s) with your coloured markers on. They can be either in your sick bed or in transport. The patients you've fully healed and gained as VP don't count.
- **Your cards**: The cards in your possession means all cards – cards in hand, cards in play, draw deck, discard pile – in short, everything.