BASIC FIRST AID TECHNIQUES

PRESSURE WRAP METHOD:
1. Place a sterile gauze pad over the wound and apply pressure over the gauze.
2. Secure plastic or cloth straps around the body, or apply pressure bandage directly over the wound.
3. Wrap the bandage around the body, and secure it with a second bandage.
4. Maintain pressure for 5 minutes.

Rapid Assessment for First Aid Care:

Four areas of the body should be surveyed to rapidly assess an injured person.

1. Head and Neck
   - Assess the victim’s level of consciousness.
   - Check for external bleeding.
   - Look for signs of injury to the face or head.

2. Chest and Abdomen
   - Check for signs of a heart attack or pulmonary embolism.
   - Look for signs of respiratory distress.

3. Extremities
   - Check for signs of peripheral nerve damage.
   - Look for signs of compartment syndrome.

4. Limbs
   - Check for signs of external bleeding.
   - Look for signs of compartment syndrome.

Donts:

1. Do not move an unconscious victim unless the situation is life-threatening.
2. Do not move the victim until the neck is secured; always protect the neck of an unconscious victim.
3. Do not give an injured or unconscious victim food or water.
4. Do not attempt to move a severely injured person beyond your level of skill.

Seating the Injured Person

1. Secure the neck of an unconscious victim with a head injury is vital.
2. A unconscious or seriously injured victim should not be moved without help unless the victim is in danger of death, hypothermia, or further injury.
3. To turn an injured person from a face down position onto his back requires a technique of “tugging” with a person protecting the head and neck.

Penetrating a Patient

A. Sever the penetrating object and control bleeding as described above.
B. Do not attempt to remove the object if the victim is in an area where the object is protruding.

Airway Obstruction

1. Recognize the victim grasping his throat, peripheral edema, and inability to talk. Caused by a foreign object such as a piece of bone, food, or foreign object can cause airway obstruction.
2. Usually occurs during eating and can result in unconsciousness, and cardio-pulmonary arrest if not relieved.

Partial Obstruction

1. Choking
   - Victims may be able to talk and get some air past the object. There may be wheezing between coughs. Victim is coughing in an attempt to remove the object.
   - If the victim has good air exchange attempt to remove the object. Encourage coughing. Call for medical help immediately.

2. DNT
   - Unconsciousness can occur in a few minutes followed by cardio-pulmonary arrest. Victim cannot speak or nod yes when asked “Are you choking?” Victim appears blue in color and passes out.
   - Do not stick your finger or other object into the victim’s mouth.
   - Do not give victim anything to drink until you are sure the object is swallowed or removed.
   - Do not instruct if victim is moving into lungs.
   - Call for help immediately.
   - If the victim is speaking and moving about encourage continued coughing and breathing through normal airway.

Complete Obstruction

1. CH, O2, or NIP
   - Do not tell your finger or other object into the victim’s mouth.
   - Do not give victim anything to drink until you are sure the object is swallowed or removed.
   - Do not instruct if victim is moving into lungs.
   - Call for help immediately.
   - If the victim is speaking and moving about encourage continued coughing and breathing through normal airway.

2. DONT

For Victim Who Becomes Unconscious

1. Call 911.
2. Open the airway and begin CPR if necessary.
3. If air is not going in, kneel astride the victim’s thighs, place your heel of the hand on the lower part of the sternum and lift the head and neck. CPR can be terminated ONLY when (a) a physician assum es responsibility for the victim’s care or (b) effective circulation and breathing are restored (c) the rescuer takes over (d) the victim is declared dead.

Chest and Back

1. Chest pain
   - Look for obvious wounds or bruises.
   - Feel the chest wall for tenderness and pain.
   - Feel the entire back for tenderness and pain.
   - Feel the entire back for tenderness and pain.

Wounds of the Chest and Back

1. Piercing wounds or punctures to the chest or back can penetrate the lungs and cause massive, uncontrollable bleeding.
2. Lung collage injuries can cause severe non-penetrating trauma that fractures a rib.
3. Wound in a neck injury check person for the presence of normal sensation and the ability to move fingers and toes.
4. Seek medical help immediately.

Abdomen and Pelvis

1. Feel the abdomen with your hands; any pain elicited could indicate organ injury.
2. Check for obvious bruises or bruises.
3. Check for obvious bruising but do not move the victim who is unconscious or who has back pain.

Wounds of the Abdomen and Pelvis

1. Bleeding from the abdomen can cause severe bleeding.
2. A very small wound or laceration from a cut by a very sharp and violent object can result in massive, uncontrollable bleeding.

Extravasation

1. For the abdomen, wounds, and fractures.
2. An extremity, it is important to assess the patient’s level of consciousness and the ability to move fingers and toes.
3. Do not allow victim to move neck.

Seizures

1. A seizure can be caused by various factors such as injury, fever, or hypoglycemia.
2. Do not give the victim food or any other substance.
3. Do not give the victim food or any other substance.
4. Do not give the victim food or any other substance.
5. Do not give the victim food or any other substance.
6. Do not give the victim food or any other substance.
BLEEDING AND WOUNDS

1. Lay victim down or have victim sit.
2. Remove anything from wound site.
3. Control bleeding by applying direct pressure on the wound with a clean cloth.
4. Hold pressure for a minimum of 5 minutes before removing gauze. If bleeding has stopped, apply gauze directly over wound and hold pressure for a minimum of 5 minutes before removing gauze. This pressure will maintain pressure on the wound. If bleeding is not controlled, then apply a tourniquet. Use large bulk dressing and pressure. Seek immediate medical help.

5. Check pulse in injured extremity. No pulse indicates that wrap is too tight or has slipped off. Apply a new pressure wrap.
6. Place injured extremity lower to heart to help stop bleeding. Apply cold compress or ice pack to stop bleeding. Seek immediate medical help.

BURN TREATMENT:

1. Do not remove clothing until cold pack has been applied. See FIRST AID TECHNIQUES.
2. Do not apply any cream, jelly, or ointment.

BURNS

Burns can be caused by hot liquids; flame; electricity; chemicals in contact with the skin; or paint or metal objects that are heated. Burns are classified as minor, partial, or full thickness.

DO’S AND DON’TS

DO apply cold compress to burn caused by hot substance or flame immediately.

DO not remove clothing or burn caused by hot substance or flame immediately.

DO apply sterile pad loosely over burn site.

DO seek medical help.

DO NOT cremate skin.

DO NOT remove clothing or burn caused by hot substance or flame immediately.

DO NOT apply ointment, grease, or medication to burn.

DO NOT pack in ice.

MINOR BURN (First Degree Burn) Recognition and First Aid:

- Skin is red, minor swelling, pain at site, no blisters.

- Apply cold compress (NOT ICE) or immerse in cool water for 10-15 minutes.

- Medical treatment is usually not necessary unless burn is caused by chemical, electricity, or cold exposure.

PARTIAL THICKNESS BURN (Second Degree Burn) Recognition and First Aid:

- Skin is red, swelling, pain at site, minor blisters.

- Apply cold compress (NOT ICE) or immerse in cool water for 10-15 minutes.

- Medical treatment is usually necessary if face, hands, feet, or buttocks is involved or if a large portion of body is involved.

FULL THICKNESS BURN (Third Degree Burn) Recognition and First Aid:

- Very deep burn through skin involves other tissue beneath skin. Skin may be charred, white, or mottled.

- See medical help immediately.

COLD RELAT ED INJURIES

HYPOTHERMIA

Hypothermia is the number one killer of all outdoor injuries. Hypothermia is a lowering of the internal body temperature due to exposure to cold, wind, rain, or immersion in cold water. The outdoor temperature may be much higher than the body temperature and may be very cold for hypothermia to occur. Hypothermia is more common in older adults than in cold climates. Any outdoor injury increases the risk of hypothermia.

Recognition of Hypothermia:

The involved areas are usually hands, feet, and face. A first symptom is pain; the cold, followed by numbness. The frozen area appears waxy white, yellowish-white, or mottled blue. The area is hard and insensitive.

Treatment of Hypothermia:

1. Remove victim to a sheltered area immediately. Get out victim of wind, rain, or cold.
2. Remove any wet clothes and replace with dry clothes or warm blankets.
3. If victim is alert and awake, give warm drinks.
4. Seek medical attention immediately.

5. Standing in the cold body temperature may take a long time in severe hypothermia. Death can occur during rewarming of extremely cold and damaged tissue.

Prevention of Hypothermia:

Wear proper clothing, seek shelter in adverse weather conditions, and avoid prolonged exposure to cold temperature.

Frostbite Recognition:

The involved areas are usually hands, feet, and face. A first symptom is pain; the cold, followed by numbness. The frozen area appears waxy white, yellowish-white, or mottled blue. The area is hard and insensitive.

Treatment of Frostbite:

Frostbite injuries should be thawed as soon as possible with a warm-water bathing technique, but taking care not to burn the victim.

1. Rapid thawing is best accomplished with warm water. NOT HOT WATER. To a maximum of 110°F (43°C). The water is very warm to the touch, but not too hot to burn.

2. Do not open any blisters that appear.

3. Do not rub any injured area, or apply ice, or any other object. It may cause tissue damage. Avoid rubbing.

4. Remove clothing around the involved area and call medical help. Pain and blisters may appear after thawing.

5. If hypothermia is present along with frostbite, treat hypothermia first.

6. After thawing, cover area with clean or sterile dressing. Frostbite is a severe burn. Spleen and elavate involved extremity.

7. Protect from re-freezing.

8. Seek medical attention.

POISONING AND OVERDOSES

DO’S AND DON’TS

1. DO call 911.

2. DO make note of the product swallowed or inhaled (not the nature of an exposure), the time of ingestion, and any unusual symptoms, even if victim seems normal.

3. DO call 911 before administering anything to mouth if victim is unresponsive. If you cannot call 911, immediately determine if a caustic substance, eye, or acid, give him water to drink to dilute the substance.

4. DO NOT give anything by mouth to a victim who is sleeping.

5. DO NOT give anything by mouth to a victim who has had a history of choking or vomiting.

6. DO NOT induce vomiting unless told to do so by the poison center specialist.

7. DO NOT induce vomiting in the following circumstances:

• If victim swallows a caustic substance or acid.

• If victim swallows a petroleum product.

• If the victim is unconscious or asleep.

• If the victim has a seizure.

8. SEEK MEDICAL HELP FOR ANY POISON OR OVERDOSE.

TREATMENT OF POISONING

Poison Inhaled — Get victim to fresh air. Avoid breathing fumes. If victim is not breathing, begin mouth-to-mouth resuscitation if victim is not breathing.

Poison on Skin — Rinse affected area with full-strength cold water. Cold compress may be applied to burn caused by hot substance or flame immediately.

Poison in Eye — Flush eye with lukewarm water, away from non-involved eye for 15 minutes.

Poison Ingested — DO NOT give anything by mouth unless told to do so by professional medical personnel.

Seek group of syrups available at home. Syrup of ipecac used to safely induce vomiting. It is available at pharmacies.

FOOD POISONING

Caused by certain bacteria and microbes ingested from food or in water. Botulism is the most dangerous; the other food poisonings generally are not serious.

FOOD POISONING

Type of Poison

TREATMENTS

Chemical
toxin

Food Poisoning

TREATMENT

Ingestion

Prescription medication

Poisoning

TREATMENT

Ingestion

Prescription medication

TREATMENT

Ingestion

Prescription medication

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