

FIRST AID INSTRUCTIONS

ASPHYXIATION (SUFFOCATION) – NO BREATHING:

Lips, Ear lobes, fingernails turn blue, Heart trouble, electric shock, drowning, etc.

BLEEDING:

Bandages – Select appropriate bandage dressing, Place over wound and apply direct pressure. After bleeding has been controlled, bandage snugly and firmly. Do not remove dressing. If bleeding can not be controlled, use finger pressure to brachial artery for arms or hands; use hand pressure on femoral artery for legs. Tourniquet should not be used unless limb is at stake from loss of blood which cannot be otherwise controlled.

ABRASIONS AND OTHER WOUNDS

Antiseptic to be applied to area surrounding wound

FRACTURES (BROKEN BONES) – DISLOCATIONS, SPRAINS

Ice pack limits and reduces swelling and pain. Prevent motion in area of broken bone and adjacent joints. Immobilize with pillows or splints before moving apply strong, steady, straight pull while someone firmly places one hand above and one below injury to support site during process.

BACK OR NECK:

Symptoms – Pain in back or neck, tingling, numbness and or paralysis. Keep victim flat on back (no pillow). If body must be turned, turn as unit, head straight, no twisting. To transport, use firm frame or board. If possible, summon physician to scene. Chest or lumbar may be more comfortable on side. Caution against movement!

BURNS - THERMAL

1st degree – skin reddened, 2nd degree – skin blistered, 3rd degree – skin charred – 3rd degree burns also have 2nd and 1st degree areas. Deal with or prevent shock.

Deal with or prevent shock: Keep patient lying down, Raise feet, Lower head.

Relieve pain: Medication as prescribed by a physician, retain body heat, prevent sweating – better to be on cool side.

Prevent Contamination: Do not touch wound. Use sterile dressings, Preferably with non-adhering pad (teflon). Additional dressing to exclude air to minimize pain. Do not rupture blisters.

BURNS – CHEMICAL

Flush area with large quantities of water. If eyes are involved, after flushing use eye pad; get medical attention immediately.

FAINTING:

If face is red, raise the head; If face is pale, lower the head and raise lower parts of the body. Ammonia inhalant is suggested.

CPR on child UNDER 8 years



Basic CPR on a child is five chest compressions and one breath. You may have to repeat the five compressions and one breath multiple times. You will push down on the chest 100 to 120 times per minute. Continue until breathing begins or help arrives.

- Kneel next to the child.
- With the fingers of the hand that is closest to the child's feet, find the bottom of the breastbone.
- Place the heel of one hand below the nipples and above the bottom of the breastbone and push down forcefully, 1 1/2 inches with each compression; then let the chest rise. Count out loud: "1 and 2 and 3 and 4 and 5."
- Then tilt the child's head back slightly and form a seal with your mouth over the child's mouth and nose (see Mouth-to-Mouth-and-Nose Resuscitation on a Child Under Age 8 or on an Infant, p. 1197). Blow one breath so that the chest rises.

Continue, alternating five compressions and one breath, until help arrives.

CPR on child OVER 8 years or an adult



1. Lay the person on a hard, flat surface. Look into the mouth and throat to ensure that the airway is clear. If an object is present, try to sweep it out with your fingers. Use disposable surgical gloves if they are available. If vomiting occurs, turn the person on his or her side and sweep out the mouth with two fingers. Do

not place fingers in the mouth if there is rigidity or if the person is having a seizure.



2. Tilt the head back slightly to open the airway. Put upward pressure on the jaw to pull it forward.



3. Look for the person's chest to rise and fall. Listen for the sounds of breathing. Feel for the person's breath on your cheek.

Mouth-to-Mouth Resuscitation on a child UNDER age 8 or an infant



- **Place the child on a hard, flat surface.**
- **Look into the mouth and throat to ensure that the airway is clear. If an object is present, try to sweep it out with your fingers. If unsuccessful and the object is blocking the airway, apply the Heimlich maneuver (see p. 1205). If vomiting occurs, turn the child onto his or her side and sweep out the mouth with two fingers.**
- **Tilt the head back slightly to open the airway.**

- **Place your mouth tightly over the nose and mouth. Blow two quick, shallow breaths (smaller breaths than you would give to an adult). Watch for the chest to rise.**

- **Remove your mouth. Look for the chest to fall as the child exhales.**

Listen for the sounds of breathing. Feel for the child's breath on your cheek. If breathing does not start on its own, repeat the procedure.

Mouth-to-Mouth Resuscitation on a child **OVER 8 or an adult**



1. Make sure the person is lying on a hard, flat surface. Look into the mouth and throat to ensure that the airway is clear. If an object is present, try to sweep it out with your fingers (wear disposable surgical gloves if they are available). Apply the Heimlich maneuver (see p. 1205) if unsuccessful and the object is blocking the airway. If vomiting occurs, turn the person on his or her side and sweep out the mouth with two fingers. Do not place your finger in the mouth if the person is rigid or is having a seizure.



2. Tilt the head back slightly to open the airway. Put upward pressure on the jaw to pull it forward.



3. Pinch the nostrils closed with thumb and index finger. Place your mouth tightly over the person's mouth. Use a mouthpiece if one is available. Blow two quick breaths and watch for the person's chest to rise.



4. Release the nostrils. Look for the person's chest to fall as he or she exhales. Listen for the sounds of breathing. Feel for the person's breath on your cheek. If the person does not start breathing on his or her own, repeat the procedure.

How to Do the Heimlich Maneuver

Step One

- **Ask the choking person to stand if he or she is sitting.**

Step Two



- **Place yourself slightly behind the standing victim.**

Step Three

- **Reassure the victim that you know the Heimlich maneuver and are going to help.**

Step Four



- **Place your arms around the victim's waist.**

Step Five



- **Make a fist with one hand and place your thumb toward the victim, just above his or her belly button.**

Step Six



- **Grab your fist with your other hand.**

Step Seven



- **Deliver five upward squeeze-thrusts into the abdomen.**
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Step Eight

- **Make each squeeze-thrust strong enough to dislodge a foreign body.**

Step Nine

- **Understand that your thrusts make the diaphragm move air out of the victim's lungs, creating a kind of artificial cough.**

Step Ten

- **Keep a firm grip on the victim, since he or she can lose consciousness and fall to the ground if the Heimlich maneuver is not effective.**

• Step Eleven

- **Repeat the Heimlich maneuver until the foreign body is expelled.**

Tips & Warnings

- **If a victim is coughing strongly or able to talk, let the person try to expel the foreign body using his or her own efforts.**
- **If the choking victim displays a weak or ineffective cough, this indicates that air exchange is minimal and that you should start the Heimlich maneuver.**
- **Teach your family the universal choking sign--clutching the throat. Encourage everyone you know to become familiar with this sign and use it when choking.**
- **To avoid breaking bones, never place your hands on the victim's breastbone or lower rib cage when performing the Heimlich maneuver.**
- **If choking persists, call 911 immediately. This information is not intended to be a substitute for professional medical advice or treatment.**