

1963

## EC63-2114 A First Aid Guide...

Rollin Schnieder

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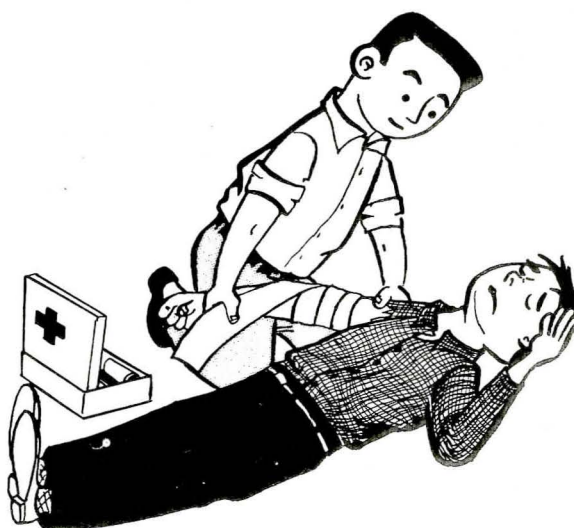
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# A FIRST AID Guide . . .

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# A FIRST AID GUIDE

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First Aid is the immediate and temporary care given the victim of an accident or sudden illness until the services of a physician can be obtained. To the victim it may mean the difference between life and death; between temporary disability and permanent injury. In any case, proper first

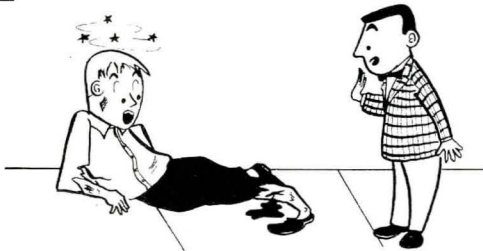
aid reduces suffering, lessens the possibility of further injury, reassures the victim, and makes the physician's work easier.

## GENERAL DIRECTIONS OF FIRST AID

Most accidents are minor and the first aid needed is obvious to a trained person. In case of serious injury, the following steps are suggested:

1. Care for the "hurry" cases first. These are severe bleeding, stopped breathing, poison and shock.
2. If possible, remain with the victim and have someone else go for or call the doctor.
3. Examine the victim for wounds, burns, fractures, dislocations and other injuries.
4. Give care for all minor and major injuries.
5. Obtain the victim's name and address.
6. Make the patient comfortable, be cheerful and give assurance.

### Be Careful:



1. Improper handling may increase injury and shock.
2. Do not let the victim see his injury if it can be avoided.
3. Do not give any kind of liquid to an unconscious person.

4. Keep calm. A good first aider avoids errors and misguided efforts, and does what is necessary to prevent loss of life, relieve pain and shock, and prevent infection.



## CONTROLLING SERIOUS BLEEDING

### Symptoms:

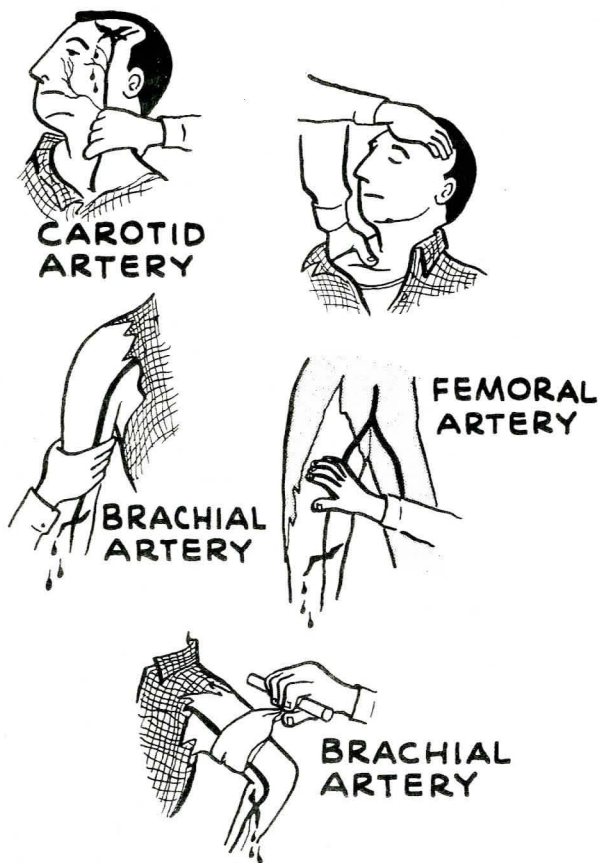
Cut artery - Bright red spurting blood

Cut vein - Dark red blood - flows steadily or oozes.

Other indications - Restlessness, thirst, pale face, weak-rapid pulse, weakness and nausea.

### First aid for bleeding wounds

1. Expose wound so it can be seen.



2. Apply pressure at once. Use sterile dressing and bandage tightly.
3. If direct pressure fails to stop bleeding, use pressure point control.
4. Elevate the wound if possible.
5. As a last resort, apply a tourniquet close to the wound but with unbroken skin between the tourniquet and the wound.
  - a. Apply tight enough to stop bleeding.
  - b. Do not release - let the doctor do that.
  - c. Attach a note giving location of the tourniquet and the hour it was applied.
  - d. Keep the victim quiet and lying down.
  - e. Do not give stimulants until bleeding has been stopped.

### First aid for internal bleeding

1. Keep the patient lying down - move only in prone position.

### First aid for nose bleed

1. Have victim sit with head tilted back.
2. Apply cold wet cloth over nose.
3. Press bleeding nostril against middle of nose.
4. If bleeding persists, pack nostril with sterile gauze and take victim to a doctor.

## WHEN BREATHING STOPS

### Symptoms:

Unconsciousness, lips pale, fingertips blue, skin cold and perspiring, pulse rapid and weak - sometimes absent.

### First aid for drowning, electrocution and gas poisoning

1. Mouth-to-mouth method should be used unless impossible for some reason or condition. Back pressure - arm lift method may then be used.

#### Mouth-to-mouth (Mouth-to-nose) method

If there is foreign matter visible in the mouth, wipe out quickly with your fingers or a cloth wrapped around your fingers.



- a. Tilt the head back so chin is pointing upward. Pull or push the jaw into a jutting-out position. These maneuvers should relieve obstruction of the airway by moving the base of the tongue away from the back of the throat.
- b. Open your mouth wide and place it tightly over the victim's mouth. At the same time, pinch the victim's nostril shut with your fingers, or close the nostrils with your cheek. You may also close the victim's mouth and place your mouth over the victim's nose. Blow into the victim's mouth or nose. The first blowing efforts should determine whether or not an obstruction exists.
- c. Remove your mouth, turn your head to the side, and listen for the return rush of air that indicates air exchange. Repeat the blowing effort. For an adult, blow vigorously. The breath rate per minute will be determined by the amount of time it takes to move air in and out of the individual. For a child, take relatively shallow breaths appropriate for the child's size. The rate per minute will again be determined by the air movement in and out of the victim. However, the first aider should strive for a rate of about 20 per minute.
- d. If you are not getting air exchange, recheck the head and jaw position. If you still do not get air exchange, quickly turn the victim on his side and administer several sharp blows between the shoulder blades in the hope of dislodging foreign matter.



Again, sweep your fingers through the victim's mouth to remove foreign matter. Those who do not wish to come in contact with the person may hold a cloth over the victim's mouth or nose and breathe through it. The cloth does not greatly affect the exchange of air.

#### Mouth-to-mouth technique for infants and small children

If foreign matter is visible in the mouth, clean it out quickly as described previously.



- a. Place the child on his back and use the fingers of both hands to lift the lower jaw from beneath and behind, so that it juts out. This is shown in Sketch 3.
- b. Place your mouth over the child's mouth and nose, making a leakproof seal. Breathe into the child, using shallow puffs of air. Twenty per minute is a good rate to try for.
- c. If you meet resistance in your blowing efforts, recheck the position of the jaw. If the air passages are still blocked, the child should be suspended momentarily by the ankles or inverted over the arm and given two or three sharp pats between the shoulder blades in the hope of dislodging the obstructing matter.

#### Back pressure - arm lift method



- a. Special instructions: Start immediately, clear the mouth of obstructions.
- b. Position the victim face down with the cheek resting upon the folded hands.
- c. Position the operator kneeling at the victim's head. Place the knee at the side of the victim's head close to the forearm. Place the opposite foot near the elbow. If it is more comfortable kneel on both knees, one on either side of the victim's head. Place your hands upon the flat of the subject's back in such a way that the heels of the hands lie just below a line running between the arm pits. With the tips of the thumbs just touching spread the fingers downward and outward.



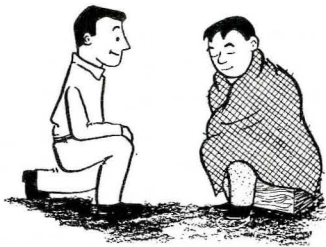


d. The compression phase: Rock forward until the arms are approximately vertical and allow the weight of the upper part of your body to exert slow, steady, even pressure downward upon the hands. Do not bend the elbows. This pressure forces air out of the lungs.

e. Expansion phase: Release the pressure avoiding a final thrust and commence to rock slowly backward. Place your hands on the subject's arms just above the elbows. As you rock back draw his arms upward and toward you. Apply just enough lift to feel resistance and tension at the subject's shoulders. Then lower the arms to the ground. This completes the cycle.

f. Rate of application. Repeat approximately 12 times per minute. Compression and expansion phases should be about equal in duration with the release period being of minimum duration.

g. A smooth rhythm in performing artificial respiration is desirable, but split-second timing is not essential. Artificial respiration should be continued until the victim has been revived or until he has been pronounced dead by a doctor.



#### First aid for choking

1. Hold victim upside down or bend forward as far as possible, then slap sharply on the back.
2. Sometimes the object can be lifted out of the throat with the fingers. Care must be taken not to force the obstruction further down into the respiratory tract.

#### POISONING

##### Symptoms of oral poisoning:

Nausea, vomiting, convulsions, stains or burns around the mouth, weakness, and in severe stages of poisoning unconsciousness may occur.

##### First aid for oral poisoning

1. Have someone call the doctor.
2. Dilute the poison in the stomach: Give large amounts of fluid. Solutions of baking soda or salt, milk or ordinary water are satisfactory.



3. Wash Out: Induce vomiting and give more fluid. Antidote: If poison container is found, antidotes are often given on the label. A universal antidote is composed of 2 parts crumbled burnt toast, 1 part strong tea and 1 part milk of magnesia.

4. Treat for shock.

### Exceptions to the above procedures

#### For strong acids

1. Dilute quickly with a glass of water and then give milk of magnesia or baking soda solution.
2. Do not induce vomiting.
3. Follow dilution with milk, white of egg, or olive oil.

#### For alkalis

1. Dilute with a glass of water, then give lemon juice or vinegar in water to neutralize the alkali.
2. Do not induce vomiting.
3. Follow dilution with milk, white of egg, or olive oil.

#### For kerosene

1. Do not induce vomiting.
2. Give strong coffee or tea.
3. Get medical aid promptly.
4. Combat shock.

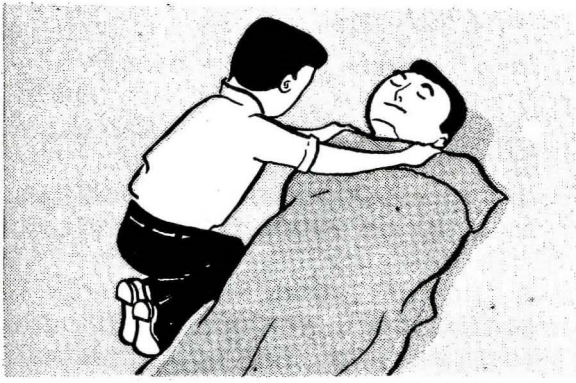
### SHOCK

#### Symptoms:

Skin pale, cold, moist; eyes vacant, pupils dilated, pulse weak or absent; breathing irregular and shallow; nausea; faintness advanced stages - unconsciousness.

#### First aid for shock



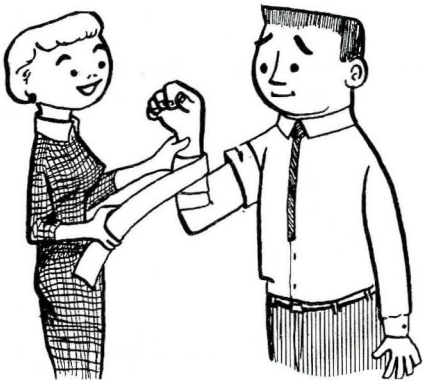


1. Positions: Keep victim lying down and quite.
2. Heat: Keep victim only warm enough to prevent chilling.
3. Fluids: Give sips of warm water, milk, tea or coffee. Never attempt to give an unconscious person fluids.
4. If shock is severe call a doctor.

## WOUNDS

All wounds, no matter how small, should be treated to prevent infection.

### First aid for wounds



1. Cover wound with a sterile pad, then bandage, and take the victim to the doctor. Do not minimize the possible seriousness of an injury.
2. If a doctor is not available, wash the wound thoroughly with soap and water, cover with a sterile pad and bandage. Handle carefully so as to prevent any additional damage or infection.
3. Bandage should be snug but not tight.

Check frequently to see that circulation is not reduced.

## TRANSPORTATION

Warning: Do not make errors in transporting a victim. Perhaps more harm is done through improper transportation than through any other emergency assistance. Good transportation procedures are most important.



1. Always give essential first aid before transporting.
2. Make the victim comfortable as possible.
3. Be certain that fractures are immobilized and well padded.
4. Do not hurry in transporting. Have plenty of help.
5. Transport in a safe position. Consider possible back or neck fractures.
6. Have or improvise proper equipment.