



---

# EMERGENCY

---

# First Aid

# Guide

---



**Medihelp Healthcare Pvt. Ltd.**

6052/1, D-6, Vasant Kunj, New Delhi-110070

Ph.No.: 011-4605 2020, 9871555932, Email : [medhelpindia@gmail.com](mailto:medhelpindia@gmail.com) , Web:[medhelpindia.in](http://medhelpindia.in)

# Contents

Action in an emergency	1
Unconscious adult	3
Choking adult	7
Choking child	8
Asthma attack	9
Shock	10
Anaphylactic shock	11
Severe bleeding	12
Heart attack	13
Head injury	14
Spinal injury	15
Seizures in adults	16
Broken bones	17
Burns	18
Eye injury	19
Swallowed poisons	20
Observation charts	21

**F**IRST AID is the initial assistance or treatment given to someone who is injured or suddenly taken ill. This chapter describes the sequence of priorities for giving first aid, providing essential information on how to deal with emergencies, and how to look after with emergencies, and how to look after yourself. It also covers the steps involved in assessing and treating a casualty.

## + FIRST-AID PRIORITIES

- Assess the situation quickly and calmly.
- Protect yourself and the casualties from danger.
- Assess the conditions of all casualties.
- Comfort and reassure the casualties.
- Deal with any life-threatening conditions.
- Obtain medical aid if necessary. Call an ambulance if you suspect a serious illness or injury.

# ACTION IN AN EMERGENCY

## 1 ASSESS SITUATION

YES

- Are there any risks to you or the casualty?

NO

- Put your safety first. If possible, remove the danger from the casualty or, if this is not possible, remove the casualty from danger.
- If it is unsafe, call for emergency help and wait for it to arrive.

## 2 CHECK CASUALTY

YES

- Is the casualty visibly conscious?

NO

- Check for other conditions (opposite) and treat as necessary.
- Summon help if needed.

## 3 CHECK RESPONSE

YES

- Does the casualty respond to your voice or to gentle stimulation

NO

- Check for other conditions (opposite) and treat as necessary.
- Summon help if needed.

## 4 OPEN AIRWAY; CHECK BREATHING

YES

- Open and, if necessary, clear the casualty's airway and check for breathing.
- Is the casualty breathing.



NO

- Place the casualty in the recovery position.



## ARE YOU ALONE?

YES

- Ask a helper to call ambulance and to pass on details of the casualty's condition.
- Move on to STEP 5

NO

- Is the unconsciousness due to injury, drowning, or choking, or is the casualty a child or an infant?

NO

NO

- Call an ambulance immediately
- Move on to STEP 5

- Move on to STEP 5
- Carry out the resuscitation sequence for 1 minute before calling and ambulance.

## 5 BREATHE FOR CAUSALLY

- Give two effective rescue breaths.



YES

### WARNING

- If at any stage the casualty begins breathing, place him in the recovery position.



## 6 ASSESS FOR CIRCULATION

- Check for signs of circulation for no more than 10 seconds. Are there any signs of circulation?



YES

- Continue with rescue breath.
- Recheck for signs of circulation after every 10 breaths for an adult or 20 breaths for a child.



NO

## 7 ASSESS FOR CIRCULATION

- ADULT: Alternate 15 chest compressions with two rescue breaths; repeat as needed.
- CHILD/INFANT: Give five compressions to one rescue breath.

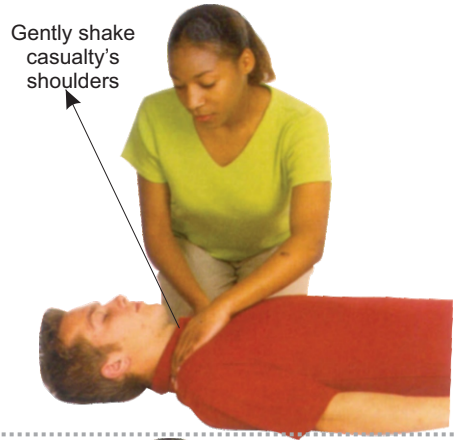


- Continue CPR until emergency help takes over; the casualty moves or takes a breath; or you are too exhausted to continue.

## UNCONSCIOUS ADULT ASSESS THE CASUALTY

### 1 CHECK RESPONSE

- ❖ Ask a question, such as “What’s happened?” or give a command, such as “Open your eyes”. Speak loudly and clearly.
- ❖ Gently shake the casualty’s shoulders
- ❖ If there is a response, leave the casualty in the position found and summon help, if needed. Treat any condition found.
- ❖ If there is no response, shout for help, then proceed to step 2.



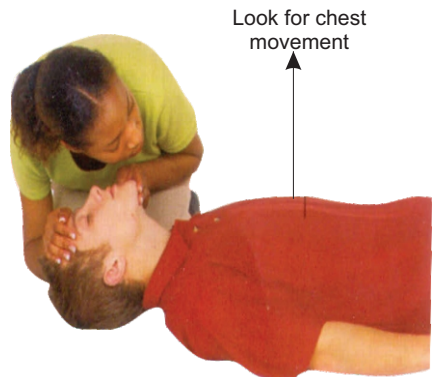
### 2 OPEN AIRWAY

- ❖ Place one hand on the casualty’s forehead, and gently tilt his head back.
- ❖ Pick out any obvious obstructions from the casualty’s mouth. Do not do a finger sweep.
- ❖ Place the fingertips under the point of the casualty’s chin. Lift the chin.
- ❖ If you suspect a neck (spinal) injury, open the airway by gently lifting the jaw but not tilting the head (jaw thrust).



### 3 CHECK BREATHING

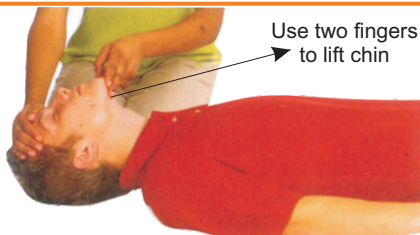
- ❖ Look for chest movement, listen for sounds of breathing, and feel for breath on your cheek. Do this for no more than 10 seconds.
- ❖ If the casualty is not breathing, send a helper to DIAL FOR AN AMBULANCE. begin rescue breathing (opposite)
- ❖ If he is breathing, check for life-threatening conditions such as severe bleeding. Place him in the recovery position.



## UNCONSCIOUS ADULT GIVE RESCUE BREATHS

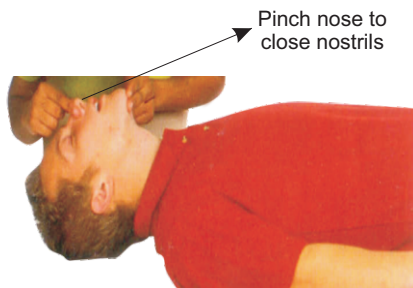
### 1 MAKE SURE THAT AIRWAY IS STILL OPEN

- ❖ Make sure that the casualty's head remains tilted, by keeping one hand on his forehead and two fingers of the other hand under the tip of his chin.



### 2 PINCH NOSE AND OPEN MOUTH

- ❖ Use your thumb and index finger to pinch the soft part of the casualty's nose firmly.
- ❖ Make sure that his nostrils are closed to prevent air from escaping.
- ❖ Open his mouth.



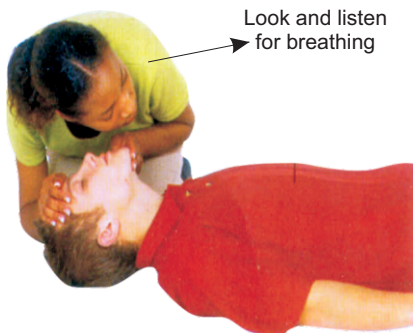
### 3 GIVE RESCUE BREATHS

- ❖ Take a deep breath to fill your lungs with air. Place your lips around the casualty's lips, making sure that you form a good seal.
- ❖ Blow steadily into the mouth until the chest rises. This usually takes about 2 seconds. Maintaining head tilt and chin lift, take your mouth away and watch the chest fall. If the chest rises visibly and falls fully, you have given an effective breath.
- ❖ Give two effective breaths.



### 4 ASSESS FOR SIGNS OF CIRCULATION

- ❖ Look, listen, and feel for signs of circulation, such as breathing, coughing, or movement, for no more than 10 seconds.
- ❖ If circulation is absent, perform CPR.
- ❖ If circulation is present, continue with rescue breaths. After every 10 breaths (about 1 minute), recheck for circulation.
- ❖ If the casualty starts breathing but remains unconscious, place him in the recovery position.



# UNCONSCIOUS ADULT COMMENCE CPR

## 1 POSITION HANDS FOR CHEST COMPRESSIONS

- ❖ With the index and middle fingers of your lower hand, locate one of the casualty's lowermost ribs on the side nearer to you. Slide your fingertips along the rib to the point at which it meets the breastbone. Place your middle finger at this point and the index finger beside it on the breastbone.
- Place the heel of your other hand on the breastbone; slide it down to meet your index finger. This is the point at which you will apply pressure.
- Place the heel of your first hand on top of the other hand, and interlock your fingers.



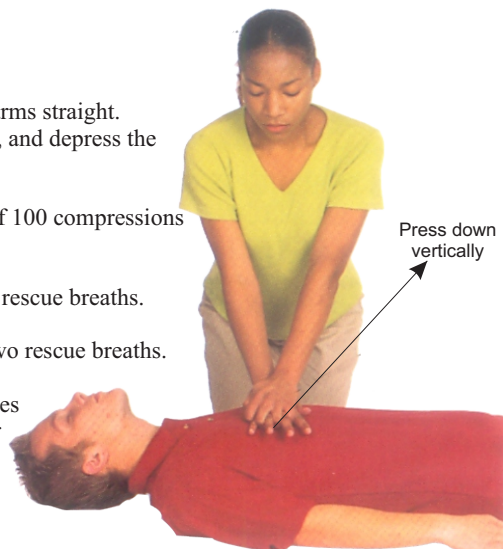
SLIDE HEEL OF HAND DOWN



INTERLOCK FINGERS

## 2 GIVE CHEST COMPRESSIONS AND RESCUE BREATHS

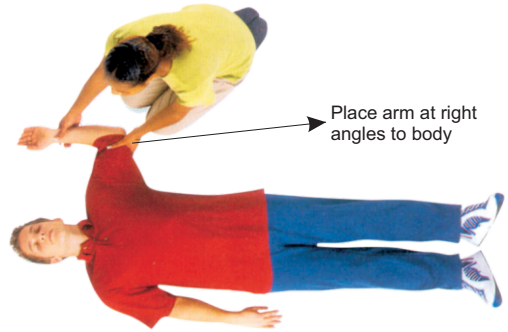
- ❖ Lean well over the casualty, with your arms straight. Press down vertically on the breastbone, and depress the chest by about 4-5 cm (1 ½ -2in).
- ❖ Compress the chest 15 times, at a rate of 100 compressions per minute.
- ❖ Tilt the head, lift the chin, and give two rescue breaths.
- ❖ Alternate 15 chest compressions with two rescue breaths.
- ❖ Continue CPR until emergency help takes over; the casualty makes a movement or takes a breath; or you are too exhausted to continue.



# UNCONSCIOUS ADULT RECOVERY POSITION

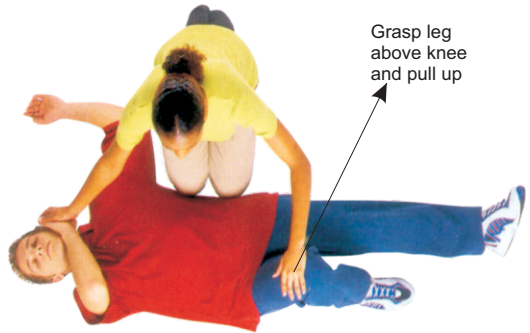
## 1 POSITION ARM AND STRAIGHTEN LEGS

- ❖ Kneel beside the casualty.
- ❖ Remove spectacles and any bulky objects (such as mobile phones or large bunches of keys) from the pockets. Straighten his legs.
- ❖ Place the arm nearest to you at right angles to the casualty's body, with the elbow bent and the palm facing upwards.



## 2 POSITION FAR ARM, HAND, AND KNEE

- ❖ Bring the arm farthest from you across the casualty's chest and hold the back of his hand against the cheek nearest to you.
- ❖ Using your other hand, grasp the far leg just above the knee and pull it up until the foot is flat on the floor.



## 3 ROLL CASUALTY TOWARDS YOU

- ❖ Keeping the casualty's hand pressed against his cheek, pull on the far leg and roll him towards you and on to his side.
- ❖ Adjust the upper leg so that both the hip and knee are bent at right angles.
- ❖ Tilt the head back to ensure that the airway remains open.



## 4 DIAL FOR AN AMBULANCE, IF NOT ALREADY DONE

- ❖ Ideally, ask a helper to make the call while you wait with the casualty.
- ❖ Monitor and record vital signs-level of response, pulse, and breathing.



# CHOKING ADULT

## RECOGNITION

- Partial obstruction**
- Difficulty in speaking and breathing.
  - Coughing and distress.
- Complete obstruction**
- Inability to speak, breathe, or cough.
  - Eventual loss of consciousness.

### 1 GIVE UP TO FIVE BACK SLAPS

- ❖ Encourage the casualty to cough to try to remove the obstruction
- ❖ If the casualty is beginning to struggle, bend him forwards.
- ❖ Give up to five sharp slaps between the shoulder blades with one hand. Check his mouth.
- ❖ If choking persists, proceed to step 2.



## PRECAUTIONS

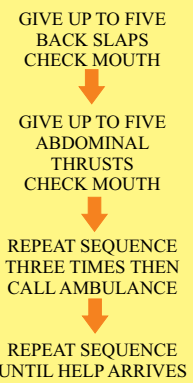
- If the casualty loses consciousness, give rescue breaths and chest compressions (pp.4-5)
- Do not do a finger sweep of the mouth.

### 2 HOLD CASUALTY FROM BEHIND

- ❖ Stand behind the casualty.
- ❖ Put both arms around him, and put one fist between his navel and the bottom of his breastbone.



## ACTION



### 3 GIVE UP TO FIVE ABDOMINAL THRUSTS

- ❖ Grasp your fist with your other hand, and pull sharply inwards and upwards up to five times.
- ❖ If the obstruction is still not cleared, recheck the mouth for any object and remove it if possible.



### 4 REPEAT ENTIRE SEQUENCE

- ❖ Repeat steps 1-3 until the obstruction clears. If after three cycles it still has not cleared, DIAL FOR AN AMBULANCE
- ❖ Continue the sequence until help arrives; the obstruction is cleared; or the casualty becomes unconscious (see PRECAUTIONS, left)

# CHOKING CHILD (1-7 years)

## RECOGNITION

### Partial obstruction

- Difficulty in speaking and breathing.
- Coughing and distress.

### Complete obstruction

- Inability to speak, breathe, or cough.
- Eventual loss of consciousness.

## 1 GIVE UP TO FIVE BACK SLAPS

- ❖ Encourage the child to cough. If the child is beginning to struggle, bend him forwards.
- ❖ Give up to five sharp slaps between his shoulder blades using the heel of your hand. Check his mouth.
- ❖ If choking persists, proceed to step 2.



## 2 GIVE UP TO FIVE CHEST THRUSTS

- ❖ Stand or kneel behind the child. Make a fist and place it against the lower half of his breastbone.
- ❖ Grasp your fist and pull sharply inwards and upwards up to five times, at a rate of about one chest thrust every 3 seconds. Check the child's mouth.
- ❖ If choking persists, proceed to step 3.



## 3 GIVE UP TO FIVE ABDOMINAL THRUSTS

- ❖ Stand behind the child with both arms around the upper abdomen. Make a fist, and place it between the child's navel and the bottom of his breastbone.
- ❖ Grasp your fist with your hand. Pull sharply inwards and upwards up to five times. Check the child's mouth.
- ❖ If choking persists, proceed to step 4.



## ACTION

GIVE UP TO FIVE BACK SLAPS  
CHECK MOUTH



GIVE UP TO FIVE CHEST THRUSTS  
CHECK MOUTH



GIVE UP TO FIVE ABDOMINAL THRUSTS  
CHECK MOUTH



REPEAT SEQUENCE THREE TIMES THEN CALL AMBULANCE



REPEAT SEQUENCE UNTIL HELP ARRIVES

## 4 REPEAT ENTIRE SEQUENCE

- ❖ Repeat steps 1-3 until the obstruction clears.
- ❖ If after three cycles the obstruction still has not cleared, DIAL AN AMBULANCE
- ❖ Continue the sequence until help arrives; the obstruction is cleared from the airway; or the child becomes unconscious (see PRECAUTIONS, left)

# ASTHMA ATTACK

## RECOGNITION

- Difficulty in breathing.
- There may be:
- Wheezing.
  - Difficulty in speaking.
  - Grey-blue skin.
  - Exhaustion and possible loss of consciousness.

### 1 MAKE CASUALTY COMFORTABLE

- ❖ Keep calm and reassure the casualty.
- ❖ Help her into the position that she finds most comfortable; sitting slightly forwards and supporting the upper body by leaning the arms on a firm surface is usually best.



## PRECAUTIONS

- Do not lay the casualty down.
- Do not use a preventer inhaler.
- If the attack is severe, or if the inhaler has no effect after 5 minutes, or if the casualty is getting worse
- DIAL FOR AN AMBULANCE
- If the casualty loses consciousness, open the airway and check breathing .Be prepared to give rescue breaths and chest compressions if needed.

### 2 ALLOW CASUALTY TO USE RELIEVER INHALER

- ❖ Help the casualty to find her reliever inhaler (it is usually blue).
- ❖ Encourage the casualty to use the inhaler; it should take effect within minutes.



### 3 ENCOURAGE CASUALTY TO BREATHE SLOWLY

- ❖ If the attack does not ease within 3 minutes, encourage the casualty to take another dose from her inhaler and to breathe slowly and deeply.
- ❖ Tell the casualty to inform her doctor of the attack if it is severe or if it is her first attack.
- ❖ If the attack is severe, if the inhaler has no effect after 5 minutes, or if the casualty is getting worse, DIAL FOR AN AMBULANCE



## ACTION



# SHOCK

## RECOGNITION

- Rapid pulse.
- Pale, cold, clammy skin.
- Sweating

### Later:

- Grey-blue skin, especially inside lips.
- Weakness and giddiness.
- Nausea or thirst.
- Rapid, shallow breathing.
- Weak pulse,

### Eventually:

- Restlessness.
- Gasping for air.
- Unconsciousness.

## PRECAUTIONS

- Do not leave the casualty unattended, except to call an ambulance.
- Do not let the casualty smoke, eat, drink, or move.

## ACTION

HELP CASUALTY  
TO LIE  
DOWN



LOOSEN TIGHT  
CLOTHING



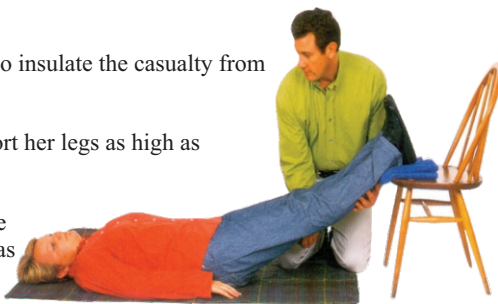
CALL AMBULANCE



MONITOR  
CASUALTY

## 1 HELP CASUALTY TO LIE DOWN

- ❖ Use a blanket to insulate the casualty from the ground.
- ❖ Rise and support her legs as high as possible.
- ❖ Treat any cause of shock such as bleeding.



## 2 LOOSEN TIGHT CLOTHING

- ❖ Undo anything that constricts her neck, chest and waist.
- ❖ Cover her with a blanket.



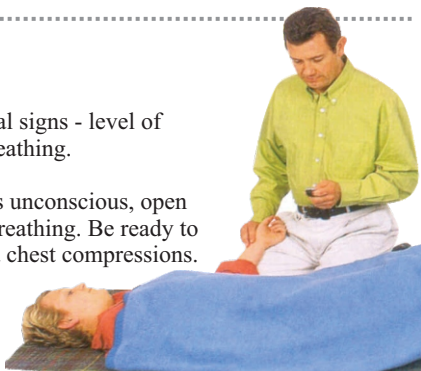
## 3 DIAL FOR AN AMBULANCE

- ❖ If possible, send a helper to call an ambulance.
- ❖ The caller should give the controller details about the cause of shock, if known.



## 4 MONITOR BREATHING, PULSE AND RESPONSE

- ❖ Monitor and record vital signs - level of response, pulse, and breathing.
- ❖ If the casualty becomes unconscious, open the airway and check breathing. Be ready to give rescue breaths and chest compressions.



# ANAPHYLACTIC SHOCK

## RECOGNITION

- Anxiety.
- Red, blotchy skin.
- Swelling of tongue and throat.
- Puffiness around eyes.
- Impaired breathing, possibly with wheezing and gasping for air.
- signs of shock.

### 1 DIAL FOR AN AMBULANCE

- ❖ Pass on as much information as possible about the cause of the allergy.

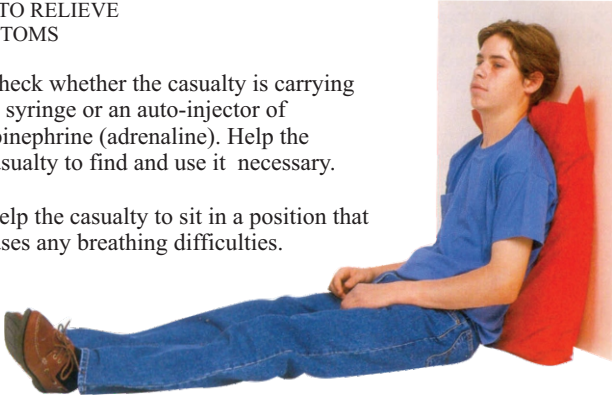


## PRECAUTIONS

- Check to see if the casualty is carrying an auto-injector or a syringe of epinephrine (adrenaline). If necessary, assist the casualty to use it. It can save his life when given promptly.
- If the casualty loses consciousness, open the airway and check breathing. If he is breathing, place him in the recovery position. Be ready to give rescue breaths and chest compressions if needed.

### 2 HELP TO RELIEVE SYMPTOMS

- ❖ Check whether the casualty is carrying as syringe or an auto-injector of epinephrine (adrenaline). Help the casualty to find and use it necessary.
- ❖ Help the casualty to sit in a position that eases any breathing difficulties.



### 3 MONITOR CASUALTY

- ❖ Monitor and record vital signs- level of response, pulse, and breathing until help arrives.



## ACTION



# SEVERE BLEEDING

## PRECAUTIONS

- Do not apply a tourniquet.
- If there is an embedded object in the wound, apply pressure on either side of the wound, and pad around it before bandaging.
- Wear gloves, if available, to protect against infection.
- If the casualty loses consciousness, open the airway and check breathing. If she is breathing, place her in the recovery position. Be ready to give rescue breaths and chest compressions if needed.

## ACTION

APPLY PRESSURE TO WOUND  
 ↓  
 RAISE AND SUPPORT INJURED PART  
 ↓  
 BANDAGE WOUND  
 ↓  
 CALL AMBULANCE  
 ↓  
 TREAT FOR SHOCK AND MONITOR CASUALTY

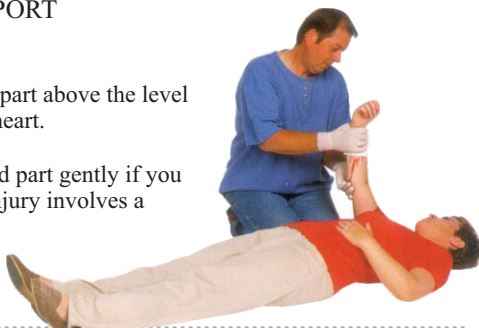
## 1 APPLY PRESSURE TO WOUND

- ❖ put on gloves if available. Remove or cut any clothing over the wound.
- ❖ Place a sterile dressing or non-fluffy pad over the wound. Apply firm pressure with your fingers or the palm of your hand.



## 2 RAISE AND SUPPORT INJURED PART

- ❖ Raise the injured part above the level of the casualty's heart.
- ❖ Handle the injured part gently if you suspect that the injury involves a fracture.
- ❖ Help the casualty to lie down.



## 3 BANDAGE WOUND

- ❖ Apply a sterile dressing over the pad, and bandage firmly in place.
- ❖ Bandage another pad on top if blood seeps through. If blood seeps through the second pad, remove all dressings and apply a fresh one, ensuring that it exerts pressure on the bleeding area.
- ❖ Check the circulation beyond the bandage at integral; loosen them if necessary.



## 4 DIAL FOR AN AMBULANCE

- ❖ Give details of the site of the injury and the extent of the bleeding when you telephone.

## 5 TREAT FOR SHOCK; MONITOR CASUALTY

- ❖ Treat for shock. Monitor and record vital signs- level of response, pulse, and breathing.

# HEART ATTACK

## RECOGNITION

There may be:

- Vice-like chest pain, spreading to one or both arms.
- Breathlessness.
- Discomfort, like indigestion, in upper abdomen.
- Sudden faintness.
- Sudden collapse.
- Sense of impending doom.
- Ashen skin and blueness at lips.
- Rapid, then weakening, pulse.
- Profuse sweating.

## PRECAUTIONS

- Do not give fluids.
- If the casualty loses consciousness, open the airway and check breathing. If he is breathing, be ready to give rescue breaths and chest compressions if needed.

## ACTION

MAKE CASUALTY COMFORTABLE



CALL AMBULANCE



GIVE CASUALTY ASPIRIN



MONITOR CASUALTY

## 1 MAKE CASUALTY COMFORTABLE

- ❖ Help the casualty into a half-sitting position.
- ❖ Support his head, shoulders, and knees.
- ❖ Reassure the casualty.



## 2 DIAL FOR AN AMBULANCE

- ❖ Tell the controller that you suspect a heart attack.
- ❖ Call the casualty's doctor as well, if he asks you to do so.



## 3 GIVE CASUALTY MEDICATION

- ❖ If the casualty is conscious, give one tablet of aspirin to be *chewed* slowly.
- ❖ If the casualty is carrying tablets or a puffer aerosol for angina, allow him to administer it himself. Help him if necessary.



## 4 MONITOR CASUALTY

- ❖ Encourage the casualty to rest. Keep any bystanders at a distance.
- ❖ Monitor and record vital signs- level of response, pulse, and breathing- until help arrives.



# HEAD INJURY

## RECOGNITION

There may be:

- Head wound.
- Impaired consciousness.

## PRECAUTIONS

- Wear gloves, if available, to protect against infection.
- If the casualty loses consciousness, open the airway and check breathing. If she is breathing, place her in the recovery position. Be ready to give rescue breaths and chest compressions if needed.
- If the bleeding does not stop, reapply pressure and add a second pad.
- Always suspect the possibility of a neck (spinal) injury (opposite)

## ACTION

CONTROL BLEEDING



SECURE DRESSING WITH BANDAGE



HELP CASUALTY TO LIE DOWN



CALL AMBULANCE

### 1 CONTROL BLEEDING

- ❖ Put on disposable gloves if available.
- ❖ Replace any displaced skin flaps over the wound.
- ❖ Place a sterile dressing or a clean, non-fluffy pad over the wound and apply firm, direct pressure with your hand.



### 2 SECURE DRESSING WITH BANDAGE

- ❖ Secure the dressing over the wound with a roller bandage.



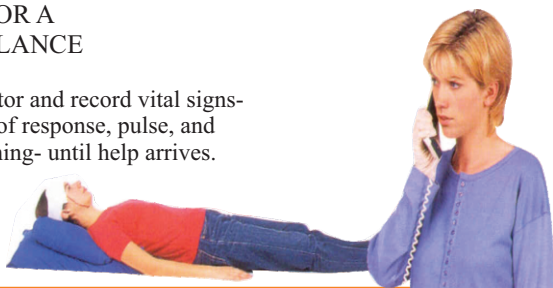
### 3 HELP CASUALTY TO LIE DOWN

- ❖ Ensure that her head and shoulders are slightly raised.
- ❖ Make sure that she is comfortable.



### 4 DIAL FOR AN AMBULANCE

- ❖ Monitor and record vital signs- level of response, pulse, and breathing- until help arrives.





# SPINAL INJURY

## RECOGNITION

- Pain in neck or back.
- A step or twist in the curve of the spine.
- Tenderness over the spine.

There may be:

- Weakness or loss of movement in limbs.
- Loss of sensation, or abnormal sensation.
- Loss of bladder and/ or bowel control.
- Difficulty breathing.

## 1 STEADY AND SUPPORT HEAD

- ❖ Reassure the casualty and tell her not to move.
- ❖ Keep the head, neck, and spine aligned by placing your hands on the sides of the head to hold the head still.



## PRECAUTIONS

- Do not move the casualty unless she is in danger.
- If the casualty loses consciousness, open the airway by gently lifting the jaw but not tilting the head; check breathing. Place her in the recovery position only if the airway cannot be maintained. Be ready to give rescue breaths and chest compressions if needed.

## 2 SUPPORT CASUALTY'S NECK

- ❖ Ask a helper to place rolled towels or other padding around the casualty's neck and shoulders.
- ❖ Keep holding her head throughout, until medical help arrives.



## ACTION

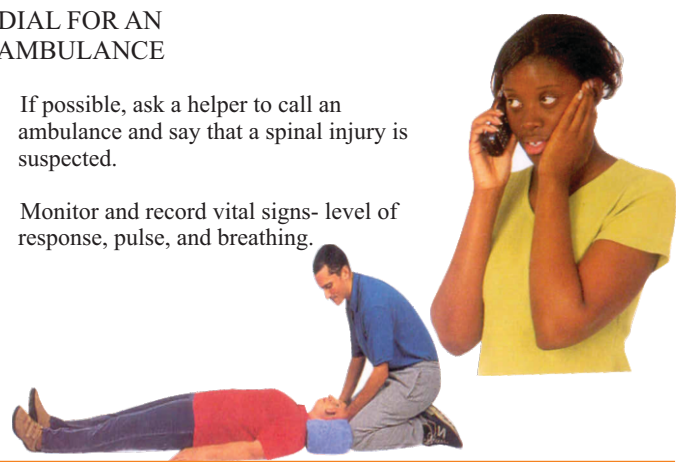
STEADY AND SUPPORT HEAD



CALL AMBULANCE

## 3 DIAL FOR AN AMBULANCE

- ❖ If possible, ask a helper to call an ambulance and say that a spinal injury is suspected.
- ❖ Monitor and record vital signs- level of response, pulse, and breathing.



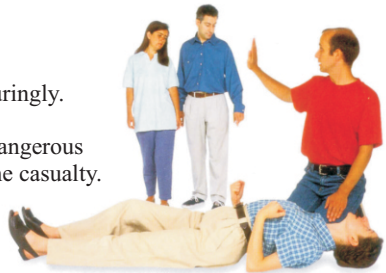
# SEIZURES IN ADULTS

## RECOGNITION

- Sudden loss of consciousness.
- Rigidity and arching of the back.
- Convulsive movements.
- Muscle relaxation.
- Regaining of consciousness.
- Grey-blue tinge to skin.

## 1 PROTECT CASUALTY

- ❖ Try to ease her fall.
- ❖ Talk to her calmly and reassuringly.
- ❖ Clear away any potentially dangerous objects to prevent injury to the casualty.
- ❖ Ask bystanders to keep clear.

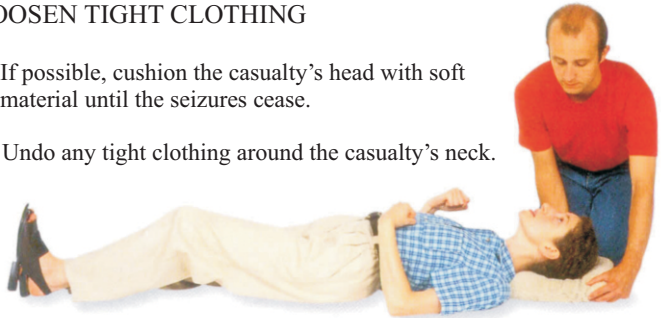


## PRECAUTIONS

- Do not use force to restrain the casualty.
- If the casualty is unconscious for more than 10 minutes, is having repeated seizures, or it is her first seizure, **DIAL FOR AN AMBULANCE** Note the time when the seizure starts and the duration of the seizure.

## 2 PROTECT HEAD AND LOOSEN TIGHT CLOTHING

- ❖ If possible, cushion the casualty's head with soft material until the seizures cease.
- ❖ Undo any tight clothing around the casualty's neck.



## ACTION



## 3 PLACE CASUALTY IN RECOVERY POSITION

- ❖ Once the seizures have stopped, open the airway and check breathing ; then place the casualty in the recovery position.
- ❖ Monitor and record vital signs- level of response, pulse, and breathing.



# BROKEN BONES

## RECOGNITION

- Distortion, swelling, and bruising at the injury site.
- Pain and difficulty in moving the injured part.  
There may be:
- Bending, twisting, or shortening of a limb.
- A wound, possibly with bone ends protruding.

## 1 STEADY AND SUPPORT INJURED PART

- ❖ Help the casualty to support the affected part, above and below the injury, in the most comfortable position.



## PRECAUTIONS

- Do not attempt to bandage the injury if medical assistance is on its way.
- Do not attempt to move an injured limb unnecessarily.
- Do not allow a casualty with a suspected fracture to eat, drink, or smoke.

## 2 PROTECT INJURY WITH PADDING

- ❖ Place padding, such as towels or cushions, around the affected part, and support it in position.
- ❖ If there is an open wound, cover it with a large, sterile dressing or a clean, non-fluffy pad and bandage it in place.



## ACTION

STEADY AND  
SUPPORT INJURED  
PART



PROTECT INJURY  
WITH PADDING



TAKE OR SEND  
CASUALTY TO  
HOSPITAL

## 3 TAKE OR SEND CASUALTY TO HOSPITAL

- ❖ Call an ambulance if necessary.
- ❖ Treat the casualty for shock.
- ❖ Monitor and record vital signs- level of response, pulse, and breathing.



# BURNS

## RECOGNITION

- Reddened skin.
- Pain in the area of the burn.
- Swelling and blistering of the skin.

## 1 COOL BURN

- ❖ Make the casualty comfortable.
- ❖ Pour cold liquid on the burn for at least 10 minutes.
- ❖ Watch for signs of smoke inhalation, such as difficulty breathing.



## PRECAUTIONS

- Do not apply lotions, ointment, or fat to a burn.
- Do not touch the burn or burst any blisters.
- Do not remove anything sticking to the burn.
- If the burn is to the face, do not cover it. Keep cooling with water until help arrives.
- If the burn is caused by chemicals, cool for at least 20 minutes.

## 2 REMOVE ANY CONSTRICTIONS

- ❖ Put on disposable gloves if available.
- ❖ Carefully remove any clothing or jewellery from the area before it starts to swell. However, do not try to remove any clothing that is sticking to the burn.



## 3 COVER BURN

- ❖ Cover the burn and the surrounding area with a sterile dressing, clean non-fluffy material, cling film, or a plastic bag.
- ❖ Reassure the casualty.



## ACTION



## 4 TAKE OR SEND CASUALTY TO HOSPITAL

- ❖ Call an ambulance if necessary.
- ❖ Treat the casualty for shock.
- ❖ Monitor and record vital signs- level of response, pulse, and breathing .



# EYE INJURY

## RECOGNITION

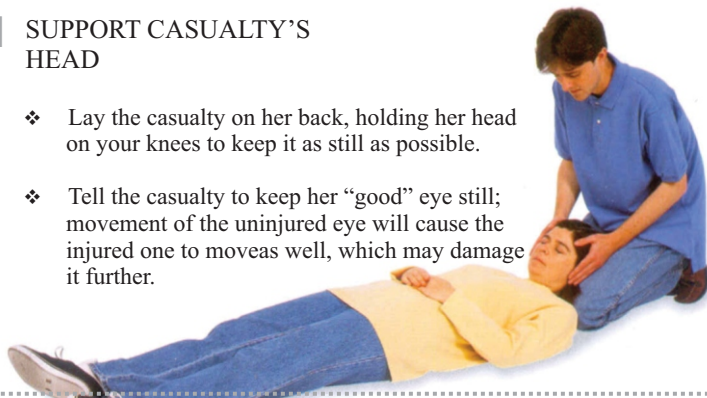
- Intense pain in the affected eye.
- Spasm of the eyelids.

There may also be:

- A visible wound.
- A bloodshot eye, even if wound is not visible.
- Partial or total loss of vision.
- Leakage of blood or clear fluid from the injured eye.

## 1 SUPPORT CASUALTY'S HEAD

- ❖ Lay the casualty on her back, holding her head on your knees to keep it as still as possible.
- ❖ Tell the casualty to keep her "good" eye still; movement of the uninjured eye will cause the injured one to move as well, which may damage it further.

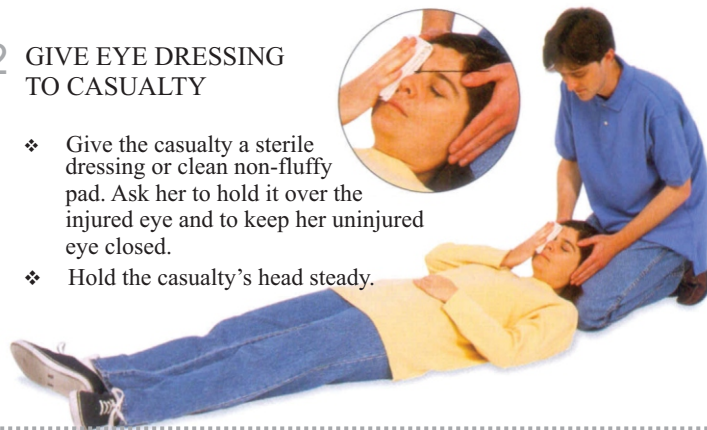


## PRECAUTIONS

- Do not touch the eye or any contact lens in it, and do not allow the casualty to rub the eye.
- Do not try to remove any object embedded in the eye.
- If it will be some time before medical aid is available, bandage an eye pad in place over the injured eye.

## 2 GIVE EYE DRESSING TO CASUALTY

- ❖ Give the casualty a sterile dressing or clean non-fluffy pad. Ask her to hold it over the injured eye and to keep her uninjured eye closed.
- ❖ Hold the casualty's head steady.

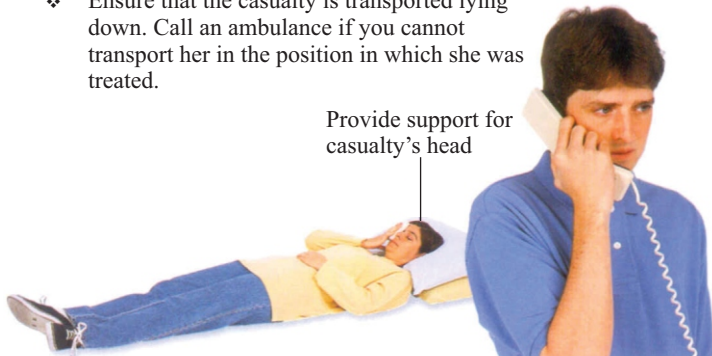


## ACTION

- SUPPORT CASUALTY'S HEAD
- ↓
- GIVE EYE DRESSING TO CASUALTY
- ↓
- TAKE OR SEND CASUALTY TO HOSPITAL

## 3 TAKE OR SEND CASUALTY TO HOSPITAL

- ❖ Ensure that the casualty is transported lying down. Call an ambulance if you cannot transport her in the position in which she was treated.



# SWALLOWED POISONS

## RECOGNITION

- Vomiting that may be bloodstained.
- Impaired consciousness.
- Empty bottles and containers nearby.
- History of ingestion/exposure.
- pain or burning sensation.

### 1 CHECK WHAT CASUALTY HAS SWALLOWED

- ❖ If the casualty is conscious, ask what she has swallowed and reassure her.

Reassure casualty as you find out what she swallowed



## PRECAUTIONS

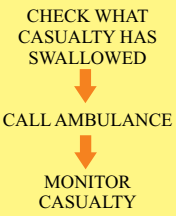
- Do not attempt to induce vomiting.
- If the casualty loses consciousness, make sure that there is no vomit or other matter in the mouth. Open the airway and check breathing. Be ready to give rescue breaths and chest compressions if needed.
- When giving rescue breaths, use a face shield or pocket mask for protection if there are chemicals on the casualty's mouth.

### 2 DIAL FOR AN AMBULANCE

- ❖ Give as much information as possible about the swallowed poison. This information will help doctors to give the casualty the appropriate treatment.
- ❖ Monitor and record vital signs- level of response, pulse, and breathing- until help arrives.



## ACTION



### 3 IF CASUALTY'S LIPS ARE BURNT

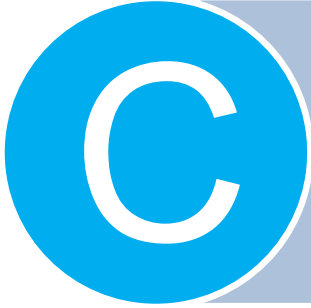
- ❖ If the swallowed substance has burnt the casualty's lips, give her frequent sips of cold water or milk.

Give casualty cool, soothing drink such as milk



# BLS

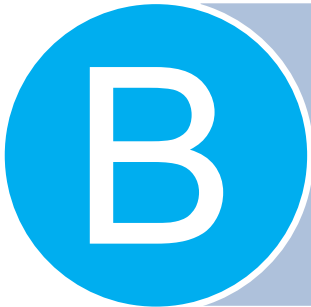
C-A-B (Not A-B-C)



Chest  
Compressions



Airway

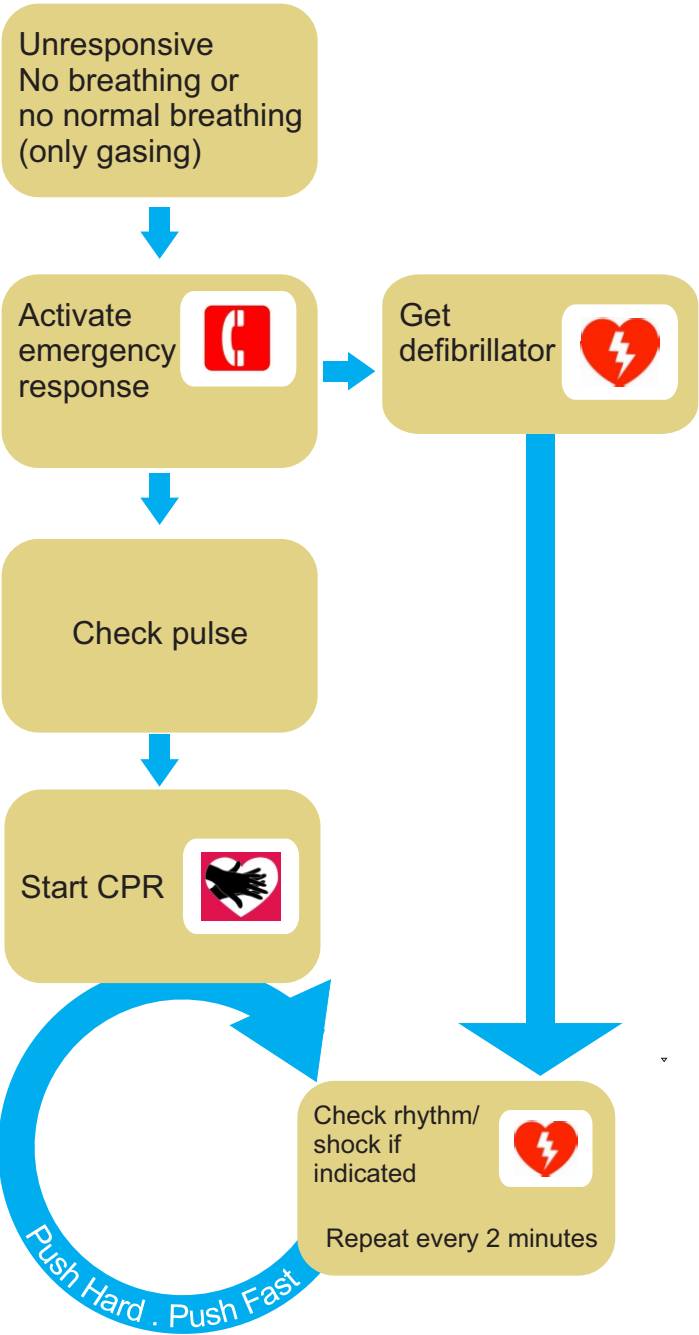


Breathing

High-quality CPR Improves a victim's chances of survival. The critical characteristics of high-quality CPR include:

- **Start compressions within 10 seconds** of recognition of cardiac arrest.
- **Push hard, push fast:** Compress at a rate of at least 100/min with a depth of at least 5 cm (2 inches) for adults, approximately 5 cm (2 inches) for children, and approximately 4 cm (1.5 Inches) for infants.
- **Allow complete chest recoil** after each compression.
- **Minimize interruptions** in compressions (try to limit interruptions to <10 seconds).
- **Give effective breaths** that make the chest rise.
- **Avoid excessive ventilation.**







# First Aid Manual

A comprehensive guide to treating casualties  
of all ages in any emergency



**Medihelp Healthcare Pvt. Ltd.**

6052/1, D-6, Vasant Kunj, New Delhi-110070

Ph.No.: 011-4605 2020, 9871555932, Email : [medhelpindia@gmail.com](mailto:medhelpindia@gmail.com) , Web:[medihelpindia.in](http://medihelpindia.in)