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2) General principles:-

- Do first things first quickly, quietly without fuss or panic
- Tactfully reassure the casualty as this will lessen anxiety
- Avoid crowd as fresh air is essential
- Give artificial respiration if breathing has stopped as every second counts
- Stop any bleeding (pressing pressure points)
- Guard against or treat for shock
- Do not move the casualty unnecessarily but handle the casualty gently
- Do not remove the clothes of the casualty unnecessarily
- Do not ~~too~~ much do the minimum that is essential to save life and prevent the condition from worsening.
- Give comfortable position to the casualty
- Arrange for the removal of the casualty
- Transfer him to a hospital or a nearest clinic by the quickest means of transport.
- When serious accident takes place, inform the police
- Report the findings accurately, briefly & clearly.
- Do not let the casualty see his own injury
- Do not leave the casualty alone except to get help
- Do not assume in the casualty obvious injuries are the only one.

1) warning signs of suicide

- Neglecting personal hygiene
- Being preoccupied with death or dying
- making out a will
- giving away prized possession/assets/goods
- losing interest in most activities
- making covert statements like "it's okay now, everything will be fine"; "I won't be a problem for much longer."
- making overt statements like "I can't take it anymore"; "I wish I were dead";
- sleeping too much or too little
- withdrawing from friends and family
- Feeling hopeless, expressing hopelessness
- Appearing depressed or sad most of the time

2) (continued)

* Preserve life:-

The first aim of first aid is to preserve life, which involves the key emergency practices to ensure that the casualty isn't in any mortal danger

* Prevent Deterioration:-

Keeping a casualty still to avoid aggravating their injury, or from complicating any unseen issues is crucial.

* Promote recovery:-

There are steps you should follow which will help lessen the amount of time taken for a casualty to recover from an accident & aid in minimising lasting damage & scarring

4) Immediate Management of crush injury

- Stop bleeding by applying direct pressure
- Cover the area with a wet cloth or bandage.
- If there is suspicion of a head, neck or spinal injury, immobilize those areas if possible and then limit movement to only the crushed area.
- Request for paramedic backup at earliest opportunity as an IV sodium chloride solution should be started before extrication from the accident.
- Early hydration will help prevent renal collapse.
- Secondary survey
- Continually monitor patient condition -
- ~~The~~ Smooth and rapid journey to hospital
- Professional handover to hospital staff.

10) ~~The~~ ~~two~~ a) Cellular - RBC, WBC & Platelets

b) Plasma - Coagulation system
- Clotting factors (12), vWD factor (vWD)

c) Fibrinolytic system

3) First aid for a child with convulsions -

- Control the temperature with acetaminophen (paracetamol) or by sponging
- If the seizure continues, control the seizures with ^adiazepam
- Try to stay calm & don't panic
- Make sure your child is safe by placing

them on the floor. Remove any object that they could knock themselves against.

- Don't force anything into your child's mouth
- Don't shake or slap your child.
- Don't restrain your child
- Once the convulsion has stopped, roll your child onto their side, also known as the recovery position. If there is food in their mouth, turn their head to the side, and do not try to remove it.
- Note the times that the fit started and stopped to tell the doctor.
- Have your child checked by your local doctor or nearest hospital emergency department as soon as possible after the fit stops.
- Call an ambulance if the fit lasts longer than five minutes, as medications may be needed to stop the fit.

8) One mechanism is via blunt trauma, by maybe a car accident or a seat belt. Injury resulting is abdominal injury. Another common occurrence are penetrating injuries like stab wounds / gun shot wounds that give rise to abdominal trauma. Abdominal trauma is one of the most common causes of death in young people.

7) First of all, help Mr. X sit down. If he has a glucose gel, then help him take it else give him something sugary like Fruit juice, sugar or sweets. Arrange for an ambulance to transport Mr. X to hospital as soon as possible. Then treat him for

shock and monitor his vital signs

g) Preventive measures for foreign body obstruction in children:-

- a) Children should not be given small objects or toys
 - b) Teach the parents regarding the complications of aspiration.
 - c) If suspecting, teach the parents to recognize the ~~the~~ signs and symptoms of aspiration.
 - d) Keep small objects out of reach of children
 - e) Never leave the child alone.
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1) ~~The~~ The pain and swelling ~~at~~ at Mr. A's ankle can be controlled with "RICE" procedure. It involves 4 steps:-

- a) R - REST \Rightarrow Mr. A should rest his ankle and not make any sudden movements which can increase the pain and swelling
- b) I - Ice \Rightarrow Mr. A should apply ice pack to the injured part for not more than 20 to 30 minutes for every 2 to 3 hours during the first 24 to 48 hours. The cold feeling will turn into a burning sensation which will turn into aching and then numbness.
- c) C - Compression \Rightarrow Mr. A should do compression for 18-24 hours. He should loosen the bandage at night time.
- d) E - Elevation \Rightarrow Mr. A should elevate his ankle in combination with ice and

compression as it limits circulation to that area reducing internal bleeding and swelling. He should elevate his ankle above the heart for the first 24-48 hours. In case of suspected fracture, Mr. A should not elevate his ankle.

b) Complications of substance use disorders:-

a) Acute intoxication — It is a transient condition following the administration of alcohol or other psychoactive substance, resulting in disturbances in level of consciousness, cognition, perception, affect or behavior, or other psycho physiological functions and responses.

b) Withdrawal ^{syndrome} — Characterized by a cluster of symptoms, often specific to the drug used, which develop on total ^{or} ~~partial~~ withdrawal of a drug, usually after repeated and/or high dose use.

- Delirium ^m ~~tr~~ tremens
- Alcoholic seizures
- Alcoholic hallucinosis

c) Neuro-psychiatric complications

- Wernick's encephalopathy
- Korsakoff's psychosis
- Marchiafava - Bignami disease

d) Medical Complications

* * Gastro-intestinal system:-

Fatty liver, Cirrhosis of liver, hepatitis, liver cell ~~carcinoma~~ carcinoma, gastritis, pancreatitis, peptic ulcer, esophageal varices, carcinoma

Stomach and esophagus, etc.

* Central Nervous System

Peripheral neuropathy, delirium tremens, alcoholic hallucinosis, alcoholic dementia, cerebellar degeneration, head injury, etc.

* Miscellaneous

Anemia, thrombocytopenia, alcoholic hypoglycemia, sexual dysfunction, etc.

e) Social Complications

Accidents, marital disharmony, divorce, occupational problems, criminality, financial difficulties, increased incidence of drug dependence.
