

**PODDAR BRIO** INTERNATIONAL SCHOOL(CBSE)

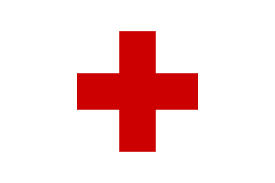
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Class-11

subject-c.s.

Subject Incharge-Pooja Nimroth Ma’am

Program name-Lifesaver

Session-2020-2021

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**Certificate**

**Roll no: 18**

**This is to certify that Arabinda Chand student of class 11 has successfully completed the research on the below mentioned project under the guidance of Pooja Nimroth Ma’am during the year of 2020-21 in partial fulfillment of computer science practical examination conducted by Poddar Brio International School.**

**Regards,**

**Teacher incharge Examiner**

**Principal**

**ACKNOWLEDGEMENT**

**I wishto express my gratitude and sincere thanks**

**to my computer science teacher, Pooja Nimroth Ma’am,Poddar Brio International School for her encouragement and for all facilities that she provided for the completion of this project work**

**I take this opportunity to express myself and my deep sense of gratitude for her invaluable guidance, constant encouragement and immense**

**motivation which has sustained my efforts at all stages of this project.**

**INTRO TO PYTHON**

**H**

**istory-The python(which means flexible & easy like snake python) made by Guido Van Rossum in February 1991 at Central Wiskunde & Informatica (Netherland’s National Institute for Maths and Computer Science) a open source, loosely typed object oriented but also with procedural approach programming language based on ABC an alternative teaching language instead of BASIC and Modula-3 inspired from seventies BBC comedy show monty python’s flying circus like-Pascal,Perl, C, C++,Java, Haskell, Ruby, etc. It is 2nd most popular after javascript and is more than some ever popular languages than C,C++ & Java and is so popular and powerful that the following companies use it:-**

* **Google-search engine, running youtube**
* **Bit Torrent-P2P file sharing**
* **Intel,CISCO,HP,IBM-hardware testing**
* **Maya-python scripting API**
* **i-Robot-robotics**
* **NASA-scientific programming**

**Features:-**

* **Fast development language (high level data type & dynamic typing)**
* **Easy to use, read and learn(with short & simple very few keywords and English like structure)**
* **General purpose software with (Can be used for scientific or non scientific programming)**
* **Platform independent(works in every device and language**
* **Interactive, directly executed pre-compiled Interpreter(line by line output).**
* **Embedded**
* **Extensible(extendable to customized software**
* **Syntax highlighting(colours for various codes)**
* **Highly expressive(fewer syntax more program) by providing vast library and modules thus provide high productivity**

**Limitations:-**

* **Not the fastest execution language(not fully compiled**
* **Lesser library than Java,C,Perl**
* **Not good at catching ‘Type-mismatch’ issues**
* **Not easily convertible to other language(lack of syntax)**
* **High memory consumption(for flexible data type)**
* **Weak language(not powerful for mobile development)**
* **Underdeveloped & primitive database access layer**
* **Errors shown at runtime(as being dynamically typed it requires more testing)**

**Uses:-**

* **Emailing**
* **Web pages**
* **Databases**
* **Networking**
* **Scripting**
* **Web application development**
* **Game development**
* **Database applications**
* **Rapid prototyping**

**………and many more!**

**LIFESAVER**

**You might be thinking by seeing its name what is it, why this lifesaver is made?, why do I even need it ?,how is my life in danger?, what this program can even do?**

**Many questions can arise before installing this program but no problemo,**

**I’m here to solve all your queries and they’ll be answered below**

**Life is uncertain, many upcoming big emergencies you may not foresee, but these minute ignored problems when not saw in detail enlarges with time, before any doctor one should treat himself and act fast or these emergencies may cost your life, in these times this can assist you for pre-medical treatment. This can be a lifesaver that time & this has brain of many reputed books which has been read and learnt and feeded.**

**FIRST AID-** First aid is the first and immediate assistance given to any person suffering from either a minor or serious [illness](https://en.wikipedia.org/wiki/Illness) or [injury](https://en.wikipedia.org/wiki/Injury), with care provided to preserve life, prevent the condition from worsening, or to promote recovery.

**Code**

**#before any first aid understand DRSABCD**

**x=str(input("enter your emergency"))**

**if x=="DRSABCD":**

**print("D-DANGER-check for danger for yourself and patient.you are no use to patient if you yourself become a patient R-RESPONSE- use COWS(can you hear me?,open your eyes?,what's your name?squeeze my hands.) question by gently squeezing shoulder of the patient and determine whether patient is conscious or not. S-SEND FOR HELP-call '000' yourself or by your bystander then you may get call asking to choose service among police,fire or ambulance.speak your problem. provide full address or if in road tell last town you passed A-AIRWAY-leave patient in backlying position,leave them.if facing down or having any blockage then turn them into recovery position(make them sleep sideways.make upper leg bend at right angle.lower hand under head straight and upper hand bent under head supporting)open mouth and clear blockage with fingers and remove denture if loose or broken and open airway by holding chin and forehead(same process for seated patients). B-BREATHING-check breath for 10 secs,if not coming then seek for ambulance,clear airway,recovery position,check breath and still not coming,start CPR C-CPR- compression(kneel down beside patient laid on back, place interlocked hands on lower half centre of sternum and press it then release it.)are given at 2 compress./sec.5 set of 30 compress.+2 breath(open mouth using chin,seal nose with hand and blow in mouth till 1 second with chest rise then leave to see air expelled) in 2 min.if drowning remove from water by a rope which floats then do cpr. D-DEFIBRILLATION-totally exposed and cleaned chest of patient which is dry and 8cm away from any pacemaker are where pads are placed(one on right chest below collarbone and other on left chest below nipple) when turned on it gives shock by its analysis for his requirement and follow its voice or visual prompts ")**

**if x=="choking":**

**print("Ask, “Are you choking?” before performing any first aid. If the adult is coughing, let them cough to continue to dislodge the choking hazard.Ask someone to call 911 immediately,If you are alone with them, call 911 after two minutes of treatment.Bend the person over at their waist, crossing your less dominant arm over their chest. Use your dominant arm to deliver five powerful back blows between their shoulder blades.Stand up and place your leg between their legs to support them if they faint or pass out. Next, wrap your arms around their upper abdomen. Clench your fist and place it above their belly button. Grasp your fist with your other hand on top, then pull it inward and upward quickly. Repeat five times. If they are pregnant or obese, wrap your arms around their chest instead of their upper abdomen, and put your hands in the middle of their chest.Repeat five back blows and five abdominal thrusts. Check their throat for the choking object after each cycle.If they become unconscious or stop breathing, lay them on the ground on a flat surface.Begin chest compressions. Place your hands one on top of the other in the middle of their chest. Use your body weight and deliver chest compressions two inches deep at a rate of 100 compressions per minute.Tilt their head to open the airway, plug their nose, and seal your mouth over the top of their mouth. Give two large breaths, making sure their chest rises.Continue with chest compressions and rescue breaths until they stop choking or medical personnel arrive.")**

**elif x=="sudden cardiac arrest":**

**print("If you find someone collapsed, you should first perform a primary survey.Do not place your face close to theirs. If this shows that they are unresponsive and not breathing, shout for help. Ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.Ask your helper to put the phone on speaker and hold it out towards you, so they can maintain a 2m distance.If you are on your own, use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control.Do not leave the casualty to look for a defibrillator yourself, the ambulance will bring one.Before you start CPR, use a towel or piece of clothing and lay it over the mouth and nose of the casualty. Kneel by the casualty and put the heel of your hand in the middle of their chest.Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.Keep your arms straight and lean over the casualty.start CPR. Press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up.The beat of the song 'Staying Alive' can help you keep the right rate.Do not give rescue breaths.Continue to perform CPR until:emergency help arrives and takes over the person starts showing signs of life and starts to breathe normally.you are too exhausted to continue - if there is a helper, you can change over every one-to-two minutes with minimal interruptions to chest compressions a defibrillator is ready to be used.When the helper returns with a defibrillator, ask them to switch it on and take the pads out while you continue with CPR. They should remove or cut through clothing to get to the casualty's bare chest. They also need to wipe away any sweat.The defibrillator will give voice prompts on what to do.Cardiac arrest first aid - apply the padsThey should attach the pads to the casualty’s chest by removing the backing paper. Applying the pads in the positions shown.The first pad should be on the upper right side below the collar bone.The second pad should be on the casualty’s left side below the arm pit.The defibrillator will analyse the heart's rhythm. Stop CPR, and make sure no one is touching the casualty. It will then give a series of visual and verbal prompts that should be followed.If the defibrillator tells you that a shock is needed, tell people to stand back. The defibrillator will tell you when to press the shock button. After the shock has been given, the defibrillator will tell you to continue CPR for two minutes before it re-analyses.If the defibrillator tells you that no shock is needed, continue CPR for two minutes before the defibrillator re-analyses.If the casualty shows signs of becoming responsive such as coughing, opening their eyes, speaking, or starts to breathe normally, put them in the recovery position.Leave the defibrillator attached. Monitor their level of response and prepare to give CPR again if necessary")**

**elif x=="angina":**

**print("Instruct the casualty to stop what they are doing and help them to sit down. Try to reassure them and make them comfortable.The best position is on the floor with their knees bent and their head and shoulders supported.You could place cushions behind them or under their knees.If this is their first angina attack or they have no angina medication on them, call 999 or 112 for emergency help.Ask if the casualty has any angina medication, like a spray or tablets.If they do, let them take it themselves but help them if needed.If the pain is still there five minutes after taking the medication, suggest they take a second dose and keep any bystanders away.If they are still in pain after another five minutes, or the pain returns, suspect it’s a heart attack. Call 999 or 112 for emergency help.If the pain subsides within 15 minutes after they’ve rested or taken medication, they should usually be able to go back to what they were doing.If they are worried, tell them to seek medical advice.")**

**elif x=="heart attack":**

**print("Have the person sit down, rest, and try to keep calm.Loosen any tight clothing.Ask if the person takes any chest pain medicine, such as nitroglycerin, for a known heart condition, and help them take it.If the pain does not go away promptly with rest or within 3 minutes of taking nitroglycerin, call for emergency medical help.If the person is unconscious and unresponsive, call 911 or the local emergency number, then begin CPR.If an infant or child is unconscious and unresponsive, perform 1 minute of CPR, then call 911 or the local emergency number.")**

**elif x=="stroke":**

**print("If you suspect someone is having a stroke, use the FAST guide to identify the key signs:F – stands for facial weakness.Look at their mouth or eye – they may be droopy, and they can’t smile evenly.A – arm weakness.Ask them to raise both of their arms. They may only be able to raise one. S - speech problems. They are unable to speak clearly or might not be able to understand what you are saying to them.Ask them a question, such as ‘What is your name?’Can they respond appropriately?T – time to call 999/112 for emergency help and tell them you suspect a stroke after using the FAST guide.While waiting for help to arrive, keep them comfortable, supported and reassure them. Do not give them anything to eat or drink because it may be hard for them to swallow.Keep monitoring their level of response until help arrives.If they become unresponsive prepare to treat for an unresponsive casualty.")**

**elif x=="medical emergency":**

**print("follow DRSABCD(danger, response, send, airway, breathing, CPR, defibrillation).prevent further injury.provide reassurance.provide specific care or follow their plan(if they have one).make patient rest.monitor breathing & response.call '000'.")**

**elif x=="allergic reaction":**

**print("Call 999 or 112 straight away and tell ambulance control that you suspect a severe allergic reaction.If someone’s having a severe allergic reaction, then they may have medication, like an auto-injector. This is a pre-filled injection device containing adrenaline which when injected, can help reduce the body’s allergic reaction. Check if they have one, and if they do, help them to use it or do it yourself following the instructions.Help them to get comfortable and monitor their breathing and level of response.Repeated doses of adrenaline can be given at five-minute intervals if there is no improvement or the symptoms return.")**

**elif x=="asthma attack":**

**print("Reassure the casualty and ask them to take their usual dose of their reliever inhaler (usually blue). Ask them to breathe slowly and deeply.If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.If they have no inhaler call 999 or 112 for emergency help.Sit them down in a comfortable position.A mild attack will normally ease after a few minutes. However, if they don’t improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, repeat step 3(take a puff every 30 to 60 seconds, until having 10 puffs.).If they become unresponsive at any point prepare to give CPR.If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.")**

**elif x=="diabetes emergency":**

**print("If the patient is unconscious.Support the patient on their side and call 111 for an ambulance.If conscious, give the patient some sugar.If the patient is still fully conscious and able to swallow, give a sweetened drink, chocolate or glucose sweets to suck – an improvement usually occurs within minutes.When the patient is more alert, offer a more substantial carbohydrate meal of a sandwich or several sweet biscuits.If unconscious.It is common for these patients to be unconscious. If so, support the patient on their side and call 111 for an ambulance. In this situation, DO NOT give the patient anything to eat or drink.Give frequent reassurance during recovery because the patient may be confused until fully recovered.Obtain medical adviceIf the patient has improved with the intake of carbohydrate, medical advice is still necessary because a further deterioration may occur at any time. The patient should see a doctor.If the patient does not improve after swallowing the sweet food or drink, or if further deterioration occurs and swallowing becomes difficult – call 111 for an ambulance.")**

**elif x=="epileptic seizure":**

**print("Stay with the person until the seizure ends and he or she is fully awake. After it ends, help the person sit in a safe place. Once they are alert and able to communicate, tell them what happened in very simple terms.Comfort the person and speak calmly.Check to see if the person is wearing a medical bracelet or other emergency information.Keep yourself and other people calm.Offer to call a taxi or another person to make sure the person gets home safely.")**

**elif x=="fainting":**

**print("Ask them to lie down.Check for other injuries. They may have hurt themselves falling down, so look for head injuries and any other wounds. Treat as appropriate.Kneel down next to them and raise their legs, supporting their ankles on your shoulders to help blood flow back to the brain.Make sure that they have plenty of fresh air. Ask other people to move away and if you’re inside then ask someone to open a window.Reassure the casualty and help them to sit up slowly.If they begin to feel faint again, lie them down again.If they stay unresponsive, open their airway, check their breathing and prepare to treat someone who is unresponsive.")**

**elif x=="febrile convulsion":**

**print("Try to stay calm and 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.")**

**elif x=="shock":**

**print("First, treat any cause of shock that you can see or that you have identified from the primary survey, such as severe bleeding.Shock first aid - help the casualty to lie down and raise their legs.Then help the casualty to lie down. Raise the casualty’s legs, supporting them on a chair, as this will help to improve the blood supply to their vital organs.If available, lay them down on a rug or blanket to protect them from the cold.First aid - call 999 or 112 for emergency help.Call 999 or 112 for emergency help and tell ambulance control you think they are in shock. If possible, explain what you think caused it.Shock first aid - loosen any tight clothing.Loosen any tight clothing around the neck, chest, and waist to make sure it doesn’t constrict their blood flow.Shock first aid - cover them with a coat or blanket to keep warmWhile waiting for help to arrive, cover them with a coat or blanket to help keep them warm.Remember, fear and pain can make shock worse by increasing the body’s demand for oxygen, so try to reassure the casualty and keep them calm if you can.Shock first aid - monitor their level of response.Monitor their level of response.If they become unresponsive at any point, prepare to treat an unresponsive casualty")**

**elif x=="severe external bleeding":**

**print("With open wounds, there’s a risk of infection, so wear protective first aid gloves (if available) to help prevent any infection passing between you both.Severe bleeding first aid - apply direct pressure to the wound.Apply direct pressure to the wound using a sterile dressing if possible or a clean non-fluffy cloth, to stop the bleeding.If you don't have a dressing you can ask the casualty to do this themselves.If the wound is covered by the casualty's clothing, remove or cut the clothes to uncover the wound.If there’s an object in the wound, don’t pull it out. It may be acting as a plug to reduce the bleeding. Instead apply pressure on either side of the object to push the edges together.First aid - call 999 or 112 for emergency help.Ask a helper to call 999 or 112 for emergency help and give Ambulance Control details of where the wound is and the extent of the bleeding.If you are on your own, use the hands-free speaker on a phone so that you can treat while speaking to ambulance control.Severe bleeding first aid - firmly secure the dressing with a bandageFirmly secure the dressing with a bandage to maintain pressure on the wound. Make it firm enough to maintain pressure but not so tight that it restricts their circulation.Severe bleeding first aid - check their circulation beyond the bandage.Check their circulation beyond the bandage. Press one of the nails or the skin beyond the bandage for five seconds until it turns pale, then release the pressure. If the colour does not return within two seconds, the bandage is too tight. If necessary, loosen and reapply the bandage.Severe bleeding first aid - be prepared to treat them for shock.The loss of blood could cause the casualty to develop shock. Treat them for this by helping them to lie down, on a rug or blanket. Raise and support their legs, so they are above the level of their heart. You should then loosen any tight clothing around their neck, chest and waist and cover the casualty with a blanket to keep them warm.Severe bleeding first aid - if bleeding shows through, apply a second dressing on top.If bleeding shows through the pad or dressing, don’t remove it and apply a second dressing on top of the first. If blood seeps through both dressings, remove both and replace with a fresh dressing. When changing dressings, keep pressure applied to the bleeding site.Severe bleeding first aid - support the injured part and check circulation every 10 minutes.Support the injured part with a sling or bandage and keep checking the circulation beyond the bandage every 10 minutes.Severe bleeding first aid - keep monitoring their level of response.Keep monitoring their level of response until help arrives. If they become unresponsive at any point, prepare to start CPR.")**

**elif x=="internal bleeding":**

**print("Check for danger before approaching the person.If possible, send someone else to call triple zero (000) for an ambulance.Check that the person is conscious.Lie the person down.Cover them with a blanket or something to keep them warm.If possible, raise the person’s legs above the level of their heart.Don’t give the person anything to eat or drink.Offer reassurance. Manage any other injuries, if possible.If the person becomes unconscious, place them on their side. Check breathing frequently. Begin cardiopulmonary resuscitation (CPR) if necessary.")**

**elif x=="open wound":**

**print("Apply direct pressure on the cut or wound with a clean cloth, tissue, or piece of gauze until bleeding stops.If blood soaks through the material, don’t remove it. Put more cloth or gauze on top of it and continue to apply pressure.If the wound is on the arm or leg, raise limb above the heart, if possible, to help slow bleeding.Wash your hands again after giving first aid and before cleaning and dressing the wound.Do not apply a tourniquet unless the bleeding is severe and not stopped with direct pressure.Gently clean with soap and warm water. Try to rinse soap out of wound to prevent irritation.Don’t use hydrogen peroxide or iodine, which can damage tissue.Apply antibiotic cream to reduce risk of infection and cover with a sterile bandage.Change the bandage daily to keep the wound clean and dry.Call a Doctor when,The wound is deep or the edges are jagged or gaping open.The wound is on the person’s face.The wound has dirt or debris that won’t come out.The wound shows signs of infection, such as redness, tenderness, or a thick discharge, or if the person runs a fever.The area around the wound feels numb.Red streaks form around the wound.The wound is a result of an animal or human bite.The person has a puncture wound or deep cut and hasn’t had a tetanus shot in the past five years, or anyone who hasn’t had a tetanus shot in the past 10 years.")**

**elif x=="amputation":**

**print("Wear protective gloves.Lay the patient down if they feel faint.Control any bleeding with pressure dressings.Place the amputated limb in a plastic bag or cling film.Place bag in or around a package of ice.Dial 999.")**

**elif x=="embedded and puncture wound":**

**print(" Remove the Object if You Can.If the object that caused the puncture is small and you can easily remove it, do so.Apply firm, direct pressure with sterile gauze or clean cloth until bleeding stops.Rinse the wound under clean water for several minutes. Then wash the area with mild soap and water and rinse again.Apply an antibiotic cream.Use a sterile bandage to protect the puncture wound from dirt or further injury.For pain, give ibuprofen (Advil, Motrin, Nuprin) or acetaminophen (Panadol, Tylenol). Check with the doctor first, though, if you have any medical conditions or take any other medicines.See a healthcare provider for any signs of infection: redness, increasing pain, swelling, or pus at the site.Ask the healthcare provider if a tetanus shot is needed.Some wounds may need antibiotics. Ask the healthcare provider.")**

**elif x=="crush injury":**

**print("Stop bleeding by applying direct pressure.Cover the area with a wet cloth or bandage. Then, raise the area above the level of the heart, if possible.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.Call your local emergency number (such as 911) or local hospital for further advice.Crush injuries most often need to be evaluated in a hospital emergency department. Surgery may be needed.")**

**elif x=="burn and scald":**

**print("immediately get the person away from the heat source to stop the burning.cool the burn with cool or lukewarm running water for 20 minutes – do not use ice, iced water, or any creams or greasy substances like butter.remove any clothing or jewellery that's near the burnt area of skin, including babies' nappies, but do not move anything that's stuck to the skin.make sure the person keeps warm by using a blanket, for example, but take care not to rub it against the burnt area.cover the burn by placing a layer of cling film over it – a clean plastic bag could also be used for burns on your hand.use painkillers such as paracetamol or ibuprofen to treat any pain.if the face or eyes are burnt, sit up as much as possible, rather than lying down – this helps to reduce swelling.if it's an acid or chemical burn, dial 999, carefully try to remove the chemical and any contaminated clothing, and rinse the affected area using as much clean water as possible")**

**elif x=="electric shock":**

**print("Turn off the source of electricity, if possible. If not, move the source away from you and the person, using a dry, nonconducting object made of cardboard, plastic or wood.Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.Try to prevent the injured person from becoming chilled.Apply a bandage. Cover any burned areas with a sterile gauze bandage, if available, or a clean cloth. Don't use a blanket or towel, because loose fibers can stick to the burns.")**

**elif x=="broken bone":**

**print("Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.Immobilize the injured area. Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and professional help isn't readily available, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce discomfort.Apply ice packs to limit swelling and help relieve pain. Don't apply ice directly to the skin. Wrap the ice in a towel, piece of cloth or some other material.Treat for shock. If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.")**

**elif x=="dislocation":**

**print("Don't delay medical care. Get medical help immediately.Don't move the joint. Until you receive help, splint the affected joint into its fixed position. Don't try to move a dislocated joint or force it back into place. This can damage the joint and its surrounding muscles, ligaments, nerves or blood vessels.Put ice on the injured joint. This can help reduce swelling by controlling internal bleeding and the buildup of fluids in and around the injured joint.")**

**elif x=="sprain and strain":**

**print("Control Swelling With RICE Therapy RICE stands for:Rest the sprained or strained area. If necessary, use a sling for an arm injury or crutches for a leg or foot injury. Splint an injured finger or toe by taping it to an adjacent finger or toe.Ice for 20 minutes every hour. Never put ice directly against the skin or it may damage the skin. Use a thin towel for protection.Compress by wrapping an elastic (Ace) bandage or sleeve lightly (not tightly) around the joint or limb. Specialized braces, such as for the ankle, can work better than an elastic bandage for removing the swelling.Elevate the area above heart level if possible.Give an over-the-counter NSAID (non-steroidal anti-inflammatory drug) like ibuprofen (Advil, Motrin), acetaminophen (Tylenol), or aspirin. Do not give aspirin to anyone under age 19.All but the most minor strains and sprains should be evaluated by a doctor. Consult a doctor as soon as possible if there are symptoms of a possible broken bone:There is a 'popping' sound with the injury.The person can't move the injured joint or limb or bear weight on it.The limb buckles when the injured joint is used.There is numbness.There is significant swelling, pain, fever, or open cuts.Continue RICE for 24 to 48 hours, or until the person sees a doctor.The doctor may want to do X-rays or an MRI to diagnose a severe sprain or strain or rule out a broken bone.The doctor may need to immobilize the limb or joint with a splint, cast, or other device until healing is complete. Physical therapy can often be helpful to bring an injured joint back to normal.In severe cases, surgery may be needed.")**

**elif x=="head injury":**

**print("Keep the person still. The injured person should lie down with the head and shoulders slightly elevated. Don't move the person unless necessary, and avoid moving the person's neck. If the person is wearing a helmet, don't remove it.Stop any bleeding. Apply firm pressure to the wound with sterile gauze or a clean cloth. But don't apply direct pressure to the wound if you suspect a skull fracture.Watch for changes in breathing and alertness. If the person shows no signs of circulation — no breathing, coughing or movement — begin CPR.Head trauma that results in concussion symptoms, such as nausea, unsteadiness, headaches or difficulty concentrating, should be evaluated by a medical professional.")**

**elif x=="spinal and neck injury":**

**print("What to do Unconscious breathing patient-Follow DRSABCD.Call triple zero (000) for an ambulance.Place the patient in the recovery position. Carefully support their head and neck, and avoid twisting or bending during movement.Ensure the patient’s airway is clear and open. Hold the patient’s head and neck steady to prevent twisting or bending of the spine. Conscious patient-Follow DRSABCD.Call triple zero (000) for an ambulance.Keep the patient in the position found. Only move if in danger.Reassure the patient. Ask them not to move.Loosen any tight clothing.Hold the head and neck steady to prevent twisting or bending of the spine. ")**

**elif x=="abdominal injury":**

**print("Loosen clothing.Lay casualty down.Elevate legs or bend knees or place in the fetal position.NIL BY MOUTH(in short fasting).Seek medical advice.If the casualty is more comfortable they may lay in the lateral position with their legs flexed.")**

**elif x=="penetrating chest wound":**

**print("999 / 112 should be contacted for further medical assistance.If the casualty is unconscious, the first aider should open the airway and check for breathing, performing CPR if necessary. If the casualty is unconscious and breathing, they can be placed in the recovery position with the injured side lowest to the floor, as this may help protect the uninjured lung.If the casualty is conscious, they can be sat upright leaning towards the injured side, to help with breathing.The wound should be left open to fresh air if possible, to allow air to escape to prevent tension pneumothorax. Therefore, the first aider should not cover the wound with a dressing. If the wound is bleeding, direct pressure should be applied around the wound without blocking the hole. This can done by the first aider using their fingers to seal the edge of the wound and applying pressure, this way they are not covering the hole. ")**

**elif x=="eye injuries":**

**print("For Chemical Exposure-Don't rub eyes.Immediately wash out the eye with lots of water. Use whatever is closest -- water fountain, shower, garden hose.Get medical help while you are doing this, or after 15 to 20 minutes of continuous flushing.Don't bandage the eye.For a Blow to the Eye-Apply a cold compress, but don't put pressure on the eye.Take over-the-counter acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain.If there is bruising, bleeding, change in vision, or it hurts when your eye moves, see a doctor right away.For a Foreign Particle in Eye-Don't rub the eye.Pull the upper lid down and blink repeatedly.If particle is still there, rinse with eyewash.If rinsing doesn't help, close eye, bandage it lightly, and see a doctor.")**

**elif x=="heat exhaustion":**

**print("Move the person out of the heat and into a shady or air-conditioned place.Lay the person down and elevate the legs and feet slightly.Remove tight or heavy clothing.Have the person drink cool water or other nonalcoholic beverage without caffeine.Cool the person by spraying or sponging with cool water and fanning.Monitor the person carefully.Contact a doctor if signs or symptoms worsen or if they don't improve within one hour.Call 911 or your local emergency number if the person's condition deteriorates, especially if he or she experiences:Fainting,Agitation,Confusion,Seizures,Inability to drink,Core body temperature — measured by rectal thermometer — of 104 F (40 C) (heatstroke)")**

**elif x=="hypothermia":**

**print("Gently move the person out of the cold. If going indoors isn't possible, protect the person from the wind, especially around the neck and head. Insulate the individual from the cold ground.Gently remove wet clothing. Replace wet things with warm, dry coats or blankets.If further warming is needed, do so gradually. For example, apply warm, dry compresses to the center of the body — neck, chest and groin. The CDC says another option is using an electric blanket, if available. If you use hot water bottles or a chemical hot pack, first wrap it in a towel before applying.Offer the person warm, sweet, nonalcoholic drinks.Begin CPR if the person shows no signs of life, such as breathing, coughing or movement")**

**elif x=="poisoning":**

**print("Swallowed poison. Remove anything remaining in the person's mouth. If the suspected poison is a household cleaner or other chemical, read the container's label and follow instructions for accidental poisoning.Poison on the skin. Remove any contaminated clothing using gloves. Rinse the skin for 15 to 20 minutes in a shower or with a hose.Poison in the eye. Gently flush the eye with cool or lukewarm water for 20 minutes or until help arrives.Inhaled poison. Get the person into fresh air as soon as possible.If the person vomits, turn his or her head to the side to prevent choking.Begin CPR if the person shows no signs of life, such as moving, breathing or coughing.Call Poison Help at 800-222-1222 in the United States or your regional poison control for additional instructions.Have somebody gather pill bottles, packages or containers with labels, and any other information about the poison to send along with the ambulance team")**

**elif x=="bite & sting":**

**print("Bites and stings that need special care Spider, ant and centipede bites Katipo or red-back spider bites spider may cause pain and illness to a baby or small child, but are not a threat to life in normal circumstances.Antivenom is available in some hospitals but is rarely needed. White-tailed spider bites may be very painful but do not cause ulceration of the skin as commonly feared. Wash the bitten area well to remove any remaining venom from the skin. Keep the patient still to reduce the toxic effects of the venom. Apply a wrapped ice pack for up to 10 minutes at a time, or a cold compress that has been soaked in water to which a few ice cubes have been added. An ice pack should be wrapped in a damp cloth to get the best effect from the ice and to avoid burning the skin. A cold compress should be changed whenever it becomes warm. If the bite is on a limb, raise it to limit swelling. If an arm or hand is involved, apply an elevation sling to provide comfort and support.Seek prompt medical advice if the patient is a baby or young child. If the pain becomes severe or the patient becomes ill with a fever, headache, nausea or vomiting – call 111 for an ambulance. Bee or Wasp Stings Bees have only one stinging barb that is left in the skin following the incident. The venom sac is attached to the barb and continues to inject venom until it is empty. For this reason the barb should be removed as soon as possible . How the barb is removed is not important. Wasps do not leave a detached barb in the skin but inflict multiple stings, thus increasing the amount of venom injected. The danger with bee and wasp stings is that stings around the mouth, throat or face can swell and cause airway obstruction. Also, some people have an allergic reaction to bee venom and may collapse within 2 or 3 minutes after a sting, requiring resuscitation and urgent medical treatment. If stung by a bee, immediately brush, pluck or scrape the barb off the skin to stop any more venom being injected. How the barb is removed is less important than removing the barb quickly.Immediately apply a wrapped ice pack and leave it in place for up to 10 minutes. Reapply the ice pack at frequent intervals or whenever pain relief is needed.Raise the bitten area as high as possible to limit the swelling that will occur. If an arm or hand has been stung, apply an elevation sling to provide comfort and support.Contact a local doctor for advice. If the patient is known to be allergic to the venom – call 111 for an ambulance and assist the patient with any prescribed treatment. Observe the patient closely for any change in condition. If any of the warning signs of an allergic reaction appear, send for an ambulance urgently. warning signs:a fine rash over the trunk,wheezing or coughing,swelling around the face, eyes and neck.In Cat or dog bite-Domestic animal bites usually cause an infected wound. Although the wound may be small, medical advice is recommended, and antibiotics are often prescribed and a protective tetanus injection given.If the wound is bleeding apply a firm pad. Seek urgent medical advice and treatment.Use warm soapy water or a saline solution to clean the wound. Apply a protective dressing and seek medical advice. Marine bites & stings Jellyfish stings are a common marine injury in New Zealand. Vinegar is often promoted as first aid for jellyfish stings. However, vinegar is only effective for some forms of tropical jellyfish (most commonly box jellyfish), and it may actually increase the release of toxin from bluebottle jellyfish, which are the most common jellyfish in New Zealand. Stop the patient from rubbing the sting area. Flush the area with water and gently remove any tentacles. If hot water is available, pour hot water over the area (or put the stung area in hot water) for 20 minutes. The water should be as hot as the person can stand it, without burning. A hot shower is a good option. If hot water is not available and there is significant pain, apply ice. General information-jellyfish stings rarely cause significant harm but can cause severe pain. Pain is not an indication to go to a doctor, unless it is very severe and persisting for a number of hours. If the reaction is severe (difficulty breathing, fainting or severe swelling) – call 111 for an ambulance.")**

**elif x=="heat stroke":**

**print("If you suspect heatstroke, call 911 or your local emergency number. Then immediately move the person out of the heat, remove excess clothing, and cool him or her by whatever means available, for example:Place in a tub of cool water or a cool shower.Spray with a garden hose.Sponge with cool water.Fan while misting with cool water.Place ice packs or cool wet towels on the neck, armpits and groin.Cover with cool damp sheets.Let the person drink cool water to rehydrate, if he or she is able. Don't give sugary, caffeinated or alcoholic beverages to a person with heatstroke. Also avoid very cold drinks, as these can cause stomach cramps.Begin CPR if the person loses consciousness and shows no signs of circulation, such as breathing, coughing or movement.")**

**else:**

**print("basic-early access,early cpr,early defibrillation,early advanced care. first aider do's-Assess the situation quickly and calmly.Safety: check whether you or the casualty are in any danger. Is it safe to approach them? (Are you wearing protective equipment?)Scene: find out what caused the accident or situation and how many casualties there are.Situation: find out what’s happened, how many people are involved and how old they are. Are there any children or elderly?Protect yourself and them from any danger.Always protect yourself first – never put yourself at risk.Only move them if leaving them would cause them more harm.If you can’t make an area safe, call 999 or 112 for emergency help.Prevent infection between you and them.Wash your hands with soap and water or rub your hands with alcohol gel.Wear disposable, latex free gloves. Do not touch an open wound without gloves on. If you do not have any gloves, you could use clean plastic bags or ask the casualty to dress the wound if they are able.Do not breathe, cough or sneeze over a wound or casualty.Comfort and reassure.Stay calm and take charge of the situation.Introduce yourself to them to help gain their trust.Explain the situation and anything you’re going to do before you do it.Treat the casualty with dignity and respect at all times.Assess the casualty and give first aid treatment.If there’s more than one casualty make sure you help those with life-threatening conditions first.Use the primary survey to deal with any life-threatening conditions. When these have been dealt with successfully move on to the secondary survey.Arrange for help if needed.Call 999 or 112 for an ambulance if you think it’s serious legal considerations-It's a valid concern to ask what you might be legally liable for if you give first aid. Generally, as long as you act reasonably and prudently when you give first aid, you don't need to worry about being sued. In fact, most regions explicitly encourage bystanders to give first with called Good Samaritan laws.The law protects citizens and medical professionals who act in good faith to give emergency assistance to ill or injured persons at the scene of an emergency. According to experts in the field of first aid, the following are reasonable actions:If the person is conscious, you must always get permission before helping.Move the person only if the person's life is endangered.Call EMS for professional help.Only do what you have been trained to do in a real first aid course offered by a authorized agency.Check the person's airway, breathing, and circulation before providing further care.Continue to care for any life-threatening conditions until EMS personnel arrive.If the person requiring first aid is a child, seek permission from a parent if they are in the immediate area. If the parent is not available, you do not need the child's permission to help.If there is ever a concern the courts will examine whether you did the best you could under the circumstances. Proving negligence will require the plaintiff to prove that you did something grossly wrong, which is hard to do. However, if you start administering first aid, you must continue until EMS arrives. Stopping first aid once you've started can get you in trouble. first aid kit-first aid kit is a collection of supplies and equipment that is used to give medical treatment. it should contain:Sterile dressings Wound dressings Dressing pads attached to a roller bandage are the most useful bandage. They are easy to apply and so are ideal for an emergency. Types of wound dressings include: sterile wound dressing sterile eye pad sterile pad fabric plasters waterproof plasters. Adhesive dressings or plasters These are made from fabric or waterproof plastic and can be applied to small cuts and grazes. If you work with food, you’ll be required to use blue plasters. Gel plasters can be used to protect blisters. Types of adhesive dressings or plasters include:clear plasters blue catering plasters gel blister plasters. Bandages: Roller bandages These are used to support injured joints, limit swelling, maintain pressure on wounds and secure dressings in place. Types of roller bandages include: conforming roller bandage open-weave roller bandage support roller bandage self-adhesive bandage. Triangular bandages These are made of cloth and can be folded to make bandages or slings. If they are individually wrapped and sterile they can also be used as dressings for large wounds and burns. Tubular bandages Gauze tubular bandage is used to secure dressings on toes and fingers and is applied to the injury with a special applicator. Elasticated tubular bandages can be used to support injured joints such as the elbow or knee. Protective items-Disposable gloves-If available, gloves should be worn whenever you dress wounds, handle bodily fluids or other waste materials. Latex-free gloves should be worn where possible as some people are allergic to latex.Protection from infection-A plastic face shield or pocket mask can help protect you from cross infection with the casualty when giving rescue breaths.Additional items Cleansing wipes: to clean the skin around the wound Gauze pads: to use as padding, or as swabs to clean around the wounds Adhesive tape: to hold dressings in place or to hold the loose end of bandages Scissors: used to cut bandages or sticky tape or someone’s clothing if you need to get to a wound. Pins and clips: to fasten loose ends of bandages Aluminium blanket: used to help retain body heat in survival, emergency and first aid situations. lift a patient-plan, position, pick, proceed, place")**

**Bibliography**

# Bibliography

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