LLM-Driven First Aid Assistant for Disaster Zones

GROUP 7

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Project Guide:

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Introduction: The Challenge

- **Kerala's Vulnerability:** Prone to floods, landslides, and other natural disasters.
- Critical Infrastructure Failure: Disasters often knock out power, internet, and mobile networks.
- The Consequence: Isolated communities are cut off from vital, life-saving information precisely when they need it most.

Our Solution: The Offline Crisis Assistant

Why Offline?

Cloud-Based Assistants (e.g., Siri, Alexa)

- Require Internet
- S Fail when networks are down
- **❷** Not tailored for disaster medicine

Our Crisis Assistant

- Fully Offline Operation
- Rugged and Portable
- Specialized for First Aid & Survival

A rugged, portable device powered by a specialized offline LLM to provide immediate, expert-level emergency guidance without any connectivity.

Objectives

- To design and develop a rugged, portable emergency assistant device.
- To optimize and run a fine-tuned offline LLM on embedded hardware (Raspberry Pi).
- To support intuitive voice and text input for context-aware guidance.
- To provide reliable information on first aid, survival, and emergency protocols.
- **(#)** To function entirely without internet dependency.

Abstract

In disaster-stricken areas where internet connectivity is often unavailable, access to timely and reliable emergency information is critical. This project presents the design and development of a rugged, portable device powered by a fine-tuned Large Language Model (LLM) that operates entirely offline. The system provides context-aware assistance on first aid, CPR, wound care, and survival techniques via text or speech input. Trained on verified content from the WHO and Red Cross, the LLM ensures reliable responses. Built on a Raspberry Pi with a microphone, speaker, and battery pack, this project demonstrates how embedded AI can strengthen disaster preparedness and response without relying on cloud services.

Literature Review

	Paper & Key Points	Relevance to Our Project
	Zheng et al. (2024) A Review on Edge Large Language Models Techniques for running LLMs on low-power devices.	Provides the foundational methodology for model optimization (quantization pruning) crucial for our Raspberry P deployment.
Ų	Basit et al. (2024) MedAide: On-Premise Medical Assistance Offline medical chatbot using LoRA fine-tuning.	Directly validates our core concept of an offline, reliable medical assistant, in- forming our fine-tuning strategy.
•	Goecks & Waytowich (2023) DisasterResponseGPT Generates disaster response plans from scenarios.	Informs the design of our system's logic for structured emergency guidance and planning in chaotic environments.

Phase 1 Work Plan (July 8 – September 30)

Stage	Dates	Key Tasks
1. Ideation	Jul 8 – 21	Brainstorming, topic finalization, preliminary literature survey on edge AI and disaster tech.
2. Scoping	Jul 22 – Aug 4	Finalize objectives, draft hypothesis, initial block-level design.
3. Planning	Aug 5 – 18	Complete system architecture, assign team roles (HW/SW), list requirements.
4. Feasibil- ity	Aug 19 – Sep 1	Preliminary tests: model size vs. hardware capacity, component testing.
5. Refine- ment	Sep 2 – 22	Iterate on design based on test results, compile initial analysis.
6. Report-	Sep 23 – 30	Prepare and review Phase 1 final report and presentation.



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STEP-BY-STEP PROCEDURE:
  1. SCENE SAFETY - Ensure area is safe for you and victim
  2. UNIVERSAL PRECAUTIONS - Wear gloves or use barrier if available
  3. EXPOSE THE WOUND - Remove/cut clothing to see injury clearly
  4. DIRECT PRESSURE - Apply firm pressure with clean cloth/gauze
  5. MAINTAIN PRESSURE - Do not lift to check if bleeding stopped
  6. ELEVATE IF POSSIBLE - Raise injured area above heart level
  7. PRESSURE POINTS - If bleeding continues, apply pressure to arterial points
  8. SECURE BANDAGE - Apply pressure bandage, check circulation below wound
  9. TREAT FOR SHOCK - Keep victim warm, lying down, legs elevated
  18. MONITOR VITALS - Check breathing pulse, consciousness level
   CRITICAL WARNINGS:
   ▲ NEVER remove embedded objects (knives, glass, etc.)
   A Do NOT use tourniquets unless trained (life/limb situations only)
   A If blood soaks through bandage, add more layers - don't remove
   A Watch for signs of shock: pale, cold, weak pulse, confusion
SEEK IMMEDIATE MEDICAL HELP IE:
  . Bleeding won't stop after 18 minutes of direct pressure
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M OFFLINE CRISIS ASSISTANT - SYSTEM STATUS

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W System Rode: OFFLINE OPERATIONAL

Emergency Proceedures & PROEDURES READY

Response Tame: CS SECONGS

Metwork Dependency: Notic (FULLY OFFLINE)

AVAILABLE EMERGENCY PROCEDURES:

Severe Bleeding Control. - HIGH PRIDRITY

Cardiopulmonary Resuscitation (CPP) - CRITICAL PRIDRITY

Cardiopulmonary Resuscitation (CPP) - CRITICAL PRIDRITY

Bone Fractures and Spenies - MODERATE PRIDRITY

Redical Shock Freatment - CRITICAL PRIDRITY

REGION - Processing Semble Emergency Operies
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   TIME: 2825-89-38 81:56:26
   CONFIDENCE: A 7%
  SOURCE: Will Emergency Care Guidelines 2023
  DECHITOEN SHOOL TES-
  . Clean cloth on stanile cause made
  · Pressure bandages or elastic wrap
  · Medical gloves (if available)
  · Scissors to cut clothing
  · Blanket for shock treatment
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References



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Thank You

Questions?

