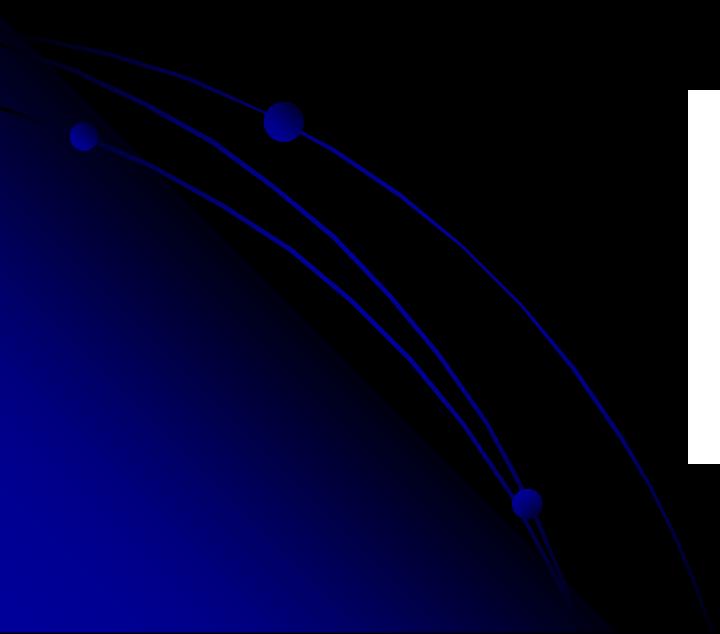
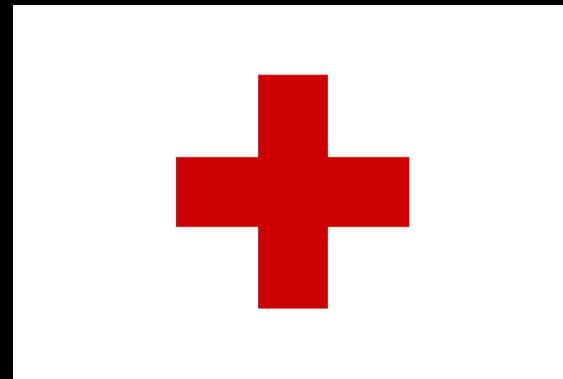


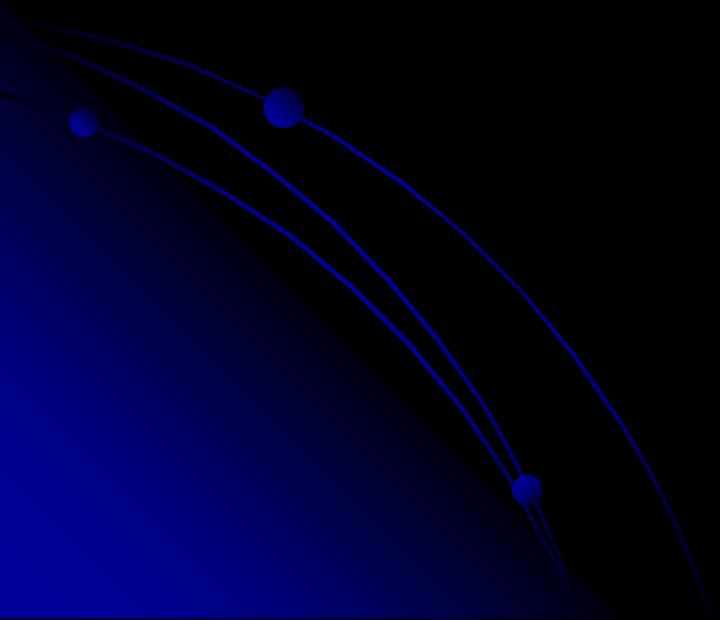
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FIRST AID



**Emergency services rendered
to a victim who met with an
accident or sudden illness
before he gets proper medical
treatment is called first aid**

AIM



AIMS & OBJECTIVES

- TO SAVE LIFE OF THE VICTIM
- TO PREVENT WORSENING
- TO PROMOTE RECOVERY

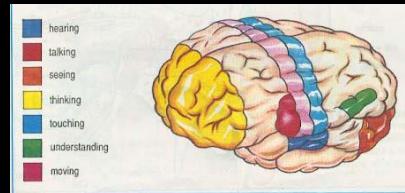
VITAL SIGNS

- PULSE
- RESPIRATION
- TEMPERATURE
- BLOOD PRESSURE

TRIPOD OF LIFE

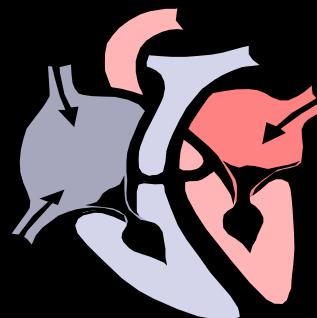
1. BRAIN

- UNCONSCIOUS STATE (COMA)



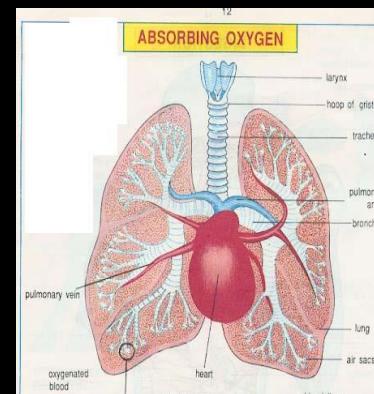
2. HEART

- PULSE FAILURE
- (SYNCOPE)



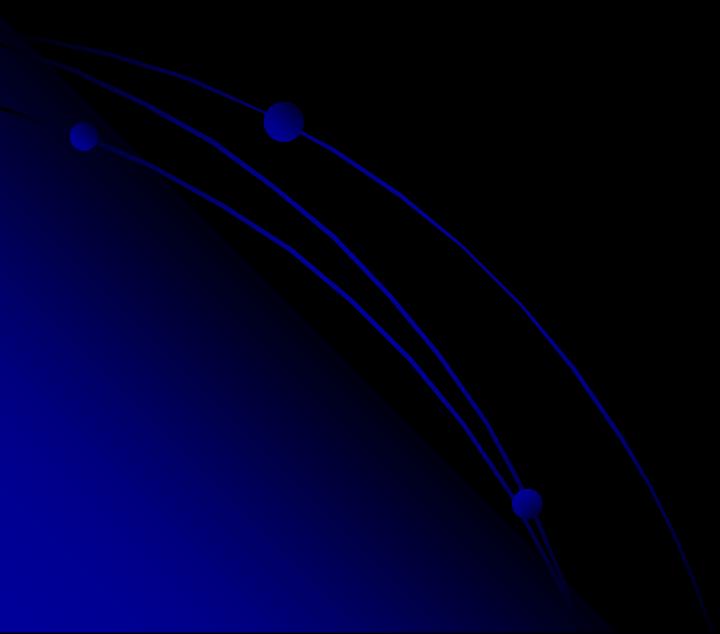
3. LUNGS

- BREATHING FAILURE
- (ASPHYXIA)



KEY SKILLS

**Skills essential for provision of first aid
known as ABC of First Aid**

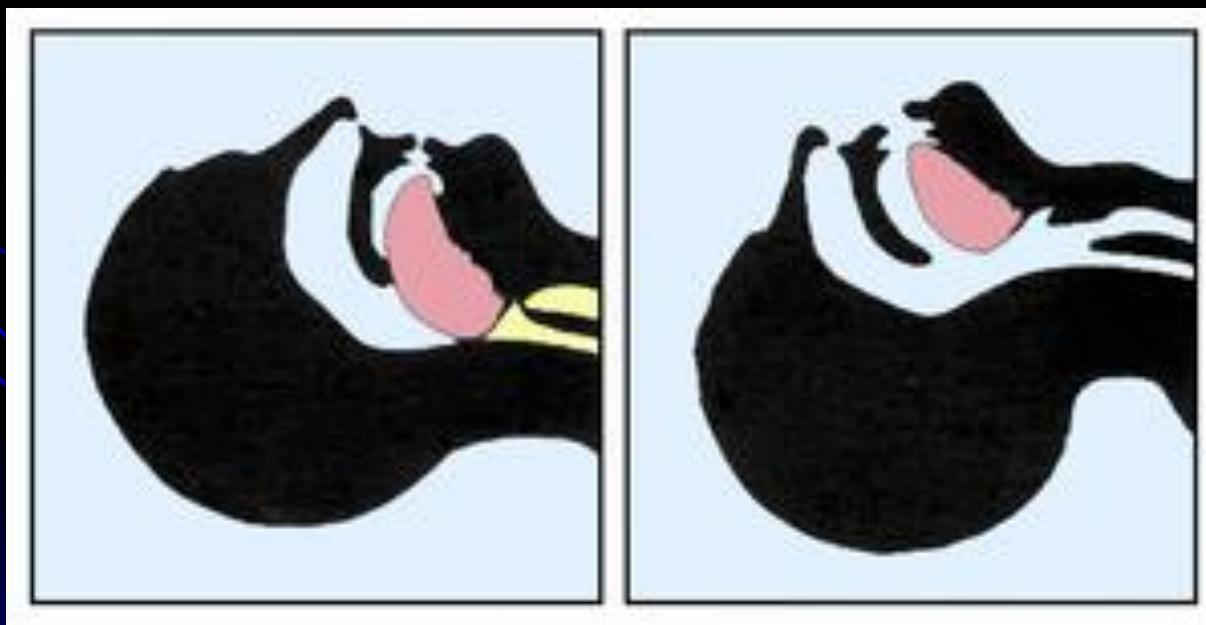


ABC OF FIRST AID

- A for Airway
- B for Breathing
- C for Circulation

**Attention must first be brought to the airway to ensure it is clear.
Obstruction is a life threatening emergency**

In case of tongue fallen backwards, blocking the airway, it is necessary to hyperextend the head and pull the chin, so that tongue lifts and clears the airway



Determine adequacy of breathing and provide artificial respiration if necessary

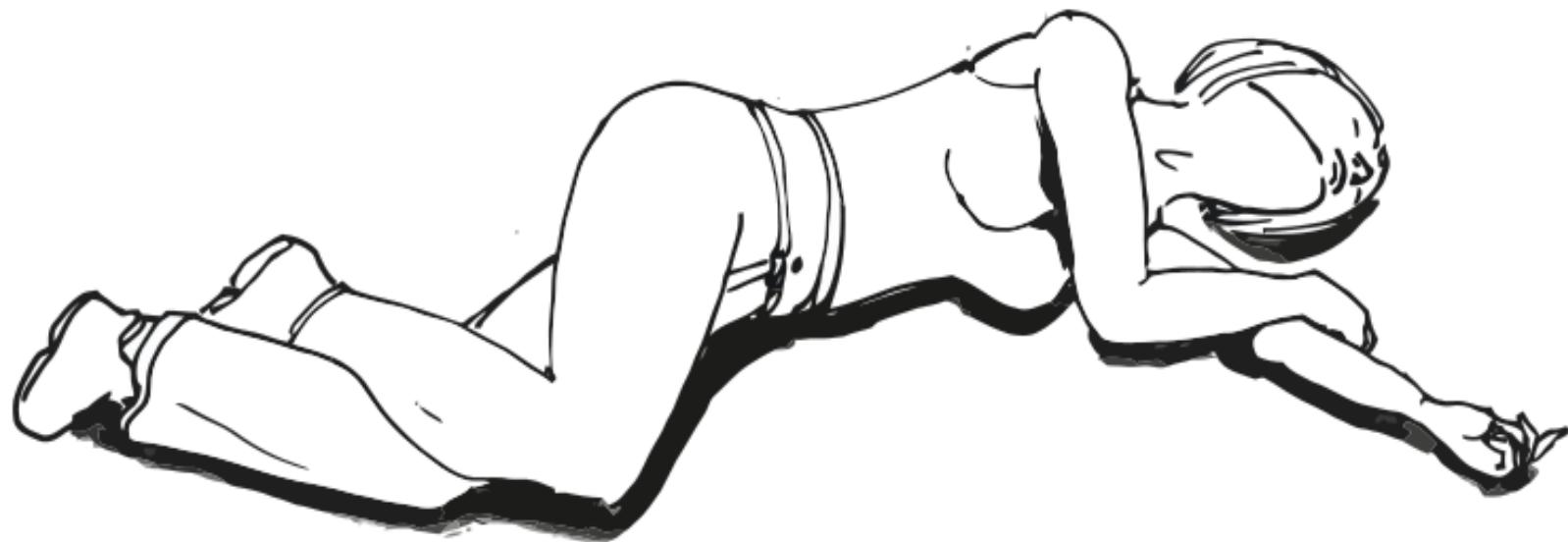


- **For patients who are not breathing, go straight to chest compression**
- **For less serious patients, pulse may be checked to assess circulation**

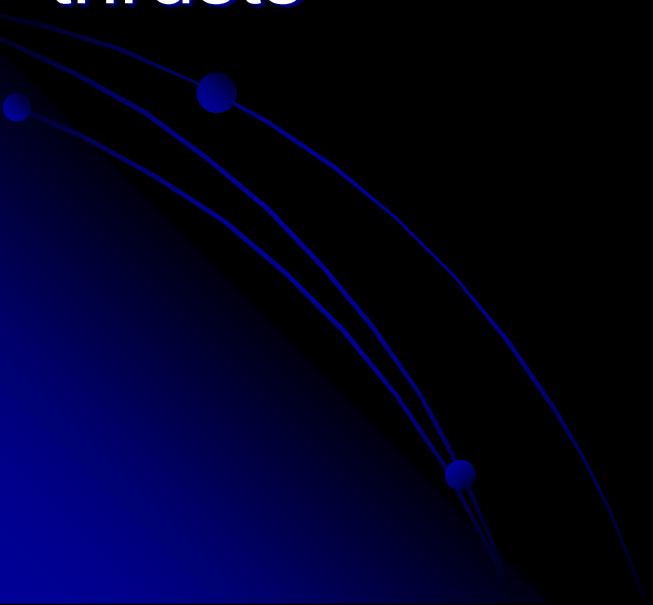
RECOVERY POSITION

If the patient is breathing, place him in recovery position, leant over on side, mouth is downwards, chin well up, arms and legs locked to stabilize patient

RECOVERY POSITION

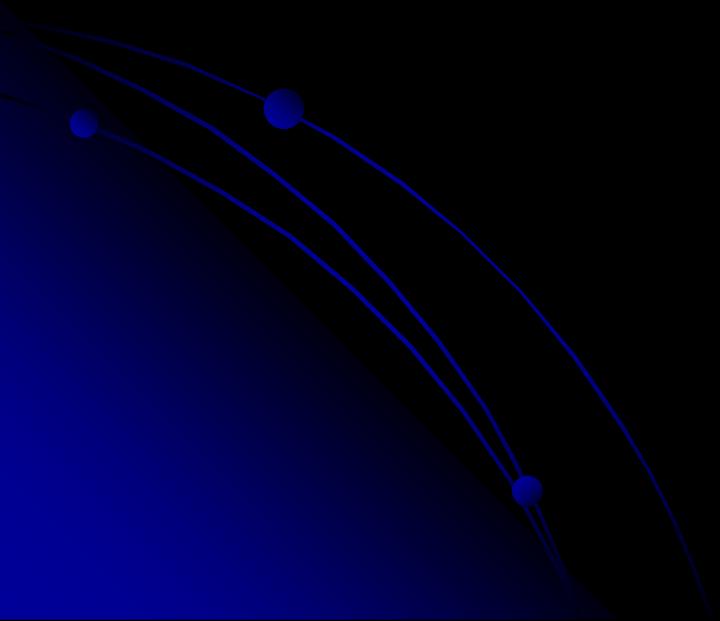


The airway can be blocked by a foreign object lodged in respiratory passages, commonly called ‘Choking’. This is dealt with a combination of ‘backslaps’ and ‘abdominal thrusts’



Once the airway has been opened, assess to see if patient is breathing. If there is no breathing, undertake the most recognised first aid procedure – cardiopulmonary resuscitation(CPR) which involves breathing for the patient and manually massaging the heart to promote blood flow around body

CHOKING



CHOKING

Choking is the obstruction of flow of air from environment into lungs

SYMPTOMS

- The person cannot speak or cry
- Breathing, if possible is gasping
- Person may have violent cough
- Person desperately clutches his mouth or throat
- Person may become unconscious

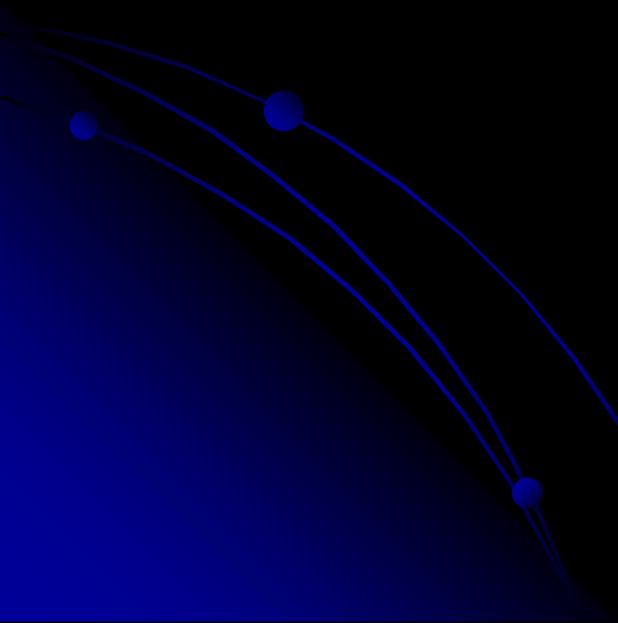
CAUSE

The type of choking most commonly recognised is by lodging of a foreign object in the airway

TREATMENT

The key stages in modern protocol include

- Encourage the victim to cough
- Backslaps
- Abdominal thrusts
- Finger sweeping, once the victim becomes unconscious
- CPR



CPR



CPR

Once the patient has become unconscious, the emphasis switches to performing CPR, involving both chest compression and artificial respiration

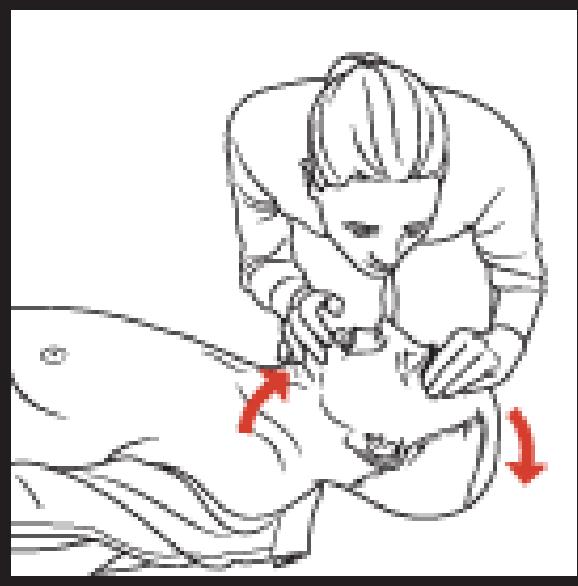
CPR

CPR is an emergency procedure performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest

CPR

- CPR involves chest compressions at least 5 cm deep and at a rate of at least 100 per minute in an effort to create artificial circulation by manually pumping blood through heart
- In addition, rescuer may provide breaths by either exhaling into subject's mouth or nose or utilizing a device

CPR



CPR METHOD

Adults

Compression to ventilation ratio 30:2

Children

Compression to ventilation ratio 15:2

Newborn

Compression to ventilation ratio 3:1

CPR METHOD

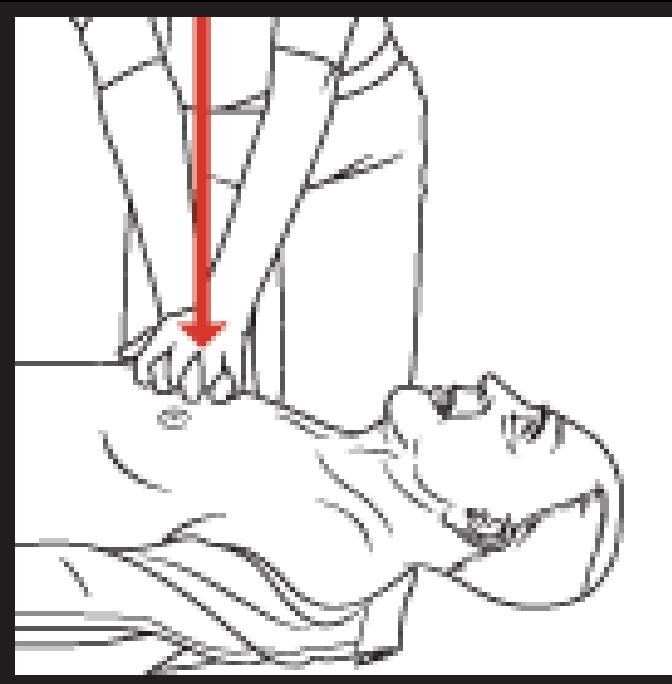
Start CPR

- Place the heel of one hand on the lower half of the person's breastbone.
- Place the other hand on top of the first hand and interlock your fingers.
- Press down firmly and smoothly (compressing to 1/3 of chest depth) 30 times.

CPR METHOD

- Administer 2 breaths in mouth-to-mouth breathing
- The ratio of 30 chest compressions followed by 2 breaths is maintained
- Aim for a compression rate of 100 per minute.

CPR METHOD



CPR METHOD



CPR

- Used alone CPR will result in few complete recoveries and those who survive develop serious complications
- On average only 5-10% of people who receive CPR survive
- Purpose of CPR is not to start heart but to keep brain alive until advanced care is available

CPR

- CPR is a last resort without which a patient without pulse will certainly die
- Common complications include rib fracture, sternal fracture, bleeding, airway and abdominal damage
- Most common injury is rib fracture between 13% to 97%

CPR

- **THE ABC OF CPR**

- **AIRWAY**

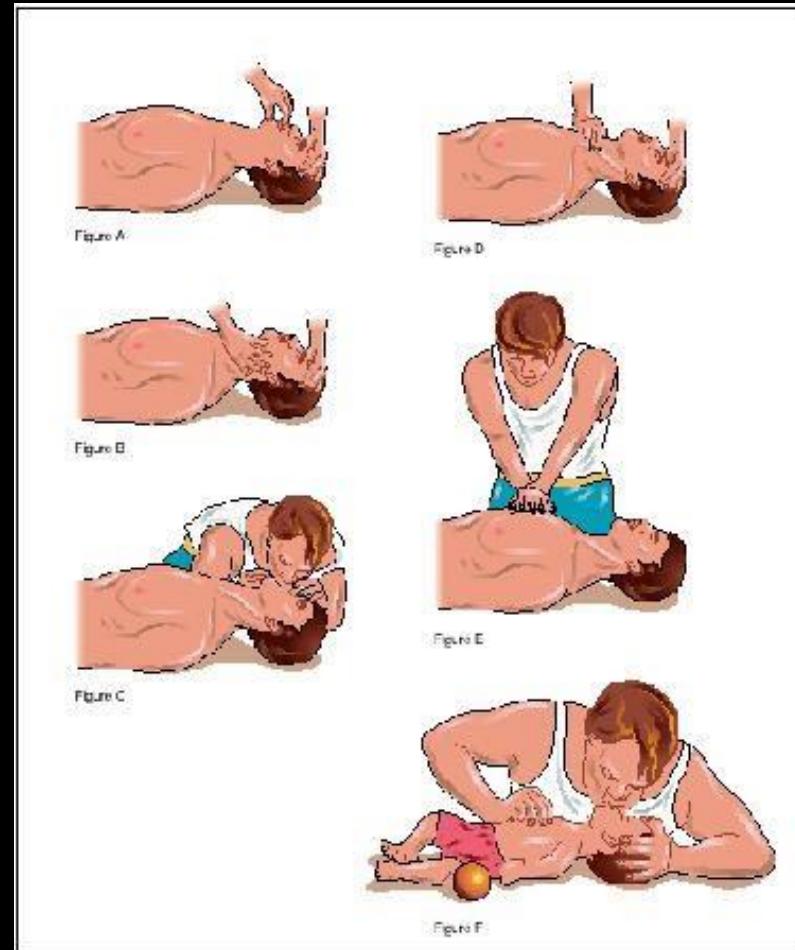
- Tilt back the head and raise the chin to open the airway.

- **BREATHING**

- Blow two full breaths into the victim's mouth if breathing stopped.

- **CIRCULATION**

- If no pulse, compress the chest to circulate blood manually.



HEART ATTACK



HEART ATTACK

- **WARNING SIGNS**
 - Chest pain or constriction, like a fist squeezing the chest
 - Heaviness in the chest area, as if a weight is resting on the chest
 - Pain radiating to the arms, most often the left one and possibly to the jaw and teeth
 - Pale or gray skin tones and sweating
-
- **KEEP THE VICTIM CALM**
 - Reassure the victim to keep him calm
 - Loosen any clothing that may restrict breathing such as tie, collar or belt
 - Monitor victim, perform CPR if necessary

SPRAINS



SPRAINS

Ankle and knee sprains occur most often. Sprained ligaments swell rapidly and are painful. Generally, the greater the pain and swelling, the more severe the injury is

SPRAINS

- **Rest** the injured limb. Do not putting any weight on the injured area for 48 hours. But don't avoid all activity
- **Ice** the area. Use a cold pack to help limit swelling after an injury. Try to ice the area as soon as possible after the injury and continue to ice it for 15 to 20 minutes, four to eight times a day, for the first 48 hours or until swelling improves

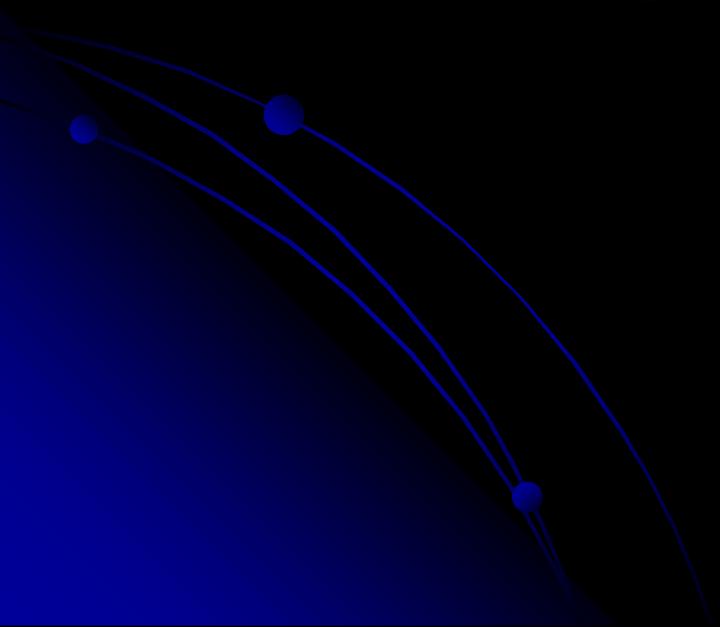
SPRAINS

- **Compress** the area with an elastic wrap or bandage
- **Elevate** the injured limb above your heart whenever possible to help prevent or limit swelling

TOPICS

- SHOCK
- ELECTRIC SHOCK
- WOUNDS
- FRACTURES
- BURNS
- CHEMICAL EXPOSURE
- POISONINGS
- HEAD INJURIES
- COLD AND HEAT EXPOSURE
- HEART ATTACK
- MISCELLANEOUS CONDITIONS
- TRANSPORTATION
- FIRST AID BOX

SHOCK



SHOCK

- **SIGNS AND SYMPTOMS OF SHOCK**
- The skin & the lips may turn pale
- The skin becomes cold and damp
- The pulse may be so fast that you can't count the beats
- The victim may look confused

SHOCK

- **CARE FOR SHOCK**

- Make victim lie on back and raise both feet about 12 inches
- Cover victim to maintain body temperature
- Keep victim quiet
- If victim is unconscious but breathing follow ABC of CPR
- Control any severe bleeding to help keep shock from worsening

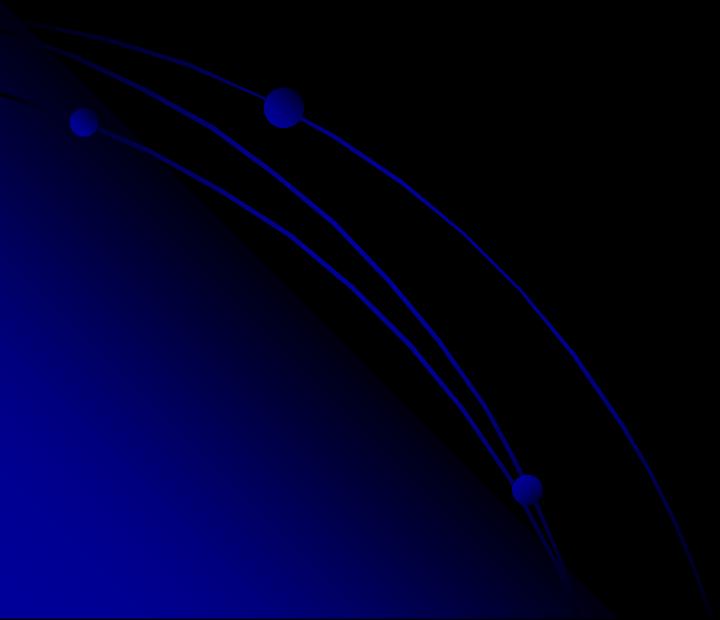
ELECTRIC SHOCK



ELECTRIC SHOCK

- **STOP THE SOURCE**
 - Unplug the power cord or switch off circuit breakers
- **CHECK BREATHING**
 - Make sure the victim is breathing
 - Perform rescue breathing or CPR, if needed
- **CARE FOR INJURIES**
 - Treat physical shock by placing the victim on his or her back with both feet raised about 12 inches and covering the upper body
 - Treat burns by using water to cool the burn and cover with a clean, dry dressing loosely bandaged in place

WOUNDS



WOUNDS

- **CONTROL BLEEDING**
- Put on gloves or use other protection to avoid contact with victim's blood
- Apply direct pressure on the wound for at least 5 minutes using a clean gauze or cloth
- For severe bleeding, raise the wound above heart level, if possible
- If a bone is broken, immobilize the joints both above and below the break before elevating the wound
- **CLEAN AND COVER**
- Clean the wound with clean water
- Place a clean dressing over the entire wound
- Wrap roller gauze or cloth strips over the dressing
- Tie the bandage in place. Don't secure too tight

PUNCTURED WOUNDS

- **CLEAN THOROUGHLY**
- Gently squeeze small puncture wounds for a minute or two to encourage bleeding
- Soak the wound in warm, clean water
- Cover the wound with gauze dressing
- **STABILIZE EMBEDDED OBJECTS**
- If an object lodges in the body, apply direct pressure around the wound to control bleeding
- Wrap gauze or cloth around the object to hold it steady and tape the wrapping
- DON'T increase the risk of internal bleeding by trying to remove an embedded object

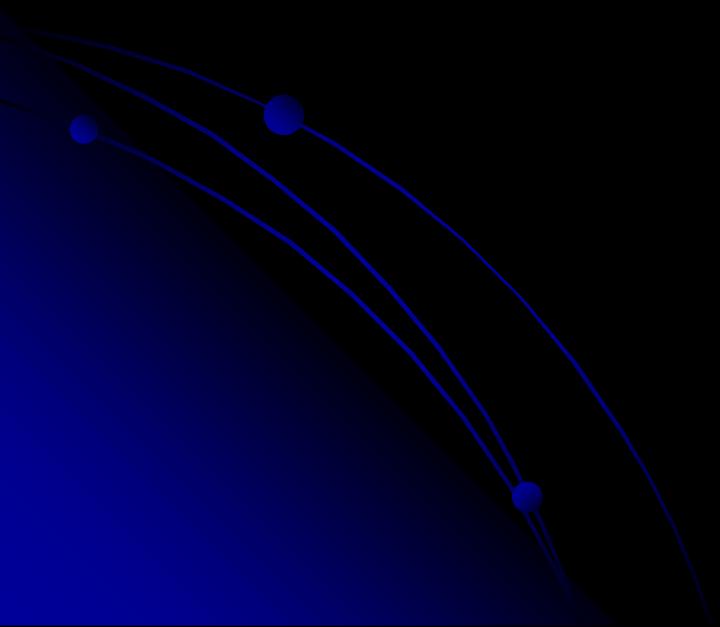
NOSE BLEEDING



NOSE BLEEDING

- Pinch the nostrils below the bone
- Tilt head slightly forward and sit quietly, maintaining pressure on nose for at least 5 minutes
- Don't destroy the clot by blowing or rubbing nose after the bleeding stops

FRACTURES



FRACTURES

A partial or complete break in
the continuity of a bone is
called a fracture

TYPES OF FRACTURES

Closed

- when the broken ends of bones do not cut open the skin and come out.

Open

- when broken ends come out of the skin.

Complicated

- when surrounding tissues are damaged

FRACTURES

Signs & symptoms

- pain, swelling, deformity, tenderness & immobility or unnatural movement.

Management

- prevent further damage, reduce pain, handle gently, if you are trained apply slings carefully & avoid unnecessary movement. Shift the victim to hospital.

BURNS



BURNS

- **STOP THE SOURCE**
 - If clothes are drenched with hot liquid, remove them immediately or stand the person in a cool shower
 - To smother any flames, drop the victim to the ground and roll the body
- **COOL THE SKIN**
 - Use water to cool the burn
- **CLEAN AND COVER**
 - Lift or cut away any clothing covering the burn. DON'T break any blisters
 - Wash small burns with mild soap and water
 - Cover with a clean, dry dressing loosely bandaged in place
 - Place a clean, dry sheet or cloth over burns covering a larger area



CHEMICAL EXPOSURE



CHEMICAL EXPOSURE

- **STOP THE SOURCE**
 - Remove the victim from contact with chemical spill, airborne particles or fumes
 - Take off any clothes or jewels that have been in contact with the chemical
- **CLEAR THE LUNGS**
 - Take the victim to fresh air
 - Perform rescue breathing or CPR, if needed
- **FLUSH AND CLEAN**
 - Brush water activated chemicals like lime from the skin
 - Flush the affected part or eye with cool running water
 - DON'T brush away chemicals with bare hands
 - While flushing eyes, hold the head so that the injured eye is at the bottom

POISONING



POISONING

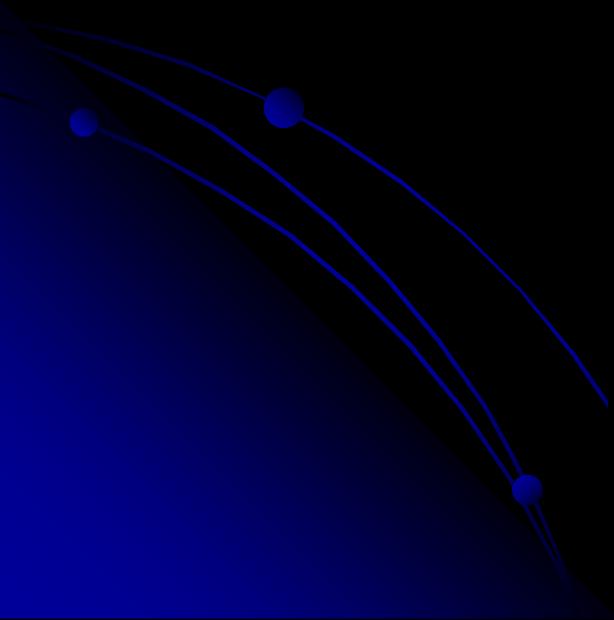
SWALLOWED POISONS

- Keep the victim as calm as possible
- DON'T cause vomiting unless a medical practitioner instructs to do so
- Treat for shock and perform rescue breathing or CPR, if needed

POISONOUS BITES

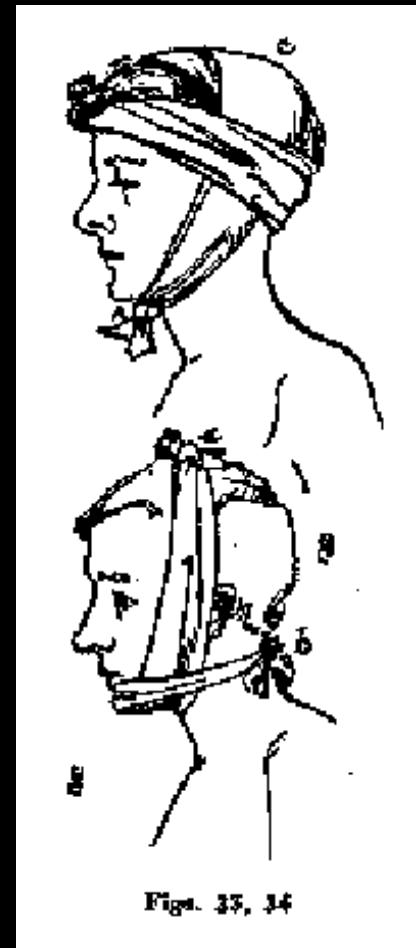
- Keep the victim still with the injured portion below heart level
- Immobilize the part by placing a splint next to the bite and tie or tape the splint above and below the injury
- Treat for shock and perform rescue breathing or CPR, if needed

HEAD INJURIES



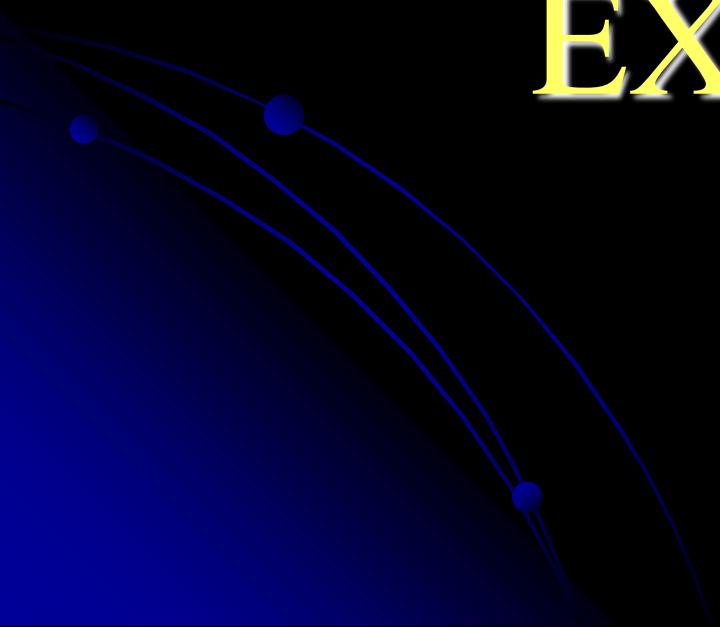
HEAD INJURIES

- **CONTROL THE BLEEDING**
 - Apply direct pressure on the wound for at least 5 minutes using a clean gauze
 - Wash minor surface injury with clean water after the bleeding stops or is reduced
 - Cover the wound with a clean dressing and bandage
- **BRUISES**
 - Place a cold pack or a bag of ice on the injury to reduce swelling and pain
- **OBSERVE THE VICTIM**
 - Watch the victim for any changes in mood or alertness. Signs of concussion may not appear for up to 48 hours



Figures 33, 34

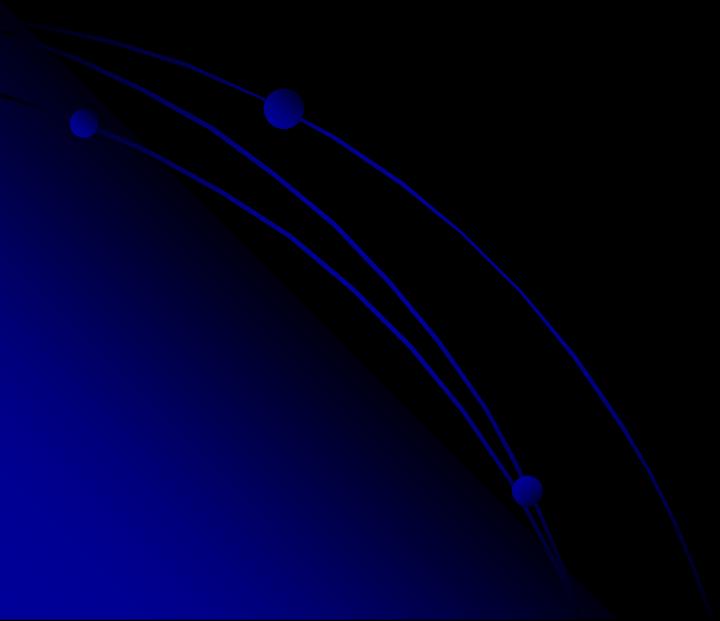
COLD/HEAT EXPOSURE



COLD / HEAT EXPOSURE

- **COLD EXPOSURE**
- In case of frostbite, hold the affected area under warm water until normal skin color returns
- Don't rub the area affected by frostbite
- In case of hypothermia, put the victim in a sleeping bag or wrap in dry blankets after removing any wet clothing first
- Provide victim with warm liquids if he is alert
- **HEAT EXPOSURE**
- Move the victim into shade and sponge with cool water
- Place victim on his back with both feet raised about 12 inches
- Provide victim with clear liquids if he is alert

FOREIGN BODIES

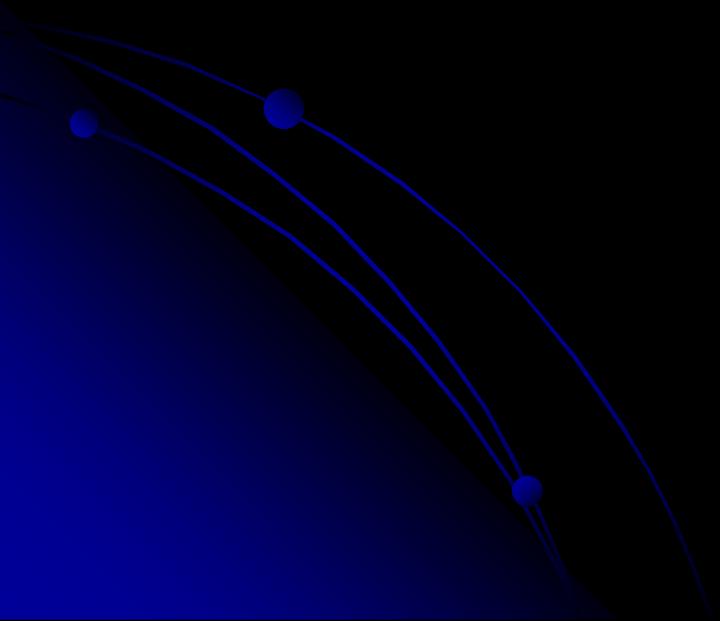


FOREIGN BODIES

- **SKIN:-** Don't handle the foreign bodies such as needles, thorns, glass pieces, wooden pieces. Dress the affected part and take him to medical care.
- **EYE:-** if the foreign bodies such as dust, sand, metal pieces are found on the surface slowly remove that with handkerchief. Don't rub. If foreign body sticks to eye ball don't handle. Apply bandage & take him to doctor. If exposed to chemicals wash with clean water

- **NOSE:-** foreign bodies such as seeds, slate pencils, mud if do not come out by blowing instruct the victim to take breathe from mouth and shift him to medical care.
- **EAR:-** If insect enters into the ear pore little oil so that insect floats. For other foreign bodies move the patient to doctor.
- **THROAT:-** If needles, buttons etc., are swallowed don't give any thing to eat. Take him to doctor. If the victim is a child make him upside down and tap on the back. Don't put fingers or handle.

TRANSPORTATION

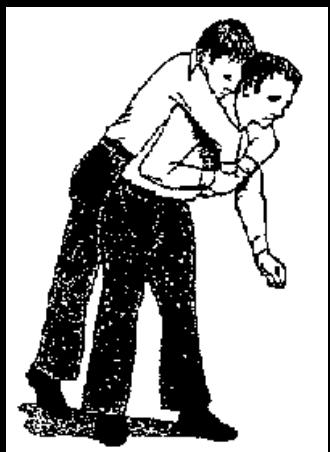


TRANSPORTATION

- Choose any of the following methods to shift the victim to the hospital
 - Back lift
 - Human Crutch
 - Fireman's Lift & Carry
 - HAND SEATS (Four Handed or Two Handed)
 - Stretchers (Ordinary or Telescopic)
 - Wheel Chair Or Chair Lift
 - Ambulance

TRANSPORTATION

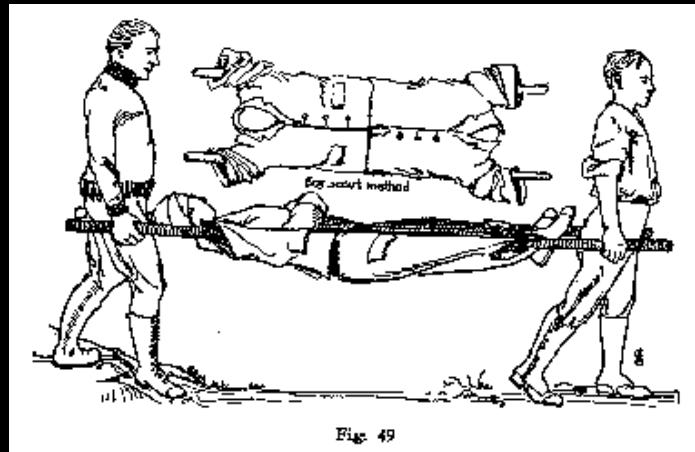
BACKLIFT



HUMAN CRUTCH



STRETCHERS



FIREMAN'S LIFT & CARRY



WHEEL CHAIR, AMBULANCE



HAND SEATS

FIRST AID BOX



FIRST AID BOX

- CONTENTS
- FIRST AID LEAFLET
- FINGER DRESSINGS
- HAND & FOOT DRESSINGS
- BODY & LARGE DRESSINGS
- COTTON WOOL
- EYE PAD
- ADHESIVE PLASTER
- ROLLER BANDAGE
- TRIANGULAR BANDAGE
- SAFETY PINS
- SCISSORS ONE PAIR
- TORCH



THANK YOU

