

<Heart Attack, En>

Don't wait to get help if you experience any of these heart attack warning signs. Although some heart attacks are sudden and intense, most start slowly, with mild pain or discomfort. Pay attention to your body — and call 911 if you feel:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath** with or without chest discomfort.
- **Other signs** may include breaking out in a cold sweat, nausea or lightheadedness.

Symptoms Vary Between Men and Women

As with men, women's most common heart attack symptom is **chest pain or discomfort**. But women are somewhat more likely than men to experience some of the other common symptoms, particularly **shortness of breath, nausea/vomiting, and back or jaw pain**.

Source: American Heart Association, June, 2016, [online]
http://www.heart.org/HEARTORG/Conditions/HeartAttack/WarningSignsofaHeartAttack/Warning-Signs-of-a-Heart-Attack_UCM_002039_Article.jsp#.WsCjTlhuY2w

<Heart Attack, EN>

Common Heart Attack Types & Treatments

The type of heart attack (also called myocardial infarction, or MI) you experienced determines the treatments your medical team will choose. A heart attack occurs when a blockage in one or more coronary arteries reduces or stops blood flow to the heart, which starves part of the heart muscle of oxygen.

The blockage might be complete or partial.

- A complete blockage of a coronary artery means you suffered a 'STEMI' heart attack — which stands for ST-elevation myocardial infarction.
- A partial blockage would be an 'NSTEMI' heart attack — a non-ST-elevation myocardial infarction.

IMPORTANT: Always call emergency if you think you might be having a heart attack. The ambulance will route you to the right hospital based on your location.

Treatments differ for a STEMI versus NSTEMI heart attack, although there can be some overlap. Hospitals commonly use techniques to restore blood flow to part of the heart muscle damaged during a heart attack.

- You might receive clot-dissolving drugs (thrombolysis), balloon angioplasty, surgery, or a combination of treatments.
- About 36% of hospitals in the U.S. are equipped to use a procedure called percutaneous coronary intervention (PCI), a mechanical means of treating heart attack.

At a hospital that uses PCI, you would likely be sent to the department that specializes in cardiac catheterization (usually called a cath lab) for a diagnostic angiogram to examine blood flow to your heart and test how well the heart is pumping. Depending on the results of that procedure, you may be routed to one of three treatments: medical therapy only; PCI; or coronary artery bypass grafting (CABG).

A hospital that does not use PCI might transfer you to one that does. Or, it may decide to administer drugs known as fibrinolytic agents to restore blood flow. You might be given an angiography (an imaging technique used to see inside your arteries, veins and heart chambers), possibly followed by an invasive procedure called revascularization to restore blood circulation in your heart.

If the hospital determines you had an NSTEMI heart attack, doctors typically use one of two treatment strategies. One is called an 'ischemia-guided strategy', the other an 'early invasive strategy'. Both may involve a test called cardiac catheterization to examine the inside of your heart.

- The ischemia-guided strategy uses various drugs (antiplatelet agents and anticoagulants) to inhibit blood clot formation.
- The early invasive strategy will start with the use of various drugs (antiplatelet agents and anticoagulants) to inhibit blood clot formation, but might also proceed to a medical therapy, a PCI with stenting, or coronary artery bypass grafting (CABG), followed by certain types of posthospital care.

Source: American Heart Association, March, 2017, [online]

http://www.heart.org/HEARTORG/Conditions/HeartAttack/TreatmentofaHeartAttack/Treatment-of-a-Heart-Attack_UCM_002042_Article.jsp#.WsCkP4huY2w

Infarto miocardico: sintomi, dolore, cause, intervento, ripresa

Sintomi

Il più comune sintomo di infarto è rappresentato da un dolore o un fastidio al petto: la maggior parte degli attacchi di cuore causa infatti una fitta al centro del petto che dura per pochi minuti o scompare per poi ripresentarsi. Il disagio può consistere in un senso di pressione, fitte al cuore, dolori e/o senso di gonfiore.

I sintomi di angina possono essere simili ai sintomi di un attacco cardiaco: l'angina è il dolore al petto che si verifica nelle persone con malattia alle arterie coronarie, in genere quando sono attive. Il dolore anginoso di solito dura solo pochi minuti e scompare con il riposo: se l'angina non scompare o si presenta in maniera differente dal consueto (ad esempio si verifica più frequentemente o si verifica a riposo) potrebbe essere segno dell'inizio di un attacco di cuore ed il paziente dev'essere immediatamente visitato un medico.

Alcuni attacchi di cuore sono improvvisi e intensi e nessuno mette in dubbio ciò che sta accadendo, ma al contrario in alcuni casi i sintomi possono anche iniziare lentamente, con un dolore lieve e fastidioso. Spesso le persone colpite non sono sicure di cosa stia accadendo e aspettano troppo a lungo prima di chiedere aiuto. Si riportano di seguito alcuni segni precoci che possono indicare la comparsa di infarto:

- pressione, dolore o fitte al centro del petto che durano più di pochi minuti,
- il dolore si estende oltre il petto alla spalla, braccio, schiena, e anche ai denti e alla mandibola,
- aumento di episodi di dolore toracico,
- dolore prolungato nella parte superiore dell'addome,
- mancanza di fiato,
- sudorazione,
- incombente sensazione di affaticamento,
- svenimento,
- nausea e vomito.

Segni e **sintomi di infarto nelle donne** possono essere diversi e meno evidenti rispetto a quelli che si verificano negli uomini, in aggiunta a quanto appena elencato ricordiamo anche:

- dolore addominale o bruciore di stomaco,
- cute umida,
- stordimento o capogiri.

In generale maggiori sono i segni ed i sintomi che si avvertono, più elevata è la probabilità che si sia in presenza di un attacco di cuore.

Alcune persone, al contrario, non avvertono alcun sintomo.

Un attacco cardiaco si può verificare in qualsiasi momento, mentre si lavora o si gioca, mentre si è a riposo oppure in movimento. Alcuni infarti colpiscono improvvisamente, ma molte persone che hanno già avuto una pregressa esperienza di questo tipo possono avvertire dei segnali di pericolo con ore, giorni o anche settimane di anticipo. Predittore di un attacco cardiaco può essere un dolore toracico ricorrente (angina), che si acuisce sotto sforzo e viene invece alleviato a riposo. L'angina è causata da un temporaneo insufficiente afflusso di sangue al cuore, conosciuto anche come "ischemia cardiaca".

Imparate a riconoscere i segni dell'infarto, ma ricordate questo: anche se non siete sicuri che sia un attacco di cuore ditelo comunque e segnalate ad un medico i vostri sintomi.

I minuti contano!

Source: Arnoldo Mondadori Editore Spa, 2018, https://www.farmacocura.it/malattie/infarto-miocardico-sintomi-dolore-cause-intervento-ripresa/#steps_2

<Muscle tension headache, symptoms, Italian>

Cefalea tensiva (o muscolo tensiva)

La cefalea di tipo tensivo è senza dubbio la forma di mal di testa più comune e diffusa, e può presentarsi in forma episodica o cronica.

Gli attacchi possono durare da pochi minuti a diversi giorni ed il dolore viene descritto come gravativo-costrittivo, di intensità lieve o moderata, localizzata su entrambi i lati della testa distribuendosi come una fascia o come un casco.

E' abbastanza semplice distinguere la cefalea tensiva dall'emicrania perchè in questo caso

- **l'attività fisica non peggiora i sintomi,**
- raramente sono presenti, e solo eventualmente in forma lieve, nausea e/o vomito.

I fattori che possono scatenare l'attacco sono:

- stress,
- depressione,
- ansia,
- abuso di farmaci,
- posture errate, etc.

Questa forma di mal di testa è classificabile anche in base alla frequenza di comparsa,

- si considera non frequente un totale di circa 12 giorni l'anno,
- si considera frequente se colpisce tra i 12 ed i 179 giorni l'anno,
- si considera cronica se colpisce per almeno 180 giorni l'anno.

I criteri diagnostici per una corretta individuazione della **cefalea tensiva episodica** prevedono:

- La cefalea dura da 30 minuti a 7 giorni,
- Il dolore presenta almeno 2 delle seguenti caratteristiche:
 - bilaterale,
 - non pulsante, ma gravativo-costruttivo,
 - intensità lieve o media (non impedisce le normali attività quotidiane),
 - non è peggiorata da attività fisica di routine (salire le scale, camminare, spostarsi, ...)
- Sono assenti nausea e vomito ed eventualmente i sintomi peggiorati solo da rumori o luce.
- Non sono presenti altre malattie in grado di essere la causa del mal di testa.

Invece la cefalea tensiva cronica prevede che:

- Sia presente per più di 15 giorni al mese per almeno 3 mesi,
- Abbia durata di almeno diverse ore,
- Il dolore presenta almeno 2 delle seguenti caratteristiche:
 - bilaterale,
 - non pulsante, ma gravativo-costruttivo,
 - intensità lieve o media (non impedisce le normali attività quotidiane),
 - non è peggiorata da attività fisica di routine (salire le scale, camminare, spostarsi, ...)
- Sono assenti nausea **severa** e vomito ed eventualmente i sintomi peggiorati solo da rumori o luce.
- Non sono presenti altre malattie in grado di essere la causa del mal di testa.

Nel caso di pazienti colpiti da forme croniche si osserva un drastico peggioramento della qualità di vita, oltre ad un consumo rilevante di analgesici.

Source: Arnoldo Mondadori Editore Spa, 2018, [online] https://www.farmacocura.it/in-evidenza/mal-di-testa-cefalea-ed-emicrania-sintomi-per-riconoscerle/#steps_3

<Insomnia, en>

Insomnia

Symptoms of insomnia can include:

- Sleepiness during the day
- General tiredness
- Irritability
- Problems with concentration or memory

Diagnosing Insomnia

If you think you have insomnia, talk to your health care provider. An evaluation may include a physical exam, a medical history, and a sleep history. You may be asked to keep a sleep diary for a week or two, keeping track of your sleep patterns and how you feel during the day. Your health care provider may want to interview your bed partner about the quantity and quality of your sleep. In some cases, you may be referred to a sleep center for special tests.

Treatment for Insomnia

Acute insomnia may not require treatment. Mild insomnia often can be prevented or cured by practicing good sleep habits (see below). If your insomnia makes it hard for you to function during the day because you are sleepy and tired, your health care provider may prescribe sleeping pills for a limited time. Rapid onset, short-acting drugs can help you avoid effects such as drowsiness the following day. Avoid using over-the-counter sleeping pills for insomnia, because they may have undesired side effects and tend to lose their effectiveness over time.

Treatment for chronic insomnia includes first treating any underlying conditions or health problems that are causing the insomnia. If insomnia continues, your health care provider may suggest behavioral therapy. Behavioral approaches help you to change behaviors that may worsen insomnia and to learn new behaviors to promote sleep. Techniques such as relaxation exercises, sleep restriction therapy, and reconditioning may be useful.

Good Sleep Habits for Beating Insomnia

Good sleep habits, also called sleep hygiene, can help you get a good night's sleep and beat insomnia. Here are some tips:

- Try to go to sleep at the same time each night and get up at the same time each morning. Try not to take naps during the day, because naps may make you less sleepy at night.
- Avoid prolonged use of phones or reading devices ("e-books") that give off light before bed. This can make it harder to fall asleep.
- Avoid caffeine, nicotine, and alcohol late in the day. Caffeine and nicotine are stimulants and can keep you from falling asleep. Alcohol can cause waking in the night and interferes with sleep quality.
- Get regular exercise. Try not to exercise close to bedtime, because it may stimulate you and make it hard to fall asleep. Experts suggest not exercising for at least three to four hours before the time you go to sleep.
- Don't eat a heavy meal late in the day. A light snack before bedtime, however, may help you sleep.
- Make your bedroom comfortable. Be sure that it is dark, quiet, and not too warm or too cold. If light is a problem, try a sleeping mask. If noise is a problem, try earplugs, a fan, or a "white noise" machine to cover up the sounds.
- Follow a routine to help you relax before sleep. Read a book, listen to music, or take a bath.
- If you can't fall asleep and don't feel drowsy, get up and read or do something that is not overly stimulating until you feel sleepy.
- If you find yourself lying awake worrying about things, try making a to-do list before you go to bed. This may help you to not focus on those worries overnight.

Source: 2005 - 2018 WebMD LLC, <https://www.webmd.com/sleep-disorders/guide/insomnia-symptoms-and-causes#2-7>

Médicament pour dormir : quel traitement contre l'insomnie ?

L'**insomnie** requiert un traitement adapté à chaque situation. La première étape est de rechercher la cause. Souvent, les insomnies présentes depuis plusieurs mois nécessitent de réorganiser les habitudes de vie pour favoriser le sommeil.

Pour mieux dormir, commencer par changer ses habitudes

Le traitement par les comportements appelés « **contrôle des stimuli** » est particulièrement efficace. Il vise à habituer le corps à une routine propice au sommeil. Il crée, cependant, une **privation de sommeil**, qui le rend parfois difficile à appliquer. Une fois qu'on retrouve un sommeil profond et régulier, et que les cycles d'éveil et de sommeil sont resynchronisés, on peut revenir progressivement à une routine moins restrictive.

Voici quelques règles comportementales à observer scrupuleusement :

- Se coucher seulement lorsqu'on a **envie de dormir**. Il n'y a rien de pire que d'essayer de s'endormir à tout prix.
- Ne pas **rester au lit lorsqu'on est éveillé** depuis plus de 20 à 30 minutes. Quand cela se produit, se lever, sortir de sa chambre, faire une activité relaxante et retourner au lit lorsqu'on se sent gagné par le sommeil. Répéter ces gestes aussi souvent que nécessaire.
- Se **lever le matin à une heure fixe**, quel que soit le jour de la semaine, y compris le samedi et le dimanche, et même si on a mal dormi. Il est vrai que cela réduit le temps de sommeil, mais cela aide à dormir d'un trait. Au début, il ne faut pas retarder son lever pour rattraper les heures où l'on n'a pas pu fermer l'oeil : à long terme, cela risque d'aggraver le problème. Lorsqu'on a enfin un sommeil régulier et ininterrompu, on peut prolonger légèrement ses nuits (par tranches de 15 minutes).
- Ne **pas passer au lit** moins de 5 heures.
- Ne faire **aucune autre activité** au lit (idéalement, dans la chambre à coucher) à part dormir ou avoir des rapports sexuels.
- En ce qui concerne la **sieste** durant le jour, les avis divergent. Certains experts la proscrivent, car elle comblerait une partie des besoins en sommeil. Au moment du coucher, on aurait donc plus de mal à s'endormir. D'autres affirment qu'une courte sieste de 10 minutes peut être bénéfique. À expérimenter.

Plusieurs études scientifiques montrent que cette méthode a fait ses preuves. Une amélioration du sommeil est observée dès la fin du premier mois. Son inconvénient est qu'elle demande de la discipline et de la motivation. On peut l'essayer soi-même, mais elle peut aussi se faire dans le cadre d'une psychothérapie de type cognitivo-comportementale.

Source : 1998-2018 Oxygem, [online] <https://www.passeportsante.net/fr/Maux/Problemes/Fiche.aspx?doc=insomnie-pm-traitements-medicaux-de-l-insomnie>

Soy

Tofu, soymilk, miso, tempeh, edamame—these and other soy products, including the soybeans themselves, are high in nutrients you tend to associate with other legumes, including fiber, iron, magnesium, potassium, protein, and zinc.

Soybeans naturally contain a class of phytoestrogens called isoflavones. People hear the word “estrogen” in the word “phytoestrogens” and assume that means soy has estrogen-like effects. Not necessarily. Estrogen has positive effects in some tissues and potentially negative effects in others. For example, high levels of estrogen can be good for the bones but can increase the likelihood of developing breast cancer. Ideally, you’d like what’s called a “selective estrogen receptor modulator” in your body that would have proestrogenic effects in some tissues and antiestrogenic effects in others. Well, that’s what soy phytoestrogens appear to be. Soy seems to lower breast cancer risk, an antiestrogenic effect, but can also help reduce menopausal hot-flash symptoms, a proestrogenic effect. So, by eating soy, you may be able to enjoy the best of both worlds.

What about soy for women with breast cancer? Overall, researchers have found that women diagnosed with breast cancer who ate the most soy lived significantly longer and had a significantly lower risk of breast cancer recurrence than those who ate less. The quantity of phytoestrogens found in just a single cup of soymilk may reduce the risk of breast cancer returning by 25 percent. The improvement in survival for those eating more soy foods was found both in women whose tumors were responsive to estrogen (estrogen-receptor positive breast cancer) and those whose tumors were not (estrogen-receptor negative breast cancer). This also held true for both young women and older women. In one study, for example, 90 percent of the breast cancer patients who ate the most soy phytoestrogens after diagnosis were still alive five years later, while half of those who ate little to no soy were dead.

Soy consumption has also been shown to benefit our kidneys, which appear to handle plant protein very differently from animal protein. Within hours of eating meat, our kidneys rev up into hyperfiltration mode. But, an equivalent amount of plant protein causes virtually no noticeable stress on the kidneys. Eat some tuna, and within three hours, your kidney filtration rate can shoot up 36 percent. But eating the same amount of protein in the form of tofu doesn’t appear to place any additional strain on the kidneys.

Source: NutritionFacts.org, [online]: <https://nutritionfacts.org/topics/soy/>

Soja

Tofu, leche de soja, miso, tempeh, edamame, estos y otros productos, incluyendo el frijol de soja mismo, son tan ricos en nutrientes que tienden a asociarse con otras legumbres, al contener fibra, hierro, magnesio, potasio, proteína y zinc.

Los frijoles de soja, contienen de manera natural una clase de fitoestrógenos llamados isoflavonas. La gente escucha “estrógeno” en la palabra “fitoestrógeno” y supone que significa que la soja tiene efectos estrogénicos. No necesariamente.

El estrógeno tiene efectos positivos en ciertos tejidos y potencialmente negativos en otros. Por ejemplo, los altos niveles de estrógeno pueden ser buenos para los huesos, pero pueden incrementar la probabilidad de desarrollar cáncer de mama. Idealmente, te gustaría tener en tu cuerpo lo que se llama “modulador selectivo de los receptores de estrógeno”, que tendría los efectos proestrogénicos en algunos tejidos y antiestrogénicos en otros. Bueno, eso es lo que los fitoestrógenos en la soja aparentan ser. La soja parece reducir el riesgo de cáncer de mama, un efecto antiestrogénico, pero también puede reducir los bochornos característicos de la menopausia. Así que, al consumir soja, puedes ser capaz de disfrutar de lo mejor de ambos mundos.

¿Y qué sucede con la soja en las mujeres con cáncer de mama? Los investigadores generalmente han demostrado que las mujeres diagnosticadas con cáncer de mama que comieron la mayor cantidad de soja, vivieron significativamente más y tuvieron significativamente menos riesgo de recurrencia de cáncer que aquellas que comieron menos soja. La cantidad de fitoestrógenos contenida en solo una taza de leche de soja puede reducir el riesgo de retorno del cáncer en un 25%. Las mejoras en la supervivencia de aquellas que comieron más alimentos de soja fueron tanto en mujeres cuyos tumores fueron sensibles al estrógeno (cáncer de mama con receptores de estrógeno positivos) como en aquellas cuyos tumores no fueron sensibles al estrógeno (cáncer de mama con receptores de estrógeno negativos). Esto también es válido tanto para mujeres jóvenes como para las de edad avanzada. En un estudio, por ejemplo, 90% de las pacientes con cáncer de mama, que comieron la mayor cantidad de fitoestrógenos de la soja después del diagnóstico, aún estaban vivas cinco años después, mientras que la mitad de aquellas que comían poca soja habían muerto.

También se ha demostrado el beneficio del consumo de soja para nuestros riñones, que parecen asimilar la proteína de soja de manera muy diferente a la proteína de origen animal. Unas horas después de comer carne, nuestros riñones se aceleran a un modo de hiperfiltración, pero, una cantidad equivalente de proteína vegetal no ocasiona prácticamente ningún estrés notorio en los riñones. Come algo de atún y dentro de tres horas la tasa de filtración de tus riñones se puede disparar hasta un 36%, pero el come la misma cantidad de proteína en forma de tofu, parece no ejercer ninguna presión adicional sobre los riñones.

Source : NutritionFacts.org, [online]: <https://nutritionfacts.org/es/topics/soya/>

First Aid Kits

Almost everyone will need to use a first aid kit at some time. Make time to prepare home and travel kits for your family's safety. First aid kits may be basic or comprehensive. What you need depends on your medical training and your distance from professional medical help. Ready-made first aid kits are commercially available from chain stores or outdoor retailers, but it's easy to make smart, inexpensive first aid kits yourself.

Home and Travel First Aid Kit Basics

Home first aid kits are usually used for treating these types of minor traumatic injuries:

- Burns
- Cuts
- Abrasions (scrapes)
- Stings
- Splinters
- Sprains
- Strains

First aid kits for travel need to be more comprehensive because a drug store may or may not be accessible. In addition to personal medical items, the kit should contain items to help alleviate the common symptoms of viral respiratory infections such as these:

- Fever
- Nasal congestion
- Cough
- Sore throat

It should also contain items to treat these ailments:

- Cuts
- Mild pain
- Gastrointestinal problems
- Skin problems
- Allergies

Make Your Own First Aid Kit

Try to keep your kit small and simple. Stock it with multi-use items. Almost anything that provides good visibility of contents can be used for a household first aid kit.

- If your kit will be on the move, a water-resistant, drop-proof container is best.
- Inexpensive nylon bags, personal kits, fanny packs, or makeup cases serve very well.
- You do not need to spend a lot of money on a fancy "medical bag." Use re-sealable sandwich or oven bags to group and compartmentalize items.
- Put wound supplies in one bag and medications in another.

Source: 2005 - 2018 WebMD LLC, [online]: <https://www.webmd.com/first-aid/first-aid-kits-treatment#1-3>

7 pasos básicos de primeros auxilios

Los primeros auxilios son la ayuda básica y necesaria que se le otorga a una persona que ha sufrido algún tipo de **accidente o enfermedad** hasta la llegada de un médico o profesional paramédico que se encargue de la situación, esto con el fin de preservar la vida del paciente.

Los principales casos que requieren asistencia de primeros auxilios son asfixia, fracturas, quemaduras, **traumatismos** y hemorragias, por mencionar algunos. **Salud180.com** menciona a continuación qué debes hacer en caso de emergencia.

- 1. Contrólale:** antes que nada debes mantener la calma; de esta forma podrás actuar rápida y efectivamente para ayudar al lesionado. De esto depende la magnitud del daño, el pronóstico de supervivencia y las secuelas.
- 2. Seguridad personal:** para proporcionar una buena ayuda es fundamental estar libre de riesgos. Por ello, es importante que evalúes la escena donde ocurrió el **accidente**. De esta forma garantizas tu propia seguridad física y la de los demás.
- 3. Evalúa al lesionado:** debes verificar el estado general del paciente, estado de conciencia, condición respiratoria y circulatoria. Posteriormente, toma al paciente por los hombros, agita levemente y pregunta si se encuentra bien. Con esta primera evaluación identificas si las lesiones ponen en riesgo la **vida** del paciente.
- 4. Signos vitales:** estas son las señales que indican la presencia de **vida**. Cuenta los latidos, las pulsaciones y las respiraciones en 30 o 20 segundos y multiplica por tres, de esta forma obtienes el total de respuestas por minuto.
- 5. En caso de asfixia:** se puede presentar por ingesta de comida o algún objeto extraño, así como por bronco aspiración o alergias. Si estás cerca de alguna persona que no pueda respirar debido a las causas mencionadas anteriormente, en el siguiente video de la **Cruz Roja Británica** se observa qué debes hacer en estos casos:
- 6. Respiración de salvamento:** se aplica en caso de ausencia de respiración con **vía aérea** desobstruida. Tiene como finalidad restablecer el patrón respiratorio normal. Se debe realizar **insuflación** cada 5 segundos, 12 veces por un minuto. Se debe encontrar un ritmo, por ejemplo, contar 1, 2, 3, **1** (en este número de debe aplicar la **insuflación**), 1, 2, 3, **2 insuflación**, etc.
- 7. Reanimación cardio pulmonar (**RCP**):** en caso de **paro cardiorespiratorio** se debe aplicar RCP, que consiste en una combinación de respiraciones y compresiones torácicas que dan un masaje cardíaco externo. Debes colocarte perpendicularmente al paciente. Coloca las manos cerca del reborde costal, abrázalas y presiona fuertemente con los brazos rectos. Debes hacer 30 compresiones por 2 ventilaciones hasta que aparezcan signos de respiración.

Con estos sencillos pasos puedes salvar la **vida** alguna persona. Sin embargo, no olvides que lo más importante es llamar de inmediato a los servicios médicos para evitar cualquier tipo de complicación.

Source: Salud 180, [online] : <http://www.salud180.com/salud-z/7-pasos-basicos-de-primeros-auxilios>