



## **Emergency Health Care (CAMS 231)**

### **Lab Manual**

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**Emergency Health Care  
Unit One  
Vital Signs**

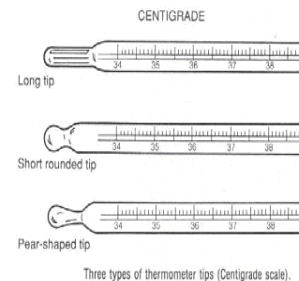
**Body temperature:**

- Body temperature is the balance between the heat produced by the body and the heat lost from the body.
- There are two kinds of body temperature: core temperature and surface temperature. **Core temperature** is the temperature of the deep tissues of the body (e.g. abdominal cavity and pelvic cavity).
- The surface temperature is the temperature of the skin, the subcutaneous tissue and fat. Surface temperature, by contrast, rises and falls in response to the environment.
- **Body Temperature Assessment Sites:**
  - There are a number of body sites for measuring body temperature. The most common are oral, rectal, tympanic and axillary.
  - When possible, the body temperature is usually measured orally (by mouth).
  - Rectal temperature readings are considered the most accurate.
  - The tympanic membrane, or nearby tissue in the ear canal, is another core body temperature site.
  - The oral route is most common.
  - Axillary temperatures are the least accurate but the most safe.
  - Tympanic (ear) thermometers are non-invasive and quick (2 to 3 seconds). They may not always return consistent temperatures.

• **Types of Thermometers:**

○ **Mercury thermometers:**

- Most hospitals no longer use mercury thermometers.
- Oral glass thermometers may have long, slender tips; short, rounded tips; or pear-shaped tips.
- The rounded thermometer can be used at the rectal as well as other sites.



○ **Electronic thermometers:**

- They can provide a reading in only 2 to 60 seconds, depending on the model.



**Assessing Body Temperature:**

**Equipment:**

1. Thermometer.
2. Thermometer sheath or cover.
3. Lubricant for a rectal temperature.
4. Disposable gloves.
5. Towel for axillary temperature.
6. Tissues/wipes.
7. Soapy water.
8. Lukewarm water.

- **Assessing oral temperature with glass thermometer:**

1. If stored in a chemical solution, wipe thermometer dry with a soft tissue, using a firm twisting motion. Wipe from bulb toward fingers.
2. Grasp thermometer firmly with the thumb and forefinger. Using strong wrist movement, shake it until the mercury line reaches at least 36°C (96.8°F).
3. Read thermometer by holding it horizontally at eye level and rotating it between the fingers until the mercury line is clearly visible.
4. Apply protective sheet if available.
5. Place thermometer's mercury bulb within the back of the right or left pocket under patient's tongue. Tell patient to close lips around thermometer.
6. Leave thermometer in place for 3 minutes.
7. Remove the thermometer. Wipe the thermometer once from fingers down to mercury bulb using a firm, twisting motion.
8. Read the thermometer to nearest tenth.
9. Wash the thermometer in lukewarm soapy water. Rinse in cool water. Dry and replace it in its container.



- **Assessing temperature with electronic thermometer:**

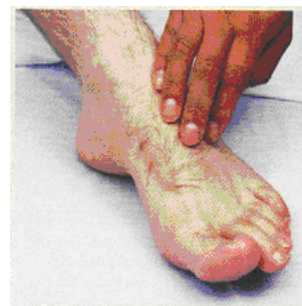
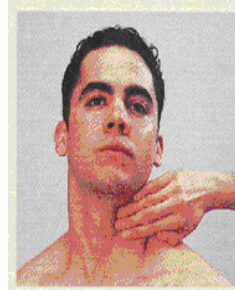
1. Release electronic unit from charging unit and remove probe from within recording unit.
2. Cover thermometer probe with disposable probe cover and slide until it snaps into place.
3. For rectal readings, lubricate probe.
4. Place probe in posterior sublingual pocket and ask patient to close lips around probe (oral). Or insert in rectum as described when using a glass thermometer (rectal). Or place in center of axillae with arm against chest wall (axillary).
5. Hold probe in place until an audible signal sounds.
6. Note temperature reading and dispose of probe cover by pressing probe release button while holding probe over a receptacle.
7. Replace thermometer in its charger/holder.

**Pulse:**

- *Pulse* is the term used to describe the rate, rhythm and volume of the heartbeat as it is assessed at either central or peripheral locations.
- The pulse is a wave of blood created by contraction of the left ventricle of the heart.
- The rate of the pulse is expressed in beats per minute (BPM).
- A **peripheral pulse** is a pulse located in the periphery of the body (e.g. in the foot, hand, or neck).
- The **apical pulse** is a central pulse located at the apex of the heart.

- **Pulse Assessment Sites:**

1. **Temporal**, where the temporal artery passes over the temporal bone of the head. The site is superior (above) and lateral to (away from the midline of) the eye.
2. **Carotid**, at the side of the neck below the lobe of the ear, where the carotid artery runs between the trachea and the sternocleidomastoid muscle.
3. **Apical**, at the apex of the heart. In an adult this is located in the left chest, about 8 cm (3 in) left of the sternum (breastbone) at the fifth intercostal space.
4. **Brachial**, at the inner aspect of the biceps muscle of the arm.
5. **Radial**, where the radial artery runs along the radial bone, on the thumb side of the inner aspect of the wrist.
6. **Femoral**, where the femoral artery passes alongside the inguinal ligament.
7. **Popliteal**, where the popliteal artery passes behind the knee.
8. **Posterior tibial**, on the medial surface of the ankle where the posterior tibial artery passes behind the medial malleolus.
9. **Pedal (dorsalis pedis)**, where the dorsalis pedis artery passes over the bones of the foot. This artery can be palpated by feeling the dorsum of the foot on an imaginary line from the middle of the ankle to the space between the big toe and second toe.



## Assessing Peripheral Pulse:

### **Equipment:**

1. Watch with a second hand or indicator.

### **Procedure:**

1. Explain to the client what you are going to do.
2. Wash hands
3. Provide for client privacy.
4. Select the pulse point. Normally, the radial pulse is taken, unless it cannot be exposed or circulation to another body area is to be assessed.
5. Assist the client to a comfortable resting position.
6. Place two or three middle fingertips lightly and squarely over the pulse point.  
*Using the thumb is contraindicated because the thumb has a pulse that the nurse could mistake for the client's pulse.*
7. Palpate and count the pulse for one minute.
8. Assess the pulse rhythm and volume:
  - a. Assess the pulse rhythm by noting the pattern of the intervals between the beats. A normal pulse has equal time periods between beats.
  - b. Assess the pulse volume. A normal pulse can be felt with moderate pressure and the pressure is equal with each beat.
9. **Document** the pulse rate, rhythm and volume and your actions in the client record.

## Respiration:

- **Respiration** is the act of breathing. It includes the intake of oxygen and the output of carbon dioxide.
- **Inhalation or inspiration** : intake of air into the lungs.
- **Exhalation or expiration** : breathing out or the movement of gases from the lungs to the atmosphere.
- The rate, depth, rhythm and special characteristics of respirations should be assessed.
- *Respiratory rate* is described in breaths per minute. A healthy adult normally takes between 12 and 20 breaths per minute.
- The *depth* of a person's respirations can be established by watching the movement of the chest. Respiratory depth is generally described as normal, deep, or shallow.
- During a normal inspiration and expiration, an adult takes about 500 mL of air.
- Respiratory rhythm or pattern refers to the regularity of the expirations and the inspirations. Respiratory rhythm can be described as *regular* or *irregular*.

## Assessing Respirations:

### **Equipment:**

1. Watch with a second hand or indicator.

### **Preparation:**

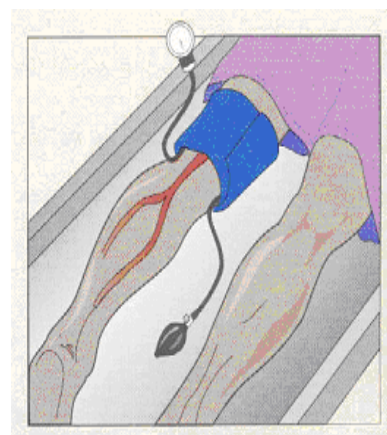
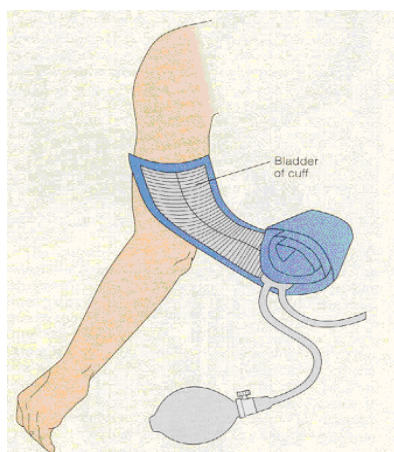
1. A client who has been exercising will need to rest for a few minutes to permit the accelerated respiratory rate to return to normal.

**Procedure:**

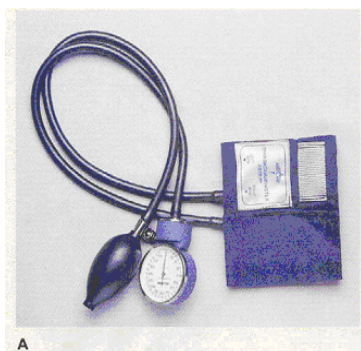
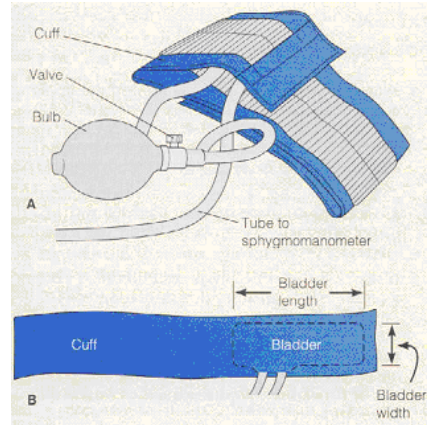
1. While your fingers are still in place after counting pulse rate, place the client's arm across the chest and observe the chest movements while supposedly taking the radial pulse.
2. Count the respiratory rate for one minute. An inhalation and an exhalation count as one respiration.
3. Observe the depth, rhythm and character of respirations.
  - a. Observe the respirations for depth by watching the movement of the chest.
  - b. Observe the respirations for regular or irregular rhythm.
  - c. Observe the character of respirations-the sound they produce and the effort they require.
4. **Document** the respiratory rate, depth, rhythm and character on the appropriate observation sheet.

**Blood Pressure:**

- Arterial blood pressure is a measure of the pressure exerted by blood as it pulsates through the arteries.
- Because blood moves in waves, there are two blood pressure measures:
  - The **systolic pressure**, the pressure of the blood as a result of contraction of the ventricles (i.e. the pressure of the height of the blood wave).
  - The **diastolic pressure**, the pressure when the ventricles are at rest. Diastolic pressure, then, is the lower pressure, present at all times within the arteries.
- The difference between the diastolic and systolic pressures is called the **pulse pressure**.
- **Blood Pressure Assessment Sites:**
  - Blood pressure is usually assessed in the client's arm using the brachial artery and a standard stethoscope.
  - Assessing the blood pressure on a client's thigh using the popliteal artery is usually indicated in these situations:
    - The blood pressure cannot be measured on either arm (e.g. because of burns, trauma, or bilateral mastectomy).
    - The blood pressure in one thigh is to be compared with the blood pressure in the other thigh.



- Blood pressure is *not* measured on a client's arm or thigh in the following situations:
  - The client has had breast or axilla (or hip) surgery on that side.
  - The client has an intravenous infusion or a blood transfusion in that limb.
  - The client has an arteriovenous fistula (e.g. for renal dialysis) in that limb.
- Parts of blood pressure measurement machine:
  - Sphygmomanometer.
  - Blood pressure cuff. The blood pressure cuff consists of a rubber bag that can be inflated with air called bladder.
  - Bulb.
  - Valve.
- Blood pressure cuffs come in various sizes. The bladder should be sufficiently long almost to encircle the limb and to cover at least two-thirds of its circumference.
- The **sphygmomanometer** indicates the pressure of the air within the bladder. There are two types of sphygmomanometers: *aneroid* and *mercury*. Some agencies use electronic sphygmomanometers.



*Aneroid*



*Mercury*



*Electronic*

## Assessing Blood Pressure

### **Equipment:**

1. Stethoscope.
2. Blood pressure cuff of the appropriate size.
3. Sphygmomanometer.
4. Alcohol swap.

### **Preparation:**

1. Ensure that the equipment is intact and functioning properly. Check for leaks in the rubber tubing of the sphygmomanometer.
2. Make sure that the client has not smoked or ingested caffeine within 30 minutes prior to measurement.
3. Delay obtaining blood pressure if patient is emotionally upset, in pain, or has just exercised, unless it is urgent to obtain blood pressure.

### **Procedure:**

1. Identify the patient.
2. Explain to the client what you are going to do.



3. Wash hands.
4. Provide for client privacy.
5. Select appropriate arm for application of cuff.
6. Have patient assume a comfortable lying or sitting position with forearm supported at the level of the heart and with palm upward.
7. Expose area of brachial artery by removing garments or moving sleeve, if it is not too tight, above area where cuff will be placed.
8. Centre bladder cuff over brachial artery approximately midway on arm, so lower edge of cuff is 2.5-5cm above inner aspect of elbow. Tubing should extend from edge nearest patient's elbow.
9. Wrap cuff smoothly and snugly around arm. Fasten it securely or tuck end of cuff well under preceding wrapping. Do not allow any clothing to interfere with proper placement of cuff.
10. Check that mercury manometer is in vertical position. Mercury must be within the zero area with gauge at eye level. If using aneroid gauge, needle should be within the zero mark.
11. Palpate pulse at brachial or radial artery by pressing gently with fingertips.
12. Tighten screw valve on air pump.
13. Inflate cuff while continuing to palpate artery. Note point on gauge where pulse disappears.
14. Deflate cuff and wait 15 seconds.
15. Place stethoscope earpieces in ears. Direct ear tips forward into the canal and not against ear itself.
16. Place stethoscope bell or diaphragm firmly but with as little pressure as possible over brachial artery. Do not allow stethoscope to touch clothing or cuff.
17. Pump the pressure 30mmHg above point at which systolic pressure was palpated and estimated. Open manometer valve and allow air to escape slowly (allowing gauge to drop 2-3 mm per heartbeat)
18. Note point on gauge at which the first faint, but clear, sound appears and slowly increases in intensity. Note this number as the systolic pressure.
19. Read pressure to the closest even number.
20. Do not re-inflate cuff once air is being released to recheck the systolic pressure reading.
21. Note the pressure at which the sound first becomes muffled. Also observe point at which sound completely disappears. These may occur separately or at the same time.
22. Allow remaining air to escape quickly. Repeat any suspicious reading, but wait 30-60 seconds between readings to allow normal circulation to return to limb. Be sure to deflate cuff completely between attempts to check blood pressure.
23. Remove cuff. Clean and store equipment.
24. Wash your hands. If wearing gloves, discard them in proper receptacle.
25. Document blood pressure readings.

**Assessing oral body temperature**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

<b>Preparation</b>		<b>Performed</b>		<b>CLO</b>
		<b>yes</b>	<b>no</b>	
1.	Prepare equipment: <ul style="list-style-type: none"> <li>• Thermometer.</li> <li>• Thermometer sheet or cover.</li> <li>• Disposable gloves.</li> <li>• Tissues/wipes.</li> </ul>			5.1.2
<b>Procedure</b>				
1.	Explain the procedure for the client.			4.1.1
2.	Wash hands.			5.1.2
3.	Provide privacy for the client.			5.1.2
4.	Place the client in appropriate position.			5.1.2
5.	Apply protective sheet or probe cover if appropriate.			5.1.2
6.	Place the thermometer bulb on either side of the frenulum.			5.1.2
7.	Wait 2-3 minutes			5.1.2
8.	Remove the thermometer and discard the cover or wipe with the tissue if necessary.			5.1.2
9.	Read the temperature.			5.1.2
10.	Wash the thermometer if necessary and return it to the storage location.			5.1.2
11.	Document the temperature on client's record.			5.1.2

**Result:**

<b>CLO</b>	<b>Student Performance</b>		
<b>4.1.1</b>	...../1		
5.1.2	...../11	<b>Final Result</b>	...../12

**Name and Signature of Evaluator:** .....

**Assessing a peripheral pulse**

**Student's Name:** .....

**ID Number:** .....

**Date:**    /    /143    **H**

<b>Preparation</b>		<b>Performed</b>		<b>CLO</b>
		<b>yes</b>	<b>no</b>	
1.	Prepare equipment: <ul style="list-style-type: none"> <li>• Watch with second hand or indicator.</li> </ul>			5.1.2
<b>Procedure</b>				
1.	Explain the procedure for the client.			4.1.1
2.	Wash hands.			5.1.2
3.	Provide privacy for the client.			5.1.2
4.	Select the pulse point.			5.1.2
5.	Assist client to a comfortable resting position.			5.1.2
6.	Palpate and count the pulse. <ul style="list-style-type: none"> <li>• Place two or three middle fingertips lightly over the pulse rate.</li> <li>• Count for full minute.</li> </ul> <p style="text-align: right;"><b>3</b> <b>points</b></p>			5.1.2
7.	Assess pulse rhythm and volume.			5.1.2
8.	Document pulse rate as beats per minute in client's record.			5.1.2

**Result:**

<b>CLO</b>	<b>Student Performance</b>		
<b>4.1.1</b>	...../1		
5.1.2	...../10	<b>Final Result</b>	...../11

**Name and Signature of Evaluator:** .....

**Assessing Respiration**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

<b>Preparation</b>		<b>Performed</b>		<b>CLO</b>
		<b>yes</b>	<b>no</b>	
1.	Prepare equipment: • Watch with second hand or indicator.			5.1.2
<b>Procedure</b>				
1.	Explain the procedure for the client.			4.1.1
2.	Wash hands.			5.1.2
3.	Provide privacy for the client.			5.1.2
4.	Place the client's arm across the chest and observe the chest movements with breathing supposing taking the radial pulse.			5.1.2
5.	Count the respiratory rate for 60 seconds. An inhalation and an exhalation count as one respiration.			5.1.2
6.	Observe the rhythm, depth, and character of respiration.			5.1.2
7.	Document the respiratory rate in the client's record.			5.1.2

**Result:**

<b>CLO</b>	<b>Student Performance</b>		
<b>4.1.1</b>	...../1		
5.1.2	...../7	<b>Final Result</b>	...../8

**Name and Signature of Evaluator:** .....

## Assessing Blood Pressure

Student's Name: .....

ID Number: .....

Date: / /143 H

Preparation		Performed		CLO
		yes	no	
1.	Prepare equipment: <ul style="list-style-type: none"> <li>• Stethoscope.</li> <li>• Sphygmomanometer.</li> <li>• Antiseptic swap.</li> </ul>			5.1.2
<b>Procedure</b>				
1.	Explain the procedure for the client.			4.1.1
2.	Wash hands.			5.1.2
3.	Provide privacy for the client.			5.1.2
4.	Place the client in appropriate position: <ul style="list-style-type: none"> <li>• The adult client should be sitting if possible.</li> <li>• Both feet should be flat on the floor.</li> <li>• The elbow should be slightly flexed.</li> </ul>			5.1.2
5.	Expose the upper arm.			5.1.2
6.	Wrap the deflated cuff evenly around the upper arm. <ul style="list-style-type: none"> <li>• Locate the brachial pulse.</li> <li>• Apply the center of the bladder directly over the artery.</li> </ul>			5.1.2
<b>If this is the client's first examination</b>				
	<ul style="list-style-type: none"> <li>• Palpate the brachial artery with fingertips.</li> </ul>			5.1.2
	<ul style="list-style-type: none"> <li>• Close the valve on the pump by turning the knob clockwise.</li> </ul>			5.1.2
	<ul style="list-style-type: none"> <li>• Pump up the pump until you no longer feel the brachial pulse.</li> </ul>			5.1.2
	<ul style="list-style-type: none"> <li>• Note the pressure on the sphygmomanometer at that point.</li> </ul>			5.1.2
	<ul style="list-style-type: none"> <li>• Release the pressure completely in the cuff.</li> </ul>			5.1.2
	<ul style="list-style-type: none"> <li>• Waite 1 to 2 minutes before making further measurements.</li> </ul>			5.1.2
7.	Place the stethoscope appropriately: <ul style="list-style-type: none"> <li>• Clean the ear pieces with antiseptic swap.</li> <li>• Insert the ear attachment of the stethoscope in your ears.</li> <li>• Place the bill side of the stethoscope over the brachial artery.</li> <li>• Hold the diagram with the thumb and index fingers.</li> </ul>			5.1.2
8.	Auscultate the clients blood pressure: <ul style="list-style-type: none"> <li>• Pump the cuff until the sphygmomanometer reads 30 mmHg above the point where the brachial pulse disappears.</li> <li>• Release the valve on the cuff carefully so that the pressure decreases slowly.</li> <li>• As the pressure falls, identify the sphygmomanometer reading where you hear the first sound. Also, identify the sphygmomanometer where the sound disappears.</li> <li>• Deflate the cuff rapidly and completely.</li> </ul>			5.1.2
9.	Remove the cuff.			5.1.2
10.	Document blood pressure in the client's record.			5.1.2

**Result:**

<b>CLO</b>	<b>Student Performance</b>		
<b>4.1.1</b>	...../1		
5.1.2	...../19	<b>Final Result</b>	<b>...../20</b>

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Two**  
**BLS “Basic Life Support”**

**Introduction:**

Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped.

**CPR:**

• **Untrained Personnel:**

If you're not trained in CPR, then provide hands-only CPR. That means uninterrupted chest compressions of about 100 a minute until paramedics arrive (described in more detail below). You don't need to try rescue breathing.

• **Trained Personnel, and ready to go:**

If you're well trained and confident in your ability, begin with chest compressions instead of first checking the airway and doing rescue breathing. Start CPR with 30 chest compressions before checking the airway and giving rescue breaths.

• **Trained Personnel, but rusty:**

If you've previously received CPR training but you're not confident in your abilities, then just do chest compressions at a rate of about 100 a minute. (Details described below.)

- The above advice applies to adults, children and infants needing CPR, but not newborns.
- CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm.
- When the heart stops, the absence of oxygenated blood can cause irreparable brain damage in only a few minutes. A person may die within eight to 10 minutes.
- Before starting CPR, check:
  - Is the person conscious or unconscious?
  - If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
  - If the person doesn't respond and two people are available, one should call the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call the local emergency number before beginning CPR — unless you think the person has become unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call the local emergency number.
  - If an AED (Automated external defibrillator) is immediately available, deliver one shock if instructed by the device, then begin CPR.

**Remember to spell C-A-B:**

- In 2010, the American Heart Association changed its long-held acronym of ABC to CAB — circulation, airway, breathing — to help people remember the order to perform the steps of CPR. This change emphasizes the importance of chest compressions to help keep blood flowing through the heart and to the brain.

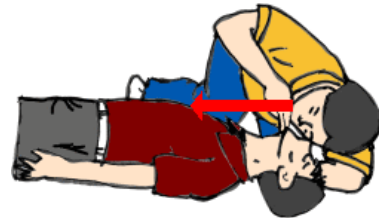
## 1 and 2 Rescuer Adult BLS with AED:

### 1. Scene Assessment:

- Number one priority in any situation should be your own personal safety. You should never put yourself in extreme danger to help someone else.
- If you are uncomfortable or in fear for yourself; retreat to safety and await professional help

### 2. Assesses victim:

- Checks for unresponsiveness by tapping and shouting (this MUST precede starting compressions)
- Checks for no breathing or no normal breathing (only gasping)
  - Look, Listen, and Feel. Lower your head down and LOOK for chest movement, LISTEN for the sounds of normal breathing and FEEL their breaths on your cheek.



### 3. Getting Help:

- Activate emergency response system
- Shouts for help / directs someone to call for help and get AED / defibrillator
- Steps 1, 2 and 3 (assessment and activation) must be completed within 10 seconds of arrival at scene.

### 4. Circulation: Checking for a Pulse:

- Layperson rescuer should not check for a pulse while performing CPR
- Health care providers trained in checking a pulse, may do so if they feel comfortable.
- Check carotid pulse, this should take no more than 10 seconds.
- If you check for a pulse and do not feel it or are not sure if a pulse is present, begin CPR



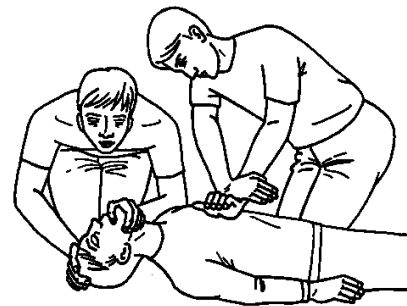
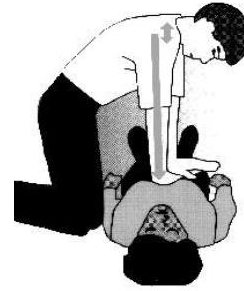
### 5. Circulation: Chest Compression:

- When performing CPR, give 30 compressions followed by 2 breaths.
- Make sure the victim is lying flat on their back, face up, on a HARD FIRM SURFACE –as quickly as possible. The floor is typically the best option in most situations.
- Remove any clothing covering the chest. This helps us to find the correct location to perform compressions and use AED when it arrives.
- Locate the center of the chest, between the nipples and place the palm of one hand on the top of the lower half of the sternum. Place the second hand on the top of the first hand in a manner that is comfortable for you. You may overlay or interlock your fingers.



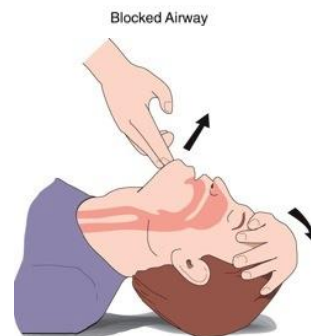
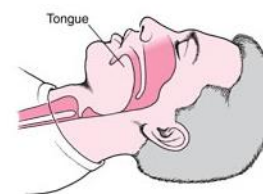


- Position yourself over the victim and use your entire body to push up and down on the person's chest.
- Keep your elbows straight and position your shoulders directly above your hands.
- Use your upper body weight (not just your arms) as you push straight down on (compress) the chest at least 2 inches (approximately 5 centimeters). Push hard at a rate of about 100 compressions a minute; deliver 30 compressions in 18 seconds or less.
- After each compression, allow the chest to return to its normal position before compressing again.
- If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, perform 30 chest compressions then go on to checking the airway and rescue breathing.
- If another rescuer is present, alternate and switch as needed. One rescuer should perform 30 compressions and the second rescuer provides 2 rescue breaths. Roles should be changed every 2 minutes (or 5 sets of 30:2) or as needed to prevent fatigue.
- When working with another rescuer, counting out loud when doing compressions will allow them to know when to give breaths.
- While performing CPR, rib fracture is common. Chest compressions should continue without delay or modification.
- Minimize interruptions in compressions:
  - Less than 10 seconds between last compression of one cycle and first compression of the next cycle.
  - Compressions not interrupted until AED analyzing rhythm.
  - Compressions resumed immediately after shock / no shock indicated.



#### 6. Airway: *Opening the Airway:*

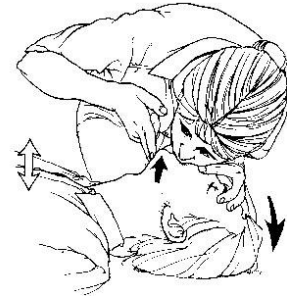
- When a person becomes unconscious, he loses all muscle tone. The tongue may block the airway (trachea/windpipe) of the victim. The tongue is the most common cause of airway obstruction in an unconscious adult.
- Head tilt / chin lift is done to open a victim's airway.
- With the victim lying face up on a hard firm surface, place one hand on the forehead of the victim while grasping the bony portion of the chin with the other. Tilt the head and lift the chin at the same time. This lifts the tongue and creates an opened airway.
- Check for normal breathing, taking no more than five or 10 seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear. Gaspings is not considered to be normal breathing. If the person isn't breathing normally and you are trained in CPR, begin mouth-to-mouth breathing. If you



believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth rescue breathing and continue chest compressions.

**7. Breathing:**

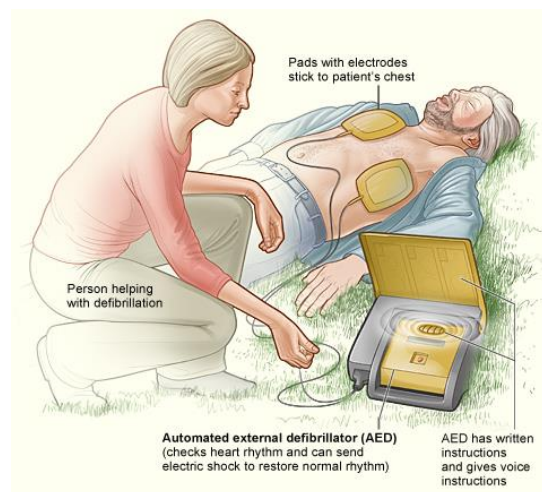
- Breathe for the person (Rescue breathing can be mouth-to-mouth breathing, mouth-to-mask breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened).
- With the airway open (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.
- Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, let the victim exhale and give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second breath. Thirty chest compressions followed by two rescue breaths is considered one cycle.
- Mouth to mouth breathing's risks are real and may expose the rescuer to viral infections such as H1N1, the Flu, or Herpes.
- Mouth to mask breathing is the delivery of rescue breaths through a barrier mask to protect the rescuer from becoming exposed to the victim's bodily fluids.
- To use the mask, place it on the victim's face with the pointy end over the bridge of the nose. Place one hand over the top of the mask holding it firmly on the face, place the second hand on the bottom portion of the mask while grasping the chin; perform a head tilt / chin lift. Deliver breaths as in mouth to mouth breathing except place your mouth on the one way valve. Deliver each breath for about 1 second; looking for the chest to rise.
- Avoid excessive ventilation.



**8. Resume chest compressions to restore circulation; 30:2**

**9. Use of AED:**

- If the person has not begun moving after five cycles (about two minutes) and an Automated External Defibrillator (AED) is available, apply it and follow the prompts.
- Turns AED on.
- Places proper-sized pads for victim's age in correct location.
- Clears rescuers from victim for AED to analyze rhythm (pushes analyze button if required by device)
- Clears victim and administer one shock:
  - Communicates clearly to all rescuers to stop touching victim.



- Deliver shock to victim after all rescuers are clear of victim.
- Resume CPR immediately — starting with chest compressions — for two more minutes before administering a second shock.
- Do not turn off AED during CPR.
- Use pediatric pads, if available, for children ages 1 through 8. Do not use an AED for babies younger than age 1. If an AED isn't available, go to step below.

**10. Continue CPR until there are signs of movement or emergency medical personnel take over.**

**Child BLS:**

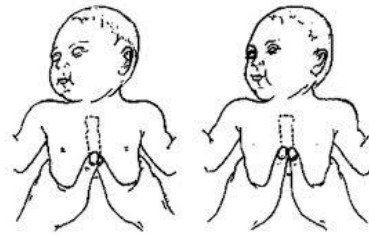
- The procedure for giving CPR to a child age 1 through 8 is essentially the same as that for an adult. The differences are as follows:
  - If you're alone, perform five cycles of compressions and breaths (30:2) on the child — this should take about two minutes — before calling the local emergency number or using an AED.
  - If you witness the pediatric victim collapse or have someone else around: treat the victim as an adult. Get additional resources and call emergency system (or by other person) immediately then return to the victim and begin CPR
  - Attempt to push  $\frac{1}{2}$  to  $\frac{1}{3}$  the chest depth of the child (approximately 2 inches). If the child is small in size, you may use one hand instead of two when performing compressions. You may use the second hand to maintain open airway to allow for potential CPR induced ventilation; and stabilize the child from moving during compressions.
  - Breathe more gently; give a lower volume of air when giving breaths. Give just enough to see the chest rise.
  - Use the same compression-breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths.
  - After five cycles (about two minutes) of CPR, if there is no response and an AED is available, apply it and follow the prompts. Use pediatric pads if available. If pediatric pads aren't available, use adult pads.
  - Continue until the child moves or help arrives.



**Infant BLS:**

- Most cardiac arrests in babies occur from lack of oxygen, such as from drowning or choking. If you know the baby has an airway obstruction, perform first aid for choking. If you don't know why the baby isn't breathing, perform CPR.
- To begin, examine the situation. Stroke the baby and watch for a response, such as movement, but don't shake the baby.
- Check brachial pulse.
- If there's no response, follow the CAB procedures below and time the call for help as follows:
  - If you're the only rescuer and CPR is needed, do CPR for two minutes — about five cycles — before calling the local emergency number.

- If another person is available, have that person call for help immediately while you attend to the baby.
- **Circulation: Restore blood circulation:**
  - Place the baby on his or her back on a firm, flat surface, such as a table. The floor or ground also will do.
  - 1 rescuer: Imagine a horizontal line drawn between the baby's nipples. Place two fingers of one hand just below this line, in the center of the chest. Place the second hand on the infant's head to maintain an open airway and to stabilize the infant.
  - 2 rescuer: 2 thumb-encircling hands just below the nipple line
  - Gently compress the chest at a depth of 1/3 the chest depth; about 1.5 inches (about 4 cm).
  - Complete chest recoil after each compression.
  - Count aloud as you pump in a fairly rapid rhythm. You should pump at a rate of 100 compressions a minute.
- **Airway: Clear the airway:**
  - After 30 compressions for 1 rescuer and 15 compressions for 2 rescuers, gently tip the head back by lifting the chin with one hand and pushing down on the forehead with the other hand.
  - In no more than 10 seconds, put your ear near the baby's mouth and check for breathing: Look for chest motion, listen for breath sounds, and feel for breath on your cheek and ear.
- **Breathing: Breathe for the infant:**
  - Cover the baby's mouth and nose with your mouth.
  - Prepare to give two rescue breaths. Use the strength of your cheeks to deliver gentle puffs of air (instead of deep breaths from your lungs) to slowly breathe into the baby's mouth one time, taking one second for the breath. Watch to see if the baby's chest rises. If it does, give a second rescue breath. If the chest does not rise, repeat the head-tilt, chin-lift maneuver and then give the second breath.
  - If the baby's chest still doesn't rise, examine the mouth to make sure no foreign material is inside. If the object is seen, sweep it out with your finger. If the airway seems blocked, perform first aid for a choking baby.
  - Give two breaths after every 30 chest compressions for 1 rescuer and 15 chest compressions for 2 rescuers.
  - Perform CPR for about two minutes before calling for help unless someone else can make the call while you attend to the baby.
  - Continue CPR until you see signs of life or until medical personnel arrive.



**1-and 2-Rescuer Adult BLS with AED**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

Critical Performance Criteria		Performed		CLO
		yes	no	
<b>1-Rescuer Adult BLS</b>				
<i>During this first phase, evaluate the first rescuer's ability to initiate BLS and deliver high-quality CPR for 5 cycles.</i>				
1.	Scene Assessment			5.1.1
2.	Assess Victim: checks for response and for no breathing or no normal breathing, only gasping (5-10 seconds)			5.1.1
3.	Activates emergency response system			4.1.1
4.	Checks for pulse (no more than 10 seconds)			5.1.1
<b>Gives high-quality CPR</b>				
5.	• Correct compression hand placement			5.1.1
	• Adequate rate: at least 100/min. (30 compressions in 18 seconds)			5.1.1
	• Adequate depth: at least 5cm in depth (at least 23 of 30)			5.1.1
	• Allows complete chest recoil (at least 23 of 30)			5.1.1
	• Minimize interruptions: gives 2 breaths in less than 10 seconds			5.1.1
<b>Second rescuer AED skills evaluation and switch:</b>				
<i>During this next phase, evaluate the second rescuer's ability to use the AED and both rescuers' abilities to switch roles.</i>				
6.	• During fifth set of compressions: second rescuer arrives with AED and bag-mask device, turn on AED, and applies pads			5.1.1
	• First rescuer continues compressions while second rescuer turns on AED and applies pads.			5.1.1
	• Second rescuer clears victim, allowing AED to analyze- Rescuers Switch			5.1.1
	• If AED indicates a shockable rhythm, second rescuer clears victim again and delivers shock			5.1.1
<b>First rescuer bag-mask ventilation:</b>				
<i>During this next phase, evaluate the first rescuer's ability to give breaths with a bag-mask (both rescuers resume high-quality CPR immediately after shock delivery)</i>				
	• Second rescuer gives 30 compressions immediately after shock delivery (for 2 cycles)			5.1.1
	• First rescuer successfully delivers 2 breaths with bag-mask (for 2 cycles)			5.1.1

**Result:**

CLO	Student Performance		
4.1.1	...../.....		
5.1.1	...../.....	<b>Final Result</b>	...../.....

**Name and Signature of Evaluator:** .....

## 1-and 2-Rescuer Infant BLS

Student's Name: .....

ID Number: .....

Date: / /143 H

Critical Performance Criteria		Performed		CLO
		yes	no	
<b>1-Rescuer Infant BLS</b>				
<i>During this first phase, evaluate the first rescuer's ability to initiate BLS and deliver high-quality CPR for 5 cycles.</i>				
1.	Scene Assessment			5.1.1
2.	Assess Victim: checks for response and for no breathing or no normal breathing, only gasping (5-10 seconds)			5.1.1
3.	Sends someone to activates emergency response system			4.1.1
4.	Checks for pulse (no more than 10 seconds)			5.1.1
<b>Gives high-quality CPR</b>				
5.	• Correct compression finger placement			5.1.1
	• Adequate rate: at least 100/min. (30 compressions in 18 seconds)			5.1.1
	• Adequate depth: at least 4cm in depth (at least 23 of 30)			5.1.1
	• Allows complete chest recoil (at least 23 of 30)			5.1.1
	• Minimize interruptions: gives 2 breaths in less than 10 seconds			5.1.1
<b>2-Rescuer CPR and Switch:</b>				
<i>During this next phase, evaluate the first rescuer's ability to give breaths with a bag-mask and give compressions by using the 2 thumb-encircling hands technique. Also evaluate both rescuers' ability to switch roles.</i>				
6.	• During fifth set of compressions: second rescuer arrives with bag-mask device. Rescuers switch roles.			5.1.1
	<b>Both rescuers resume high-quality CPR:</b>			
	• Second rescuer gives 15 compressions in 9 seconds or less by using 2 thumb-encircling hands technique (for 2 cycles)			5.1.1
	• First rescuer successfully delivers 2 breaths with bag-mask (for 2 cycles)			5.1.1
<b>After 2 cycles, prompt rescuers to switch roles. Both rescuers resume high-quality CPR:</b>				
	• First rescuer gives 15 compressions in 9 seconds or less by using 2 thumb-encircling hands technique (for 2 cycles)			5.1.1
	• Second rescuer successfully delivers 2 breaths with bag-mask (for 2 cycles)			5.1.1

### Result:

CLO	Student Performance		
4.1.1	...../.....		
5.1.1	...../.....	<b>Final Result</b>	...../.....

Name and Signature of Evaluator: .....

**Emergency Health Care**  
**Unit Three**  
**Emergency Care of Wounds**

- Minor cuts and scrapes usually don't require visiting emergency room. Guidelines for caring for such wounds:
  - **Wash your hands:**
    - This helps avoid infection. Also put on disposable protective gloves if they're available.
  - **Stop the bleeding:**
    - Minor cuts and scrapes usually stop bleeding on their own.
    - If not, apply gentle pressure with a sterile bandage or clean cloth and elevate the wound.
  - **Clean the wound:**
    - Use clear water to rinse the wound. Also clean around the wound with soap and a washcloth. Keep soap out of the wound, as it can cause irritation.
    - If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris still remains, visit emergency care unit.
    - Thorough cleaning reduces the risk of infection and tetanus.
    - There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser, which can be irritating to tissue already injured.
  - **Apply an antibiotic:**
    - Apply a thin layer of an antibiotic cream or ointment (Neosporin, Polysporin) to help keep the surface moist. These products don't make the wound heal faster. But they can discourage infection and help the body's natural healing process.
    - Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
  - **Cover the wound:**
    - Bandages can help keep the wound clean and keep harmful bacteria out.
    - If the injury is just a minor scrape, or scratch, leave it uncovered.
  - **Change the dressing:**
    - Do this at least once a day or whenever the bandage becomes wet or dirty.
    - If the injured person is allergic to the adhesive in tapes and bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, rolled gauze or a loosely applied elastic bandage.
    - After the wound has healed enough to make infection unlikely, it can be left uncovered, as exposure to the air will speed healing.
  - **Get stitches for deep wounds:**
    - A deep — all the way through the skin — gaping or jagged wound with exposed fat or muscle will need stitches.
    - Adhesive strips or butterfly tape may hold a minor cut together, but if the wound can't be easily closed, visit the emergency care unit as soon as possible.

- Proper closure within a few hours minimizes scarring and reduces the risk of infection.
- **Watch for signs of infection:**
  - Visit the emergency department if the wound isn't healing or any redness, increasing pain, drainage, warmth or swelling are noticed.
- **Get a tetanus shot:**
  - If the injured person hasn't had a tetanus shot in the past five years and the wound is deep or dirty, he or she may need a booster shot, as soon as possible



## First aid and care of wounds

Student's Name: .....

ID Number: .....

Date: / /143 H

	Procedure	Performed		CLO
		yes	no	
1.	<b>Wash your hands:</b> <ul style="list-style-type: none"> <li>Put on disposable protective gloves if they're available.</li> </ul>			5.1.2
2.	<b>Stop the bleeding:</b> <ul style="list-style-type: none"> <li>Apply gentle pressure with a sterile bandage or clean cloth and elevate the wound.</li> </ul>			5.1.2
3.	<b>Clean the wound:</b> <ul style="list-style-type: none"> <li>Use clear water to rinse the wound. Also clean around the wound with soap and a washcloth. Keep soap out of the wound, as it can cause irritation.</li> <li>If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris still remains, visit emergency care unit.</li> <li>There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser, which can be irritating to tissue already injured</li> </ul> <p style="text-align: right;"><b>3 points</b></p>			5.1.2
4.	<b>Apply an antibiotic:</b> <ul style="list-style-type: none"> <li>Apply a thin layer of an antibiotic cream or ointment</li> <li>Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.</li> </ul>			5.1.2
5.	<b>Cover the wound:</b> <ul style="list-style-type: none"> <li>Bandages can help keep the wound clean and keep harmful bacteria out.</li> <li>If the injury is just a minor scrape, or scratch, leave it uncovered.</li> </ul>			5.1.2
6.	<b>Change the dressing:</b> <ul style="list-style-type: none"> <li>Do this at least once a day or whenever the bandage becomes wet or dirty.</li> <li>If the injured person is allergic to the adhesive in tapes and bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, rolled gauze or a loosely applied elastic bandage.</li> </ul>			5.1.2
7.	<b>Get stitches for deep wounds:</b> <ul style="list-style-type: none"> <li>A deep — all the way through the skin — gaping or jagged wound with exposed fat or muscle will need stitches.</li> <li>Adhesive strips or butterfly tape may hold a minor cut together, but if the wound can't be easily closed, visit the emergency care unit as soon as possible.</li> </ul>			5.1.2
8.	<b>Watch for signs of infection</b>			5.1.2
9.	<b>Correct consequence of steps</b>			2.2.1

**Result:**

<b>CLO</b>	<b>Student Performance</b>		
<b>2.2.1</b>	...../2		
<b>5.1.2</b>	...../10	<b>Final Result</b>	<b>...../12</b>

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Four**  
**Emergency Care of Bleeding**

**Severe bleeding:**

- If possible, before you try to stop severe bleeding, wash your hands to avoid infection and put on gloves.
- If the wound is abdominal and organs have been displaced, don't try to push them back into place — cover the wound with a dressing.
- For other cases of severe bleeding:
  - Have the injured person lie down and cover the person to prevent loss of body heat. If possible, position the person's head slightly lower than the trunk or elevate the legs and elevate the site of bleeding.
  - While wearing gloves, remove any obvious dirt or debris from the wound. Don't remove any large or more deeply embedded objects. Your principal concern is to stop the bleeding.
  - Apply pressure directly on the wound until the bleeding stops. Use a sterile bandage or clean cloth and hold continuous pressure for at least 20 minutes without looking to see if the bleeding has stopped. Maintain pressure by binding the wound tightly with a bandage or clean cloth and adhesive tape. Use your hands if nothing else is available. If possible, wear rubber or latex gloves or use a clean plastic bag for protection.
  - Don't remove the gauze or bandage. If the bleeding continues and seeps through the gauze or other material you are holding on the wound, don't remove it. Instead, add more absorbent material on top of it.
  - Squeeze a main artery if necessary. If the bleeding doesn't stop with direct pressure, apply pressure to the artery delivering blood to the area. Pressure points of the arm are on the inside of the arm just above the elbow and just below the armpit. Pressure points of the leg are just behind the knee and in the groin. Squeeze the main artery in these areas against the bone. Keep your fingers flat. With your other hand, continue to exert pressure on the wound itself.
  - Immobilize the injured body part once the bleeding has stopped. Leave the bandages in place and get the injured person to the emergency room as soon as possible.
  - Blood pressure cuff: the cuff is placed above the wound, and can be left for up to 30 min
  - Applying Tourniquet: is a last resort used only when other methods to control bleeding have failed
- If you suspect internal bleeding, call your local emergency number. Signs of internal bleeding may include:
  - Bleeding from body cavities
  - Vomiting or coughing up blood
  - Bruising on neck, chest, abdomen or side
  - Wounds that have penetrated the skull, chest or abdomen
  - Abdominal tenderness, possibly accompanied by rigidity or spasm of abdominal muscles
  - Fractures
  - Shock, indicated by weakness, anxiety, thirst or skin that's cool to the touch

- **First aid for internal bleeding:**
  - Call or get someone to call emergency services. Don't wait to see if the person improves or deteriorates
  - If available put synthetic gloves
  - Check airway, breathing and circulation. Begin **cardiopulmonary resuscitation (CPR)** if necessary
  - If unconscious and breathing – place the person in the recovery position and with legs higher than the heart if possible
  - If conscious – lie the casualty down and raise or bend legs if injuries permit
  - Keep casualty warm. This may help delay the onset of **shock** by minimizing the bodies heat.
  - Reassure and stay calm. This helps provide security for the injured person
  - Continue to check pulse and breathing
  - Treat other injuries as appropriate
  - Do not give anything to eat or drink as they may require surgery to stop the bleeding

#### **Nosebleeds: First aid**

- Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both.
- Among children and young adults, nosebleeds usually originate from the septum, just inside the nose. The septum separates your nasal chambers.
- In middle-aged and older adults, nosebleeds can begin from the septum, but they may also begin deeper in the nose's interior. This latter origin of nosebleed is much less common. It may be caused by hardened arteries or high blood pressure. These nosebleeds begin spontaneously and are often difficult to stop. They require a specialist's help.
- To take care of a nosebleed:
  - Sit upright and lean forward. By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding. Sitting forward will help you avoid swallowing blood, which can irritate your stomach.
  - Pinch your nose. Use your thumb and index finger to pinch your nostrils shut. Breathe through your mouth. Continue to pinch for five to 10 minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.
  - Apply ice over the nose
  - Keep the patient quite
  - To prevent re-bleeding after bleeding has stopped, don't pick or blow your nose and don't bend down until several hours after the bleeding episode. Keep your head higher than the level of your heart.
  - If re-bleeding occurs, blow out forcefully to clear your nose of blood clots and spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, others). Pinch your nose in the technique described above and call your doctor.
  - Seek medical care immediately if:
    - The bleeding lasts for more than 20 minutes
    - The nosebleed follows an accident, a fall or an injury to your head, including a punch in the face that may have broken your nose

- For frequent nosebleeds:
  - If you experience frequent nosebleeds, make an appointment with your doctor. You may need a blood vessel cauterized. Cautery is a technique in which the blood vessel is burned with electric current, silver nitrate or a laser. Sometimes your doctor may pack your nose with special gauze or an inflatable latex balloon to put pressure on the blood vessel and stop the bleeding.
- Also call your doctor if you are experiencing nasal bleeding and are taking blood thinners, such as aspirin or warfarin (Coumadin). Your doctor may advise adjusting your medication intake.
- Using supplemental oxygen administered with a nasal tube (cannula) may increase your risk of nosebleeds. Apply a water-based lubricant to your nostrils and increase the humidity in your home to help relieve nasal bleeding.

**First aid of external bleeding:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

Procedure		Performed		CLO
		yes	no	
1.	<b>Wash your hands:</b> • Put on disposable protective gloves if they're available.			5.1.2
2.	Assess the bleeding			5.1.2
3.	Remove any obvious dirt or debris from the wound			5.1.2
4.	<b>Apply pressure directly on the wound until the bleeding stops:</b> • Use a sterile bandage or clean cloth and hold continuous pressure for at least 20 minutes without looking to see if the bleeding has stopped. • Maintain pressure by binding the wound tightly with a bandage or clean cloth and adhesive tape. Use your hands if nothing else is available <b>2 points</b>			5.1.2
5.	Elevate the injured limb			5.1.2
6.	<b>Pressure points:</b> • Apply pressure to the artery delivering blood to the area.			5.1.2
7.	Immobilize the injured body part			5.1.2
8.	Use blood pressure cuff			5.1.2
9.	Applying Tourniquet			5.1.2
10.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../10	<b>Final Result</b>	...../12

**Name and Signature of Evaluator:** .....

**First aid of internal bleeding:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

Procedure		Performed		CLO
		yes	no	
1.	Call or get someone to call emergency services. Don't wait to see if the person improves or deteriorates			3.1.1
2.	If available put synthetic gloves			5.1.2
3.	Check airway, breathing and circulation. Begin <b>cardiopulmonary resuscitation (CPR)</b> if necessary			5.1.2
4.	If unconscious and breathing – place the person in the recovery position and with legs higher than the heart if possible <b>2 points</b>			5.1.2
5.	If conscious – lie the casualty down and raise or bend legs if injuries permit <b>2 points</b>			5.1.2
6.	Keep casualty warm. This may help delay the onset of <b>shock</b> by minimizing the bodies heat. <b>2 points</b>			5.1.2
7.	Reassure and stay calm. This helps provide security for the injured person <b>2 points</b>			4.1.1
8.	Continue to check pulse and breathing			5.1.2
9.	Treat other injuries as appropriate			5.1.2
10.	Do not give anything to eat or drink as they may require surgery to stop the bleeding			5.1.2
11.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
<b>2.2.1</b>	...../2		
<b>3.1.1</b>	...../1		
<b>4.1.1</b>	...../2		
5.1.2	...../11	<b>Final Result</b>	<b>...../16</b>

**Name and Signature of Evaluator:** .....

**First aid of Epistaxis:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

	Procedure	Performed		CLO
		yes	no	
1.	Sit upright and lean forward			5.1.2
2.	<b>Pinch your nose:</b> <ul style="list-style-type: none"> <li>• Use your thumb and index finger to pinch your nostrils shut.</li> <li>• Breathe through your mouth.</li> <li>• Continue to pinch for five to 10 minutes. <b>3 points</b></li> </ul>			5.1.2
3.	Apply ice over the nose			5.1.2
4.	Keep the patient quite			4.1.1
5.	<b>Prevent re-bleeding after bleeding has stopped:</b> <ul style="list-style-type: none"> <li>• Don't pick or blow your nose.</li> <li>• Don't bend down until several hours after the bleeding episode.</li> <li>• Keep your head higher than the level of your heart. <b>2 points</b></li> </ul>			5.1.2
6.	<b>If re-bleeding occurs:</b> <ul style="list-style-type: none"> <li>• Blow out forcefully to clear your nose of blood clots</li> <li>• Spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, others).</li> <li>• Pinch your nose in the technique described above</li> <li>• Visit emergency care center <b>2 points</b></li> </ul>			5.1.2
7	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
4.1.1	...../1		
5.1.2	...../9	<b>Final Result</b>	...../12

**Name and Signature of Evaluator:** .....



**Emergency Health Care**  
**Unit Five**  
**Emergency Care of Shock**

**Shock:**

- Shock may result from trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes.
- When a person is in shock, his or her organs aren't getting enough blood or oxygen. If untreated, this can lead to permanent organ damage or even death.
- Signs and symptoms of shock vary depending on circumstances and may include:
  - Cool, clammy skin
  - Pale or ashen skin
  - Rapid pulse
  - Rapid breathing
  - Nausea or vomiting
  - Enlarged pupils
  - Weakness or fatigue
  - Dizziness or fainting
  - Changes in mental status or behavior, such as anxiousness or agitation
- Care of a victim in shock:
  - Call the local emergency number.
  - Immediately take the following steps:
    - Lay the person down and elevate the legs and feet slightly, unless you think this may cause pain or further injury.
    - Keep the person still and don't move him or her unless necessary.
    - Begin CPR if the person shows no signs of life, such as breathing, coughing or movement.
    - Loosen tight clothing and, if needed, cover the person with a blanket to prevent chilling.
    - Don't let the person eat or drink anything.
    - If the person vomits or begins bleeding from the mouth, turn him or her onto a side to prevent choking, unless you suspect a spinal injury.

**First aid of Shock:**

**Student's Name:** .....

**ID Number:** .....

**Date:**    /    /143    **H**

	Procedure	Performed		CLO
		yes	no	
1.	Call the local emergency number.			3.1.1
2.	Lay the person down and elevate the legs and feet slightly, unless you think this may cause pain or further injury. <b>2 points</b>			5.1.2
3.	Keep the person still and don't move him or her unless necessary.			5.1.2
4.	Begin CPR if the person shows no signs of life, such as breathing, coughing or movement.			5.1.2
5.	Loosen tight clothing and, if needed, cover the person with a blanket to prevent chilling.			5.1.2
6.	Don't let the person eat or drink anything.			5.1.2
7	If the person vomits or begins bleeding from the mouth, turn him or her onto a side to prevent choking, unless you suspect a spinal injury.			5.1.2
	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
3.1.1	...../1		
5.1.2	...../7	<b>Final Result</b>	<b>...../10</b>

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Six**  
**Emergency Care of Burns**

**Burns:**

- To distinguish a minor burn from a serious burn, the first step is to determine the extent of damage to body tissues. The three burn classifications of first-degree burn, second-degree burn and third-degree burn will help you determine emergency care:
- **First-degree burn:**
  - The least serious burns are those in which only the outer layer of skin is burned, but not all the way through.
  - The skin is usually red, with swelling, and pain sometimes is present. Treat a first-degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, groin or buttocks, or a major joint, which requires emergency medical attention.
- **Second-degree burn:**
  - When the first layer of skin has been burned through and the second layer of skin (dermis) also is burned, the injury is called a second-degree burn.
  - Blisters develop and the skin takes on an intensely reddened, splotchy appearance.
  - Second-degree burns produce severe pain and swelling.
  - If the second-degree burn is no larger than 3 inches (7.6 centimeters) in diameter, treat it as a minor burn. If the burned area is larger or if the burn is on the hands, feet, face, groin or buttocks, or over a major joint, treat it as a major burn and get medical help immediately.
- For minor burns, including first-degree burns and second-degree burns limited to an area no larger than 3 inches (7.6 centimeters) in diameter, take the following action:
  - Cool the burn. Hold the burned area under cool (not cold) running water for 10 or 15 minutes or until the pain subsides. If this is impractical, immerse the burn in cool water or cool it with cold compresses. Cooling the burn reduces swelling by conducting heat away from the skin. Don't put ice on the burn.
  - Cover the burn with a sterile gauze bandage. Don't use fluffy cotton, or other material that may get lint in the wound. Wrap the gauze loosely to avoid putting pressure on burned skin. Bandaging keeps air off the burn, reduces pain and protects blistered skin.
  - Take an over-the-counter pain reliever. These include aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others). Use caution when giving aspirin to children or teenagers. Though aspirin is approved for use in children older than age 2, children and teenagers recovering from chickenpox or flu-like symptoms should never take aspirin. Talk to your doctor if you have concerns.
  - Minor burns usually heal without further treatment. They may heal with pigment changes, meaning the healed area may be a different color from the surrounding skin.
  - Watch for signs of infection, such as increased pain, redness, fever, swelling or oozing. If infection develops, seek medical help. Avoid re-injuring or tanning if the burns are less than a year old — doing so may

cause more extensive pigmentation changes. Use sunscreen on the area for at least a year.

- **Caution:**
  - Don't use ice. Putting ice directly on a burn can cause a burn victim's body to become too cold and cause further damage to the wound.
  - Don't apply butter or ointments to the burn. This could cause infection.
  - Don't break blisters. Broken blisters are more vulnerable to infection.
- **Third-degree burn:**
  - The most serious burns involve all layers of the skin and cause permanent tissue damage.
  - Fat, muscle and even bone may be affected.
  - Areas may be charred black or appear dry and white.
  - Difficulty inhaling and exhaling, carbon monoxide poisoning, or other toxic effects may occur if smoke inhalation accompanies the burn.
- For major burns emergency medical help. Until an emergency unit arrives, follow these steps:
  - Don't remove burned clothing. However, do make sure the victim is no longer in contact with smoldering materials or exposed to smoke or heat.
  - Don't immerse large severe burns in cold water. Doing so could cause a drop in body temperature (hypothermia) and deterioration of blood pressure and circulation (shock).
  - Check for signs of circulation (breathing, coughing or movement). If there is no breathing or other sign of circulation, begin CPR.
  - Elevate the burned body part or parts. Raise above heart level, when possible.
  - Cover the area of the burn. Use a cool, moist, sterile bandage; clean, moist cloth; or moist towels.
- Get a tetanus shot. Burns are susceptible to tetanus. Doctors recommend you get a tetanus shot every 10 years. If your last shot was more than five years ago, your doctor may recommend a tetanus shot booster.
- **Chemical burns: First aid**
  - If a chemical burns the skin, follow these steps:
    - **Remove the cause of the burn** by first brushing any remaining dry chemical and then rinsing the chemical off the skin surface with cool, gently running water for 20 minutes or more.
    - **Remove clothing or jewelry** that has been contaminated by the chemical.
    - **Wrap the burned area loosely** with a dry, sterile dressing or a clean cloth.
    - **Rewash the burned area** for several more minutes if the person experiences increased burning after the initial washing.
    - **Take an over-the-counter pain reliever.** These include aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others). Use caution when giving aspirin to children or teenagers. Though aspirin is approved for use in

children older than age 2, children and teenagers recovering from chickenpox or flu-like symptoms should never take aspirin. Talk to your doctor if you have concerns.

- **Get a tetanus shot.** All burns are susceptible to tetanus. Doctors recommend you get a tetanus shot every 10 years. If your last shot was more than five years ago, your doctor may recommend a tetanus shot booster.
- Minor chemical burns usually heal without further treatment.
- **Seek emergency medical assistance if:**
  - The person shows signs of shock, such as fainting, pale complexion or breathing in a notably shallow manner.
  - The chemical burn penetrated through the first layer of skin, and the resulting second-degree burn covers an area more than 3 inches (7.6 centimeters) in diameter.
  - The chemical burn occurred on the eye, hands, feet, face, groin or buttocks, or over a major joint.
  - The person has pain that cannot be controlled with over-the-counter pain relievers.
- **Chemical splash in the eye: First aid**
  - If a chemical splashes into your eye, take these steps immediately:
    - **Flush your eye with water.** Use clean, lukewarm tap water for at least 20 minutes, and use whichever of these approaches is quickest:
      - Get into the shower and aim a gentle stream of lukewarm water on your forehead over your affected eye. Or direct the stream on the bridge of your nose if both eyes are affected. Hold your affected eye or eyes open.
      - Put your head down and turn it to the side. Then hold your affected eye open under a gently running faucet.
      - Young children may do best if they lie down in the bathtub or lean back over a sink while you pour a gentle stream of water on the forehead over the affected eye or on the bridge of the nose for both eyes.
    - **Wash your hands with soap and water.** Thoroughly rinse your hands to be sure no chemical or soap is left on them. Your first goal is to get the chemical off the surface of your eye, but then you must remove the chemical from your hands.
    - **Remove contact lenses.** If they don't come out during the flush, then take them out.
    - **Caution:**
      - Don't rub the eye — this may cause further damage.
      - Don't put anything except water or contact lens saline rinse in the eye, and don't use eyedrops unless emergency personnel tell you to do so.
    - **Seek emergency medical assistance:**
      - After following the above steps, seek emergency care or, if necessary, call your local emergency number.
      - Take the chemical container or the name of the chemical with you to the emergency department.

- If readily available, wear sunglasses because your eyes will be sensitive to light.
- **Sunburn: First aid**
  - Signs and symptoms of sunburn usually appear within a few hours of exposure, bringing pain, redness, swelling and occasional blistering.
  - Because exposure often affects a large area of your skin, sunburn can cause headache, fever and fatigue.
  - **If you have a sunburn:**
    - Take a cool bath or shower. You can also apply a clean towel dampened with cool water.
    - Apply an aloe vera or moisturizing lotion several times a day.
    - Leave blisters intact to speed healing and avoid infection. If they burst on their own, apply an antibacterial ointment on the open areas.
    - If needed, take an over-the-counter pain reliever such as aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others).
    - Don't use petroleum jelly, butter or other home remedies on your sunburn. They can prevent or delay healing.
    - If your sunburn begins to blister or if you experience immediate complications, such as rash, itching or fever, see your doctor.
- **Electrical burns: First aid**
  - An electrical burn may appear minor or not show on the skin at all, but the damage can extend deep into the tissues beneath your skin.
  - If a strong electrical current passes through your body, internal damage, such as a heart rhythm disturbance or cardiac arrest, can occur.
  - Sometimes the jolt associated with the electrical burn can cause you to be thrown or to fall, resulting in fractures or other associated injuries.
  - Call your local emergency number for assistance if the person who has been burned is in pain, is confused, or is experiencing changes in his or her breathing, heartbeat or consciousness.
  - While helping someone with an electrical burn and waiting for medical help, follow these steps:
    - Look first. Don't touch. The person may still be in contact with the electrical source. Touching the person may pass the current through you.
    - Turn off the source of electricity if possible. If not, move the source away from both you and the injured person using a dry, nonconducting object made of cardboard, plastic or wood.
    - Check for signs of circulation (breathing, coughing or movement). If absent, begin cardiopulmonary resuscitation (CPR) immediately.
    - Prevent shock. Lay the person down with the head slightly lower than the trunk, if possible, and the legs elevated.
    - Cover the affected areas. If the person is breathing, 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.

**First Aid of First & Second Degree Burns:**

**Student's Name:** .....

**ID Number:** .....

**Date:**    /    /143    H

	Procedure	Performed		CLO
		yes	no	
1.	<b>Cool the burn:</b> <ul style="list-style-type: none"> <li>• Hold the burned area under cool (not cold) running water for 10 or 15 minutes or until the pain subsides.</li> <li>• Immerse the burn in cool water or cool it with cold compresses.</li> <li>• Don't put ice on the burn.</li> </ul> <p style="text-align: right;"><b>2 points</b></p>			5.1.2
2.	<b>Cover the burn with a sterile gauze bandage:</b> <ul style="list-style-type: none"> <li>• Don't use fluffy cotton, or other material that may get lint in the wound.</li> <li>• Wrap the gauze loosely to avoid putting pressure on burned skin.</li> </ul>			5.1.2
3.	<b>Take an over-the-counter pain reliever.</b>			5.1.2
4.	<b>Watch for signs of infection</b>			5.1.2
5	<b>Correct consequence of steps</b> <span style="float: right;"><b>2 points</b></span>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../5	<b>Final Result</b>	...../7

**Name and Signature of Evaluator:** .....

**First Aid of Third Degree Burns:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

	Procedure	Performed		CLO
		yes	no	
1.	Make sure the victim is no longer in contact with smoldering materials			5.1.2
2.	<b>Check for signs of circulation</b> (breathing, coughing or movement). • If there is no breathing or other sign of circulation, begin CPR.			5.1.2
3.	<b>Cool the burn:</b> • Hold the burned area under cool (not cold) running water for 10 or 15 minutes or until the pain subsides. • Don't immerse large severe burns in cold water <b>2 points</b>			5.1.2
4.	Don't remove burned clothing.			5.1.2
5.	Elevate the burned body part or parts.			5.1.2
6.	Cover the area of the burn.			5.1.2
7.	Get a tetanus shot.			5.1.2
8.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	...../10

**Name and Signature of Evaluator:** .....



**First Aid of Chemical Burns:**

Student's Name: .....

ID Number: .....

Date: / /143 H

	Procedure	Performed		CLO
		yes	no	
1.	<b>Remove the cause of the burn:</b> <ul style="list-style-type: none"> <li>By first brushing any remaining dry chemical and then,</li> <li>Rinsing the chemical off the skin surface with cool, gently running water for 20 minutes or more. <b>2 points</b></li> </ul>			5.1.2
2.	<b>Remove clothing or jewelry</b> that has been contaminated by the chemical.			5.1.2
3.	<b>Wrap the burned area loosely</b> with a dry, sterile dressing or a clean cloth.			5.1.2
4.	<b>Rewash the burned area</b> for several more minutes if the person experiences increased burning after the initial washing.			5.1.2
5.	<b>Take an over-the-counter pain reliever</b>			5.1.2
6.	<b>Get a tetanus shot.</b>			5.1.2
7.	<b>Seek Emergency Care</b>			5.1.2
8.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	<b>...../10</b>

Name and Signature of Evaluator: .....

**First Aid of Splash of Chemical in Eyes:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 **H**

Procedure		Performed		CLO
		yes	no	
1.	<b>Flush your eye with water:</b> <ul style="list-style-type: none"> <li>• Use clean, lukewarm tap water for at least 20 minutes, and use whichever of these approaches is quickest:                             <ul style="list-style-type: none"> <li>○ Get into the shower and aim a gentle stream of lukewarm water on your forehead over your affected eye or direct the stream on the bridge of your nose if both eyes are affected. Hold your affected eye or eyes open</li> <li>○ Put your head down and turn it to the side. Then hold your affected eye open under a gently running faucet</li> <li>○ Young children may do best if they lie down in the bathtub or lean back over a sink while you pour a gentle stream of water on the forehead over the affected eye or on the bridge of the nose for both eyes <b>5 points</b></li> </ul> </li> </ul>			5.1.2
2.	<b>Wash your hands with soap and water:</b>			5.1.2
3.	<b>Remove contact lenses</b>			5.1.2
3.	<b>Seek Emergency Care</b>			5.1.2
4.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	<b>...../10</b>

**Name and Signature of Evaluator:** .....

**First of Sun Burn:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 **H**

Procedure		Performed		CLO
		yes	no	
1.	Take a cool bath or shower. You can also apply a clean towel dampened with cool water. <b>2 points</b>			5.1.2
2.	Apply an aloe vera or moisturizing lotion several times a day. <b>2 points</b>			5.1.2
3.	Leave blisters intact to speed healing and avoid infection. If they burst on their own, apply an antibacterial ointment on the open areas.			5.1.2
4.	If needed, take an over-the-counter pain			5.1.2
5.	Don't use petroleum jelly, butter or other home remedies on your sunburn			5.1.2
6.	<b>Seek Emergency Care</b>			5.1.2
7.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
<b>2.2.1</b>	...../2		
<b>5.1.2</b>	...../8	<b>Final Result</b>	...../10

**Name and Signature of Evaluator:** .....

**First of Electrical Burn:**

**Student's Name:** .....

**ID Number:** .....

**Date:**   /   /143   **H**

	Procedure	Performed		CLO
		yes	no	
1.	Look first. Don't touch. The person may still be in contact with the electrical source. <b>2 points</b>			5.1.2
2.	Turn off the source of electricity if possible. If not, move the source away from both you and the injured person using a dry, non-conducting object made of cardboard, plastic or wood. <b>2 points</b>			5.1.2
3.	Check for signs of circulation (breathing, coughing or movement). If absent, begin cardiopulmonary resuscitation (CPR) immediately.			5.1.2
4.	Prevent shock. Lay the person down with the head slightly lower than the trunk, if possible, and the legs elevated.			5.1.2
5.	Cover the affected areas: <ul style="list-style-type: none"> <li>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.</li> </ul>			5.1.2
6.	<b>Seek Emergency Care</b>			5.1.2
7.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	<b>...../10</b>

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Seven**  
**Emergency of Fractures & Dislocations**

**Fractures (broken bones):**

- A fracture is a broken bone. It requires medical attention. If the broken bone is the result of major trauma or injury, call your local emergency number. Also call for emergency help if:
  - The person is unresponsive, isn't breathing or isn't moving. Begin cardiopulmonary resuscitation (CPR) if there's no respiration or heartbeat.
  - There is heavy bleeding.
  - Even gentle pressure or movement causes pain.
  - The limb or joint appears deformed.
  - The bone has pierced the skin.
  - The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
  - You suspect a bone is broken in the neck, head or back.
  - You suspect a bone is broken in the hip, pelvis or upper leg (for example, the leg and foot turn outward abnormally).
- Don't move the person except if necessary to avoid further injury. Take these actions immediately while waiting for medical help:
  - **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 until emergency personnel arrive.** 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.
- **Dislocation:**
  - A dislocation is an injury in which the ends of your bones are forced from their normal positions. The cause is usually trauma, such as a blow or fall, but dislocation can be caused by an underlying disease, such as rheumatoid arthritis.
  - Dislocations are common injuries in contact sports, such as football and hockey, and in sports that may involve falls, such as downhill skiing and volleyball.
  - Dislocations may occur in major joints, such as your shoulder, hip, knee, elbow or ankle or in smaller joints, such as your finger, thumb or toe.
  - The injury will temporarily deform and immobilize your joint and may result in sudden and severe pain and swelling.
  - A dislocation requires prompt medical attention to return your bones to their proper positions.

- **If you believe you have dislocated a joint:**
  - **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.

**First Aid of Fractures:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

	Procedure	Performed		CLO
		yes	no	
1.	If the person is unresponsive, isn't breathing or isn't moving. Begin cardiopulmonary resuscitation (CPR)			5.1.2
2.	<b>Stop any bleeding:</b> <ul style="list-style-type: none"> <li>Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.</li> </ul>			5.1.2
3.	<b>Immobilize the injured area.</b> <ul style="list-style-type: none"> <li>Don't try to realign the bone or push a bone that's sticking out back in.</li> <li>Padding the splints</li> <li>Apply a splint to the area above and below the fracture sites.</li> </ul> <b>3 points</b>			5.1.2
4.	<b>Apply ice packs:</b> <ul style="list-style-type: none"> <li>It will limit swelling and help relieve pain until emergency personnel arrive.</li> <li>Don't apply ice directly to the skin — wrap the ice in a towel, piece of cloth or some other material.</li> </ul> <b>2 points</b>			5.1.2
5	<b>Treat for shock:</b> <ul style="list-style-type: none"> <li>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</li> </ul>			5.1.2
6.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	<b>...../10</b>

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Eight**  
**Emergency Care of Poisoning**

- **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.
- Have somebody gather pill bottles, packages or containers with labels, and any other information about the poison to send along with the ambulance team.
- **Caution:**
  - Syrup of ipecac:
    - Don't give syrup of ipecac or do anything to induce vomiting. Expert groups, including the American Association of Poison Control Centers and the American Academy of Pediatrics, no longer endorse using ipecac in children or adults who have taken pills or other potentially poisonous substances. No good evidence proves its effectiveness, and it often can do more harm than good.
  - Button batteries:
    - The small, flat batteries used in watches and other electronics — particularly the larger, nickel-sized ones — are especially dangerous to small children. A battery stuck in the esophagus can cause severe burns in as little as 2 hours.
    - If you suspect that a child has swallowed one of these batteries, immediately take him or her for an emergency X-ray to determine its location. If the battery is in the esophagus, it will have to be removed. If it has passed into the stomach, it's usually safe to allow it to pass on through the intestinal tract.
  - Medicated patches:
    - If you think a child got hold of medicated patches (adhesive products for transdermal drug delivery), carefully inspect the child's skin and remove any that are attached. Also check the roof of the mouth, where they can get stuck if the child sucks on them



**First Aid of Poisoning:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

	Procedure	Performed		CLO
		Yes	no	
1.	<b>Swallowed poison:</b> <ul style="list-style-type: none"> <li>Remove anything remaining in the person's mouth.</li> <li>If the suspected poison is a household cleaner or other chemical, read the container's label and follow instructions for accidental poisoning. <b>2 points</b></li> </ul>			5.1.2
2.	<b>Poison on the skin:</b> <ul style="list-style-type: none"> <li>Remove any contaminated clothing using gloves.</li> <li>Rinse the skin for 15 to 20 minutes in a shower or with a hose. <b>2 points</b></li> </ul>			5.1.2
3.	<b>Poison in the eye:</b> <ul style="list-style-type: none"> <li>Gently flush the eye with cool or lukewarm water for 20 minutes or until help arrives.</li> </ul>			5.1.2
4.	<b>Inhaled poison:</b> <ul style="list-style-type: none"> <li>Get the person into fresh air as soon as possible.</li> </ul>			5.1.2
5	<b>General Principles:</b> <ul style="list-style-type: none"> <li>Begin CPR if the person shows no signs of life, such as moving, breathing or coughing</li> <li>If the person vomits, turn his or her head to the side to prevent choking.</li> <li>Have somebody gather pill bottles, packages or containers with labels, and any other information about the poison to send along with the ambulance team. <b>3 points</b></li> </ul>			5.1.2
6.	<b>Caution:</b> <ul style="list-style-type: none"> <li>Don't give anything to induce vomiting.</li> <li>Button batteries:                             <ul style="list-style-type: none"> <li>If you suspect that a child has swallowed one of these batteries, immediately take him or her for an emergency X-ray to determine its location.</li> </ul> </li> <li>Medicated patches:                             <ul style="list-style-type: none"> <li>If you think a child got hold of medicated patches carefully inspect the child's skin and remove any that are attached. Also check the roof of the mouth. <b>3 points</b></li> </ul> </li> </ul>			5.1.2
7.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../12	<b>Final Result</b>	...../14

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Nine**  
**Emergency Care of Bites and Stings**

**Insect Bites and Stings**

- Most reactions to insect bites and stings are mild, causing little more than redness, itching, stinging or minor swelling.
- Rarely, insect bites and stings, such as from a bee, a wasp, a hornet, a fire ant or a scorpion, can result in severe reactions. Some insects also carry disease, such as West Nile virus.
- **For mild reactions:**
  - Move to a safe area to avoid more bites or stings.
  - If needed, remove the stinger.
  - Wash the area with soap and water.
  - Apply a cool compress. Use a cloth dampened with cold water or filled with ice. This helps reduce pain and swelling.
  - If the injury is on an arm or leg, elevate it.
  - Apply a cream, gel or lotion to the injured area. Use products containing ingredients such as hydrocortisone, pramoxine or lidocaine to help control pain. Use creams such as calamine lotion or those containing colloidal oatmeal or baking soda to help soothe itchy skin.
  - Use over-the-counter medications. Try a pain reliever, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others), or an antihistamine (Benadryl, Chlor-Trimeton, others).
  - Usually, the signs and symptoms of a bite or sting disappear in a day or two.
- **When to seek emergency care:**
  - Call local emergency number if the injured person experiences:
    - Difficulty breathing
    - Swelling of the lips, eyelids or throat
    - Dizziness, faintness or confusion
    - Rapid heartbeat
    - Hives
    - Nausea, cramps or vomiting
    - A scorpion sting and the victim is a child
  - Take these actions immediately while waiting for medical help:
    - Ask the person if he or she is carrying an epinephrine autoinjector (EpiPen, Auvi-Q, others) to treat an allergic attack.
    - If the person says he or she needs to use an autoinjector, ask whether you should help inject the medication. This is usually done by pressing the autoinjector against the person's thigh and holding it in place for several seconds.
    - Loosen tight clothing and cover the person with a blanket.
    - Don't give the person anything to drink.
    - Turn the person on a side to prevent choking if he or she is vomiting or bleeding from the mouth.
    - Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.

### Spider Bites:

- Most spider bites cause only minor injury. A few spiders can be dangerous. In the United States, these include the black widow spider and the brown recluse spider.



- **Care of a spider bite:**
  - Clean the wound. Use mild soap and water and apply an antibiotic ointment.
  - Apply a cool compress. Use a cloth dampened with cold water or filled with ice. This helps reduce pain and swelling.
  - If the bite is on an arm or leg, elevate it.
  - Use over-the-counter medications. Try a pain reliever, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others), or an antihistamine (Benadryl, Chlor-Trimeton, others).
- **When to seek medical care:**
  - You are unsure whether the bite was from a poisonous spider.
  - The person who was bitten experiences severe pain, abdominal cramping or a growing ulcer at the bite site.
  - The person who was bitten isn't breathing.
- A tetanus booster shot dose is recommended if the victim hasn't had one in the last five years.

### Snake Bites:

- Venomous snakes are widely distributed in the Saudi Arabia and Arabian peninsula in general.
- Fifty-one species of snakes have been identified in Saudi Arabia, nine of these are venomous sea snakes and the remaining 42 species are terrestrial, of which 9 are venomous.
- If you are bitten by a venomous snake, call local emergency number immediately, especially if the area changes color, begins to swell or is painful. Many hospitals stock antivenom drugs, which may help you.
- If possible, take these steps while waiting for medical help:
  - Remain calm and move beyond the snake's striking distance.
  - Remove jewelry and tight clothing before you start to swell.
  - Position yourself, if possible, so that the bite is at or below the level of your heart.
  - Clean the wound, but don't flush it with water. Cover it with a clean, dry dressing.
- Caution:
  - Don't use a tourniquet or apply ice.
  - Don't cut the wound or attempt to remove the venom.
  - Don't drink caffeine or alcohol, which could speed the rate at which your body absorbs venom.
  - Don't try to capture the snake. Try to remember its color and shape so that you can describe it, which will help in your treatment.

**Animal Bites:**

- For minor wounds:
  - If the bite barely breaks the skin and there's no danger of rabies, treat it as a minor wound:
    - Wash the wound thoroughly with soap and water.
    - Apply an antibiotic cream to prevent infection and cover the bite with a clean bandage.
- For deep wounds:
  - If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding:
    - Apply pressure with a clean, dry cloth to stop the bleeding and visit the emergency care center.
- For infection:
  - If signs of infection are noticed, such as swelling, redness, increased pain or oozing, visit the emergency care center.
- For suspected rabies:
  - If it is suspected that the bite was caused by an animal that might carry rabies — including any wild or domestic animal of unknown immunization status, particularly bats — visit the emergency care center immediately.
- Getting a tetanus shot every 10 years is highly recommended. If the victim's last one was more than five years ago and his wound is deep or dirty, a booster is recommend as soon as possible after the injury.
- Domestic pets cause most animal bites. Dogs are more likely to bite than cats.
- Cat bites, however, are more likely to cause infection because they are usually puncture wounds and can't be thoroughly cleaned.
- Bites from non-immunized domestic animals and wild animals carry the risk of rabies.
- Rabies is more common in bats, raccoons, skunks and foxes than in cats and dogs. Rabbits, squirrels and other rodents rarely carry rabies.

**Human Bites:**

- Human bites can be as dangerous as or even more dangerous than animal bites because of the types of bacteria and viruses contained in the human mouth.
- If a human bite breaks the skin:
  - Stop the bleeding by applying pressure with a clean, dry cloth.
  - Wash the wound thoroughly with soap and water.
  - Apply an antibiotic cream to prevent infection.
  - Apply a clean bandage. Cover the affected area with a nonstick bandage.
  - Seek emergency medical care.
  - If the victim hasn't had a tetanus shot within five years, he should have the booster within 48 hours of the injury.

**First Aid of Insect Bites & Stings:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 **H**

Procedure		Performed		CLO
		Yes	no	
<b>For Mild Reactions</b>				
1.	Move to a safe area to avoid more bites or stings.			5.1.2
2.	If needed, remove the stinger.			5.1.2
3.	Wash the area with soap and water.			5.1.2
4.	Apply a cool compress. Use a cloth dampened with cold water or filled with ice.			5.1.2
5.	If the injury is on an arm or leg, elevate it.			5.1.2
6.	Apply a cream, gel or lotion to the injured area.			5.1.2
7.	Use over-the-counter medications.			5.1.2
8.	When to seek emergency care			5.1.2
<b>For Severe Reactions</b>				
9.	Ask the person if he or she is carrying an epinephrine auto-injector to treat an allergic attack.			5.1.2
10.	Loosen tight clothing and cover the person with a blanket.			5.1.2
11.	Don't give the person anything to drink.			5.1.2
12.	Turn the person on a side to prevent choking if he or she is vomiting or bleeding from the mouth.			5.1.2
13.	Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.			5.1.2
14.	<b>Correct consequence of steps</b>		<b>2 points</b>	2.2.1

**Result:**

CLO	Student Performance		
<b>2.2.1</b>	...../2		
<b>5.1.2</b>	...../13	<b>Final Result</b>	<b>...../15</b>

**Name and Signature of Evaluator:** .....

**First Aid Spider Bites:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 **H**

Procedure		Performed		CLO
		Yes	no	
<b>For Mild Reactions</b>				
1.	Clean the wound. Use mild soap and water and apply an antibiotic ointment. <b>2 points</b>			5.1.2
2.	Apply a cool compress. Use a cloth dampened with cold water or filled with ice. This helps reduce pain and swelling.			5.1.2
3.	If the bite is on an arm or leg, elevate it.			5.1.2
4.	Use over-the-counter medications.			5.1.2
5.	When to seek medical care			5.1.2
6.	Give a tetanus booster.			5.1.2
<b>For Severe Reactions</b>				
7.	Ask the person if he or she is carrying an epinephrine auto-injector to treat an allergic attack.			5.1.2
8.	Loosen tight clothing and cover the person with a blanket.			5.1.2
9.	Don't give the person anything to drink.			5.1.2
10.	Turn the person on a side to prevent choking if he or she is vomiting or bleeding from the mouth.			5.1.2
11.	Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.			5.1.2
12.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../12	<b>Final Result</b>	...../14

**Name and Signature of Evaluator:** .....

**First Aid Snake Bites:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

Procedure		Performed		CLO
		Yes	no	
<b>For Mild Reactions</b>				
1.	Remain calm and move beyond the snake's striking distance.			5.1.2
2.	Remove jewelry and tight clothing before you start to swell.			5.1.2
3.	Position yourself, if possible, so that the bite is at or below the level of your heart.			5.1.2
4.	Clean the wound, but don't flush it with water. Cover it with a clean, dry dressing.			5.1.2
5.	Caution: <ul style="list-style-type: none"> <li>• Don't use a tourniquet or apply ice.</li> <li>• Don't cut the wound or attempt to remove the venom.</li> <li>• Don't drink caffeine or alcohol, which could speed the rate at which your body absorbs venom.</li> <li>• Don't try to capture the snake. Try to remember its color and shape so that you can describe it, which will help in your treatment.</li> </ul> <p style="text-align: right;"><b>4 points</b></p>			5.1.2
<b>For Severe Reactions</b>				
6.	Ask the person if he or she is carrying an epinephrine auto-injector to treat an allergic attack.			5.1.2
7.	Loosen tight clothing and cover the person with a blanket.			5.1.2
8.	Don't give the person anything to drink.			5.1.2
9.	Turn the person on a side to prevent choking if he or she is vomiting or bleeding from the mouth.			5.1.2
10.	Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.			5.1.2
11.	<b>Correct consequence of steps</b>			<b>2 points</b>
				2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../13	<b>Final Result</b>	...../15

**Name and Signature of Evaluator:** .....

**First Aid of Animal Bites:**

Student's Name: .....

ID Number: .....

Date: / /143 H

	Procedure	Performed		CLO
		Yes	no	
1.	<b>For minor wounds:</b> <ul style="list-style-type: none"> <li>If the bite barely breaks the skin and there's no danger of rabies, treat it as a minor wound:</li> <li>Wash the wound thoroughly with soap and water.</li> <li>Apply an antibiotic cream to prevent infection and cover the bite with a clean bandage.</li> </ul> <b>3 points</b>			5.1.2
2.	<b>For deep wounds:</b> <ul style="list-style-type: none"> <li>If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding:</li> <li>Apply pressure with a clean, dry cloth to stop the bleeding and visit the emergency care center.</li> </ul> <b>2 points</b>			5.1.2
3.	<b>For infection:</b> <ul style="list-style-type: none"> <li>If signs of infection are noticed, such as swelling, redness, increased pain or oozing, visit the emergency care center.</li> </ul>			5.1.2
4.	<b>For suspected rabies:</b> <ul style="list-style-type: none"> <li>visit the emergency care center immediately</li> </ul>			5.1.2
5.	<b>Getting a tetanus shot</b>			5.1.2
6..	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	...../10

Name and Signature of Evaluator: .....



**First Aid of Human Bites:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

	Procedure	Performed		CLO
		Yes	no	
1.	Stop the bleeding by applying pressure with a clean, dry cloth.			5.1.2
2.	Wash the wound thoroughly with soap and water.			5.1.2
3.	Apply an antibiotic cream to prevent infection.			5.1.2
4.	Apply a clean bandage. Cover the affected area with a nonstick bandage.			5.1.2
5.	Seek emergency medical care.			5.1.2
6.	If the victim hasn't had a tetanus shot within five years, he should have the booster within 48 hours of the injury.			5.1.2
7.	<b>Correct consequence of steps</b>			2.2.1
				<b>2 points</b>

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../6	<b>Final Result</b>	...../8

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Ten**  
**Emergency Care of Heat Exhaustion**

**Heat Exhaustion:**

- Heat exhaustion is one of the heat-related syndromes.
- Symptoms range in severity from mild heat cramps to heat exhaustion to potentially life-threatening heatstroke.
- Heat exhaustion can begin suddenly, usually after working or playing in the heat, perspiring heavily or being dehydrated.
- Heat exhaustion signs and symptoms include:
  - Faintness or dizziness
  - Nausea or vomiting
  - Heavy sweating often accompanied by cold, clammy skin
  - Weak, rapid pulse
  - Pale or flushed face
  - Muscle cramps
  - Headache
  - Weakness or fatigue
- Untreated, heat exhaustion can lead to heatstroke, which is a life-threatening condition.
- ***First aid for heat exhaustion:***
  - 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.
  - Call local emergency number if the person's condition deteriorates, especially if he or she experiences:
    - Fainting
    - Confusion
    - Seizures
    - Fever of 40 C or greater

**First Aid of Heat Exhaustion:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

Procedure		Performed		CLO
		Yes	no	
1.	Move the person out of the heat and into a shady or air-conditioned place.			5.1.2
2.	Lay the person down and elevate the legs and feet slightly. <b>2 points</b>			5.1.2
3.	Remove tight or heavy clothing.			5.1.2
4.	Have the person drink cool water or other nonalcoholic beverage without caffeine.			5.1.2
5.	Cool the person by spraying or sponging with cool water and fanning.			5.1.2
6.	Monitor the person carefully.			5.1.2
7.	Call local emergency number			5.1.2
8.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	...../10

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Eleven**  
**Emergency Care of Heatstroke**

**Heatstroke:**

- Heatstroke occurs when person's body temperature rises rapidly and he is unable to cool down.
- It can be life-threatening by causing damage to your brain and other vital organs.
- It may be caused by strenuous activity in the heat or by being in a hot place for too long.
- Heatstroke can occur without any previous heat-related condition, such as heat exhaustion.
- Heatstroke signs and symptoms include:
  - Fever of 40 C or greater
  - Changes in mental status or behavior, such as confusion, agitation, slurred speech
  - Hot, dry skin or heavy sweating
  - Nausea and vomiting
  - Flushed skin
  - Rapid pulse
  - Rapid breathing
  - Headache
  - Fainting, which may be the first sign in older adults
- **First aid for heatstroke:**
  - Call the local emergency number.
  - Then immediately move the person out of the heat and cool him or her by whatever means available, for example:
    - Put the person in a cool tub of 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 or other nonalcoholic beverage without caffeine, if he or she is able.
  - Begin CPR if the person loses consciousness and shows no signs of circulation, such as breathing, coughing or movement.

**First Aid of Heatstroke:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

	Procedure	Performed		CLO
		Yes	no	
1.	Call the local emergency number.			5.1.2
2.	Then immediately move the person out of the heat and cool him or her by whatever means available, for example: <ul style="list-style-type: none"> <li>• Put the person in a cool tub of water or a cool shower</li> <li>• Spray with a garden hose</li> <li>• Sponge with cool water</li> <li>• Fan while misting with cool water</li> <li>• Place ice packs or cool wet towels on the neck, armpits and groin</li> <li>• Cover with cool damp sheets</li> </ul> <p style="text-align: right;"><b>5 points</b></p>			5.1.2
3.	Let the person drink cool water or other nonalcoholic beverage without caffeine, if he or she is able.			5.1.2
4.	Begin CPR if the person loses consciousness and shows no signs of circulation, such as breathing, coughing or movement			5.1.2
5.	<b>Correct consequence of steps</b> <span style="float: right;"><b>2 points</b></span>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../8	<b>Final Result</b>	...../10

**Name and Signature of Evaluator:** .....

**Emergency Health Care**  
**Unit Twelve**  
**Emergency Care of Near Drowning & Drowning**

**Near drowning**

- "Near drowning" means a person almost died from not being able to breathe (suffocating) under water.
- If a person has been rescued from a near-drowning situation, quick first aid and medical attention are very important. Immediate action and first aid can prevent death.
- A person who is drowning usually cannot shout for help. Be alert for signs of drowning.
- Children can drown in only a few inches of water.
- It may be possible to revive a drowning person even after a long period under water, especially if the person is young and was in very cold water.

**First Aid:**

- Do NOT place yourself in danger.
- Do NOT get into the water or go out onto ice unless you are absolutely sure it is safe.
- Extend a long pole or branch to the person or use a throw rope attached to a buoyant object, such as a life ring or life jacket. Toss it to the person, then pull him or her to shore.
- If you are trained in rescuing people, do so immediately only if you are absolutely sure it will not cause you harm.
- Keep in mind that people who have fallen through ice may not be able to grasp objects within their reach or hold on while being pulled to safety.
- If the person's breathing has stopped, begin rescue breathing as soon as you can. This often means starting the breathing process while still in the water.
- Continue to breathe for the person every few seconds while moving him or her to dry land. Once on land, give CPR as needed.
- Always use caution when moving a person who is drowning. Assume that the person may have a neck or spine injury, and avoid turning or bending their neck. Keep the head and neck very still during CPR and while moving the person. You can tape the head to a backboard or stretcher, or secure the neck by placing rolled towels or other objects around it.
- Follow these additional steps:
  - Give first aid for any other serious injuries.
  - Keep the person calm and still. Seek medical help immediately.
  - Remove any cold, wet clothes from the person and cover with something warm, if possible. This will help prevent hypothermia.
  - The person may cough and have difficulty breathing once breathing restarts. Reassure the person until you get medical help.
- DO NOT:
  - Do NOT attempt a swimming rescue yourself unless you are trained in water rescue.
  - Do NOT go into rough or turbulent water that may endanger you.
  - Do NOT go on the ice to rescue someone if you can reach the person with your arm or an extended object.
  - The Heimlich maneuver is NOT part of the routine rescue of near drownings. Do NOT perform the Heimlich maneuver unless repeated

attempts to position the airway and use rescue breathing have failed and you think the person's airway is blocked. Performing the Heimlich maneuver increases the chances that an unconscious person will vomit and then choke on the vomit.

- Call the local emergency if you cannot rescue the drowning person without putting yourself in danger. If you are trained and able to rescue the person, do so and then call for medical help.
- All near-drowning patients should be checked by a doctor. Even though the person may seem okay quickly at the scene, lung complications are common. Fluid and body chemical (electrolyte) imbalances may develop. Other traumatic injuries may be present.

**Drowning:**

- People drown when they get too much water in their lungs. They die. The term "**near**" drowning used refer to a victim who did not die
- One can drown in as little as an inch or two of water. Babies can drown in a sink or bathtub. Preschoolers are most likely to drown in a swimming pool. People who have seizure disorders are also at risk in the water. Drowning can happen quickly and silently.
- If enough oxygen is not being delivered to their brain, severe damage can occur within a few minutes. If a child's heart has stopped beating for more than eight to 10 minutes, his chances of surviving are greatly reduced.
- First aid:
  - CPR

**First Aid of Near-drowning:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

	Procedure	Performed		CLO
		Yes	no	
1.	Do NOT place yourself in danger: <ul style="list-style-type: none"> <li>Do NOT get into the water or go out onto ice unless you are absolutely sure it is safe</li> <li>Extend a long pole or branch to the person or use a throw rope attached to a buoyant object, such as a life ring or life jacket. Toss it to the person, then pull him or her to shore.</li> <li>If you are trained in rescuing people, do so immediately only if you are absolutely sure it will not cause you harm <b>2 points</b></li> </ul>			5.1.2
2.	If the person's breathing has stopped, begin rescue breathing as soon as you can. This often means starting the breathing process while still in the water.			5.1.2
3.	Continue to breathe for the person every few seconds while moving him or her to dry land. Once on land, give CPR as needed.			5.1.2
4.	Always use caution when moving a person who is drowning. Assume that the person may have a neck or spine injury, and avoid turning or bending their neck. Keep the head and neck very still during CPR and while moving the person. You can tape the head to a backboard or stretcher, or secure the neck by placing rolled towels or other objects around it.			5.1.2
5.	Give first aid for any other serious injuries.			5.1.2
6.	Keep the person calm and still. Seek medical help immediately.			5.1.2
7.	Remove any cold, wet clothes from the person and cover with something warm, if possible.			5.1.2
8.	The person may cough and have difficulty breathing once breathing restarts. Reassure the person until you get medical help.			5.1.2
9.	The Heimlich maneuver is NOT part of the routine rescue of near drowning			5.1.2
10.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
5.1.2	...../10	<b>Final Result</b>	...../12

**Name and Signature of Evaluator:** .....



**Emergency Health Care**  
**Unit Thirteen**  
**Emergency Care of Choking**

**Choking:**

- Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air.
- In adults, a piece of food often is the culprit. Young children often swallow small objects.
- Because choking cuts off oxygen to the brain, administer first aid as quickly as possible.
- The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:
  - Inability to talk
  - Difficulty breathing or noisy breathing
  - Inability to cough forcefully
  - Skin, lips and nails turning blue or dusky
  - Loss of consciousness
- If choking is occurring, the Red Cross recommends a "five-and-five" approach to delivering first aid:
  - Give 5 back blows. First, deliver five back blows between the person's shoulder blades with the heel of your hand.
  - Give 5 abdominal thrusts. Perform five abdominal thrusts (also known as the Heimlich maneuver).
  - Alternate between 5 blows and 5 thrusts until the blockage is dislodged.
- The American Heart Association doesn't teach the back blow technique, only the abdominal thrust procedures. It's OK not to use back blows, if you haven't learned the technique. Both approaches are acceptable.
- To perform abdominal thrusts (Heimlich maneuver) on someone else:
  - Stand behind the person. Wrap your arms around the waist. Tip the person forward slightly.
  - Make a fist with one hand. Position it slightly above the person's navel.
  - Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
  - Perform a total of 5 abdominal thrusts, if needed. If the blockage still isn't dislodged, repeat the five-and-five cycle.
  - If you're the only rescuer, perform back blows and abdominal thrusts before calling your local emergency number for help.
  - If another person is available, have that person call for help while you perform first aid.
  - If the person becomes unconscious, perform standard CPR with chest compressions and rescue breaths.
- To perform abdominal thrusts (Heimlich maneuver) on yourself:
  - First, if you're alone and choking and you have a landline phone, call your local emergency number immediately. Then, although you'll be unable to effectively deliver back blows to yourself, you can still perform abdominal thrusts to dislodge the item.
  - Place a fist slightly above your navel.
  - Grasp your fist with the other hand and bend over a hard surface — a countertop or chair will do.

- Shove your fist inward and upward.
- Clearing the airway of an unconscious person:
  - Lower the person on his or her back onto the floor.
  - Clear the airway. If there's a visible blockage at the back of the throat or high in the throat, reach a finger into the mouth and sweep out the cause of the blockage. Be careful not to push the food or object deeper into the airway, which can happen easily in young children.
  - Begin cardiopulmonary resuscitation (CPR) if the object remains lodged and the person doesn't respond after you take the above measures. The chest compressions used in CPR may dislodge the object. Remember to recheck the mouth periodically.
- Clearing the airway of a choking infant younger than age 1:
  - Assume a seated position and hold the infant facedown on your forearm, which is resting on your thigh.
  - Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.
  - Hold the infant faceup on your forearm with the head lower than the trunk if the above doesn't work. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions.
  - Repeat the back blows and chest thrusts if breathing doesn't resume. Call for emergency medical help.
  - Begin infant CPR if one of these techniques opens the airway but the infant doesn't resume breathing.
- If the child is older than age 1, give abdominal thrusts only.

**First Aid of Child & Adult Choking:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 H

Procedure		Performed		CLO
		Yes	No	
1.	<b>Ask for Help:</b> <ul style="list-style-type: none"> <li>If you're the only rescuer, perform back blows and abdominal thrusts before calling your local emergency number for help.</li> <li>If another person is available, have that person call for help while you perform first aid. <b>2 points</b></li> </ul>			3.1.1
2.	Give 5 back blows. First, deliver five back blows between the person's shoulder blades with the heel of your hand.			5.1.2
3.	Give 5 abdominal thrusts. Perform five abdominal thrusts (also known as the Heimlich maneuver): <ul style="list-style-type: none"> <li>Stand behind the person. Wrap your arms around the waist. Tip the person forward slightly.</li> <li>Make a fist with one hand. Position it slightly above the person's navel.</li> <li>Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.</li> <li>Perform a total of 5 abdominal thrusts, if needed. If the blockage still isn't dislodged, repeat the five-and-five cycle. <b>3 points</b></li> </ul>			5.1.2
4.	Alternate between 5 blows and 5 thrusts until the blockage is dislodged			5.1.2
5.	If the person becomes unconscious, perform standard CPR with chest compressions and rescue breaths. <ul style="list-style-type: none"> <li>Lower the person on his or her back onto the floor.</li> <li>Clear the airway. If there's a visible blockage at the back of the throat or high in the throat, reach a finger into the mouth and sweep out the cause of the blockage.</li> <li>Be careful not to push the food or object deeper into the airway, which can happen easily in young children.</li> <li>Begin cardiopulmonary resuscitation (CPR) if the object remains lodged and the person doesn't respond after you take the above measures.</li> <li>The chest compressions used in CPR may dislodge the object.</li> <li>Remember to recheck the mouth periodically. <b>3 points</b></li> </ul>			5.1.2
6.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
2.2.1	...../2		
3.1.1	...../2		
5.1.2	...../8	<b>Final Result</b>	<b>...../12</b>

**Name and Signature of Evaluator:** .....

**First Aid of Infant Choking:**

**Student's Name:** .....

**ID Number:** .....

**Date:** / /143 **H**

	Procedure	Performed		CLO
		Yes	No	
1.	Assume a seated position and hold the infant face-down on your forearm, which is resting on your thigh.			5.1.2
2.	Thump the infant gently but firmly <b>five</b> times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object. <b>2 points</b>			5.1.2
3.	Hold the infant face-up on your forearm with the head lower than the trunk if the above doesn't work. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions. <b>2 points</b>			5.1.2
4.	Repeat the back blows and chest thrusts if breathing doesn't resume.			3.1.1
5.	Call for emergency medical help.			5.1.2
6.	Begin infant CPR if one of these techniques opens the airway but the infant doesn't resume breathing.			5.1.2
7.	<b>Correct consequence of steps</b> <b>2 points</b>			2.2.1

**Result:**

CLO	Student Performance		
<b>2.2.1</b>	...../2		
<b>3.1.1</b>	...../1		
<b>5.1.2</b>	...../7	<b>Final Result</b>	<b>...../10</b>

**Name and Signature of Evaluator:** .....