

# Would you know what to do?

## FIRST AID

### CHOKING CHILD (one year to puberty)

#### RECOGNITION

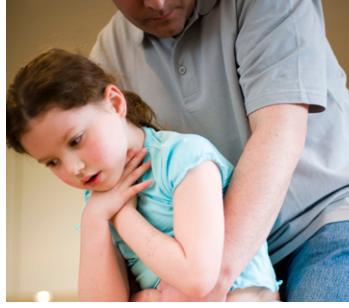
Ask the child: "Are you choking?"

Mild obstruction:

- Difficulty in speaking, coughing and breathing.

Severe obstruction:

- Inability to speak, cough or breathe;
- Eventual unconsciousness.



#### 1 ENCOURAGE CHILD TO COUGH

If the child is breathing, encourage her to cough to try to remove the obstruction herself. If this fails, go to step 2.

#### 2 GIVE UP TO FIVE BACK BLOWS

If the child cannot speak, cough or breathe, bend her forward. Give up to five sharp blows between the shoulder blades with the heel of your hand. Check her mouth. If choking persists, proceed to step 3.

#### 3 GIVE UP TO FIVE ABDOMINAL THRUSTS

Stand behind the child. Put both your arms around her, and put one fist between her navel and the bottom of her breastbone. Grasp your fist with your other hand, and pull sharply inwards and upwards up to five times. Recheck the mouth.

#### 4 CALL FOR EMERGENCY HELP

Repeat steps 2 and 3 until the obstruction clears. If after three cycles it still has not cleared, **call 999/112 for emergency help**. Continue the sequence until help arrives, the obstruction is cleared or the child loses consciousness.

#### CAUTION

- Do not do a finger sweep when checking the mouth.
- Seek medical advice for any child who has been given abdominal thrusts.
- If the child loses consciousness, open the airway and check breathing. Be prepared to begin CPR.

### ASTHMA

#### RECOGNITION

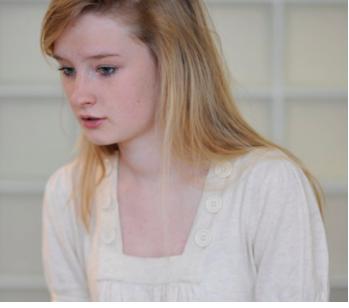
Difficulty in breathing, especially breathing out.

There may be:

- Wheezing;
- Difficulty in speaking;
- Grey-blue colouring in skin, lips, earlobes and nailbeds.

In a severe attack:

- Exhaustion and possible loss of consciousness.



#### CAUTION

- Do not let the casualty lie down.
- Do not leave the casualty alone since the attack may quickly worsen.
- If this is a first attack and she has no medication, call 911/112 for emergency help immediately.
- If the attack worsens, the casualty may lose consciousness. Open the airway and check breathing. Be prepared to begin CPR.

#### 1 HELP CASUALTY USE INHALER

Keep calm and reassure the casualty. Help her to find and use her reliever inhaler (it is usually blue); use a spacer device if she has one. The reliever inhaler should take effect within minutes.

#### 2 ENCOURAGE SLOW BREATHS

Help the casualty into a comfortable breathing position; sitting slightly forwards is best. Tell her to breathe slowly and deeply. A mild attack should ease within a few minutes. If it does not, ask the casualty to take another dose from her inhaler.

#### 3 CALL FOR EMERGENCY HELP

**Call 999/112 for emergency help if:** the inhaler has no effect, breathlessness makes talking difficult or the casualty is becoming exhausted.

#### 4 MONITOR CASUALTY

Monitor and record the casualty's vital signs – level of response, breathing and pulse – until she recovers or help arrives. Help her to reuse her inhaler as required. Advise the casualty to seek medical advice if she is concerned about the attack.

### BURNS AND SCALDS

#### RECOGNITION

There may be:

- Possible areas of superficial, partial-thickness and/or full-thickness burns;
- Pain in the area of the burn;
- Breathing difficulties if the airway is affected;
- Swelling and blistering of the skin;
- Signs of shock.



#### 1 START TO COOL BURN

Make the casualty comfortable by helping him to sit or lie down. Flood the injury with cold water; cool for at least ten minutes or until pain is relieved.

#### 2 CALL FOR EMERGENCY HELP

**Call 999/112 for emergency help if necessary.** Tell ambulance control that the injury is a burn and explain what caused it, and the estimated size and depth.

#### 3 REMOVE ANY CONSTRICIONS

While you are cooling the burn, carefully remove any clothing or jewellery from the area before it starts to swell; a helper can do this for you. Do not remove anything that is sticking to the burn.

#### 4 COVER BURN

Cover the burn with kitchen film placed lengthways over the injury, or use a plastic bag. Alternatively, use a sterile dressing or clean, non-fluffy pad. Monitor and record the casualty's level of response, breathing and pulse while waiting for help.

#### CAUTION

- Do not apply lotions, ointment or fat to a burn; specialised dressings are also not recommended.
- Do not use adhesive dressings.
- Do not touch the burn or burst any blisters.
- If the burn is severe, treat the casualty for shock.
- If the burn is on the face, do not cover it. Keep cooling with water until help arrives.
- If the burn is caused by contact with chemicals, wear protective gloves and cool for at least 20 minutes.
- Watch the casualty for signs of smoke inhalation, such as difficulty breathing.

### STROKE

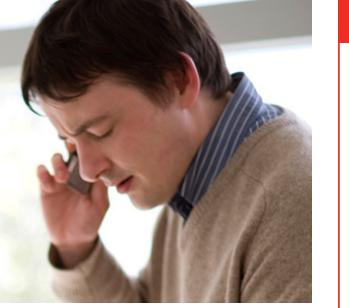
#### RECOGNITION

Facial weakness – casualty is unable to smile evenly.

- Arm weakness – casualty may only be able to move his arm on one side of his body.
- Speech problems.

There may also be:

- Weakness or numbness along one side of entire body;
- Sudden blurring or loss of vision;
- Difficulty understanding the spoken word;
- Sudden confusion;
- Dizziness, unsteadiness or a sudden fall.



#### CAUTION

- Do not give the casualty anything to eat or drink; he will probably find it difficult to swallow. If the casualty loses consciousness, open the airway and check breathing. Be prepared to begin CPR.

#### 1 CHECK CASUALTY'S FACE

Keep the casualty comfortable. Ask him to smile. If he has had a stroke, he may only be able to lift one arm.

#### 2 CHECK CASUALTY'S ARMS

Ask the casualty some questions. Can he speak and/or understand what you are saying?

#### 3 CHECK CASUALTY'S SPEECH

#### 4 CALL FOR EMERGENCY HELP

**Call 999/112 for emergency help.** Tell ambulance control that you suspect a stroke. Reassure the casualty and monitor and record his vital signs – level of response, breathing and pulse – until help arrives.

