

COMMON EMERGENCY
FIRST AID

I. Foreign body in the eye:

1. Never rub
2. Never exam the eye with dirt on your hands.....
3. Never exam eye roughly
4. Never remove imbedded objects
5. Never try to remove with sharp object

A. Treatment:

1. close eye and allow tears to accumulate.
2. Then gently lift eye-lid by using lashes and at the same time roll your eyeball up and down.
3. If this fails use a match-stick (as shown you) and roll the eye-lid back and remove the object with a cotton swab.
4. Sometimes flushing the eye with water will remove the object.
5. If the object is hard to remove or large get the patient to medical aid.
6. Try to keep the patients eye still.

II. Foreign body in the ear:

A. Treatment:

1. Do not try to remove with a pin, wire, stick, etc.
2. If it is an object with you think is an insect a few drops of oil will kill the insect and then it may be flushed out with water.
3. If the object is a seed, bean, pea, etc. never use water to flush it out, due to its swelling.
4. Always be gently.
5. Tilt the head to one side before flushing.
6. Seek medical aid if these methods are unsuccessful.

III. Nose Bleeding:

A. Treatment:

1. Do not blow.
2. Use pressure.
3. Apply cold compresses to back of neck and nose.
4. Tilt head to promote clotting.
5. If bleeding is too severe or does not stop in reasonable amount of time get medical aid.

Common Emergencies First Aid cont'd

IV. Foreign object in throat:

Symptoms: violent coughing, difficulty in breathing or swallowing.

A. Treatment:

1. If patient keeps normal color, and breathes well enough take him to a doctor.
2. Don't try to dislodge the object with your fingers- unless you are sure of success.
3. Bend the patient forward at the waist and give a sharp slap on the back
4. If patient actually becomes a dusky blue in color he must be rushed to medical help.
5. Artificial respiration should be used.

V. Fainting:

A. Treatment:

1. If you see a person wobbling, or staggering, about to fall make them lie down.
2. If sitting bend him forward from the waist, head between his knees.
3. Keep patient lying down and lower his head.
4. Loosen any tight clothing.
5. Cool water may be sprinkled over face to revive.
6. When revived keep him lying down until completely regained in strength.

B. Symptoms:

1. Paleness, which steadily increases.
2. Dizziness.
3. Vision clouded.
4. Breathing shallow.
5. Pulse weak and slow.
6. Sometimes switching or thrashing.

* Taking Pulse:

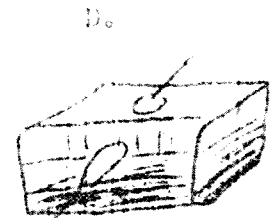
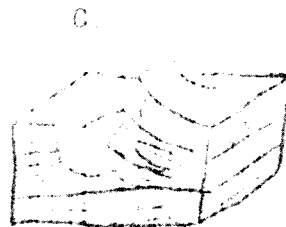
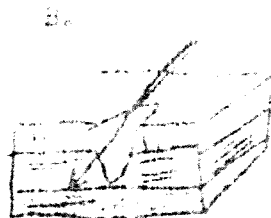
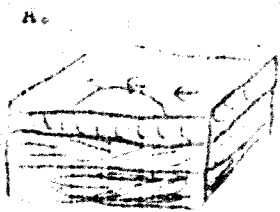
Apply index and middle finger to wrist or throat.

WOUNDS

FIRST AID

I. Four Types of wounds:

- A. Abrasions—rubbing or scraping off of the skin.
- B. Incised wounds—made by sharp cutting instrument, such as a knife or razor.
- C. Lacerated or Torn wounds—made by blunt instruments.
- D. Puncture orstab wound—penetrating instrument (nails, bullets, etc.)



1. Severe bleeding
2. Little tissue destroyed
3. Not likely to get infected

1. Slight bleeding
2. High infection danger.
3. Damage to tissue.

1. No bleeding
2. Difficult to clean
3. High infection danger.

II. Infection

A. Symptoms:

1. Throbbing pain several hours after injury
2. Swelling—2 or 3 times size of limb.
3. Redness around wound.
4. Heat—usually pulse formed.
5. Red streaks radiating from wound, often present when pulse is absent.
6. Swollen Glands
 - (a) Neck beneath jaw
 - (b) Under armpit
 - (c) Groin
7. Tenderness when pressure applied.
8. Severe infection—fever

B. Treatment

1. Consult doctor.
2. Apply hot salt solution (3 tablespoons) use as hot as possible.
3. Put infected area into solution if possible, if not use hot compresses
4. Apply for an hour and repeat every 3-4 hours after.
5. Elevation may help relieve pain.

III. Tetanus

IV. Body resistance to infection—how it resists:

FIRST AID

I. Prevention of SHOCK:

A. Symptoms of Shock

1. Feeling of weakness.
2. Trembling and nervousness.
3. Pale.
4. Excessive cold sweating and accompanying paleness.
5. Sometime unconsciousness.

B. Treatment for Shock.

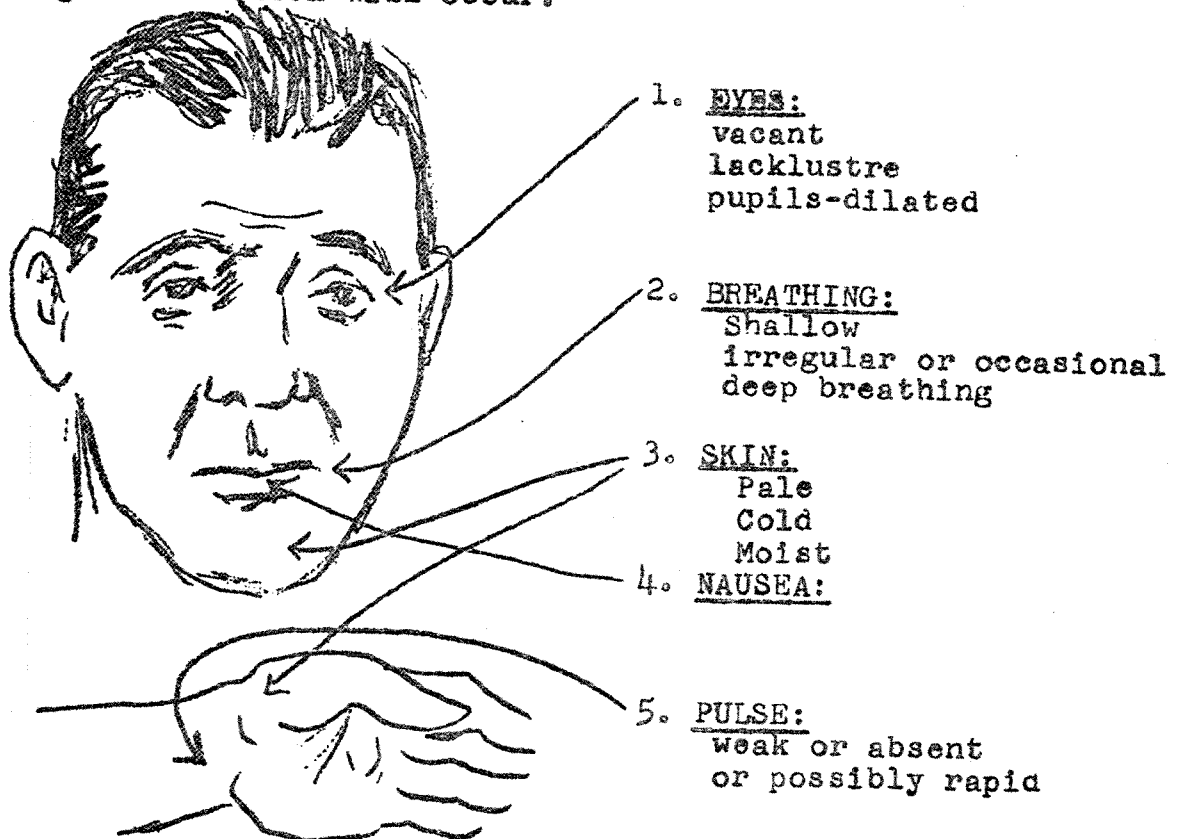
1. Make the person comfortable.
2. Lower the person's head in order to increase the flow of blood to the brain.
3. Keep the person warm—cover both below and over for maximum protection.
4. If unconscious turn face down to prevent choking in case of vomiting.
5. Always treat the person gently.
6. Get medical help as soon as possible.

First Aid

Shock

Traumatic Shock - depressed condition of many body functions due to failure of enough blood circulation through the body following serious injury.

Cause: Large loss of large quantities of blood. The greater the damage to flesh and bone and the larger the blood loss, the greater danger that shock will occur.

Symptoms:

- A. Symptoms may develop an hour or so later.
- B. Perspiration (sweating) noted about lips, forehead, palms, armpits
- C. Nausea or possible vomiting
- D. May be restless or lose alertness and interest in surroundings.
- E. Thirst - normally present

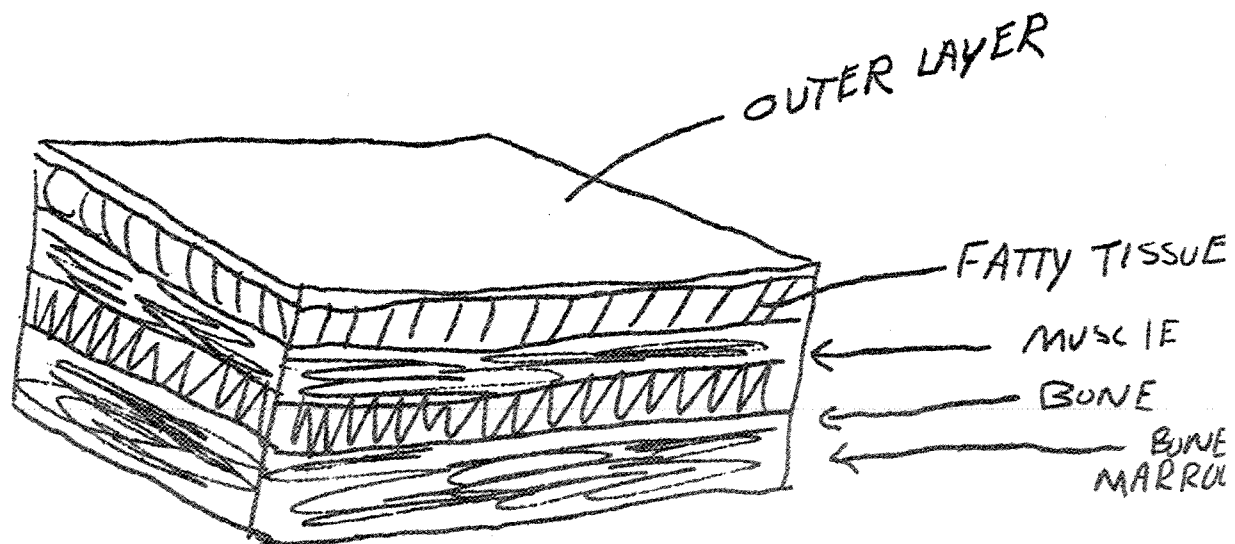
TREATMENT

1. Keep patient lying down - unless patient has difficulty breathing.
2. Elevate feet and lower body - unless patient has head injury, difficulty in breathing or complains of pain
3. Keep patient warm - cover over and under but do not cause sweating.
 - a) do not apply external heat (hot water bottle) etc.
4. * Note: Do not add heat - simply prevent a large loss of body heat.
5. Get medical aid as soon as possible.
6. Handle patient gently
7. Talk cheerfully to patient (Keep up morale, confidence)
8. Keep back bystanders.
9. Make patient comfortable
10. Do not allow patient to see wound.

FIRST AID

BURNS

- A. Burns are classified into three categories
- 1st Degree burns--skin reddened.
 - 2nd Degree burns--blisters develop.
 - 3rd Degree burns--deeper destruction of underlying growth cells.
- B. The three basic objectives in treating a burn is to:
- 1) Treat for Shock
 - 2) Relieve the pain
 - 3) Prevent contamination
- C. Infection danger greatest in 2nd and 3rd degree burn, but shock is a major hazard also. Most deaths occurring within first few days are due to shock.
- D. Medical aid is needed immediately.
- E. Main treatment is the exclusion of air by the application of thick dressings to help prevent the painful burn-air contact.
- F. Do not remove cloth if it sticks to the wound; also do not break blisters. avoid contamination and entrance of germs.
- G. The patient needs fluids to replace these lost. At 15 intervals give the patient doses of salt-water solutions. $\frac{1}{2}$ teaspoon salt in quart of water.



First Aid

Wounds

A. Four types of wounds

1. abrasions: scrape or rubbing off of the skin.
2. incised wound: cut wound by a knife, razor, etc.
3. laceration: tearing of the skin
4. puncture: stab wound

B. 3 layers of skin

1. tough outer layer
2. fatty tissue
3. muscle fibers

C. Abrasions

1. in an abrasion there is generally no bleeding and very little tissue is destroyed. If treated right away there is little chance for infection

D. ~~A~~ Incised wound

1. in an incised wound there is severe bleeding. Little tissue is destroyed. This wound is not likely to get infected.

E. Laceration

1. there is little bleeding in a laceration.
There is a high infection danger.
A lot of tissue is destroyed.

F. Puncture

1. no bleeding. It is hard to clean and has a great infection danger.

G. Symptoms of infection

1. throbbing pain
2. swelling, two to three times normal size
3. redness around the wound
4. heat around the wound
5. tenderness when pressure is applied
6. fever in severe infection
7. swollen glands
 - a. underneath the jaw
 - b. under the armpit
 - c. groin

H. Treatment

1. consult or go to a doctor
2. use hot salt solution (3-4 tbs. in salt water every hour)
3. if painful elevate the limb.

FIRST AID

I. Three life saver steps:

- A. Stop the bleeding.
- B. Protect the wound.
- C. Prevent shock.

Protect the wound

II. 2nd Hour

A. Dressing:

Clean, sanitary (if possible)
Never take out of its protective cover until ready
to use it (Avoid germs and infection)

B. Application:

1. Never touch the surface of the dressing
2. Do not tape directly over the wound
3. Even a pressure bandage should not be made up of tape but should have a dressing applied first.
4. Apply bandage snugly but not tight
*Remember a wound will swell and if the bandage cuts off the blood circulation it can be dangerous....
5. Never apply a wet bandage--due to shrinkage.

RULE: Use your head and common sense will tell you what to do.

Prevent Shock

A. What is shock:

Depressed state of all body functions due to failure of the circulation
Blood pressure falls, causing the body to function with more
effort; the blood to the brain is lessened; the entire body
suffers damage due to shock.

Shock accompanies any type of wound, severe bleeding, burns, etc.

B. Symptoms:

1. Weakness
2. Trembling
3. Nervousness
4. Paleness
5. Excessive cold sweating
6. Sometimes unconsciousness

Severe shock:

1. Skin, cold, moist with perspiration
2. Eyes vacant--lacrilateral
3. Pale-ashen look
4. Pupils of the eyes are wide and dilated
5. Rapid, weak pulse
6. Rapid heart beat
7. Breathing shallow and rapid.

TREATMENT FOR SHOCK

1. Minimize pain--stop bleeding.
2. Make patient comfortable (physical and mental).
3. Lower head and shoulders (to increase flow of blood to brain).
4. Keep patient warm--cover above and below -- but don't overheat him.
5. Handle gently.
6. Loosen clothing.
7. If unconscious--check for fractures, and if none, turn patient face down with head to side, so if vomiting occurs he will not choke.
8. Don't move patient anymore than necessary--if he is doubled up don't straighten him out unless absolutely sure there are no fractures.
9. Don not give stimulants (whiskey, etc.)
10. Warm fluids may be given if patient desires, and there is no sign of internal injuries, nausea, or vomiting.
11. GET MEDICAL HELP FAST.....

* REMEMBER USE YOUR HEAD AND DON'T PANIC

First Aid

There are three basic Life-Saver Steps:

1. Stop the Bleeding.
2. Protect the Wound.
3. Prevent Shock.

(1) Stop the Bleeding:

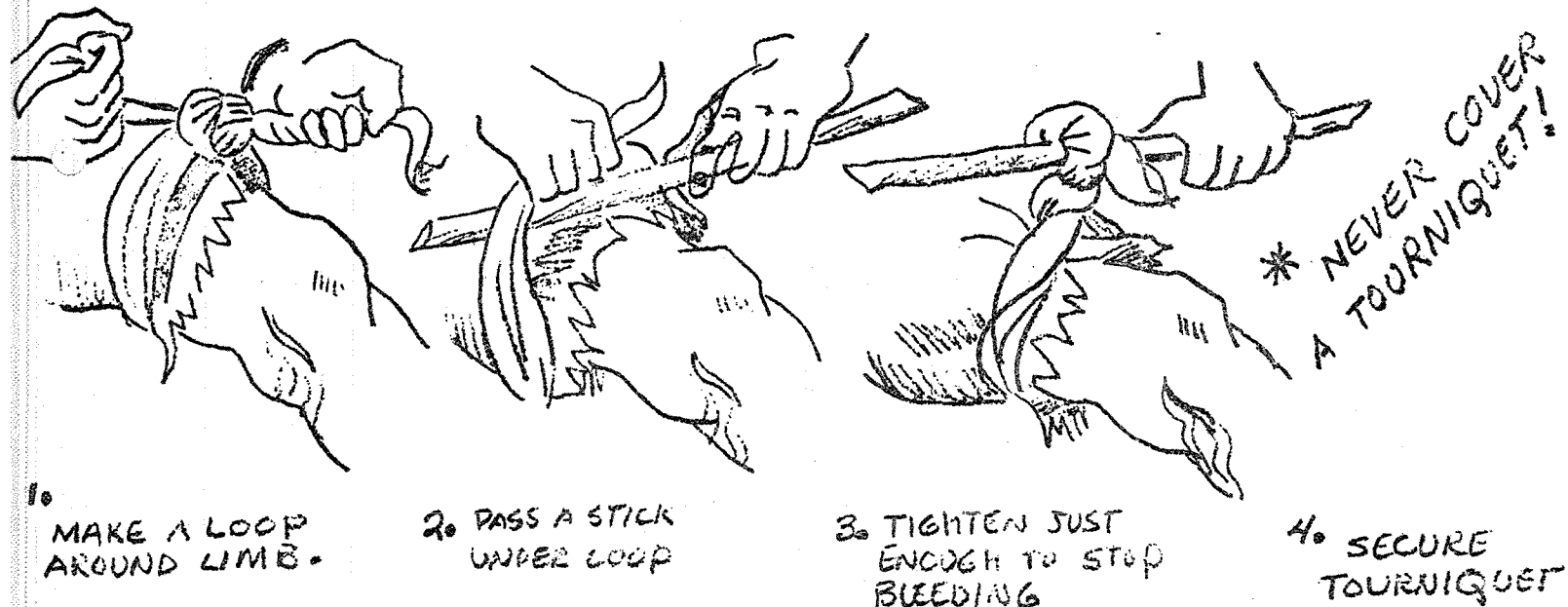
First check to see if there are two wounds; one where object went in and one where it may have come out.

Second Cut, rip or tear away clothing away from the wound so you can see it - Expose the wound.

Third stop the bleeding by trying 1st pressure; using a sterile bandage over the wound and applying pressure until the bleeding ceases.

Fourth if pressure does not stop the bleeding then try Elevating the limb UNLESS YOU THINK A BONE IS BROKEN.

Fifth if pressure and elevation does not stop the bleeding or if the bleeding is by spurts use a Tourniquet at once.



A tourniquet should be placed so that ^{it} is between the wound and the heart. Since a tourniquet shuts off the flow of blood to the site of the wound it can be dangerous unless handled correctly and when necessary only. Once a tourniquet is placed in position it should not be loosened unless by Medical Help. The best item for a tourniquet is your trouser belt. But you must make due with whatever is at hand.

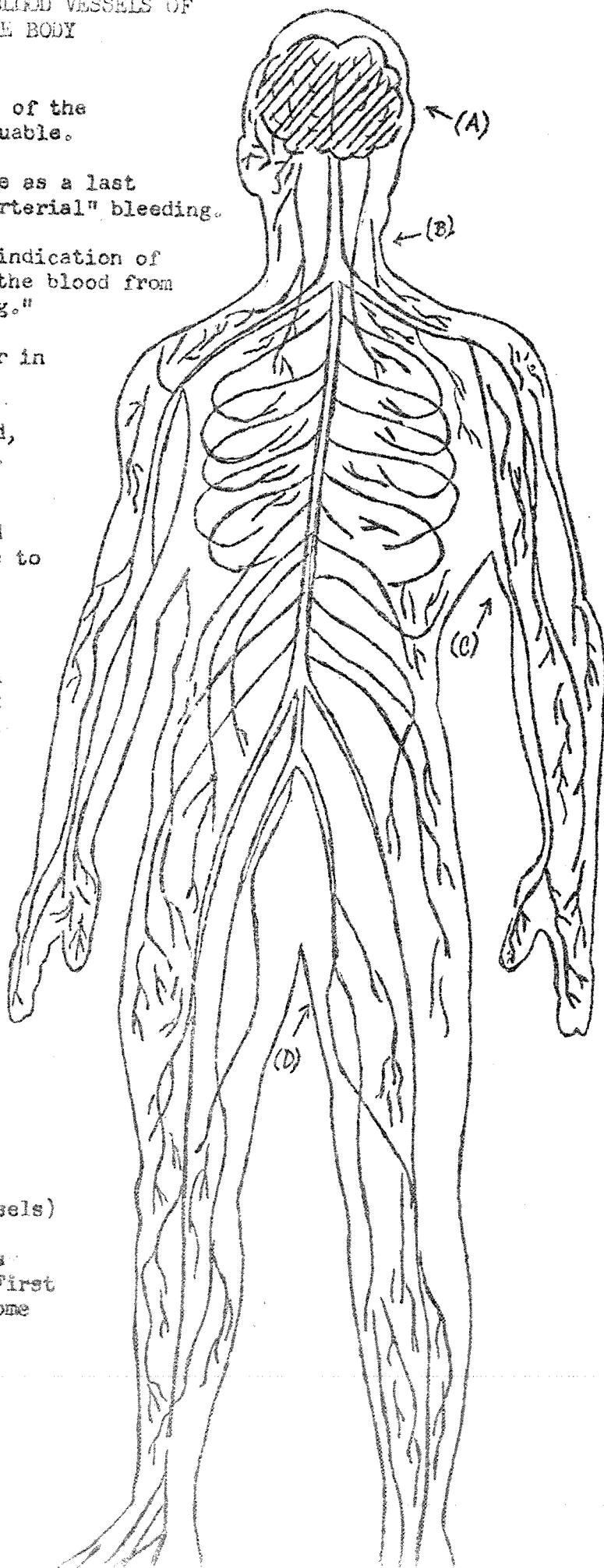
For example: two handkerchiefs tied together
strips of cloth cut from your clothing
A folded piece of cloth of any kind

But you must remember in applying a tourniquet:

- It must be necessary
- It must not cut into the flesh
- It must be tight enough to control the bleeding out
not so tight as to kill the tissue

First Aid - MAIN BLOOD VESSELS OF
THE BODY

1. In trying to stop "bleeding" the use of the correct pressure points can be invaluable.
2. The use of a Tourniquet is only to be as a last resort, or in the case of obvious "arterial" bleeding.
3. The steady flow of blood is a usual indication of "venous" bleeding; the spurting of the blood from the wound indicates "arterial bleeding."
4. Body blood loss can be a major factor in the degree of Shock severity.
5. Even in a fracture, simple or compound, blood loss can be a dangerous factor.
A person can die from a broken arm.
6. A general knowledge of the main blood vessels of the body is good for anyone to know.
7. Blood coloring often can help you detect the type of bleeding you are dealing with; Bright red blood is an indication of arterial bleeding, dark red blood coming from the wound is an indication of venous bleeding.
8. Pressure Points:
 - (A) Temporal
 - (B) Carotid
 - (C) Brachial (Under arm)
 - (D) Femoral (Groin)
9. The three types of blood vessels:
 - (a) Artery (Blood from Heart)
 - (b) Vein (Blood to Heart)
 - (c) Capillary (Smallest blood vessels)
10. A knowledge of the main blood vessels is essential for a student learning First Aid. It may help save the life of some accident victim or perhaps yourself.

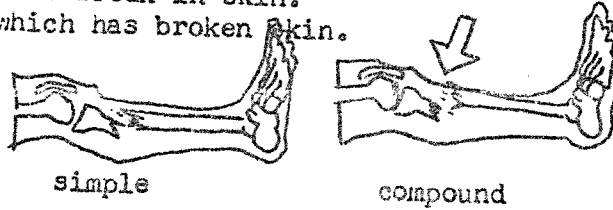


FIRST AID - MAJOR WOUNDS or Wounds
requiring special treatment.....

FRACTURES:

A. Two types of Fractures(breaks):

1. Simple - Broken bone but no break in skin.
2. Compound - Broken bone which has broken skin.



B. Treatment of Fracture:

1ST

1. Stop bleeding.
2. Protect the wound.
3. Treat for shock.

2ND

1. To prevent further damage you Splint limb.
2. Do not move person with fracture until splinted.
3. Always treat any person with fracture with gentleness.

C. How to spot a fracture:

1. Tenderness at the point of injury.
2. Pain at point of injury on movement.
3. Unable to move injured part.
4. Deformity or unusual shape of part.
5. Swelling and discoloration at site of injury.

D. Simple methods of splinting:

1. Tie it to other limb (leg) at 2 places - above and below break.
2. Keep feet tied together so person cannot move.
3. Splint with wooden, etc. splints.

II JAW WOUNDS:

A. In this type of wound the bleeding stoppage and immobilization of jaw is important.

B. Three rules for Treating Jaw wounds: **REMEMBER GET MEDICAL HELP ALWAYS.**

1. Stop Bleeding - use a pressure bandage.
2. Tie the bandage to protect the wound and support the jaw.
3. Keep face down and treat for Shock.

C. Symptoms of Jaw Fractures: Be careful of vomiting; patient could strangle because of bandaging.

1. Pain on movement of jaw.
2. Irregular teeth.
3. Possible loose teeth.
4. Difficulty in eating, drinking, swallowing and talking.
5. Bleeding gums.
6. Mouth open, drooling, no control on jaw.

D. Treatment of Jaw wounds:

1. Place palm of hand under jaw and raise gently to bring lower teeth against upper.
2. Support jaw in this position by bandaging - under chin and over top of head.

III Special Wounds: Part II Cont'd

B. Fractures (Broken bones)

1. Two types of Fractures:

- (a) Simple - Crack or break of bone without complication.
- (b) Compound - Breakage of bone in more than one place and/or protrusion thru skin.

2. Symptoms of Fracture:

- (a) Tenderness at point of injury.
- (b) Pain at point of injury on movement.
- (c) Inability to move injured part.
- (d) Deformity or abnormal shape of part.
- (e) Swelling and discoloration at site of injury.

3. Treatment of Fracture:

- (a) Stop any bleeding.
- (b) Apply first aid dressing to wound.
- (c) Splint limb before moving victim; this helps prevent further damage and reduces shock.

*LEARN THIS INFORMATION YOU WILL HAVE A PRACTICAL EXAMINATION ON THIS MATERIAL LATER IN THE SCHOOL YEAR.

First Aid

Major Wounds & Injuries

I. Three types of Major Wounds or Injuries:

- A. Chest Wounds
- B. Stomach Wounds
- C. Head and Jaw Wounds

II. Chest Wounds (Sucking chest wounds)

A. Chief Dangers--leakage of air from lungs or lung collapse

B. Treatment:

- (1) Treat as any other serious wound with these exceptions:
 - a) Cover the opening quickly to stop the flow of air.
 - b) Use sterile dressings--watch infection.
 - c) Make the wound air-tight
 - d) Speed is very important in this type of wound.
- (2) You may let the man sit propped up against a building, tree, etc. However he may lie down if he is uncomfortable.
- (3) Whichever position gives the most help in keeping the bandage air tight is the best.
- (4) Get medical help promptly.

III. Stomach Wounds:

A. Chief dangers: Internal bleeding and infection

B. Treatment:

- (1) Place clean dressing over wound--fasten in place
- (2) Do not:
 - a) Press on the man's stomach.
 - b) Push protruding organs back inside.
 - c) Touch the wound with unclean materials.
 - d) Give the man water or food.
- (3) Get medical help fast in this case especially.

C. Guard against:

- (1) Panic of you and the victim.
- (2) Movement without looking for other wounds.
- (3) Shock.
- (4) Infection.

HANDOUT - FRACTURES

Cadets 12 Jan 59

I Two types of Fractures (Breaks):

- A. Simple - Broken bone but no break in skin.
- B. Compound - Broken bone which has broken skin.

II Treatment of Fractures:

A. First Action:

- 1. Stop Bleeding.
- 2. Protect the wound.
- 3. Prevent shock.

B. Second Action: To prevent any further damage.

- 1. Splint limb
- 2. Do not move person with fracture until splinted.
- 3. Always treat any person with fracture with gentleness.

III How to spot a Fracture:

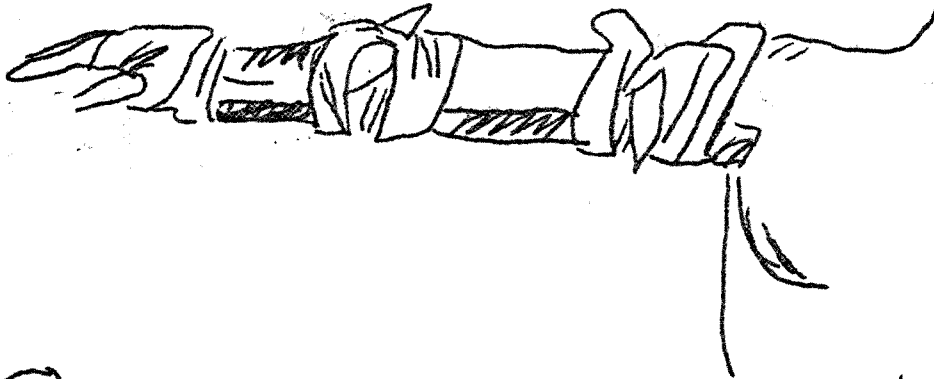
- 1. Tenderness at the point of injury.
- 2. Pain at point of injury on movement.
- 3. Unable to move injured part.
- 4. Deformity or unusual shape of part.
- 5. Swelling and discoloration at site of injury.

IV Simple methods of splinting:

- A. Tie it to other limb (Leg) at 2 places - above and below break. Keep feet tied together so person cannot move.
- B. Splint with wooden, etc. splints.

FIRST AID - FRACTURES

4.



FIXATION SPLINT FOR FRACTURE ELBOW (STRAIGHT)

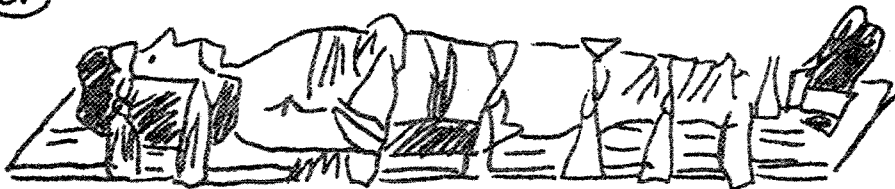
5.



FIXATION SPLINT FOR FORE ARM OR WRIST

APPLY NORMAL SLING IN CONNECTION WITH THIS SPLINT

6.



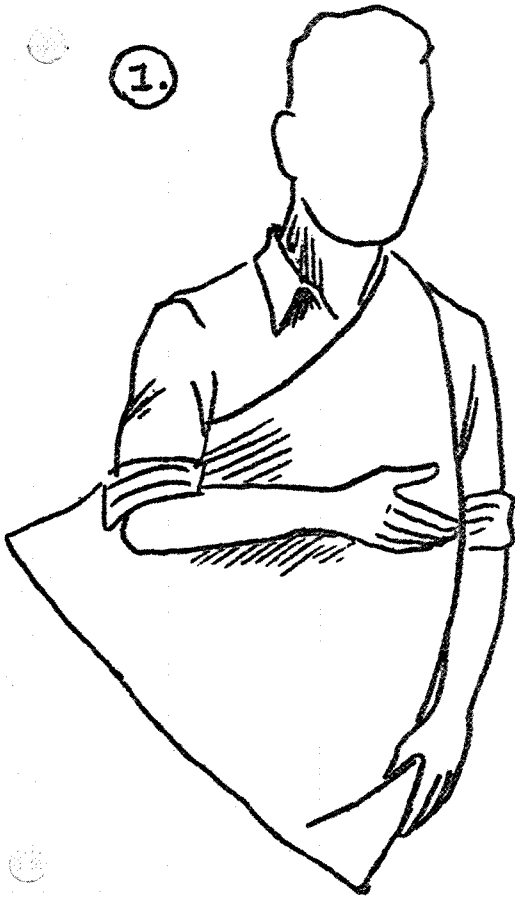
METHOD OF SPLINTING FRACTURED SPINE OR NECK

Use more than 3 men for fractured spine

ARM SLUNG FROM TRIANGULAR BANDAGE:

I FIRST AID
FRACTURES:

1.



2.



3.



COAT SLEEVE ARM SLING

FIXATION SPLINT FOR
UPPER ARM.

MILITARY COURTESY