

Would you know what to do?



First aid advice on eight common injuries and conditions, compiled by the authors and publishers of the *First aid manual*, 9th edition, which was published this year.*

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.

* *The First aid manual*, 9th edition was co-written by St John Ambulance, St Andrew's Ambulance and the British Red Cross and published by Dorling Kindersley. See page 7 for a review.

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.

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.



CAUTION

- ▶ Do not let the casualty lie down
- ▶ Do not leave the casualty alone since the attack may suddenly worsen
- ▶ If this is a first attack and she has no medication, call 999/112 for emergency help immediately
- ▶ If the attack worsens, the casualty may lose consciousness. Open the airway and check breathing. Be prepared to begin CPR.

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 CONSTRICTIONS

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.

SEVERE BLEEDING

If someone wounds themselves badly, leading to heavy bleeding, this can be life threatening, so your priority is to stop the bleeding.

- ▶ If you have any, put on disposable or washing up gloves
- ▶ Apply direct pressure to the wound with a cotton pad from the first aid kit, or your fingers, unless there is an object in the wound. If there is, don't pull it out, but apply pressure either side of the object
- ▶ Bandage the pad or dressing firmly to control bleeding (use a strip of clean cloth if you have no bandages), then raise and support the injured limb
- ▶ If the person is in shock, lay them down and raise their legs. Dial 999.

A TWISTED ANKLE

A twisted ankle is painful and upsetting, especially for a child, so it's important to reassure them and follow this advice:

Remember 'RICE':

- R**est – sit the patient down
- I**ce – apply a cold pack or alternatively use frozen vegetables wrapped in a tea towel
- C**omfortably support – provide comfortable support for the affected limb
- E**levate – raise the ankle above the level of the heart.

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.

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 smile on one side – the other side of his face may droop.



2



CHECK CASUALTY'S ARMS

Ask the casualty to raise his arms. If he has had a stroke, he may only be able to lift one arm.



3



CHECK CASUALTY'S SPEECH

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



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.



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.

ALLERGIC REACTION

Around a million people in the UK are prone to allergic reactions, with common triggers including otherwise harmless substances such as pollen, specific materials (eg latex), particular foods (nuts, shellfish) or even wasp and bee stings. If your child shows signs of swelling of the tongue or throat, puffy eyes and difficult or wheezy breathing, then an allergy could be the culprit, while in severe cases collapse, loss of consciousness or even cardiac arrest can occur.

- ▶ Dial 999 and place your child in a sitting position while monitoring and calmly reassuring them
- ▶ If you're aware that your child has an allergy and they have an auto-injector, help them administer it, followed by a second injection 15 minutes later if there is no improvement
- ▶ If the child becomes unconscious, check for signs of response, open their airway and make sure they're breathing
- ▶ If they are breathing, place them in the recovery position, but if they stop breathing, begin CPR.

HEART ATTACK

The key symptoms of a heart attack are tightness in the chest and pain that spreads out from the chest to the arms or jaw. Sweating and shortness of breath is also common. If you think someone may be having a heart attack:

- ▶ Make them as comfortable as possible. A half-sitting position, with their head and shoulders supported and their knees bent, is often best
- ▶ Call an ambulance and state that you suspect a heart attack
- ▶ While you wait for the ambulance monitor their vital signs (pulse and breathing).

All dental care professionals registered with the GDC must complete ten hours of verifiable CPD in medical emergencies every five years.