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The spinal cord is a group of nerve tracts extending along the back, originating in the brain and ending in the spinal nerves that go to the various parts of the body. It is protected by the vertebral column, a series of bones (vertebrae) that extends from the base of the skull to the tailbone. When a traumatic event damages the cells within the spinal cord, it can result in loss of movement, sensation, and other activities such as breathing and bladder control.

Approximately 12,000 people suffer spinal cord injuries annually in the US; as many as 50% will die. The initial care of a victim with a spinal injury may affect the rest of his or her life. Proper handling is critical. High-risk incidents include motor vehicle accidents, severe blunt trauma, penetration injuries, diving injuries, head injuries, falls, lightning strikes, and any incident in which the victim is unresponsive for an unknown reason. If there is a chance of spinal injury, assume there is one.

Injury to the neck is especially devastating. The neck contains the airway, major blood vessels, and spinal cord tracts which innervate the respiratory muscles and all four limbs. If a victim has a head injury, assume there is also a neck injury.

DO NOT MOVE A VICTIM OF A SEVERE INJURY UNLESS:

1. You need to open or maintain an open airway, or perform CPR. If the patient vomits, carefully log roll him or her to the side, supporting the head, neck and back to prevent twisting.
2. There is imminent danger. Move the patient using a drag or pull; keep head and spine completely supported and aligned. Improper movement of an injured person can cause severe spinal cord injury.



Immobilize in the position found.

SIGNS AND SYMPTOMS:

- Head, neck or back injury or pain
- Unresponsive trauma victim
- Numbness or tingling in extremities
- Weakness or paralysis in extremities
- Loss of bowel or bladder control
- Difficulty breathing

TREATMENT:

1. ABCD'S
2. Maintain neck immobilization.
 - a. Use the palms of your hands to support head in the position found.
 - b. Maintain an open airway with a head tilt/chin lift if needed.
3. Activate EMS (call 911).
4. Reassure patient; keep calm and still.
5. DO NOT move patient except for airway management or imminent danger.
 - a. Move long axis (drag, pull)
 - b. Maintain neck immobilization.

Fat and cholesterol are contained in many of the foods we eat. Cholesterol is carried by the blood and may attach to the walls of the coronary arteries. Over time, plaque and cholesterol buildup causes narrowing of the coronary arteries (**atherosclerosis**), and may result in a complete blockage.

A **heart attack** occurs when a fat or blood clot blocks a narrowed coronary artery, depriving the heart muscle of oxygen. The heart attack victim feels discomfort because the heart muscle is dying. Heart attack is the leading cause of sudden cardiac arrest.

CARDIAC RISK FACTORS

Controllable Risk Factors	Methods of Prevention*	Non-Controllable Risk Factors
Decreased physical activity	Exercise: Cardiovascular, at least 3 times/week	Age
High blood pressure	Exercise, medication, diet	Family History
High blood cholesterol	Exercise, medication, diet	Male
Diabetes	Careful regulation of blood sugar levels, medication	Post-menopausal Female
Obesity/Diet	Healthy, varied, low-fat diet	
Stress	Exercise, relaxation techniques, rest, reduce life stressors	
Smoking	Quit	

*Do not begin an exercise program or changes in lifestyle without first consulting a physician.



SIGNS AND SYMPTOMS:

The warning signs of a heart attack may come in any combination. If any of the following signs or symptoms are present for five minutes, call 911.

- Chest discomfort: pain, pressure, tightness, squeezing, fullness. May radiate to arms, neck, back or jaw, or may go away and return. May be mistaken for heartburn or indigestion.
- Pale, cool, moist (sweaty) skin
- Shortness of breath
- Dizziness or fainting
- Nausea or vomiting
- Denial: Ignoring or attributing symptoms of heart attack to another cause.

TREATMENT:

1. Recognize the signs and symptoms of possible heart attack.
2. Place in a position of comfort; rest and reassure. Do not lay the patient down unless unresponsive, dizzy or faint.
3. Help patient locate and self-administer prescribed medication, usually nitroglycerin.
4. If discomfort persists for five minutes, activate EMS. Do not delay.
5. If the patient becomes unresponsive:
 - a. Send bystander to call 911 (or go call if alone) and get the AED.
 - b. ABCD'S

Note: Women, diabetics, and the elderly may not have the typical symptom of chest discomfort. Be alert to other symptoms, such as extreme fatigue, nausea or vomiting, or shortness of breath. Women are as likely to have a heart attack as men, but are less often diagnosed correctly.