

Asthma

- Shortness of breath and often audible wheezes are possible signs of crises.
- Treatment includes ensuring that 911 has been notified, having the patient sit upright in a chair, and assisting the patient with their own prescribed rescue inhaler, if they are able.

Diabetes

- A diabetic's body has difficulty regulating sugar.
- The signs of a diabetic emergency can include altered thinking, drowsiness, and sweating.
- Treatment is assuring that the emergency action number has been called and administering a sugar substance as long as the patient is able to successfully swallow.

Heart Attack (#1 Cause of Death)

- Usually the signs are chest fullness, pain, or pressure, shortness of breath, nausea, and/or sweating. However, there can be very few signs and women and those with diabetes may have very few signs.
- Treatment is calling the emergency response number, having the patient lay in a reclined position, and potentially having them self-administer 1-2 "baby" 81mg non-coated aspirin if not allergic while waiting for EMS to arrive.

Stroke (#3 Cause of Death)

- The signs are altered thinking, a possible seizure, feeling as if an area of the body is numb or heavy, or a change in speech.
- The treatment is prompt activation of the emergency response system and having the patient lie in a reclined position, relax, and become as comfortable as possible until medical care arrives.

CPR- Compressions, Airway, Breathing

- For Adults, with no signs of life: Have someone call emergency response number.
- Start chest compressions to beat of "staying alive" in the center of the sternum for adults:
- ***Adult:** 1/3 the depth of the chest (at least 2 inches) with two hands at least 100/min.
- If trained and you have a barrier device, open the airway and perform 2 rescue breaths after 30 compressions and repeat cycles of 30 compressions and 2 breaths until AED arrives.
- Use AED once it arrives - follow commands.
- Good quality chest compressions are key. Switch chest compressor every 2 minutes.
 - ***Children:** 2 inches in depth with 1 hand, at least 100/min. If possible, 30 compressions and 2 breaths, if trained.
 - ***Infant:** 1.5 inches in depth, with two fingers, at least 100/min. If possible, 30 compressions and 2 breaths if trained.

***Note:** CPR certification is strongly recommended

Foreign Body Airway Obstruction

- If patient is coughing, instruct the patient to continue coughing.
- If patient is unable to cough and breathe, activate the emergency response system and tell the patient you are going to help.
- Position yourself behind the patient and locate the belly button (umbilicus).
- Make a fist and position the thumb-side of the fist directly above the belly button.
- Place your other hand on top of the fist and thrust in an upward direction.
- Each thrust is a separate attempt to dislodge the foreign body.
- If the patient become unconscious, gently lower them to the floor, and start CPR.

CAP Health Services Info:



FORCE HEALTH PROTECTION

FIRST AID PAMPHLET

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Blood borne Pathogen Training

- Each CAP member must ensure that they understand the requirement to maintain protection/barriers from bloodborne pathogens.

Medical Pre-Planning

- Each CAP member is responsible to ensure that they know their location's emergency response number (often times 911, but not always), the location of the nearest first-aid kit, and the location of the nearest automated external defibrillator (AED).

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Scene Size Up / Initial Assessment

- 1) **CHECK** the scene for:
 - 1) **Safety:** If not safe, do not enter the scene.
 - 2) **Number of injures, if the injured are responsive, and the types of injury.**
 - 3) **What happened leading to injury/illness?**
- 2) **CALL** the emergency response number and ask a partner for a first aid kit and/or a Defibrillator/AED.
- 3) **CARE** for your patient by:
 - 1) Wearing personal protective equipment (PPE) such as nitrile gloves, a facemask with eye shield, a gown, and CPR barrier device.
 - 2) Gaining consent by explaining your level of training and asking "may I help you" if awake.
 - 3) Getting a SAMPLE History, * if awake.
- 4) **INITIAL ACTION STEPS: XCC-ABCDEFGs:**
 - **eXtreme Bleeding:** Spurting blood must be controlled with 1.5 inch military style tourniquet or direct pressure / pressure point / pressure dressing.
 - **C-spine:** If any possibility of a head injury, the head and neck should be stabilized.
 - **CPR** for those with no signs of life. Call for an Automated External Defibrillator (AED) and start compressions; limit interruptions to compressions.
 - **Airway:** If talking the airway is open. If not:
 - Trauma → Modified Jaw Thrust.
 - No Trauma → Head tilt or oral / nasal airway.
 - **Breathing:** If adult not breathing but has pulse, 1 rescue breath every 6-8 seconds. Cover open chest wounds with an occlusive dressing.
 - **Circulation:** Do they have a normal pulse? Perform a head-to-toe visual survey to find areas of bleeding and quickly stop it.
 - **Disability to brain:** fully awake/acting normal?
 - **Expose / Environmental:** Briefly look for injuries and cover with a blanket if in shock.
 - **Figures:** Baseline pulse/respiratory rate, skin temperature / moisture level and capillary refill.
 - **Go Over:** Head-to-toe check for **DOTS:** Deformities, Open wounds, Tenderness Swelling.



Signs of a Problem (Adult)

- Breathing: Normal 14-24/min
- Pulse: Normal 50-90/min. @ wrist/neck.
- Capillary Refill: Normal color of fingernail returns in less than 2 seconds after pinched.
- Temperature: Is their skin hot, cold, or normal?
- Mental Functioning: Normal is Alert and oriented to person, place, time, and event.

*Ask Questions: SAMPLE History

Name, age, and **SAMPLE** history:

- **S**ymptoms: What is wrong?
- **A**llergies: What are you allergic to?
- **M**eds: What are your medications?
- **P**ast Med. History: Any medical problems?
- **L**ast meal: What time did you last Eat?
- **E**vents leading: What were you doing before / after the injury?

Bleeding Treatment

- 1) A 1.5-inch wide military-style **tourniquet is the first line action for severe life threatening bleeding.** If not follow the escalating steps below:
 - 2) Direct pressure, if not controlled then,
 - 3) Elevation of injury above heart then,
 - 4) Pressure Bandage then,
 - 5) Pressure Point (brachial / femoral) and,
 - 6) Treat for shock.

Chest/Abdominal Bleeding Treatment

- 1) Wipe the area so an occlusive dressing will adhere.
- 2) Place an occlusive dressing over the area.
- 2) For eviscerated abdominal wounds, cover the wound with damp sterile dressings.
- 3) Treat for heat loss from the wound.
- 4) Treat for shock.

Shock (Blood-loss sickness)

- 1) First signs are rapid pulse / altered thinking.
 - 2) Maintain normal body temperature.
 - 3) If no back injury, elevate the legs 12 inches.
- Note: for severe gunshot wounds or blast injuries consider keeping the legs flat and maintaining body temperature with a blanket.**

Fracture Treatment

- 1) Check circulation, sensory, and motor function prior to splinting the fracture.
- 2) Splint the joint above and below the injury.
- 3) After splinting, recheck the circulation, sensory, and motor function.

Heat Exhaustion / Dehydration

- Mucous membranes are dry; skin is wet.
- Pulse is rapid. Fatigued, but no mental status changes whatsoever.
- Place patient in the shade, loosen clothing, consider cool electrolyte fluids by mouth.

Heat Stroke

- Same as above with mental status changes.
- This is a major emergency. Call 911
- Place patient in the shade, loosen clothing, cool with water and fanning until 911 arrives

Burns

- 1st degree - Skin is **Red.**
- 2nd degree - Skin is **Blistered.**
- 3rd degree - Skin is **Charred.**
- **Treatment** is cooling with water, dressing the area, and going to a hospital for anything other than a minor burn.

Hypothermia

- Patient is too cold to continue normal function.
- Stop the heat loss by getting them dry and warmed. Extreme caution in buddy warming.
- Getting them to a medical facility is paramount.
- All frostbite injuries require a hospital.