First Aid 2011

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How to survive?

• Do not kill the patient.

Reason of lectures
to pass the exam
to know important information for life

How to survive

- D
- R
- A
- B
- C







Danger

- to you
- to other
- to the casualty
- make sure that no one elso gets hurt. You will not be able to help if you are also a casualty
- only proceed if it is safe to do so.

Basic Vital signs:

- RESPOND = consciousness
- A+B breathing
- C circulation

Primary Survey = 20s

Resposiveness



- Shout ,Are You O.K.?', Can you hear me?', 'What is your name?
- Shake Shoulder
- opening eyes
- movement
- words
- unconsciousness

Airway + B

- open it and keep it open
- Tilt the head back





Clear airway if necessary

- with the casualty supported on the side, tilt the head backwards and slightly down.
- Open the mouth and clear any foreign object. Only remove dentures if loose or broken.

Breathing?

- Normal = look & listen & feel
 - movement of chest wall [reg., 10-20/ min]
 - air flow
- abnormal breathing "agonal respiration" and is the result of the brain's breathing center sending out signals even though circulation has ceased.
 The key point sound like grunting, gasping or snoring. It disappears in 2-3 minutes.
- No breathing

Circulation ?

Signs:

- normal consciousness
- normal breathing
- movement
- coughing
- {PULSATIONS a.carotis}
- Any doubt = NO circulation

Adult basic life support



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Chest compressions

- Place the heel of one hand on the breastbone -- right between the nipples.
- In the centre of the chest
- Place the heel of your other hand on top of the first hand.
- Position your body directly over your hands. Your shoulders should be in line with your hands. DO NOT lean back or forward.
- Give 30 chest compressions. at least 100/minute (not more than 120/min)
- Press down on the sternum at leats 5 cm, not more than 6cm









EAR expired air resuscitation (mouth-to-mouth ventilation) $-\Omega^2$



- 1. Knee beside the head of casualty.
- 2. Keep the casualty's head tilted back.
- 3. Pinch the casualty's nostrils with your fingers
- 4. Lift the jaw forward with your other hand.
- 5. Take a normal breath and open your mouth wide.
- 6. Place your mouth firmly over the casualty's mouth making an airtight seal.
- 7. Breathe into the casualty's mouth.
- 8. Remove your mouth and turn your head to observe the chest fall and listen or feel for exhaled air.
- 9. If the chest does not rise and fall, check head tilt position first, then check for and clear foreign objects in the airway.
- 10. Give 2 breaths, then go back to 30 compressions



Mouth to nose

- the victim's mouth is seriously injured
- cannot be opened,
- the rescuer is assisting a victim in the water,
- a mouth-to-mouth seal is difficult to achieve.

There is no published evidence on the safety, effectiveness or feasibility of mouth to-tracheostomy ventilation, but it may be used for a victim with a tracheostomy tube or tracheal stoma

3 thinks are the most important:

- Compressions
- Compressions
- Compressions

BLS

When to start BLS: always when victim is unconsciousness, no breath, no circulation When not to start: end stage disease, no prognosis trauma with no hope for life (decapitation) signs (indication) of death (patch) time factor (15 - 30 minutes from stop of)circulation)

Adult basic life support



When

When to stop CPR:
restoring vital functions (normal breathing, movement)
ER takes care of victim
no power to continue with CPR
new danger



ABC and what next?

- managing life-threatening problems CPR, bleeding
- (turn the casualty to a recovery position)
- look for

... Secondary Survey

- bleeding
- burns
- fractures. Note any tenderness, swelling, wounds or deformity

Examine the casualty

- ... Secondary Survey
- in the following order:
 - head and neck
 - chest (including shoulders)
 - abdomen (including hip bone)
 - upper limbs
 - lower limbs
 - back
- call medical aid as soon as possible