

# First Class First Year: First Aid – Hurry Cases



# ***First Aid: Hurry Cases***

## **Learning Objectives**

As a result of this experience, each participant should be able to:

Complete advancement requirement S7a.

Treat for the hurry cases of stopped breathing, serious bleeding, and internal poisoning.

## **Discovery**

Ask scouts to take their pulse using the Brachial artery. Tell them this is the one in the arm. See how many can find where this is.

## **Teaching-Learning**

- I. Serious Bleeding
- II. Stopped Breathing
- III. Internal Poisoning

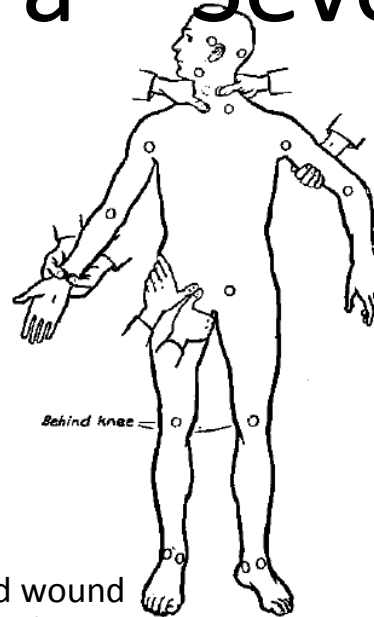
**Application:** Practice these skills on this month's outing.

# Second Class 7a – Hurry Cases

## Hurry Cases:

- **First Aid:** First aid is the first help given to the victim of an accident. There are three primary objectives in giving first aid:
  - Stop life-threatening dangers.
  - Keep the victim safe from further harm.
  - Get proper medical help for the victim.
- **Take Charge:** The scene of an accident can be scary. An injured person may be crying or screaming. The sight of blood might frighten you. Other people may be too stunned to help. The most important thing you can do is to stay calm. Focus your attention on the job of making people safe. Act with confidence, using the first aid skills you know. Cheerfulness will help the victim and the people around you lose their fear.
- **Approach Carefully:** Keep your own safety and the safety of others rescuers in mind. At the scene of a car accident, watch for others cars on the road. in the backcountry, be aware of falling rocks, slipping footing, steep slopes, and other hazards.
- **Do First Things First:** Here are five vital steps for treating accident victims. Perform them in the order they are given.
  - Treat "hurry cases" immediately. A hurry case is any condition that threatens victim's life. The most serious are: stopped breathing, no heartbeat, severe bleeding, choking, and poisoning by mouth.
  - Send someone to a phone to call for help. Give full information about your location and the extent of the injuries.
  - Treat every accident victim for shock.
  - Examine the victim for other injuries that may require first aid.
  - Plan what to do next. If help is on the way, keep the victim comfortable and watch for any changes in his condition. Where there are no phones, decide on a clear course of action. A victim who can walk alone or with some support may be able to hike a road. When injuries are serious, though, it is usually best to send two people for help.

# 2nd Class 7a – Severe Bleeding



## Severe Bleeding or Hemorrhaging:

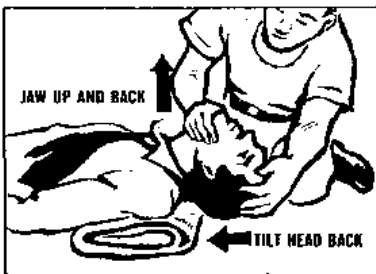
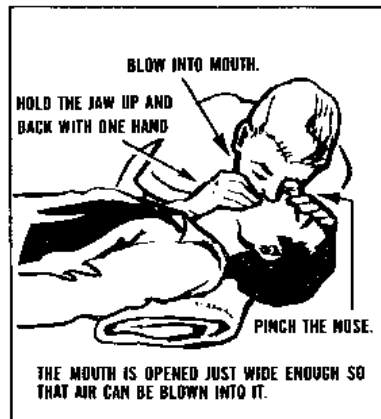
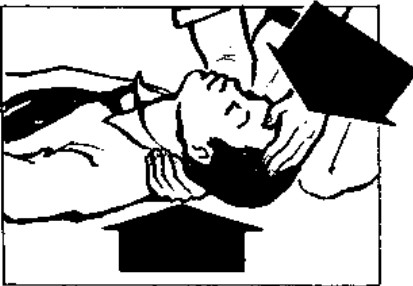
- **Causes:** Amputation, Severe lacerations, head wound
- **Check:** If bleeding is brisk and from large vessel, spurting. Note: Fast action is needed in order to prevent shock and subsequent death. First aid kits with the troop should have readily available gloves, protective eye wear and a mouth-barrier device.
- **Treatment:** Firm pressure with a sterile pad if available. If not clean washed hands next best. Apply pressure in the case of an arterial bleed 10-15 minutes firmly. May try raising limb above heart if continues to bleed. If continues to bleed apply firm pressure with opposite hand or second individual at one of major pressure points proximal to wound i.e. femoral artery in the case of the leg up in the groin and auxiliary (armpit) or brachial artery (elbow) depending where the laceration is located in the case of the arm. If a bandage is used be sure a distal pulse is felt beyond the laceration. If not loosen up the bandage a bit. If bleeding uncontrolled in spite of above measures resort as last ditch effort to tourniquet. Tourniquets are best suited in amputations where the stump can be secured or in badly mangled limbs where bleeding may not be confined to just a neat spurting artery. Tourniquet should be wide i.e. 2-3 inches wide. May incorporate a rod or stick tied to the tourniquet which is subsequently used to rotate ends of the tourniquet in order to close off the oozing that might occur from an injured stump. A second bandage tie could anchor the stick or rod that is being turned to apply pressure on the bleeding limb and thus allow the caregiver free use of his hands. Tie only as tight that a faint distal pulse can be felt. If no pulse felt and limb looks blue or grey loosen the tourniquet.

# 2<sup>nd</sup> Class 7a – Stopped Breathing



## Stop Breathing

- **Causes:** near drowning; cervical spine fractures; head injuries; asthma; smoke in a fire; electric shock and lightning strike; excessive sedatives (intentional or not); excessive alcohol; drug abuse/use; foreign objects in airway
- **Check:** listen to mouth and nose or feel for air outflow and carefully look at the chest for spontaneous rise and fall.
- **Treatment:** Begin rescue breathing after calling for help in the adult and after 1 minute of CPR in the child or infant. Consider injury to neck as to whether you want to move the victim. This may be necessary if you cannot get the airway adequately open in the position the victim is lying. Remember head tilt and chin lift with the thumb. Clear mouth of foreign material or vomit, pinch nose and make a good seal over mouth of victim with yours. Give two adequate breaths and be sure to look for rise in chest. If not present treat for obstructed airway. Breathe, in the case of an adult 12 /min ( 1 per 5 seconds) Check for pulse after you establish you can ventilate the lungs. Child: 20( per minute or 1 per 3 seconds). If spontaneous breathing develops in the victim stay close by as he may tire and fail again due to underlying process or fatigue or both. Place in the recovery position which is on the victim's side, to reduce risk of aspiration and secondary to vomiting.



# 2<sup>nd</sup> Class 7a – Internal Poisoning

- **Internal Poisoning:** Internal poisoning may not be immediately apparent.
- **Symptoms:** Most symptoms are general in nature such as vomiting which makes an immediate diagnosis hard to manage. The best indication of internal poisoning may be the presence of an open container of medication or toxic household chemicals. Check the label for specific first aid instructions for that specific poison.
- **Call for help immediately as advanced medical care will be required.** If possible contact a poison control center and provide information about the suspected poison. Depending on the type of poison, the poison control center may suggest additional first aid measures pending the arrival of emergency medical technicians. These might include dilution with water or milk, administration of syrup of ipecac or activated charcoal, or the use of other common household products as improvised emergency antidotes.
- **Note: Do not apply such measures without the benefit of expert advice.**
- **Treatment:** Appropriate first aid measures vary depending on the type of poison. Induced vomiting may do more harm than good, because the poison may harm the alimentary canal or esophagus. Vomit may also block the airway. However, induced vomiting may be necessary with some poisons to save the victim's life. In most cases the use of dilution is advisable, that is, the ingestion of large quantities of water or milk. In other cases it is advisable to use an emetic, a substance that induces vomiting and rids the stomach of certain poisons. An emetic may act locally, as on the gastric nerves, or systematically on the part of the brain that causes the vomiting. Household emetics, which act locally, include a tablespoon of salt dissolved in warm water or two tablespoons of mustard dissolved in a pint of water. Emetics must not be given to a person who has swallowed a corrosive poison. An antidote, unlike an emetic, is a remedy that counteracts the effects of a poison chemically, although it may result indirectly in vomiting. Expert advice and rapid transport to advanced medical care is urgently needed.