



HEAD TILT/CHIN LIFT

Mouth-to-Mouth Resuscitation

1. OPEN THE AIRWAY

Wipe any obvious foreign matter from the mouth quickly. Tongue will relax and block airway in unconscious victim.

Place one hand beneath the victim's chin. Place the other hand on the victim's forehead.

EXTEND HEAD

To open airway, keep chin pointed straight up. Victim may start to breathe on their own. If NOT, follow step 2.

2. RESTORE BREATHING

Seal victim's nose by pinching closed with thumb and index finger. Seal victim's mouth with your mouth; make a tight seal. Blow until chest rises. Remove mouth, let victim exhale. Chest will fall. Repeat every time chest falls - about 12 times per minute.

MOUTH-TO-MOUTH (or) MOUTH-TO-NOSE

Put hand under chin, close mouth tight. Blow in nose until chest rises. Continue as above.

ASPHYXIATION (Suffocation - No Breathing)

Indicated by lips, ear lobes or fingernails turning blue. Maintain an open airway through mouth and nose. Start artificial respiration. Continue artificial respiration until victim is pronounced dead by a physician.

BLEEDING (Arteries - Veins)

Select appropriate bandage dressing. Place over wound and apply direct pressure by hand. Add additional dressings as needed. After bleeding has been controlled, bandage snugly and firmly. Do not remove dressing. If bleeding cannot be controlled, use finger pressure on brachial artery for arms or hands; use hand pressure on femoral artery for legs. Tourniquet should not be used unless life is at stake from loss of blood which cannot otherwise be controlled.

ABRASIONS & OTHER WOUNDS

Apply antiseptic to area surrounding wound. Bandage with suitable size sterile bandage.

FRACTURES (Broken Bones), **DISLOCATIONS**, **SPRAINS**

Ice pack limits and reduces swelling and pain. Do not move injured part until splinted. Immobilize with pillows or splints - before moving apply strong, steady, straight pull while someone firmly places one hand above and below injury to support site during process.

FRACTURE (Compounds)

Bone protruding. Do not push back. End will slip back when limb is straightened for splinting. Control hemorrhage by direct pressure with sterile dressing.

BACK OR NECK (Symptoms)

Pain in back or neck, tingling, numbness and/or paralysis. Keep victim flat on back (no pillow). Handle as little as possible. If body must be turned, turn as unit, head straight, no twisting. To transport, use firm frame or board. If possible, summon physician to scene. Chest or lumbar may be more comfortable on side. Whenever possible keep victim in the position in which found.

BURNS (Thermal)

1st degree - skin reddened; 2nd degree - blistered; 3rd degree - charred; 3rd degree burns also have 2nd and 1st degree areas. Deal with or prevent shock. Keep patient lying down. Raise feet, lower head.

Apply cold water applications or submerge burned part in cold water for 1st or 2nd degree burns. Cover 3rd degree burns with thick sterile dressings. Keep victims in a sitting position.

Prevent contamination: do not touch wound. Use sterile dressings, preferably with a non-adhering pad. Keep burned hands, feet or legs elevated. Do not rupture blisters.

BURNS (Chemical)

Flush area with large quantities of water. If eyes are involved, after flushing, use eye pad; get medical attention immediately.

FAINTING

If face is red, raise the head; if face is pale, lower head and raise lower part of body. Ammonia inhalant is suggested. Loosen clothing.