

HARMONY EVENT MEDICINE

First aid guide

HOLD IT! BEFORE YOU OFFER HELP. Contact with body fluids may result in transference of BLOOD BORNE PATHOGENS. You must use your PPE barriers. When you remove your PPE's always wash up with warm, soapy water afterwards.

CALL FOR HELP IMMEDIATELY IF: Patient is Unconscious, very disoriented or confused, has rapid respirations, weak irregular pulse, severe uncontrolled bleeding, other signs of Shock (cold clammy skin, low blood pressure).

NOTE: CALLING 911 IS ONLY THE PROVINCE AND RESPONSIBILITY OF THE SHIFT LEAD, MEDICAL LEAD, PRESIDENT OF THE BOARD OF DIRECTORS AND MEDICAL DIRECTOR. Please do not call 911 on your own under any circumstances.

AVPU Assessment: Gathering of basic info from Patient.

A=Alert. Able to answer questions.

V=Verbal. Responds to verbal stimuli.

P=Pain. Responds to pain stimuli only.

U= Unconscious. No response. Protect airway

- A. SEVERE WOUNDS: 1. **Call for help.** Use AVPU. 2. Control bleeding by applying direct pressure on wound with sterile dressing. If blood soaks through, add dressings on top on first layer. This will speed clotting. 3. If no neck/back injuries are suspected, elevate injured area. 4. If bleeding continues, continue to apply firm pressure at either femoral arteries (groin area) or brachial arteries (inside upper arm). 5. Apply pressure bandage over dressing already applied to wound. 6. Do not remove any impaled object, simply bandage over/around (eyes, abdominal, etc)
- B. MINOR WOUNDS: 1. Wash minor wounds that are not severely bleeding with water trigger sprayer, or with soap and water if necessary. 2. Apply antibiotic or ointment to the wound. 3. Apply clean dressing.
- C. HEAD INJURIES: Signs and symptoms- Wound of scalp or skull, blood or clear fluid draining from nose/ears, lowered level of responsiveness, deformity of skull, bruising around eyes or ears, nausea and vomiting, shallow or irregular breathing. 1. **Call for help.** Use AVPU. 2. Immobilize head and neck, do not move patient. 3. Do not stop drainage from nose or ears. 4. A head injury may indicate neck injury. Treat neck, head and spine as one. 5. Watch for vomiting, keep airways clear.
- D. SIMPLE FRACTURES: Signs and symptoms- Deformity, swelling, discoloration, pain, and tenderness. 1. Do not attempt to move patient in case of life threatening danger. 2. Ice and cold pack may reduce swelling. 3. Splint and immobilize fractures as they were found. 4. Check for proper circulation and sensation and loosen splint if either are impaired or decreased.
- E. OPEN OR COMPOUND FRACTURES: Signs and symptoms- Skin is broken and bleeding, and bone is visible. 1. **Call for help.** 2. Control bleeding, but do not elevate. 3. Keep close eye on circulation. 4. Do not apply cold packs. 5. Continually recheck circulation. 6. Provide care for shock (see Section I)
- F. DISLOCATION, SPRAIN OR STRAIN: 1. Check circulation and sensation below point of dislocation or sprain. If either are impaired, call for help. 2. Affix splint to injured area or otherwise immobilize the area in a position of comfort. 3. Apply ice or cold pack to reduce pain and swelling and recheck circulation. 4. Arrange transport for patient to

urgent care facility. 5. Note: Elbow and knee dislocations are emergency cases, as there is high potential for nerve damage.

- G. HEART ATTACK: Signs and symptoms- Pale or blue-ish tissue color, sweating, chest pain, pressure or squeezing sensation. Pain may spread to one or both shoulders, arms, neck, jaw or back; sweating, nausea, weakness and dizziness, shortness of breath, anxiety or denial of a problem. 1. **Call for help.** Use AVPU. Contact patients' doctor, if possible. 2. Insist on rapid care. Patient may attempt to deny, but lack of urgency may result in permanent damage or death. 3. Place patient in comfortably seated or semi seated position, loosen all tight clothing, and do not let patient move around. 4. If breathing stops, use rescue breathing. 5. If heart stops, use CPR and/or AED.
- H. STROKE: Signs and symptoms- Weakness, loss of feeling or paralysis (usually on one side of face or body); difficulty with vision or movement. Slow, noisy breathing (may sound like snoring), drooling or difficulty swallowing, tissue color flushed, then pale, pulse slow then strong, becoming weak then rapid, skin feels cool and clammy to the touch, ability to speak impaired, and lowered consciousness level. 1. **Call for help.** Use AVPU. 2. Allow patient to assume position of comfort. 3. If patient is unconscious, place on the affected side in the recovery position (on side with leg bent, bottom arm under head). 4. Continue monitoring airway, breathing and circulation until EMS arrives. Be extra vigilant regarding airway, patient will have difficulty breathing.
- I. SHOCK Signs and symptoms- Pale or blue-ish skin color, moist clammy skin, shivering, rapid and weak pulse, shallow-labored or noisy breathing, nausea and vomiting, thirst, mental confusion and restlessness. 1. **Call for help.** Use AVPU. 2. Lay patient down. Position according to injury. If head, neck, spine or leg fractures not present, lay patient on back and lift legs 8-12 inches. If head, neck, spine or leg fractures are suspected, do not move patient unless extreme danger are present. If you cannot move, create a 'person wall' around patient by locking arms and bracing against contact to protect patient. 3. If patient has trouble breathing, place person in elevated position, using blankets or other objects to raise head for easier breathing. 4. Help the patient maintain normal body temperature per conditions. 5. Monitor airway,

breathing, and circulation at all times. Do not underestimate shock, it can kill.

- J. BURNS: 1. **Call for help.** 2. First or second degree burns with closed blisters: a) Wrap with cooling burn gel or spray, or flush with cold water until pain subsides b) Apply loose, moist, sterile dressing and bandage. 3. Third degree burns or burns with open blisters: a) Apply loose, dry sterile dressing and bandage b) Treat for shock
- K. FAINTING 1. Keep patient lying down with feet raised until recovery complete; keep crowds away. 3. Bathe with cool towel to face, or provide fresh air.
- L. CONVULSIONS/SEIZURES: Signs and symptoms- Muscles spasms, eye may roll upwards, face/lips may turn blue, may lose bowel/bladder control and foam at the mouth. If vomiting occurs, place the body in the recovery position (on side with leg bent, bottom arm under head). 1. **Call for help.** Use AVPU. 2. Do not restrain person during the event. 3. Do not put anything in their mouth. 4. Protect the head from injury during the event, and clear equipment or furniture nearby. 5. Be alert for airway issues. 6. Patient may be drowsy or disoriented. 7. Do secondary injury assessment. Comfort and assure the patient.
- M. STINGS & BITES Signs and symptoms- Stinger may be present, pain & swelling and possible allergic (anaphylactic shock) reaction. 1. **Call for help.** 2. Remove stinger; scrape it away using plastic card. If using tweezers, do not burst venom sac while removing stinger. 3. Wash wound, cover and apply icepack or cold compress. 4. Watch for signs of allergic (anaphylactic shock) reaction. Swelling of face, tongue, throat; itchy palms and feet, difficulty breathing and hives. If available, and if you have training or certification, give shot of EPI PEN. If symptoms persist, and EMS help is delayed, give second shot of EPI. 5. Keep affected area below the patients' heart.
- N. DIABETIC EMERGENCIES **Hyperglycemia** (high blood sugar coma) Signs and symptoms- Dry mouth, weak, rapid pulse, stomach pain/vomiting, confusion, sunken eyes, breathing issues; may become unconscious. 1. **Call for help.** Use AVPU. 2. Maintain airway and check ABC's 3. Treat for shock **Hypoglycemia** (low blood sugar, insulin shock) Signs and symptoms- Headache, dizziness, hostile, fainting/seizures, hungry, sweating. 1. Call for help. Use AVPU. 2. Give

sugar under tongue. 3. Maintain airway, check ABC's It is difficult to tell the difference between hyper & hypoglycemia. Treat as it is presenting Insulin Shock. More sugar will not harm, but more could save the life.

- o. DEFIBRILLATION (AED): 1. Establish unresponsiveness (AVPU), **Call for help**, and begin chest compressions. 2. Attach and use AED as soon as available in the given circumstance. Minimize interruptions in compressions before and after each shock; resume CPR beginning with compressions immediately after each shock. 3. Do not touch patient during the shocking of patient. 4. After 1 shock, proceed with compressions for 2 minutes, then reanalyze via AED.
- P. KEEP PATIENT LOG NOTES AND USE RELEASE FORMS!! IF A SITUATION CALLED FOR THE ACTIVATION OF 911, PLEASE WRITE A DETAILED REPORT ON THE BACK OF THAT EVENTS' LOGNOTES. DEBRIEFING OF INCIDENT AT END OF NIGHT or NEXT DAY WITH PRODUCTION STAFF AND HEM LEADERSHIP.