Heart Attack (1 of 2)

- Occurs when when sufficient blood flow does not reach heart due to a blockage in an artery

  - Blockage, if not cleared quickly, affected area begins to die
  - When that part of the heart muscle dies, it disrupts the electrical system of the heart and can cause cardiac arrest and death.
  - Note – Chest Pain can be caused by either:
    Ischemia (reduced blood flow) or
    Infarction (Absent blood flow) (more common cause)

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Heart Attack (2 of 2)

What to Look For	What to Do
Traditional symptoms of a heart attack (typically seen in young and middle-aged men) can include: ▪ Chest discomfort that feels like pressure, squeezing, or fullness, usually in the center of the chest. It may also be felt in the jaw, shoulder, or back. ▪ Sweating ▪ Light-headedness or dizziness ▪ Nausea or vomiting ▪ Numbness, aching, or tingling in an arm (most often the left arm) ▪ Shortness of breath Women and older people are less likely to experience chest pain/discomfort. Symptoms can be more subtle and may extend over many hours, days, or weeks leading up to the heart attack, such as: ▪ Extreme fatigue ▪ Pain in the neck, arm, back, or jaw ▪ Flulike symptoms ▪ Upset stomach/indigestion ▪ Anxiety	1. Call 9-1-1 immediately. **DO NOT** drive the person to a medical facility; wait for EMS to arrive. 2. Have the person sit, with knees raised, and lean against a stable but comfortable support (eg, wall, tree trunk, fence post). Try to keep the person calm. **DO NOT** allow the person to walk. Doing so can put more stress on the heart. 3. While waiting for EMS to arrive: • Loosen any tight clothing. • Ask if the person takes any chest pain medication (eg, nitroglycerin) for a known heart condition, and if so, help them take it. • If the person is alert, able to swallow, not allergic to aspirin, and has no signs of a stroke (see pp. 85–86), help them take one adult aspirin (325 mg) or two to four low-dose aspirins (81 mg each). Pulverize or have the person chew them with their teeth before swallowing for faster results. • Monitor breathing. If the person becomes unresponsive and stops breathing, begin CPR (see pp. 122–134). If they are unresponsive and are breathing, place them on their side in the recovery position (see pp. 23–25).

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Heart Attack - NOTE

Before helping the person take Nitroglycerin, ask if they have taken any sexual enhancement medications in the last 24 hours.

If so, do not administer Nitroglycerin.

Both medications are vasodilators and “double dip” can cause a severe and potentially life-threatening drop in blood pressure.

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Asthma (1 of 5)

- Chronic lung disease, results in inflammation and narrowing of airways
- Severe asthma attacks require medical care; can be fatal
- First aid is: quick-relief inhaler
- Treat symptoms when they first appear to prevent them from worsening



Figure 5-1

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Asthma (2 of 5)

What to Look For	What to Do
▪ Frequent coughing ▪ Wheezing ▪ Breathing difficulty ▪ Unable to speak in complete sentences without stopping to breathe ▪ Sitting in the tripod position (**FIGURE 5-1**)	**1.** Call 9-1-1 immediately if: • The person is struggling to breathe, talk, or stay awake. • They are unable to speak one to two words in one breath. • Their lips or fingernails turn blue or gray. • The person asks for professional medical care. • There is no improvement after using their inhaler or they do not have an inhaler. • Repeated attacks occur. • A severe and prolonged attack occurs. • This is the person's first asthma attack. **2.** Have the person sit in an upright, leaning slightly forward position and loosen tight clothing. **3.** Encourage the person to sit quietly and to breathe slowly and deeply in through the nose and out through the mouth. **4.** Ask the person about any asthma medication they use. Most people with asthma have a physician-prescribed quick-relief inhaler (sometimes referred to as a rescue inhaler or metered-dose inhaler) that is often accompanied with a spacer or holding chamber (**FIGURE 5-2**). **5.** If the person has a quick-relief inhaler, help them use it. **DO NOT** borrow or use someone else's inhaler. Quick-relief inhalers may or may not be prescribed with a spacer (spacers help administer more medicine into the lungs by holding the medicine inside the chamber for a few seconds so that the user doesn't have to breathe in and spray at the same time; **FIGURE 5-3**). For an inhaler without a spacer, follow the steps in **SKILL SHEET 5-1**. For an inhaler with a spacer, follow the steps in **SKILL SHEET 5-2**. **6.** Improved breathing should occur within 5 to 15 minutes. Additional doses may be needed to stop an asthma attack. If you reach the maximum dosing prescribed and breathing difficulty persists, call 9-1-1.

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Asthma (3 of 5)

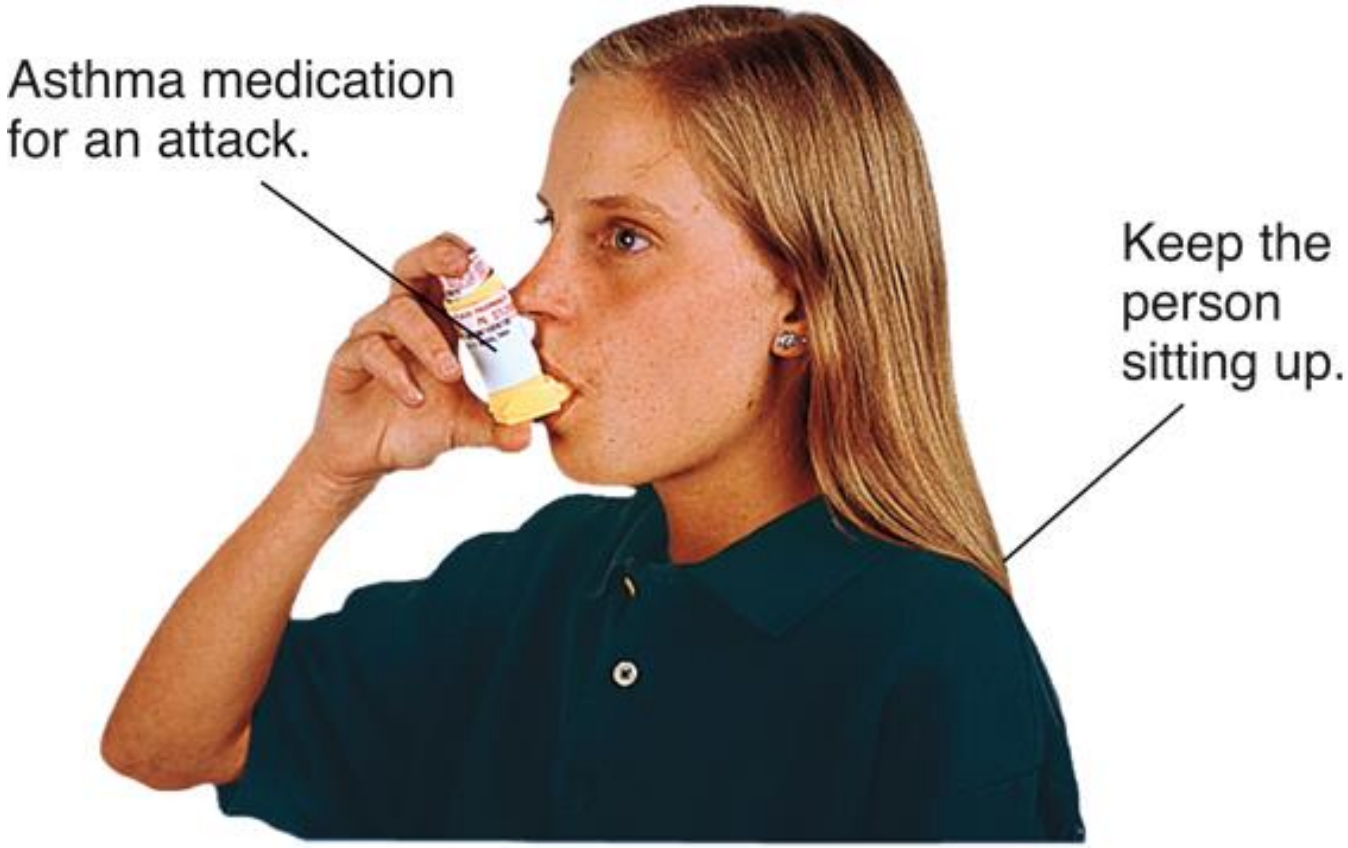


Figure 5-2

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Asthma (4 of 5)



Figure 5-3

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Asthma (5 of 5)

CAUTION

DO NOT exceed the dose prescribed by the person's doctor.
DO NOT use an inhaler if it is not prescribed to the person or if it has expired.
DO NOT use an inhaler if the dose counter reads zero. This means that the inhaler is empty and needs to be replaced.
DO NOT assume the person's condition is improving if wheezing is no longer heard. If the person stops wheezing, it could be a sign that the airways are so narrow that air is no longer able to move through them.

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Hyperventilation

- Rapid, deep breathing at rest
  - Often caused by emotional stress; may also have medical cause
  - DO NOT have person breathe into paper bag

What to Look For	What to Do
▪ Shortness of breath ▪ Fast breathing (more than 40 breaths per minute) ▪ Tingling, coldness, and/or numbness of the hands and/or feet, and around the mouth ▪ Dizziness or light-headedness	1. Calm and reassure the person. Remove the person from the cause of stress (eg, a cliff). 2. Take the person to a quiet place or ask bystanders to leave. Have the person sit down. 3. Encourage the person to breathe slowly, using the abdominal muscles: inhale through the nose, hold the full inhalation for 1 to 2 seconds, then exhale slowly through pursed lips. 4. If the symptoms persist, call 9-1-1.

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Severe Allergic Reactions (Anaphylaxis) (1 of 2)

- Small number of reactions can progress to life-threatening reaction (anaphylaxis)
- Epinephrine is first-line medication
  - Available through prescription and can be self-administered via an auto-injector or nasal spray



Figure 5-4

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Severe Allergic Reactions (Anaphylaxis) (2 of 2)

What to Look For	What to Do
Severe allergic reaction (anaphylaxis): ▪ Mouth: swelling of the lips, tongue, mouth, nose ▪ Throat: swelling, itching, difficulty swallowing and speaking ▪ Skin: swelling around the eyes, flushing, severe itching ▪ Breathing: trouble breathing, coughing, or wheezing (whistling sound during breathing) ▪ Abdomen: cramps, nausea, vomiting ▪ Unresponsive ▪ Medical identification tag	1. Call 9-1-1 immediately. If there are no signs of breathing, begin CPR (see pp. 122–134). The person needs professional medical care even if their condition improves after administering an epinephrine auto-injector or nasal spray, as the effects of epinephrine will wear off and the symptoms can return. 2. Ask about any previous severe allergic reactions. 3. Look or ask about a medical identification tag. 4. If the person has their own medically prescribed epinephrine auto-injector or nasal spray, they will usually know when and how to use it. Provide assistance as needed (**SKILL SHEET 5-3**). The nasal spray device looks like and functions similarly to the naloxone nasal spray discussed in later in this chapter (see pp. 98–99). • If there is not an epinephrine auto-injector or nasal spray available, use an asthma inhaler or nasal decongestant spray. If the person can swallow, give an antihistamine (eg, Benadryl) as directed on the label. These are not lifesaving because they take too long to work, but they can help prevent further reactions. Monitor until professional medical care arrives. 5. After administering epinephrine, stay with the person and continue to reassure and monitor them until EMS arrives. **DO NOT** give another dose right after the first one. 6. If the person does not get better 5 to 10 minutes after the first dose *or* EMS arrival will exceed 5 to 10 minutes, consider giving a second dose if you have a second injector or nasal spray. About 20% of people receiving a first dose will require a second dose. When in doubt, administer a second dose.

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Severe Allergic Reaction (Anaphylaxis)



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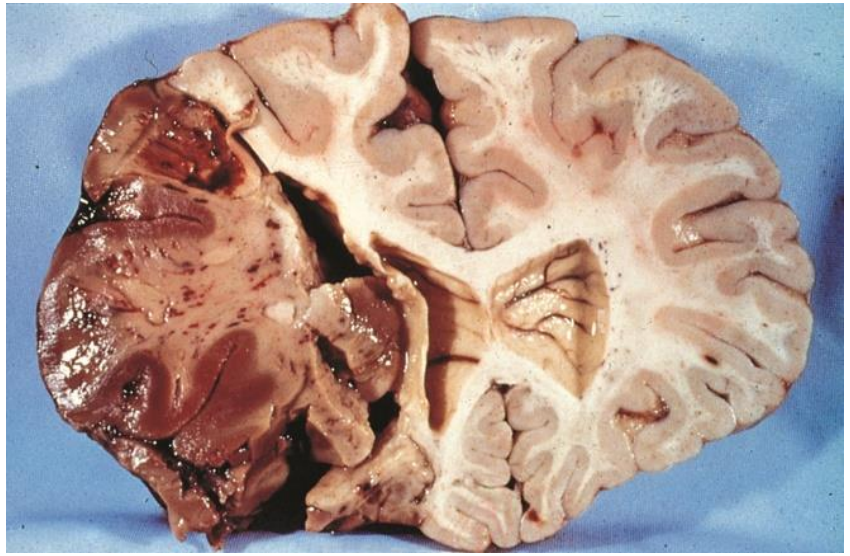
Allergic vs. Anaphylactic Reaction

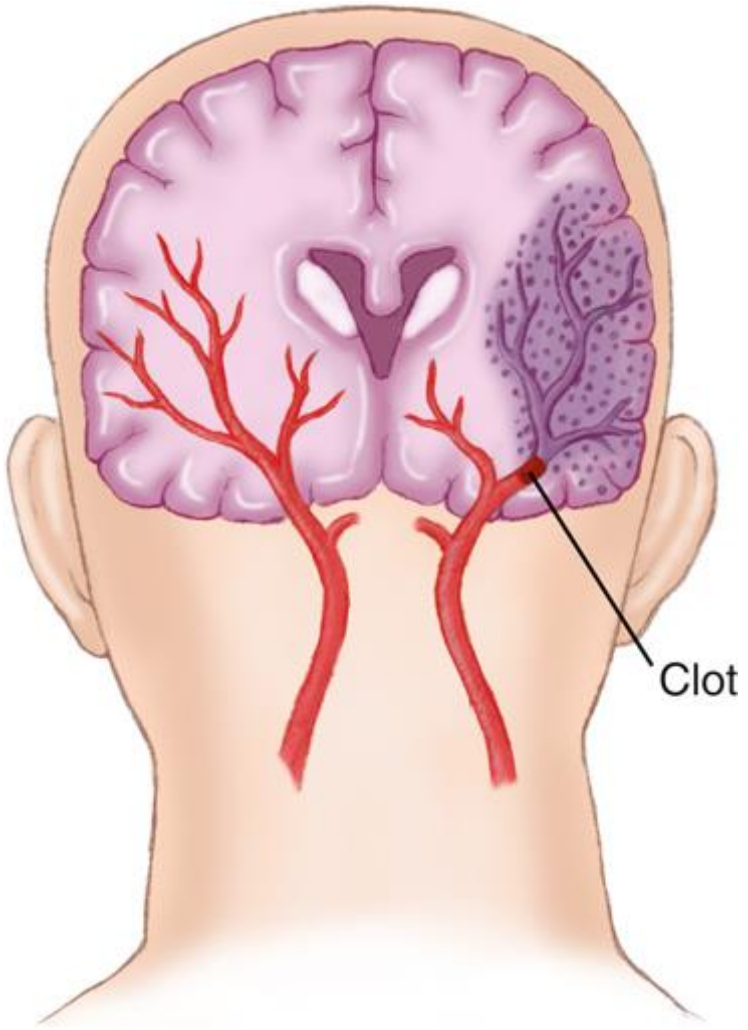
System	Allergic	Anaphylactic
Respiratory complaints	Sneezing, coughing, mild shortness of breath	Moderate to severe shortness of breath Chest tightness
Respiratory Sounds	Wheezing	Wheezing, muffled voice, stridor (high pitched wheezing)
Skin Texture	Local hives	Generalized hives
Skin Color	Possible paleness little or no skin flushing	Generalized paleness or Flushed skin
Swelling	Local swelling	Swelling of the face, lips, eyes, tongue & mouth
Vital Signs	Normal or nearly normal	Fast heartbeat, low bp, shallow breathing, decreased O2 saturation

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Stroke (1 of 2)

- Sudden interruption in blood flow to brain when blood vessel in the brain bursts or is clogged
  - Without oxygen, brain cells in the affected area begin dying within minutes





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Stroke (2 of 2)

What to Look For

Use the acronym BE FAST as an assessment tool to help determine if a stroke may have occurred:

- B = Balance loss: Ask the person if they are suddenly having trouble with balance or coordination.
- E = Eyesight changes: Ask the person if they are experiencing suddenly blurred or double vision or a sudden loss of vision in one or both eyes without pain.
- F = Face droops: Ask the person to smile. It is abnormal for one side of the face not to move well compared with the other side.
- A = Arm weakness: Ask the person to close their eyes and raise both arms with the palms up. It is abnormal if one arm drifts downward when held extended.
- S = Speech difficulty: Ask the person to repeat a simple phrase (eg, "The sky is blue."). It is abnormal if the person slurs words, uses the wrong words, or cannot speak at all.
- T = Time: Call 9-1-1 immediately if any of the preceding signs occur. The presence of one of these signs is associated with a high risk of stroke (72%); if all three are present, the risk is as high as 85%.

What to Do

1. Call 9-1-1 immediately.
2. Monitor responsiveness and breathing.
   - If the person is unresponsive and not breathing, begin CPR (see pp. 122–134).
   - If they are unresponsive and breathing or have fluid or vomit in their mouth, place them on their side (recovery position; see pp. 23–25). This allows any fluids to drain out of their mouth.
   - If they are alert, allow them to find a comfortable position with the head and shoulders above the body.
3. Loosen tight clothing (eg, shirt collars, ties).
4. Try to determine the "last known well" time. This is the time the person was last seen to be acting normally. (If the person is experiencing symptoms upon waking, the last known well time is when they went to bed to previous night, not the time they woke up.) Record the time and give it to EMS personnel.

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Seizures (1 of 2)

- Result from abnormal firing of brain cells, causing uncontrollable muscle movements followed by unresponsive period
- Most common type is generalized tonic-clonic (grand mal)

a. Tonic (stiffening) phase: person suddenly becomes completely stiff or tense with arms and legs extended, sometimes emitting a vocal cry

b. Clonic (jerking) phase: person begins to jerk rigorously, with arms and legs contracting and relaxing in unison.

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Seizures (2 of 2)

What to Look For	What to Do
Convulsive seizures (eg, tonic-clonic seizures) typically last for 1 to 2 minutes (but may last longer), and the person may experience the following signs and symptoms: ▪ Sudden falling to the floor or ground ▪ Stiffening of arm and leg muscles followed by jerky movement with arching of the back ▪ Foaming at the mouth ▪ Grinding of teeth ▪ Blue-gray face and lips ▪ Eyes rolling upward ▪ Loss of bladder and bowel control Nonconvulsive seizures (eg, absence or staring seizures) last only a few seconds and are so brief that they often escape detection. The person may experience the following signs and symptoms: ▪ Staring, confusion, or inattentiveness ▪ Frequent eye blinking ▪ Involuntary movements (eg, lip smacking, picking at clothes, fumbling)	1. Call 9-1-1 for any of the following: • Seizure lasting longer than 5 minutes • Series of seizures following one another • The person has breathing difficulties after the seizure. • The person has diabetes or is pregnant. • Seizure happened in water. • This is the person's first known seizure. • The seizure is injury related. • Slow recovery (has not regained responsiveness within a few minutes) 2. Move nearby objects to avoid injury. 3. Place something soft under the head such as a rolled towel. **DO NOT** use a softy, fluffy pillow because it could interfere with breathing. 4. Time the seizure from start to finish. 5. Most seizures do not require medical care and end in 1 to 2 minutes. Stay with the person until the seizure is over. 6. Keep bystanders away. 7. After the seizure: • Keep the airway open by placing the person in the recovery position (see pp. 23–25). • Monitor breathing; if absent, begin CPR (see pp. 122–134). • Allow the person to rest. • Stay with the person until they are awake and alert.

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Fainting (Syncope)

- Sudden, brief loss of responsiveness not associated with a head injury

  - Simple fainting (vasovagal syncope) is common and not life threatening
  - Caused by interruption of blood flow to brain

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Standing for a long time can cause blood to pool in the legs…less blood to the brain.

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Presyncope (1 of 2)

- When a person feels or looks as though they are about to faint
- First aid providers may experience when seeing blood or during stress of emergency scene

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Presyncope (2 of 2)

What to Look For	What to Do
▪ Pale/ashen skin or lips ▪ Clammy, sweaty skin ▪ Shivering ▪ Shaky and unsteady while standing ▪ Feels warm/hot or cold ▪ Person reports: • Ringing in ears • Dizziness • Abdominal pain • Visual disturbance (eg, black spots, blurred vision, narrowing vision)	1. Assist the person into a sitting or lying position to reduce the risk of falling. 2. Once in a safe position, the person can use physical counterpressure maneuvers (PCMs) to avoid fainting (syncope). PCMs are muscle contractions (squeezes) to elevate blood pressure. Depending upon the situation, lower-body PCMs are more effective than those for the upper body. Examples of PCMs include the following: • Leg crossing with muscle squeezing—while lying down, squeeze the legs together or, if necessary, while standing • Arm tensing—gripping opposing hands with fingers and pulling arms in opposite directions • Isometric handgrip—squeezing fist with or without an item in the hand • Neck flexion—touching chin to chest and tightening the neck muscles **DO NOT** use PCMs when you suspect a heart attack or stroke. 3. If no improvement occurs within 2 minutes or if the condition worsens or reoccurs, call 9-1-1. 4. Monitor breathing.

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Person Who Has Fainted (1 of 2)

What to Look For	What to Do
■ A person collapsing to the ground ■ Motionlessness	Call 9-1-1. **1.** Check breathing. • If the person is not breathing: ◦ Begin CPR (see pp. 122–134). • If the person is breathing: ◦ Keep them flat on their back. Feet can be raised 6 to 12 inches (15 to 30 cm) if doing so does not cause pain. ◦ Monitor breathing. ◦ Loosen tight clothing. ◦ If they fell, check for and treat any injuries. ◦ Wipe the person's forehead with a cool, wet cloth. If vomiting occurs, roll the person onto their side (recovery position; see pp. 23–25).

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Person Who Has Fainted (2 of 2)

CAUTION

DO NOT use ammonia inhalants or smelling salts.
DO NOT give the person anything to drink or eat until they have fully recovered and can swallow.
DO NOT splash or pour water on the person's face.
DO NOT slap the person's face in an attempt to revive them.

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Diabetic Emergencies

- Insulin: hormone produced in the pancreas that helps sugar enter body's cells
- Diabetes:
  - Type 1 – The body makes little to no insulin
  - Type 2 – The cells do not use insulin effectively
- •In either case, your body will need insulin injections to move the glucose into your cells for energy.

  - Emergencies are caused by too much or too little insulin

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Diabetic Emergencies

- If a diabetic misses their insulin injection, sugar will build up in the blood leading to **high blood sugar**. (Hyperglycemia)
- If a diabetic takes insulin and does not eat (or vomits up food) the result will be **low blood sugar**. Hypoglycemia (most common issue).
- Most people with diabetes monitor blood sugar to maintain proper levels.





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Diabetic Emergencies

- It may be difficult to determine if the person has high blood sugar or low blood sugar without a blood sugar monitor.
- “Sugar for everyone” is the rule of thumb for First Aid providers
- Ask the person about:
  - Last insulin injection
  - Last blood sugar monitor reading
  - Last food intake

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Hypoglycemia (Low Blood Sugar)

- Most common cause of diabetic emergencies
- Develops quickly and can cause permanent brain injury or death if not treated quickly
- Glucagon (Rx) for unresponsive person with low blood sugar



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Hypoglycemia (Low Blood Sugar)

What to Look For	What to Do
▪ Responsive and can swallow ▪ Medical identification tag ▪ Sudden onset ▪ Shakiness, trembling ▪ Cold, clammy, or moist skin ▪ Confusion ▪ Light-headedness or dizziness ▪ Sudden hunger ▪ Nausea ▪ Tingling or numbness in the lips, tongue, or cheeks ▪ Heavy sweating	The person may be able to tell you what is wrong and what to do. **1.** If the person has a blood glucose monitor and is capable, have them check their blood glucose level: it is the only sure way to know if a person is experiencing low blood sugar. **2.** If the monitor shows low blood sugar or the person is symptomatic, follow the Rule of 15s (also known as the 15-15 rule): • Have the person eat 15 g of sugar. ◦ 4 ounces (1/2 cup) of fruit juice or regular (NOT DIET) soda ◦ 1 tablespoon table sugar, honey, or syrup ◦ Hard candies, jellybeans, or gumdrops (see label for how many) ◦ Three to five glucose tablets (as directed on the label; **FIGURE 5-10A**) ◦ One or one-half tube of glucose gel (see label) (**FIGURE 5-10B**) ◦ 2 ounces of liquid glucose (as directed on the label) • Wait 15 minutes for the sugar to get into the blood. • Recheck the blood glucose level, or if there is no monitor, look for improvement. If the blood glucose level is still low or the person still has symptoms of low blood sugar, follow the previous steps until the blood sugar is in normal range or the person's condition improves. **3.** If there is no improvement or you are unable to give sugar, call 9-1-1 immediately. Notes: ▪ Young children usually need less than 15 g of sugar to fix a low blood sugar level (eg, infants, 6 g; toddlers 8 g, small children 10 g). ▪ For a suspected hypoglycemic and uncooperative child who rejects swallowing a form of glucose, glucose placed under the tongue (sublingual) can be attempted. ▪ Many people may want to eat as much as they can until they feel better. This can cause blood sugar levels to shoot way up. Following the rule of 15s can help avoid high blood sugar levels.

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Hypoglycemia (Low Blood Sugar)





Figure 5-10

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Right: © Alan Mather/Alamy Stock Photo

CAUTION

If the person has no gag reflex, cannot follow commands, and/or cannot swallow, **DO NOT** give anything by mouth.

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Severe Hypoglycemia (Low Blood Sugar)

What to Look For	What to Do
Severe hypoglycemia: ■ Staggering, slurred speech, and not following simple commands ■ Unable to swallow ■ Seizures ■ Unresponsiveness	**1.** Call 9-1-1 immediately. **2.** If not breathing, begin CPR (see pp. 122–134). **3.** If breathing, roll the person onto their side (recovery position; see pp. 23–25) and monitor breathing.

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Hyperglycemia (High Blood Sugar) (1 of 2)

- Occurs when person with diabetes has too much sugar in their blood (eating without taking insulin)
  - Develops gradually; can be fatal if not treated within 24 hours

CAUTION 

DO NOT give insulin unless the person with diabetes can self-administer it and only requires some assistance.

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Hyperglycemia (High Blood Sugar) (2 of 2)

What to Look For	What to Do
▪ Medical identification tag ▪ Gradual onset (hours to days) because some sugar is still reaching the brain ▪ Drowsiness ▪ Extreme thirst ▪ Very frequent urination ▪ Warm, flushed, dry skin ▪ Vomiting ▪ Fruity breath odor (has also been described to smell like nail polish remover) ▪ Heavy breathing ▪ Eventual unresponsiveness	1. Call 9-1-1. 2. Give frequent, small sips of water if the person can swallow. 3. If possible, have the person or a family member check their blood sugar level. If uncertain whether the person has a high or low blood glucose level, and if they are responsive and able to swallow, follow the rule of 15s, as previously described. The extra sugar will not cause significant harm in a person experiencing hyperglycemia.

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Pregnancy Complications

What to Look For	What to Do
Severe stomach pain or cramps (short, mild cramps near the delivery date may be normal; the person may be in labor if cramps are strong and repeated, or their water has broken.)	If pain persists or labor is suspected, call 9-1-1.
Seizure (may indicate a serious complication)	1. Call 9-1-1 immediately. 2. Provide appropriate care for seizures (see pp. 86–87).
Vaginal bleeding	1. Call 9-1-1 immediately. 2. Have the person place a sanitary pad or a towel to absorb blood. **DO NOT** pack or insert anything into the vagina.
Sudden leakage of fluid (may indicate the beginning of labor)	Call 9-1-1.
Morning sickness	1. Treat the vomiting. 2. If vomiting persists, seek professional medical care.

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Ectopic Pregnancy

a. A potentially fatal condition in which an embryo develops outside of the uterus, usually in the fallopian tube.

b. When the tube ruptures, excruciating pain, massive bleeding, shock, and death can occur.

c. *Because the person may not know they are pregnant, you should always suspect ectopic pregnancy in a female of childbearing age with sudden, excruciating pain and unexplained vaginal bleeding; call 9-1-1 immediately.*

d. *For wilderness medicine, always carry a pregnancy test if there are any females of childbearing age in your group. Evacuation is essential for signs of ectopic pregnancy.*

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Poisoning (1 of 2)

- Classified by how poison enters the body
- Unless person is unresponsive, has trouble breathing, or is having a seizure, call poison center instead of 9-1-1



Figure 5-11
Courtesy of America's Poison Centers

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Poisoning (2 of 2)

1) Ingested (swallowed): through the mouth

2) Inhaled (breathed): through the lungs

3) Injected: through needle-like device (syringe, fangs, or stingers)

4) Absorbed (direct contact): entering the bloodstream through skin or eyes.

- Many chemicals can be absorbed by skin or eyes and may cause chemical burns

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Ingested (Swallowed) Poisoning (1 of 2)

What to Look For

- Abdominal pain and cramping
- Nausea or vomiting
- Diarrhea
- Burns, odor, or stains around and inside the mouth
- Drowsiness or unresponsiveness
- Seizure
- Poison or medication container nearby
- Plant material in the mouth (**FIGURE 5-12**)

What to Do

1. If the person is unresponsive, call 9-1-1. If they are breathing, place them in the recovery position (see pp. 23–25) and monitor them until EMS arrives. If they are not breathing, begin CPR. If the poison was swallowed, perform compression-only CPR to avoid the risk of contacting any poison that might still be in the mouth.
2. Try to determine:
   - Person's age and weight
   - Person's condition
   - What type of poison was swallowed
   - When the poison was swallowed
   - How much was swallowed
3. For an awake and alert person, call the Poison Control hotline at 1-800-222-1222, even if signs of poisoning are not present. Follow their directions.

   Place the person lying down on their left side to delay the poison from moving into the intestines and to prevent inhalation of vomit if vomiting occurs.

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Ingested (Swallowed) Poisoning (2 of 2)

CAUTION

DO NOT give anything to eat or drink unless advised to do so by Poison Control or a professional health care provider.

DO NOT try to cause vomiting by giving syrup of ipecac or by gagging or tickling the back of the person's throat.

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Inhaled Poisoning (1 of 2)

- Can affect multiple people at once
  - Consider possibility of hazardous air if several people in same area report similar symptoms
- Most common cause: carbon monoxide
- Mixing bleach and cleaning products can produce toxic fumes

- *DO NOT enter the scene if you cannot confirm it is safe. If the scene is safe, immediately move the person to fresh air.*

- All affected people require professional medical care, even if they appear to have recovered

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Inhaled Poisoning (2 of 2)

What to Look For	What to Do
▪ Headache ▪ Ringing in the ears (tinnitus) ▪ Chest pain (angina) ▪ Muscle weakness ▪ Nausea and vomiting ▪ Burning, watery eyes ▪ Coughing ▪ Difficulty breathing ▪ Dizziness and visual changes (blurred or double vision) ▪ Unresponsiveness ▪ Respiratory and cardiac arrest ▪ Indications of possible carbon monoxide poisoning: • Symptoms that come and go • Symptoms that worsen or improve in certain places or at certain times of the day • Similar symptoms in people around the person who is ill • Pets that seem ill	1. Call 9-1-1. 2. If the scene is unsafe, stay away and wait for specially trained professionals. If safe to do so, move the person to fresh air. 3. Monitor breathing, and if absent, begin CPR (see pp. 122–134). 4. Try to determine: • What substance was inhaled • When the exposure occurred • How long the substance was inhaled for • The person's condition 5. Place the person in a sitting or reclining position, or in whatever position best facilitates breathing and is comfortable.

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Drug-Related Emergencies: Opioids

- Classification of drugs (prescription and illicit) that relieve pain
- Drug overdose can be fatal from respiratory failure
  - First aid includes naloxone (Narcan) administration
  - Note: People have come out of an opioid overdose very combative – take precautions.



Figure 5-13

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Opioid Emergencies

- Opioids suppress the brainstem's drive to breathe.
- This person may still have a pulse but may not breathing or have shallow breathing.
- They may be unresponsive
- Lips and nails turning blue
- Pinpoint Pupils
- Treatment – Give Naloxone (Narcan)
- CPR if no Pulse (do not delay CPR for Naloxone)

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Drug-Related Emergencies: Non-Opioids

If person is . . .	Then . . .
Alert and responsive	1. Call the Poison Control hotline at 1-800-222-1222.
Unresponsive and breathing	1. Call 9-1-1. 2. Place the person in the recovery position and monitor breathing; if it stops, begin CPR.
Unresponsive and not breathing	1. Call 9-1-1 and begin CPR. 2. If you are not sure what drug or drugs the person took, administer naloxone if available. Naloxone only works on opioids, but it is safe to use and will not cause harm if opioids are not present.
For all drug-overdosed persons	1. Provide reassurance and emotional support. 2. Check for injuries. 3. If the person becomes violent, seek safety until law enforcement arrives. Let them handle any dangerous situations.

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