

Study

Unit 8

First Aid

First Aid Outlines

- Introduction
- First Aid Priorities
- Handling Emergency
- Response.

Study Unit 8 Duration

This Study Unit requires 8 hours of formal study time.

You may spend an additional 2-3 hours for revision

Preamble

First aid is the quick assistance or treatment provided to a person who has been harmed or has gotten ill unexpectedly. This assistance may be offered by a first aider, a first responder, a police officer or fire-fighter, paramedic or emergency medical technician. This lesson psychologically and emotionally prepares you to be the first aider and provide practical advice on what you should and should not do in an emergency.

Learning Outcomes of Study Unit 8

After study this unit, you should be able to:

- 8.1 Recognize, assess, and prioritize the need for first aid after completing this study unit.
- 8.2 Respond appropriately to crises by utilizing suitable abilities.
- 8.3 Recognize the unique procedures required for first aid in various circumstances while also recognizing limitations and seeking more treatment as necessary.

NB: The objectives of first aid are to save lives, relieve suffering, prevent other sickness or damage, and facilitate recovery.

8.1 Overview of First Aid

8.1.1 What is First Aid

First aid refers to the steps performed to assist someone who has been harmed or has gotten unwell unexpectedly. A first aider is someone who acts with the intent of keeping everyone involved safe and causing no additional harm. Adhere to the most beneficial steps to the victim, considering your abilities, expertise, and experience and following the established criteria. (Gina M. Piazza, 2014)

8.1.2 First Aid Priorities

Quickly and calmly assess a problem. Keep yourself and any casualties safe from harm and never put yourself in danger. As far as possible, avoid cross-contamination between yourself and the victim. Assist and reassure victims. Assess the casualty: ascertain the nature of the injury or sickness afflicting the victim as accurately as possible. Early care is critical, and the deaths with the most serious (life-threatening) illnesses should be treated immediately. Arrange for necessary assistance: Any time you have reason to believe that someone has suffered a severe injury or illness, call for immediate help, transport or send them to the hospital, and then move them to a higher level of medical treatment. Give emergency aid to a person in need until medical help comes. (Gina M. Piazza, 2014)

8.2 Handling Emergencies

8.2.1 Danger.

The danger is the likelihood of anything dangerous or unpleasant occurring or someone or object causing damage. (Johnm, 2010)

As a result, before approaching the patient, check and listen for any indications of danger. After thoroughly inspecting the location to ensure it is safe, approach the patient and listen for a reaction.

Take care not to become a patient as well. You are of no assistance to the patient if you get an injury yourself. (Johnm, 2010)

Examples of Danger

Among the dangers and imminent threats to yourself or others are the following: Electrical conductors, toxic fumes, Surfaces that are wet and slippery Structures that are unstable. Deepwater poses a unique threat. If you are assisting someone drowning, do not jeopardize

your safety. Toss a rope or something floatable that will help the sufferer maintain their head above water. Solicit assistance. (Johnm, 2010)

Checking for Danger.

Examine the location for hazard and make sure it is safe for

Yourself

Bystanders

Monitor for a response:

Inquire about the name.

- ✚ Grasp shoulders.
(Johnm, 2010)

Send for Help

Ambulance or request assistance from a Someone

Maintain your position on the line.

If you are alone with the patient and must leave to get assistance, place the patient in recovery posture first before summoning an ambulance.

Airway

Is this foreign material? Clear your airway in the recovery posture.

Is there no foreign material found?

Continue in the position discovered.

You may expand the airway by angling the head back.

(Johnm, 2010)

No response?

- ✚ Ask for help.
- ✚ Answer?
- ✚ Relax
- ✚ Observe your breathing and response.
- ✚ Prioritize major bleeding, then other injuries.

Source:

www.stjohn.org.au



Source:

www.stjohn.org.au

Source

www.stjohn.org.au

Breathing

Check your breathing. Try it for 10 seconds.

Is your breathing awry?

Confirm the ambulance has been called.

Start CPR.

Does it feel right?

Pose yourself in recuperation mode.

Watch your breathing. (Johnm, 2010)



CPR

Start CPR with 30 compressions.

2 inhales

Hold CPR until help arrives

After a few minutes, the patient may because you literally can't go on.



Source: www.stjohn.org.au

Defibrillate

Apply a defibrillator and follow the voice instructions. (Johnm, 2010)



8.3 Peculiar Actions to apply in Emergencies

Once you have established that the scenario is secure, you must ascertain whether the patient is conscious by assessing their ability to react to you. (Johnm, 2010)

- ✚ Using a gentle squeeze on the patient's shoulders, ask, "Are you listening?" What are you doing? What is your first name? (Recall the acronym 'COW') Or The patient's hands should be combed (both hands should be squeezed if a stroke is suspected).

Coma or Unconscious not responding

It is critical to seek assistance as soon as possible for an unconscious patient.

- ✚ Call triple zero (000) for an ambulance.

Conscious patient (response)

- ✚ Maintain the patient in the posture in which you discovered them unless there is an imminent threat.
- ✚ Assuage the patient's fears.
- ✚ Take care of any life-threatening injuries that require immediate attention.
- ✚ Attention is required in cases of significant external bleeding.
- ✚ Other injuries should be managed. (Johnm, 2010)



Source: www.stjohn.org.au

8.3.1 Sending for assistant

In the event of an emergency, it is imperative to call for help quickly. Dial (000) or ask someone else to do so if you need an ambulance.

If you need to leave the scene to dial triple zero but the patient is still unconscious and not breathing, place him in the recovery position first, according to this rule of thumb: (Johnm, 2010)

Make call

- If you require assistance from the police, fire department, or ambulance, you will be

Give exact information about the place.

- Individuals would be questioned about your location.

requested, and your call will be addressed to the relevant agency.

- Respond to the questions briefly and plainly.
- Maintain touch with the operator until instructed to disconnect.
- Otherwise, do not hang up just yet.
- Adhere to the hotline's directions.

- This includes the name and location of your neighborhood as well as the closest cross-street and the area where you are.
- If you're at a distant place, offer the whole address, as well as the distances to landmarks and major roads (and road number if there is one).
- Give your location and the last town or highway exit you've passed while making a phone call while on the road. (Johnm, 2010)

8.3.2 Airway

To enable the patient to breathe, the Airway must be clean and open. Prior to treating any other damage, ensure that the Airway is clear.

The following may restrict the airway: The tongue of the patient is retracted. Food, vomit, or blood are all examples of solid or semisolid substances. Swelling of the airways or damage to them, Neck posture, e.g., a person in a coma seated with their chest or chin.

Examining the airway Adult and minor (over 1 year)

1. Do not disturb an adult or child who is sleeping on their back. If the Adult or child is lying face down, place them in the recovery position.
2. Examine the patient's mouth for any obstructions.
3. If a blockage exists:
 - Place the patient in the recovery posture
 - Tilt the head to back and slightly downward with the lips.

With your fingertips, dislodge the obstruction. Dentures have to be taken out only if they are loose or damaged. (Johnm, 2010)



Source: www.stjohn.org.au

Source:

Checking Airway for child (below 1 year)

- Place the newborn on a hard surface and use your tiny finger to clear the obstruction from their mouth. (Johnm, 2010)



www.stjohn.org.au

What to Do

Do not disturb an adult or child who is sleeping on their back. If the Adult or child is lying face down, place them in the recovery position.

Open Airway (Adults and child_ (over 1 year). (Johnm, 2010)

- Raise your hand so it is above the patient's eye level. Using your middle finger, support the point of the patient's jaw with your other thumb, right beneath the patient's lip. Put your index finger down the jawline.
- To free the tongue, gently press the patient's head back. It's best to avoid applying pressure to your neck in order to protect the delicate skin and tissue below.
- Gently lifting the chin to allow the patient's mouth to progressively broaden. (Johnm, 2010)



www.stjohn.org.au

Open Airway for under five children

Trachea (windpipe) distortion caused by a backward head tilt or chin raise may easily clog an infant's upper airways because of the trachea's brittle nature. The head should be pulled very little backward to gradually open an infant's Airway.

The first step is to put the infant on its back.

Allow the Airway to open by tilting the infant's head back slightly.

Lift the baby's chin away from the back of their neck with a gentle touch.

- Make sure you don't apply any pressure on the baby's delicate chin tissue. (Johnm, 2010)

Settled, coma patient

It is possible to open a patient's airway by tilting the head back, raising the chin, and pushing the jaw forward when the patient is unconscious after a car accident or drooping in a chair. (Johnm, 2010)



Source:

<http://www.kidzaid.com.au/airway-image/>

8.3.3 Breathing

Following ensuring that the patient's Airway is clean and open, you should check to see if they are breathing regularly. This will indicate whether or not you should begin CPR..

Things to to firstly check

breathing.

Keep a close check on your chest.

Air sounds coming from the lips and nose should be heard and felt by the listener (a little gasp is OK).

Breathing should last no more than 10 seconds (2-3 breathes). (Johnm, 2010)



If patient is in Coma

- Make sure the patient's airway is clear and open, and make sure they're in the recovery position before calling an ambulance.
- The patient's breathing should be monitored for as long as possible until help arrives. If the patient becomes unconscious, do CPR on them by flipping them onto their back. During CPR, turn the patient back to the recovery position if they come to consciousness.
- Observe the patient at all times. Be ready to return the patient to their back and begin CPR if they go into cardiac arrest.



Source www.stjohn.org.au

(Johnm, 2010)

8.3.4 Cardio Pulmonary Resuscitation

Patients who are unresponsive and not breathing normally may need cardiopulmonary resuscitation (CPR).

Two breaths and 30 chest compressions make up CPR. The following is important: At a pace of two per second (about 100–120 per minute), compressions should be applied. Five sets of 30 compressions and two breaths should be completed within two minutes. As far as possible, the first responder should refrain from halting chest compressions. (Johnm, 2010).

Doing CPR

If 2 first responders are present or a second person comes to assist, the person performing CPR can be changed if required. Ensure that an ambulance has been dispatched prior to changing over.

The changeover occurs seamlessly and with minimum disruption to the resuscitation operation.

To avoid fatigue, changes should be made regularly, roughly every two minutes (Johnm, 2010).

stop CPR

There are many conditions that must be satisfied before a first responder may stop doing CPR: The patient's breathing returns to normal. You are unable to progress physically. Additional qualified aid arrives and takes charge of a CPR is ordered to be stopped by a medical professional. (Johnm, 2010)

Note

A resuscitation effort is preferable to none at all. If a first aider is reluctant or not able to administer breaths, performing merely compressions is preferable to performing no CPR at all. Children aged 1–8 years should be managed similarly to adults.

What to do

1. Taking a breath in a child or an adult (over 1 year)
2. Second, unable to inhale or exhale
3. In the event that you are unable or unwilling to do CPR, compressions are a better option than no CPR at all.
4. Head and neck movements are used to open airways.
5. Place one hand on the patient's forehead or top of the head.
6. Tilt their head backwards with their other hand on their chin.
7. (not their neck).
7. Avoid putting pressure on the neck or the delicate tissue under the skin, since this might damage the skin.

8. Having the ability to inhale and exhale.
9. 9. With your head inclined backwards, pinch the soft part of your nose closed with your index and thumb or seal the nose with your cheek.
10. Open the patient's mouth with your thumb on the chin and the knuckle of your middle finger on the tip of the patient's jaw. In the middle of the jaw, put your index finger. To open the mouth and keep the airway clear, use your thumbs and fingers to support the chin.
11. Press your lips firmly on the patient's mouth while inhaling.
12. 12. Blow slowly and steadily for about one second, watching for the chest to rise.
13. Excess air may be detected by removing your mouth from the patient's mouth. You should keep your shoulders back and your chin up.
14. Once you've exhaled, do it all over again. Two breaths have now been taken.
15. Make sure there aren't any obstructions in the mouth that might be preventing the chest from rising. Check to see whether the lips are properly sealed, the chin is lifted, and the head is slanted mouth and nose). (Johnm, 2010)

Infant's Compressions (under 1 year)

Compress the patient when he or she is lying on a hard surface.

1. Assume a position. Arrange the patient so that they are lying on their back. Self-adhere to the patient's chest. Locate the sternum's lowest half (breastbone).
2. Place two fingers along either side of the lowest section of the sternum.
3. Compress the patient's chest by roughly one-third.
4. Let go of the strain. Compression is defined as pressing down and releasing.
5. Perform 30 compressions. (Johnm, 2010)



Note

While collecting, opening and attaching the defibrillator pads, CPR should continue. The defibrillator should be at the ready if you are alone with the patient. CPR and defibrillation may be performed simultaneously if two first responders are present. No harm will be done by connecting a defibrillator as it will decide whether or not a shock is needed. In the event of a cardiac arrest, the defibrillator will provide visual or audible instructions (depending on the manufacturer). Visual and verbal cues should be followed.. (Johnm, 2010)

8.3.5 Defibrillation

Defibrillation is provided to a patient whose heart has stopped beating properly. It seems that the patient has stopped breathing and is unresponsive.

Preparing the Patient for Defibrillation

Source: www.stjohn.org.au

- ✚ Uncover the patient's chest by discarding all clothing, including a bra, if required. If the patient's chest is moist or wet, dry it thoroughly with a towel before administering the defibrillation. pads Remove any pharmaceutical patches that may be present in the area where the pads will be put. Remove or relocate any jewelry that will be in contact with the pads. You should look for scars on each side of the chest where a pacemaker or implant may have been placed. It is recommended to position the pad at least 8 cm away from the suspected implant if one is found. Use caution while positioning the pad over pacemakers or implant sites. (Johnm, 2010)



Things to

How Apply pad

1. Remove the defibrillator casing from the apparatus.
2. Follow the defibrillator's automatic instructions for positioning the pads on the chest of the patient.
3. CPR should continue while the pads are being applied if a third first aider is present.



4. Applying to adult

- ✚ One pad should be put on the right chest wall of the patient, just below the collarbone. This pad should be put on the patient's left chest wall, directly below the left nipple, to complete the procedure. For pacemaker or implant scars, look between the collarbone and the breast, or on either side of the chest. If an implant is discovered, the pad should be placed at least 8 cm away from the location. Avoid placing the pad directly over the pacemaker or implant location. (Johnm, 2010)



Source www.stjohn.org.au

Applying aging 8 years.

1. Employ a defibrillator equipped with kid pads.
2. Position one pad in the patient's chest center, between the nipples.
3. Position the remaining pad in the patient's back, between the shoulder blades.



4. In the absence of kid pads, adult pads should be utilized. Adult pads should be placed similarly to how they would be on an adult, with the pads not touching.
5. If the child's chest is too small, one pad can be put on the chest and the other on the back. (Johnm, 2010)

Using the defibrillator

Source www.stjohn.org.au

1. When pads are in place, the machine will deliver visible or audible instructions automatically (depending on the make of defibrillator).
2. It is critical that no one comes into contact with the patient throughout the analysis and shock procedures.
3. If someone has been administering CPR, they should pause and walk somewhat away from the patient.
4. The defibrillator will do a cardiac analysis and determine if a shock should be administered.
5. Maintain CPR until medical aid comes after the shock is administered.
6. If the client resumes normal breathing, place him or her in the recovery position. (Johnm, 2010)
 - Continue using your defibrillator, but don't remove the pads.



- It's important to keep an eye on the patient's breathing. Preparation for resuming CPR in the event of irregular breathing. (Johnm, 2010)

8.3.6 Chocking.

Chocking refers to the inability to breathe due to a clogged, restricted, or enlarged trachea. Source: (Johnm, 2010)

Sing and symptoms.

Strangulation of the pharynx You're choking, you're gasping, you're coughing. Breathing, speaking, or swallowing difficulties Whistling or 'crowing', or producing no sound at all Face, earlobes, or fingernails may be painted blue.

Warning

To summon an ambulance, follow DRSABCD and phone 00 if the patient becomes limp or blue. (Johnm, 2010)

Things to do

Choking

1. Assist the patient in relaxing. Solicit a cough from the patient to remove the item.
2. If coughing does not clear the obstruction, contact an ambulance.
3. With the heel of one hand, bend the patient forward and deliver up to five severe strikes between the clavicle and the scapula. Check to see if the impediment has been removed after each blow.
4. It is possible to apply up to 5 chest thrusts with one hand on the lower half of sternum and one hand on a patient's back in order to remove obstructions. In contrast to CPR compressions, thrusts should be conducted at a much slower and more precise tempo. After each push, check to see whether the impediment is gone..
5. If the obstruction persists after five thrusts, alternate five back thrusts.
6. Blows followed by five chest thrusts until medical assistance comes.
7. If the patient turns blue, limp, or unconscious, dial triple zero (000) and follow the DRSABCD protocol (Johnm, 2010)



Source: www.stjohn.org.au



Things to do

Infant's Choking

1. Ambulances may be summoned at any time. Maintaining communication is important.
2. Your forearm should be used to hold the infant's head and shoulders.
3. Hold the baby's lips open with your fingers.
4. As many as five forceful hits to the back between the shoulders with the heel of one hand, checking to see whether the blockage has been freed after each hit.
5. Remove any item that has come free by placing the infant in a recovery posture and removing it with your fingernail.
6. 6) 7. If the blockage persists, put the infant on their back and do five back blows.
7. Check after each chest push whether the blockage has been gone by pressing two fingers on the bottom half of the sternum. Another hand should be used to keep the baby's head steady.
8. If the impediment persists after five thrusts, switch to the other side and repeat the procedure. Until medical assistance comes, 5 back blows with 5 chest thrusts.
9. If the newborn goes unconscious, do CPR immediately (Johnm, 2010)

Source www.stjohn.org.au



8.3.7 Fainting

Fainting is a loss of consciousness, either partial or full, caused by a momentary decrease in blood supply to human brain.



Fainting may strike at any time for any number of reasons, the most common of which include: a rude awakening for the senses Exhaustion and pain

Signs & Symptoms of Fainting.	Warning
<ol style="list-style-type: none"> 1. Skin pale 2. Lack of sensation in the fingers and toes 3. Vomiting 4. Confuse 5. Coma 6. Fatigue 7. Limited food 8. Blood In sight 9. Blood pressure decreased 10. Remain standing even in warm conditions. 	<p>F ⚠ Do not place the patient's head between their legs on a chair.</p>

What to do	
<p>✚ Individuals often recover rapidly after fainting, frequently within seconds, with no permanent consequences. Adhere to DRSABCD. Elevate the patient's legs and place them on their back. Loosen any garment that is too tight. Ensure adequate fresh air — if feasible, open a window. Treat any injuries sustained as a consequence of a fall. If the patient is fainting as a consequence of an underlying medical issue, tell them to seek medical attention.</p>	<p>Source: www.stjohn.org.au</p> 

(Johnm, 2010)

8.3.8 Shock.

It's possible to die from shock, which occurs when the body doesn't get enough blood flow. Blood flow is inadequate when oxygen and nutrients are not delivered to cells and organs in time for them to do their jobs. As a result, several organs might be damaged. Shock necessitates immediate medical intervention, and the patient's condition might quickly deteriorate as a result. One out of every five people who are shocked will die as a result of the shock. (Johnm, 2010)

Signs and symptoms	Warning
<p>Along with the apparent evidence of blood leaking from a cut, heavy bleeding has the following signs and symptoms:</p> <p>Shock at first sight</p> <p>Face, fingernails, and lips are pale</p> <p>Skin that is cool and damp</p> <p>Insomnia,</p> <p>dizziness</p> <ul style="list-style-type: none"> ✚ Nausea ✚ Anxiety 	<ul style="list-style-type: none"> ✚ Shock can be caused by any medical condition or trauma. Shock is a potentially fatal disorder. ✚ It is critical to treat both the injury or sickness that caused the shock and the shock and the person as a whole.

Shock in sever type

-  Impatience
-  Drinking thirstly
-  Rapid bulse or weak
-  Fast or shortness of breathing
-  Dizziness
-  Cyanosis
-  Coma

(Johnm, 2010)

What to do	
<ol style="list-style-type: none"> 1. Stick to DRSABCD. 2. Assist the patient in lying down. REMAIN SILENT WHEN THEIR LEGS ARE RAISED. 3. Ensure the patient's comfort. 4. Take care of extreme bleeding first, then manage other problems. 5. . Injuries. 6. Loosen any clothes that is too tight. 7. Wrap the patient with a blanket or something similar to keep them warm. USE NO DIRECT HEAT SOURCES. 8. If the patient is aware, does not have abdominal injuries, and is unlikely to require emergent surgery, give them modest amounts of cold water to drink often. 9. If the patient has trouble breathing, becomes unconscious, or is likely to vomit, place them in recovery. 10. If the patient's injuries merit it, call 911 or triple zero (000) for medical aid. 	<p>Source: www.stjohn.org.au</p> 

(Johnm, 2010)

8.3.9 Severe External Bleeding.

Severe External hemorrhage occurs when blood leaves the body through an open wound. In comparison.

Signs & Symptoms	Warning
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<ul style="list-style-type: none"> ✚ Severe bleeding symptoms and indicators include: in addition to bleeding from a cut, the visible indication of blood: Pulse is weak and fast. Skin that is pale, cold, and damp Sweating and a sallow complexion Breathing that is incredibly fast and shallow RestlessnessNausea ✚ Thirst ✚ Faintness, dizziness or confusion ✚ Coma 	<ul style="list-style-type: none"> ✚ Stopping serious bleeding as soon as possible is critical in any situation. DO NOT provide the patient with any food or drink during the procedure. If at all possible, protect your hands by using gloves to avoid spreading illness. Before bandaging a wound with an item implanted in or projecting from it, apply pressure to the wound on each side and lay padding around it. ✚ sness
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(Johnm, 2010)

What to do	
<ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Assist the patient in lying down. 3. Uncover the wound by removing or cutting the patient's clothes. 4. Apply hard, direct pressure to the bleeding cut or area. Solicit assistance from the sufferer or spectator. Utilize the pads or your hands. 5. If possible, squeeze the wound edges together. 6. If one is not already in place, lay a pad over the wound. 7. Bandage the pads to keep them in place. Ascertain that the pad remains in place over the wound. 8. If the bleeding persists, keep the original pad in place and apply a second pad, securing it with a bandage. 9. A constrictive bandage may be used if the bleeding is excessive or chronic (a commercially available tourniquet). 10. Withhold food and fluids from the seriously bleeding patient and summon an ambulance. 11. Check the bandages every 15 minutes to ensure they are not excessively tight and that circulation is maintained below the wound. 12. Continue to monitor the patient's respiration.. 	 <p>Source: https://www.hmbtrainingservices.co.uk/latest-news/how-to-treat-a-severe-bleeding-injury.</p>

(Johnm, 2010)

8.3.10 Constrictive bandage (tourniquet)

Amputations above the wrist or ankle, shark attacks, propeller wounds, or other acute trauma to any portion of the body may lead to significant bleeding that cannot be stopped by direct pressure. Constrictive bandages above the elbow or knee may be used only as a last resort to decrease arterial blood flow.

Make sure that an ambulance has been contacted by dialing triple zero (000), since prolonged use of a constrictive bandage might lead to tissue death.

Only in the following situations may tourniquets purchased from a medical supply store be used:

Direct pressure will not halt life-threatening or severe bleeding.

The relevant tools are available.

The first helper receives training on how to utilize these things. **(Johnm, 2010)**

8.3.11 Poisoning

Signs & Symptoms	Warning
<p>Clinical signs include:</p> <ul style="list-style-type: none"> ✚ A bite mark, an injection mark, and/or local edema Burns on the lips, cheeks, or within the mouth Fumes are in the air. a strong odor emanating from your breath Pain radiating from the mouth and into the abdomen Vomiting and feeling sick to your stomach a sharp discomfort in the lower abdomen breathing problems Chest discomfort and headache Hearing a buzzing or ringing in the ears haze obscures eyesight Lips, face, earlobes, and fingernails are all shades of blue. Drowsiness Consciousness is slipping away. Seizures. 	<ul style="list-style-type: none"> ✚ Do not try to induce vomiting unless specifically instructed to do so by the Poisons Information Centre (13 11 26). Don't offer the patient anything to eat or drink while he or she is in the operating room. With a squirt of water, you may wash your lips and face thoroughly.

What to do	
<ul style="list-style-type: none"> ✚ Stick on DRSABCD. 	

✚ To ambulance, call (000). If smoke or gas pollutes the air, contact fire services. Assuage the patient's fears. If at all possible, identify the poison that was employed and make a note of it for the benefit of medical personnel. Immediately dial 13 11 26 and follow the advice given by the Poisons Information Centre. As soon as the patient seems to be drifting off, shift them to the recovery position and keep a close eye on their airway and respiration. Notes of suicide and any vomit should be taken to the hospital by the sufferer.

(Johnm, 2010)

8.3.12 Internal Bleeding

Signs & Symptoms	Warning
<p>Is hard to diagnosis theInternal bleeding</p> <p>Clinical symptoms</p> <ul style="list-style-type: none"> ✚ General Pain ✚ Inflammation ✚ Abdimon muscles will be rigid ✚ swelling <p>Other evidence may include:</p> <ul style="list-style-type: none"> ✚ Coughing with blood ✚ Vomiting ✚ faeces with color appearance ✚ Passing faeces that are red ✚ 	<ul style="list-style-type: none"> ✚ Bleeding from the inside out is frequently more harmful than bleeding from the outside in. The circulatory system and important organs may become starved of blood, resulting in shock, even when there is no outward loss of blood.

(Johnm, 2010)

What to do	
<ul style="list-style-type: none"> ✚ Follow DRSABCD. ✚ Dial Emergency for an ambulance (000). With their knees bent or their legs raised, place the patient on s with their head supported by a cushion. Assist the patient in getting into a comfortable posture if he or she begins to cough up frothy blood. As a general rule, this is done while slouched over halfway. Make the sufferer feel better. Any clothing that is excessively tight should be loosened. THE PATIENT SHOULD NOT BE PRESSURED TO EAT OR DRINK. 	<p>Source www.stjohn.org.au</p> 

(Johnm, 2010)

8.3.13 Open Wound

Depending on the source of the wound, open wounds may be categorized into the following categories:

Skin abrasions, in which the outer layer of skin and tiny blood vessels are exposed by scraping against a rough surface, are called.

Severing the skin, soft tissue or muscles with a sharp object is known as a cut (or incision).

Pulled apart skin and other soft tissues (avulsion) in part or in complete

When the skin's layers and underlying tissues are damaged, the condition is known as laceration.

A wound inflicted by a sharp or blunt object on the skin and underlying tissue.

Part or all of the body might be cut or pulled off in the process of amputation.

What to do	Source www.stjohn.org.au
<p>How to clean minor wound.</p> <ul style="list-style-type: none"> You should ensure that you have the required first aid materials, such as gloves and goggles. It is important to wash hands, put on gloves, and set up equipment before to use. Using saline or water to soak sterile gauze is recommended. Clean the wound completely by swabbing it from the inner to the outside border and removing the gauze after each swab. Avoid using a swab to clean the wound. Visually check the wound for infection. Then secure it in place with a soft, dry dressing. Remove unnecessary items. Workbenches and carts should be maintained free of debris. Take off your gloves and give your hands a good scrub. 	

(Johnm, 2010)

References

Gina M. Piazza, D. F., 2014. *First Aid Manual*. New Yor: AMERICAN COLLEGE OF EMERGENCY PHYSICIANS.

Johnm, S., 2010. *First Emergancy Aid*. Deakin ACT: St John Ambulance Australia Inc. AUSTRALIAN OFFICE — National Publications.