

FIRST AID MANUAL



CHAPTER 1	BASICS OF FIRST AID	
	Emergency Action Plan	1
	ABC OF First Aid	2
	Circulation	
	Airway	
	Breathing	
	Recovery Position	3
	Choking	4
CHAPTER 2	CRITICAL CONDITIONS	
	Acute Coronary Syndrome (Heart Attack)	6
	Cardio-Pulmonary Resuscitation (CPR)	7
	Acute Asthma	8
	Severe Allergies	9
	Seizures	9
	Stroke	10
CHAPTER 3	BLEEDING, SHOCK & SOFT TISSUE INJURY	
	Severe External Bleeding	12
	Internal Bleeding	13
	Shock	13
	Cuts/Minor Wounds Management	14
	Fainting	15
	Bites & Stings	15
	Insect Bite	16
CHAPTER 4	THERMAL INJURIES	
	Heat Stroke	19
	Frostbite	20
	Sun Burn	21
CHAPTER 5	POISONING	
	What to do in case of Poisoning	23
	Things to avoid in case of Poisoning	24
	Specific Steps in case of Poisoning	24
CHAPTER 6	DENTAL –EYE INJURIES & FRACTURES	
	Dental Injuries	25
	Eye Injuries	25
	Fractures	26
	Spinal Injury	28
	Head Injuries	29



Vision

An initiative of Apollo Hospitals, Billion Hearts Beating is a long-term sustainable movement towards a heart-healthy India.

Mission

The mission of Billion Hearts Beating is to actively promote heart health across the country, by creating awareness about heart disease and provide workable solutions to help overcome this problem.

Research has identified 7 Risk Factors which when controlled will help lower the risk of heart diseases.

- A Sedentary Lifestyle
- Smoking
- Unhealthy Eating
- High Cholesterol
- Stress
- Increased Blood Pressure
- Diabetes

Billion Hearts Beating aims to educate the National Cadet Corps about heart health, train them to provide First Aid & handle situations relating to Heart Care assisted by Apollo Hospitals Paramedic staff. Certain Cadets who will be the first to receive the training and disseminate the same at all NCC camps will play the role of torch bearers and would receive a badge of honor for supporting the cause.

All cadets being medically trained will join the mission of BHB and educate the community to live a heart healthy life.

INTRODUCTION

The basis of any first aid treatment is prevention and care. We are all susceptible to various injuries that can be sustained anytime and anywhere. It is essential that we know some basic lifesaving guidelines that can help during a time of crisis.

Awareness of what to do in a time of injury can help save your loved one's or anyone's life. These basic action plans will help not only to gain knowledge on what to do during a particular injury but also help you educate others around you.

We hope that with this manual you can be more self aware and confident in saving the lives of the people around you.

BASICS OF FIRST AID



First Aid is the initial care that you provide in case of an injury or an accident. Consisting of simple yet efficient techniques First Aid can help you save lives.

EMERGENCY ACTION PLAN

Help if the victim is endangered (fire/ water/ electric current/collapsing construction/closed room with engulfing smoke). Remove victim from that place or wait for help if it is not safe for you or the victim.

Check the responsiveness of the victim, whether he/she is conscious or not. Gently shake and shout “Are you OK”? If there is trauma, tap on the victim’s shoulder (to avoid spinal injury).

If victim does not respond call for Help - 100/1066 or any medical service nearby. Give clear information about place/whether the patient is an adult or a child and cause of injury (accident, fire etc).

Responsive casualty

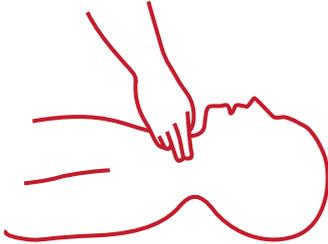
If the injured person responds, check for other injuries. Ask for the history of the incident. It might give you a clue to the first aid required. Ask the patient where he is feeling pain.

Unresponsive casualty

Incase the injured person does not respond; check for the Airway, Breathing and Circulation or in short for the ABC.

CAB OF FIRST AID

Step1 - CIRCULATION



Check for a pulse in the neck (Check only on one side)

If there is no pulse within 10 seconds, START CPR.

- Put the heel of your hand on the centre of the victim's chest
- Keep your arm straight
- Push hard and fast at the rate of approx 100 compressions per minute and 4-5 cm deep into centre of the chest.
- Do 30 compressions.

Step 2 - AIRWAY



- Open the airway of your unresponsive/unconscious victim by tilting the head and lifting the chin.
- Try to remove any foreign body only if visible/blood from victim's

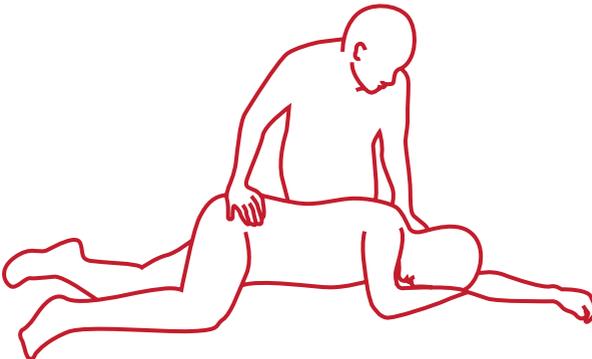
mouth with gentle sweep with your finger.

Step 3 - BREATHING



- Check if your victim is either breathing normally or otherwise or completely not breathing.
- If not breathing or breathing abnormally – give 2 rescue breaths, mouth to mouth (by pinching the nostrils and covering the victim's mouth with your mouth)
- Do 30 compression and 2 breaths (for 2 minutes) 5 times.
- If there are two persons, one can give breath and the other can do chest compressions
- Rotate rescuer after 2 minutes (5 cycles).
- Continue the above till medical help arrives.

RECOVERY POSITION



Only if there is pulse in carotid (neck) and the victim is breathing on their own.

- Turn the patient to one side with arm straight; if possible turn to the left.
- Put the opposite hand under head.
- Fold the upper leg at 45 degrees.

CHOKING

In adult or child above 1 year. If the victim is conscious, encourage him to cough. If the obstruction doesn't get relieved, or if unable to cough, Red Cross recommends the 5-and-5 approach.

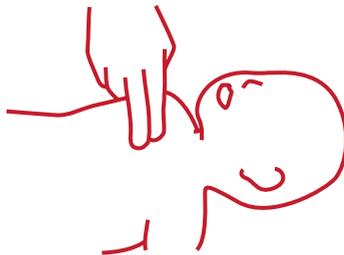
- Give 5 blows between the person's shoulder blades in the back with the heel of your hand.
- If the obstruction is not relieved, give 5 abdominal thrusts (according to the Heimlich Manoeuvre).
- Do 5 blows and 5 abdominal thrusts, until the obstruction is relieved or the person falls unconscious.

If the person falls unconscious:

- Lay the person down on their back.
- Check the pulse in neck (carotid artery).
- If there is no pulse felt within 10 seconds initiate **CPR**.
- Do continuously till the Emergency Team arrives or you reach a hospital nearby.
- If there is a pulse put the patient in the **recovery position**.

In case of a child less than 1 year:

- Assume a seated posture, and hold the infant facing down on your forearm (while it rests on your thigh).
- Give 5 gentle blows with the heel of your palm between the shoulder blades of the infant.
- If it doesn't work, lie the infant face up on your thighs, keeping the head lower than the body.
- With the tip of your two fingers, give 5 gentle thrusts on the infant's breastbone.
- Alternate between 5 back blows and 5 chest thrusts.



HEIMLICH MANOEUVRE

- Stand behind the person and wrap your arms around his waist.
- Make a fist with one hand and grasp it with the other. The thumb side of your fist should be against the victim's abdomen, in the midline and slightly above the person's navel, but well below the tip of the breastbone.
- Press the fists into the abdomen with a quick backward and upward thrust.
- Each thrust should be a separate and distinct movement.

CRITICAL CONDITIONS

ACUTE CORONARY SYNDROME (HEART ATTACK)



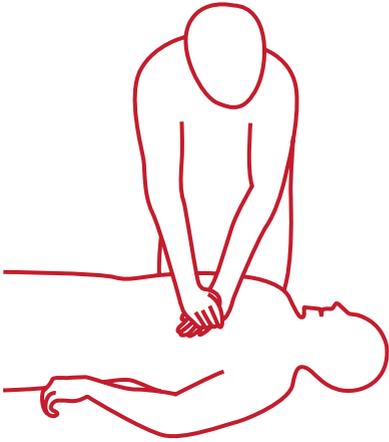
A heart attack occurs in a person when the blood flow to a part of the heart is blocked for a certain time, which in turn damages that part of the heart. Most heart attacks result from a formation of a blood clot in one of the arteries of the heart.

Recognizing a heart attack

- There is pain or heaviness in the chest, the upper abdomen or the back.
- This pain radiates to the upper arm, neck or the back in hardly any time (15-20 minutes)
- Raised heart beat, sweating or vomiting.
- Do not try to apply first aid immediately.
- Rush the patient to nearest hospital.

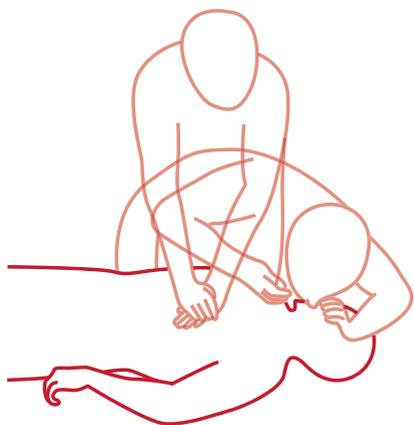
A heart attack happens very quickly and usually takes about 15-20 minutes. It is necessary to rush the patient to the nearest hospital for immediate care.

CARDIO-PULMONARY RESUSCITATION (CPR)

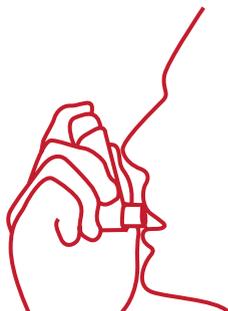


As the name suggests, it includes resuscitation of heart and breathing. For the breathing part, the method of providing mouth-to-mouth breathing has already been discussed earlier in this manual. We shall focus on the method of resuscitating the heart here, with chest compressions.

- Make the victim lie down flat, facing up. Kneel down just besides the victim.
- Keep the heel of your one hand in the centre of victim's chest over the lower end of sternum.
- Place your other hand over your first hand, clinching the fingers of both with each other.
- Bend yourself over the casualty, so that you rest your weight on your hands.
- Keeping your elbows straight, give chest compressions at a rate of about 100 compressions per minute.
- Remember to keep your elbows straight. The movement should come from your waist level.
- After every 30 compressions, give 2 rescue breaths, keep repeating the cycle of 30:2.



ACUTE ASTHMA



Asthma is a lifelong disease. Asthma is a disorder that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing. In sensitive people, asthma symptoms can be triggered by breathing allergy-causing substances (called allergens or triggers). The following steps may be taken as first aid measures.

Step 1

Sit the person upright in a sitting position. Keep calm and reassure the patient. It's best not to leave the person alone.

Step 2

Without delay provide 4 separate puffs of a reliever puffer. It's best to provide the medicine one puff at a time. Ask the person to take 4 breaths from the spacer after each puff of the medication.

Step 3

It's best to wait for some time to see if there is any change in the person. If there is little or no improvement repeat steps 2 and 3.

Step 4

If there is no improvement even after repeating the steps again call an ambulance immediately.

In case inhaler is not available, give the patient steam inhalation with very hot water.

SEVERE ALLERGIES

In providing first aid for severe allergies, the first thing to do is to stop further exposure to the allergen. In case of a bee sting, the left over sting, should be removed with the help of a metal, may be a car key. First aid is not applicable in the case of severe allergy. The basic goal should be transferring the victim to the nearest hospital, in the meanwhile, make the victim sit upright.

SEIZURES

Seizures are the symptoms of abnormal electrical discharges in the brain. The term "seizure" is often used interchangeably with "convulsion." Convulsions are when a person's body shakes rapidly and uncontrollably. During convulsions, the person's muscles contract and relax repeatedly. There are many different types of seizures. Some have mild symptoms and no body shaking. Most seizures may last for less time and they do not cause any harm.

In case of a seizure, follow the below mentioned points.

- Stay calm. Most seizures only last for a minute or so.
- Prevent injury to the patient by using your common sense and moving any object, which may cause injury to the patient, away from his reach.
- Pay special attention to the length of the seizure and the time after it reoccurs, if it does so in front of you.
- Make the person as comfortable as possible. Loosen the tight clothing.
- Do not hold the person, or apply any restraints.
- Do not put anything in the person's mouth(Food or Water)
- Do not give anything to eat or drink, until the patient is fully conscious. Not even any oral medications.
- If it lasts for more than 2 minutes, call for medical help.
- In the post-seizure phase, when the person is unconscious, there is a risk of vomiting. So lay the person down in the **recovery position**, as explained earlier in this manual. And shift the patient to the hospital or wait for help
- Contrary to the general belief, sprinkling water, or making the person smell something doesn't help, and is not recommended.

STROKE (PARALYSIS)

Stroke is one of the most prevalent leading medical emergencies, due to lack of blood supply to the brain or bleeding inside the brain which causes weakness in the body (upper or lower limb) and speech disturbance, facial deviations and even altered sensorium and coma.

How to find the signs: Act FAST

F: Facial weakness /deviation: one side of the face doesn't move when the victim speaks or smiles.

A: Arm drift: One of the hands wouldn't move or be able to hold straight and will drift down. Compare with the other arm.

S: Speech: Speech may be slurred or even lead to complete loss of speech (aphasia).

T: Time: Once you find any of the above 3 signs – Rush to the hospital or call for help.

We can stop this process within 3 - 4.5 hrs of onset of symptoms.
Blocked blood circulation to the brain can be opened with resolving the clot within 4.5 hrs.

BLEEDING, SHOCK, AND SOFT TISSUE INJURY

Bleeding occurs when blood vessels, which circulate blood throughout the body, are ruptured in an injury.



SEVERE EXTERNAL BLEEDING

Purpose

Control bleeding by external compression.

Procedure

- Wash your hands and wear gloves (if available)
- Put the gauze bandage/clean cloth on the bleeding area.
- Apply pressure on it for 10 – 15 minutes.
- If the wound is contaminated, wash thoroughly under running tap water.
- Then apply compression.
- If limb (arm/leg) is deformed then apply a splint.

Caution

If the patient is drowsy or bleeding profusely from a large wound; Or there are any deformities in the limb with patient bleeding profusely; Or the patient is elderly; DO NOT WASTE TIME. RUSH TO THE HOSPITAL.

INTERNAL BLEEDING

If you suspect there is internal bleeding, call your local emergency number Apollo Hospital no. 1066 or rush to the hospital.

Signs of internal bleeding may include

- Bleeding inside body cavities
- Vomiting or coughing up blood
- Bruising on neck, chest, abdomen or side
- Wounds that have penetrated the skull, chest or abdomen
- Abdominal tenderness,
- Swollen limb (thigh/ leg/ arm)
- Weakness, anxiety, thirst or skin that's clammy to touch.

Don't remove any penetrating object from the body (Head/Chest/ Abdomen etc.) It may lead to profuse/uncontrolled bleeding which leads to loss of life.

SHOCK

Shock means loss of internal body fluids/ blood - may result from trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes.

Various signs and symptoms of shock

- The skin is cool and clammy. It may appear pale or gray.
- The pulse is weak and rapid.
- Breathing may be slow and shallow or rapid.
- Blood pressure is below normal/may not be recordable.
- The person may be nauseated/vomit.
- The person may be excited, anxious, conscious or unconscious.

If conscious, the person may feel faint or be very weak and confused. If any sign of shock is present, rush the patient to the hospital/call your local emergency number.

- Do not give anything (food/ water) by mouth.
- Have the person lie down on his or her back with feet about a foot higher than the head. If raising the legs causes pain or further

injury, keep him or her still.

- Keep the person warm and comfortable. Loosen tight clothing and cover the person with a blanket.
- Even if the person complains of thirst, give nothing by mouth.
- Turn the person on his or her side to prevent choking if the person vomits or bleeds from the mouth.

CUTS / MINOR WOUNDS MANAGEMENT

Minor cuts and scratches usually don't require a trip to the hospital. Yet proper care is essential to avoid infection or other complications. These guidelines can help you provide care for simple wounds:

1. Stop the bleeding

Minor cuts and scratches usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes and if possible elevate the wound. If blood spurts or continues flowing after continuous pressure, seek medical assistance.

2. Apply an antibiotic

After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and help your body's natural healing process. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.

3. Cover the wound

Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed healing.

4. Change the dressing

Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressing or sterile gauze held in place with paper tape,

gauze roll or a loosely applied elastic bandage.

5. Get a tetanus shot

If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. Get the booster as soon as possible after the injury.

FAINTING

Fainting occurs when the blood supply to your brain is momentarily inadequate, causing you to lose consciousness. This loss of consciousness is usually brief.

If you feel faint

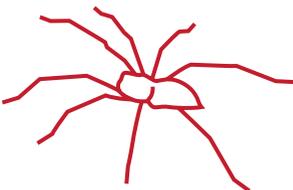
- Lie down or sit down. To reduce the chance of fainting again, don't get up too quickly.
- Place your head between your knees if you sit down.

If someone else faints

Check the patient's responsiveness, if he responds,

- Position the person on his or her back. If the person is breathing, restore blood flow to the brain by raising the person's legs above heart level.
- Loosen belts, collars or other constrictive clothing.
- Don't let the person get up too quickly.
- If the person doesn't regain consciousness within one minute, call your local emergency number or seek medical assistance immediately.

BITES AND STINGS



A bite or sting may occur when an insect is trying to defend itself. Some insects inject certain chemicals that cause irritation, swelling or redness in the infected area.

If you are bitten, follow these guidelines

- Try to find what bit you.
- Wash the wound thoroughly with running tap water.
- If wound is bleeding – then put gauze/clean clothes and apply pressure for 20 -30 minutes continuously.
- Rush to the hospital/clinic nearby for tetanus and rabies vaccination/anti- venom.
- For infection. If you notice signs of infection, such as swelling, redness, increased pain or oozing, see your doctor immediately.

In case of dog/cat/rodent/monkey bite

- Wash the wound with soap and water for at least 15 minutes.
- Leave the wound open. Do not apply any dressing.
- Do not apply any antiseptic or disinfectant.
- Rush to the nearest medical centre for anti-rabies.

What Not to Do

- Do not apply ice.
- Do not try to suck out the poison with your mouth.
- Incisions/cuts to drain out the poison are not recommended.

Doctors recommend getting a tetanus shot every 10 years. If your last one was more than five years ago and your wound is deep or dirty, your doctor may recommend a booster. Get the booster as soon as possible after the injury.

INSECT BITE

Insect bites result from the injection of venom or other substances into the skin. The venom sometimes triggers an allergic reaction. The severity of the reaction depends on the sensitivity to the insect venom or substance and whether the victim has been stung or bitten more than once.

Most reactions to insect bites are mild, causing little more than an

annoying itching or stinging sensation and mild swelling that disappears within a day or so. A delayed reaction may cause fever, hives, painful joints and swollen glands. The victim might experience both the immediate and the delayed reactions from the same insect bite or sting. Only a small percentage of people develop severe reactions (anaphylaxis) to insect venom.

Signs and symptoms of a severe reaction include

- Nausea
- Facial swelling
- Difficulty in breathing
- Abdominal pain
- Deterioration of blood pressure and circulation (shock)

For mild reactions

- Move to a safe area to avoid more stings.
- Remove the stinger, especially if it's stuck in your skin. This will prevent the release of more venom. Wash area with soap and Twater.
- Apply a cold pack or cloth filled with ice to reduce pain and swelling.
- Apply hydrocortisone cream (0.5 percent or 1 percent), calamine lotion or a baking soda paste — with a ratio of 3 teaspoons (15 millilitres) baking soda to 1 teaspoon (5 millilitres) water — to the bite or sting several times a day until symptoms subside.
- Take an antihistamine containing diphenhydramine (Benadryl or Tylenol for severe allergy) or chlorpheniraminemaleate (Chlor-Trimeton, Actifed). See your doctor promptly if you experience any of these signs and symptoms.

For severe reactions

Severe reactions may progress rapidly. Call emergency medical assistance and,

- Have the person lie still on his or her back with feet higher than the head.
- Loosen tight clothing and cover the person with a blanket. Don't give anything to drink.
- Turn the person on his or her side to prevent choking if there's vomiting or bleeding from the mouth.
- Begin CPR if there is no pulse in the neck and victim becomes

unresponsive.

If your doctor has prescribed an auto-injector of epinephrine, read the instructions before a problem develops and also have your household members read them.

THERMAL INJURIES

Injuries that a person can sustain when exposed to either cold or hot temperatures results in thermal injuries.

HEAT STROKE



Heatstroke is the most severe of the heat-related problems, often resulting from exercise or heavy work in hot environments combined with inadequate fluid intake.

What makes heatstroke severe and potentially life-threatening is that the body's normal mechanisms for dealing with heat stress, such as sweating and temperature control, are inadequate. The main sign of heatstroke is a markedly elevated body temperature — generally greater than 104 F (40 C) — with changes in mental status ranging from personality changes to confusion and coma. Skin may be hot and dry — although if heatstroke is caused by exertion, the skin may be moist.

Other signs and symptoms may include

- Rapid heartbeat
- Rapid and shallow breathing
- Elevated or lowered blood pressure
- Cessation of sweating

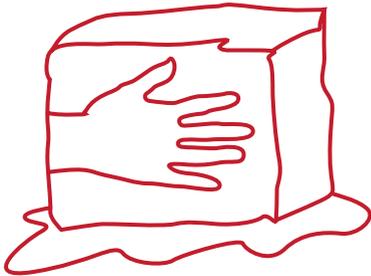
- Irritability, confusion or unconsciousness
- Feeling dizzy or lightheaded
- Headache
- Nausea
- Fainting, which may be the first sign in older adults

If you suspect heatstroke

The main objective should be to bring down the body's temperature.

- Move the person out of the sun and into a shady or air-conditioned space.
- Call emergency medical help/Apollo Hospital No:1066
- Cool the person by covering him or her with damp sheets or by spraying with cool water. Direct air onto the person with a fan or newspaper.
- Have the person drink cool water or other non-alcoholic beverages without caffeine, if he or she is able and fully conscious. If patient become unresponsive and there is no pulse in the neck begin CPR immediately.

FROSTBITE



When exposed to very cold temperatures, skin and underlying tissues may freeze, resulting in frostbite. The areas most likely to be affected by frostbite are the hands, feet, nose and ears.

If your skin looks white or greyish-yellow, is very cold and has a hard or waxy feel, you may have frostbite. Your skin may also itch, burn or feel numb. Severe or deep frostbite can cause blistering and hardening.

As the area thaws, the flesh becomes red and painful. Gradually warming the affected skin is key to treating frostbite. To do so:

- Protect your skin from further exposure. Protect your face, nose or ears by covering the area with dry, gloved hands. Don't rub the affected area and never rub snow on frostbitten skin.
- Get out of the cold. Once you're indoors, remove wet clothes.
- Gradually warm frostbitten areas. Put frostbitten hands or feet in warm water — 104 to 107.6 F (40 to 42 C).
- Wrap or cover other areas in a warm blanket. Don't use direct heat, such as a stove, heat lamp, fireplace or heating pad, because these can cause burns before you feel them on your numb skin.
- Don't walk on frostbitten feet or toes if possible. This further damages the tissue.
- If there's any chance the affected areas will freeze again, don't thaw them. If they're already thawed, wrap them.
- Get emergency medical help.

SUNBURN



Signs and symptoms of sunburn usually appear within a few hours of exposure; pain, redness, swelling and occasional blistering. Because exposure often affects a large area of your skin, sunburn can cause headache, fever and fatigue.

If you have sunburn

- Take a cool bath or shower. You can also apply a clean towel dampened with cool water.
- Apply an aloe vera or moisturizing lotion several times a day.
- Leave blisters intact to speed healing and avoid infection. If they burst on their own, apply an antibacterial ointment on the open areas.

- If needed, take an over-the-counter pain reliever such as Paracetamol.

Do not give aspirin unless advised by Doctor

Don't use petroleum jelly, butter or other home remedies on your sunburn. They can prevent or delay healing. If your sunburn begins to blister or if you experience immediate complications, such as rashes, itching or fever, see your doctor.



A poison can be any substance that may be harmful to your body. It can be inhaled, swallowed, injected or absorbed by the person. If not treated in time, poisoning can be fatal to the person.

WHAT TO DO IN CASE OF POISONING?

In case of poisoning it is important to understand that the swifter you act, the better are the chances of survival of the casualty.

Restrict further exposure to the poison.

Skin contamination

Remove the clothes of the victim to avoid further contamination. Wash the skin with fresh water.

Eyes

Wash the eyes with fresh water.

Inhalational poisons

Remove the person from the area, and bring him to an area with fresh air.

Ingestion

In case patient is conscious and not bleeding from the digestive tract try to induce vomiting.

If necessary, initiate CPR.

Call the national poison information centre (NPIC) at these numbers -Tel. No.: 26589391, 2659367.

THINGS TO AVOID IN CASE OF POISONING

- Do not do anything except for the recommended first aid.
- In a person with skin poisoning, do not touch the patient or his clothes, bare handed. Always remember to protect yourself first.
- In case of inhalational poisoning, ensure your safety first, with a proper mask. Don't try to enter a gas chamber, to help a victim without the recommended mask.
- Do not light a match stick in the area, in such a case.
- In case of ingested poisons, do not give mouth breathing.

Specific steps in case of poisoning

Ingestion

- Wash the mouth thoroughly with water.
- Do not induce vomiting unless told to do so by the NPIC.
- Do not give salt water, raw eggs, mustard, vinegar etc. orally.
- Do not attempt neutralization as in case of corrosives/petroleum products.
- Withhold food and drinks.

Eye

Irrigate eyes with tepid water for at least 15 min. making sure the eye lids are open.

Inhalation

- Move the patient from exposure site to fresh air.
- Wear protective equipment in case you need to enter the area.
- Ensure clear airway.

Skin

- Remove contaminated clothing.
- Wash skin thoroughly with soap and water for at least 15 min.
- Do not apply any medications or ointments on the affected area unless advised.
- In case of stings, remove the stinger carefully with a piece of cardboard followed by washing with soap and water. Apply ice packs for some time.

DENTAL – EYE INJURY & FRACTURE

DENTAL INJURIES

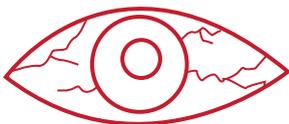


If a permanent tooth is knocked out, get emergency dental care —

Before you see a dentist

- Handle your tooth by the top or crown only, not the roots.
- Don't rub the tooth or scrape it to remove debris. This damages the root surface, making the tooth less likely to survive.
- Gently rinse your tooth in a bowl of tap water. Don't hold it under running water.
- Try to put gauze /moistened tea bag on the gap, bite down slowly and gently on. Hold in place until you see your dentist.
- Get medical attention from a dentist or emergency room immediately.

EYE INJURIES



If you get a foreign object in your eye

- Wash your hands.
- Try to flush the object out of your eye with clean water or saline solution. Use an eyecup or a small, clean drinking glass positioned with its rim resting on the bone at the base of your eye socket.

Caution

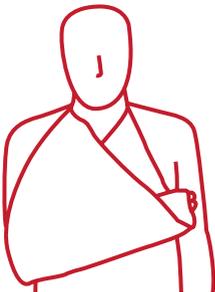
- Don't try to remove an object that's embedded in the eyeball.
- Don't rub the eye.
- Don't try to remove a large object that makes closing the eye difficult.

When to call for help

Call your local emergency number when:

- You can't remove the object.
- The object is embedded in the eyeball.
- The person with the object in the eye is experiencing abnormal vision.
- Pain, redness or the sensation of an object in the eye persists after the object is removed.

FRACTURES



Dislocation is an injury in which the ends of your bones are forced from their normal positions. The cause is usually trauma, such as a blow or fall, but dislocation can be caused by an underlying disease, such as arthritis.

Dislocations are common injuries in contact sports, such as football and hockey, and in sports that may involve falls, such as volleyball. Dislocations may occur in major joints, such as your shoulder, hip, knee, elbow or ankle or in smaller joints, such as your finger, thumb or toe.

The injury will temporarily deform and immobilize the joint and may result in sudden and severe pain and swelling. A dislocation requires prompt medical attention to return the bones to their proper positions.

If you believe you have dislocated a joint

- Don't delay medical care. Get medical help immediately.
- Don't move the joint. Until you receive help, splint the affected joint into its fixed position. Don't try to move a dislocated joint or force it back into place. This can damage the joint and its surrounding muscles, ligaments, nerves or blood vessels.
- Put ice on the injured joint. This can help reduce swelling by controlling internal bleeding and the build up of fluids in and around the injured joint.

If any part of a limb is severed, it should be preserved in a bag containing ice (**NOT DIRECTLY ON THE ICE**) and then transported to the nearest Medical Centre where surgical facilities are available.



SPINAL INJURY

If you suspect a back or neck (spinal) injury, do not move the affected person. Permanent paralysis and other serious complications can result.

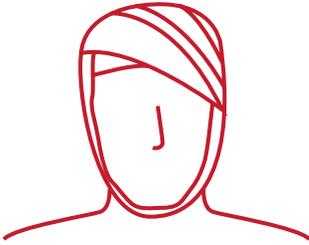
Assume a person has a spinal injury if

- There's evidence of a head injury with an ongoing change in the person's level of consciousness.

If you suspect someone has a spinal injury:

- Call emergency medical help.
- Keep the person still. Place heavy towels on both sides of the neck or hold the head and neck to prevent movement. The goal of first aid for a spinal injury is to keep the person in much the same position as he or she was found.
- Provide as much first aid as possible without moving the person's head or neck.
- Put two sand filled bags on both side of neck tie together and do not roll the patient around.
- Don't pull the neck.
- If spine injury on back side of chest/abdomen. Then don't move the patient. Ensure the patient is lying on his/her back.
- If the person is wearing a helmet, remove it by gentle side to side movements without moving the neck.
- If you absolutely must roll the person because he or she is vomiting, choking on blood or in danger of further injury, you need at least one other person. With one of you at the head and another along the side of the injured person, work together to keep the person's head, neck and back aligned while rolling the person onto one side.
- If the person shows no signs of circulation (no pulse in the neck), begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward.

HEAD INJURIES



Most head trauma involves injuries that need immediate attention but may not need hospitalisation However, call your local emergency number/Apollo Hospital No:1066

If any of the following signs or symptoms are found

- Severe head or facial bleeding
- Bleeding from the nose or ears (Blood/Water)
- Severe headache
- Change in level of consciousness
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg
- Unequal pupil size
- Vomiting
- Slurred speech
- Seizures / Stiffness in the Body

If severe head trauma occurs

- Keep the person still until medical help arrives, keep the injured person lying down and quiet, with the head and shoulders slightly elevated.
- Don't move the person unless necessary, and avoid moving the person's neck.
- Stop any bleeding. Apply firm pressure to the wound with sterile gauze or a clean cloth.
- Watch for changes in breathing and alertness. If the person shows no signs of circulation (No Pulse in the Neck), begin CPR.

GLOSSARY

Allergic reaction - Allergic reactions are sensitivities to substances, called allergens, which come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract. They can be inhaled into the lungs, swallowed, or injected.

Dilated - an enlargement or expansion in bulk or extent, the opposite of contraction of the eye ball.

Exhalation – Movement of air outside of the lungs, breathing out.

Hyperventilation – Over breathing is the state of breathing faster or deeper than normal, causing excessive expulsion of circulating carbon dioxide.

Infection – The growth of a parasitic organism within the body.

Sterile - A term referring to any process that eliminates or kills all forms of life from an item or field

Trauma – An incident by which sudden physical injury, as from violence or accident happens leads to trauma.

Venom - Venom is the general term referring to any variety of toxins used by certain types of animals that inject it into their victims by the means of a bite or a sting.

Content developed by Dr. Gaurav
Sharma and the emergency
team, Indraprastha Apollo
Hospitals, delhi



BILLION HEARTS BEATING

CAMPAIGN AGAINST HEART DISEASE

JOIN THE CAMPAIGN, TAKE THE PLEDGE AT
WWW.BILLIONHEARTSBEATING.COM

Apollo Emergency Number – 1066