

# THE EVERYTHING<sup>®</sup> FIRST AID BOOK



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## How to handle:

- Falls and breaks
- Insect bites and rashes
- Cuts and scrapes
- Choking
- Burns
- Poisoning



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## First-Aid Basics

**First aid is complex** and situation specific, so the more informed and better trained you are the more prepared you are to deal with any unexpected illness or injury. When someone suffers an injury or sudden illness, first aid is your initial course of action. But first aid is more than having a properly stocked first-aid kit; it is being able to prevent, prepare for, recognize, and easily take care of small accidents, and knowing what to do in the case of an emergency. You can treat most common illnesses and injuries when you know what to do, but first you must decide if first aid will be adequate or if you need professional help. And when the condition warrants measures beyond first aid, knowing how to act until help arrives can save someone's life.

### ***Don't Panic!***

Being prepared is the best way to avoid panic. Being ready for anything will help you to stay calm, sum up the situation quickly, and proceed with more efficient, capable action. Being prepared will ensure you are composed and self-assured, which will help calm the injured party.

In order to be prepared, make sure to post emergency telephone numbers near the phones in your home

and office. Important numbers to keep in addition to 911 are the fire department, the nearest hospital, the Poison Control Center (1-800-222-1222), and your family doctor. Encourage family members with serious medical conditions to wear a Medic Alert tag or bracelet, and keep a list of your family members' medical conditions along with your emergency numbers. Also, have an escape plan from your home and practice it with your children. Keep a fire extinguisher on hand and show all your family members how to use it.

### **Fact**

You can obtain Medic Alert identification at your pharmacy or doctor's office. These jewelry identification tags are usually engraved with your primary medical conditions (e.g., allergies), ID number, and twenty-four-hour emergency-response-center number.

## ***The Proper Supplies***

In order to properly administer first aid, you will need a good first-aid kit. The better stocked and organized your first-aid kit is, the more likely you are to effectively respond to emergencies in your home. Keep a written list of kit supplies in your home, along with your emergency plan, and be sure to restock the kit as needed and replace items with expired dates, items that have been used, or anything with an open package or broken seal that is supposed to be sterile. Keep a first-aid manual like this one

with your kit, along with your list of emergency phone numbers, your list or chart of family's medical conditions and medications, and a flashlight.

### **Alert!**

Be sure to keep first-aid supplies out of the reach of children and pets, as many first-aid supplies are potentially hazardous. Your kit should be in an accessible place, but not one that a child or pet could easily reach, either on their own or with the help of a chair, for instance.

## **The Right Container**

Use a container with a strong handle that can be closed securely, and clearly mark it “First-Aid Kit.” Commercial kits can be purchased from many sources, but any large, well-built plastic fishing-tackle box or toolbox works great, and is usually much cheaper.

Ideally, you want your kit to be light enough to carry, but large enough to hold all necessary items in an organized and easily accessible format. It should be dust proof, waterproof, and sturdy enough to resist damage from falling or crushing.

## **The Right Location**

Store your kit safely in a cool, dry location inside your home. Avoid storing it in the garage or laundry room because of the potential harm to its contents from moisture and temperature extremes. Pick a location in your

home that is central and accessible to everyone who will be using the kit.

## **The Right Contents**

The ideal kit that will prepare you for most injuries and household emergencies should include the following items:

- Benadryl (generic Diphenhydramine)
- Antibiotic ointment or cream
- Activated charcoal (only use if instructed by the Poison Control Center)
- Antacid (liquid)
- Calamine lotion
- Antihistamine cream
- 1% hydrocortisone cream
- Povidone-iodine solution
- Aspirin, acetaminophen, and ibuprofen
- Sterile eye-wash solution
- Epinephrine auto-injector kit (if prescribed by your doctor)
- Extra prescribed medications (such as inhalers)

Your kit should also contain bandages and dressing supplies including:

- Commercial Band-Aid bandages
- Sterile cotton balls
- Cotton-tipped swabs
- Sterile gauze (pads and rolls)

- Elastic bandage rolls
- Extra bandage clips
- Butterfly bandages
- Sterile eye patches
- Regular adhesive bandages (multiple sizes)
- Adhesive tape (waterproof and stretchable)
- Triangular bandages
- Large foil-lined bandage



## **Fact**

Epinephrine is for emergency use on persons with sudden, severe symptoms or reactions to any allergen such as certain foods, insect stings, and inhaled allergens. If anyone in your family has ever had such a reaction, ask your family doctor to prescribe an Epinephrine auto-injector and to instruct you on how to use it.

Additionally you should include tools and other items such as:

- Bulb syringe
- Medicine spoon (transparent tube marked with typical dosage amounts)
- Small paper cups
- Clean cloths and tissues
- Hand sanitizer
- Digital thermometer (and rectal thermometer for babies less than one year old)

- Small jar of petroleum jelly
- Sterile disposable gloves
- Disposable CPR face mask
- Safety pins
- Scissors (the sharp, angular style with rounded end)
- Tweezers
- Tooth-preservation kit
- Space blanket
- Penlight
- Small pad of paper and pencil
- Emergency candle and waterproof matches
- Disposable self-activating cold and hot packs
- Magnifying glass
- Whistle

### **Alert!**

Aspirin and children's aspirin should never be given to children under age sixteen who have flu-like symptoms or chickenpox. Aspirin may cause Reye's syndrome, which is a life-threatening condition affecting the nervous system and liver.

When preparing your kit, think about your family's medical history, such as drug allergies and risk factors, and keep these drug warnings in mind. Aspirin, ibuprofen, and other nonsteroidal anti-inflammatory (NSAID) drugs may cause stomach bleeding and kidney injury



even when taken as directed. The risk is generally higher in people older than fifty-nine, those with stomach ulcers, and anyone who takes blood-thinning drugs or steroids while taking NSAID medications for an extended period. Acetaminophen carries a risk of severe liver damage when people take more than the recommended dose or have three or more alcoholic drinks while taking it. Many over-the-counter medicines (OTC) contain acetaminophen, so check the label of all medicines to make sure you are not exceeding the recommended maximum dose of four grams or four thousand milligrams for a healthy adult in a twenty-four-hour period.

### **Essential**

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Your family medical list or chart should include any information needed for reference by you, paramedics, or doctors including shot records with dates, medical problems and conditions, medications, and allergies.

## ***Gathering Medical Information***

Your family medical history is a complete record of health information from three generations of relatives that helps doctors recognize the many factors that your family has in common, including genes, environment, and lifestyle. This medical history will give clues to medical conditions that may run in your family, along with certain patterns of

disorders, to determine your risk of developing a particular condition such as heart disease, high blood pressure, stroke, certain cancers, and diabetes.

Compile an information record for all family members that includes their full name, birth date, allergies, history of illnesses, current and past medications, immunization records, history of injuries, any disabilities, rehabilitations, addiction and substance-abuse history and treatment, past hospitalizations, and surgeries. Include any contact information that a first responder may need in case of disasters and in case of times where there may not be anyone to provide the necessary information.

Make sure you also record the name and contact information of your doctors, your insurance coverage, who to notify in case of emergency, and even your religious preference in your medical-information record.

## ***Calling 911***

You may be afraid, embarrassed, or wary of calling 911 if you are not sure whether the medical condition or complaint is really an emergency.

There are many conditions that require immediate attention, and you should not wait before calling 911. Instead of risking serious consequences or death if you are not sure, it's wise to call for help. The following are conditions that warrant calling 911, although certainly not an exhaustive list:

- Severe allergic reaction
- Chest pain or heart attack, shortness of breath

- Severe asthma attack or respiratory arrest
- Loss of consciousness or responsiveness
- Confusion, dizziness and fainting, or seizures
- Drug overdose, poisoning, or chemical exposure
- Heat stroke
- Rectal bleeding, bloody diarrhea, bleeding with weakness, or vomiting blood
- Blurred speech, weakness, any signs of stroke
- Uncontrolled bleeding, including nosebleeds
- Serious burns
- Broken bones accompanied by signs of shock or spinal injury
- Suicidal behavior, self-harming or violent behavior

### **Alert!**

If you have warning signs of a heart attack, call 911 immediately—there is a very limited amount of time before damage to the muscle of the heart is permanent. Emergency medical services (EMS) are trained to treat cardiac arrest on scene and in transit, and you will be treated faster at the hospital if you arrive by ambulance.

The dispatcher's computer is likely to show your location, unless you are on a cell phone or calling from work or another location where the phones are connected to a switchboard. Try to remain calm and answer all questions quickly and as accurately as you are able. The dispatcher will need all of the following information.

- Nature of the emergency
- When emergency first occurred
- Exact location or address where help is needed
- Phone number that you are calling from
- Your name and who else is involved

Follow all instructions given by the 911 dispatcher and stay on the phone until the dispatcher tells you to hang up, or for as long as it is safe to do so. Stay calm, be clear, listen to the dispatcher carefully, and answer as concisely as possible.

## **Essential**

It's the 911 dispatcher's job to know how to ask the right questions. Pay attention and answer all questions as best you can. Don't hang up until you are told to; if you are on a cell phone you may have to give your exact location and other information as your location will not be visible to the dispatcher.

## **Informing Kids**

Teach young children how to phone 911 by using a toy phone or an old, nonworking cell phone. Explain to them that emergencies include car accidents, crimes like when someone is hurting another person or breaking into the house, when someone in the family is suddenly very sick (for example, having a hard time speaking, breathing,

or turns blue), if anyone collapses or passes out, or if the house is on fire.

### **Fact**

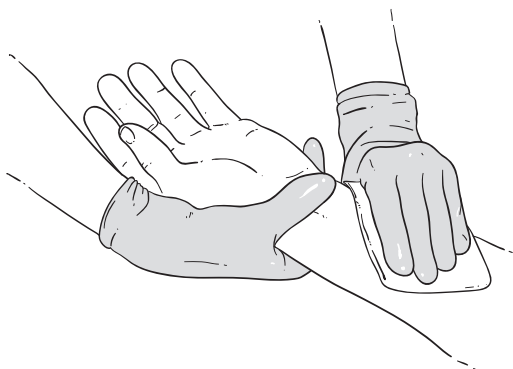
Most children over five years of age are capable of understanding and learning how and when to call 911. Instruct children to call 911 only for real emergencies. Make sure they understand that the police and firefighters will come when they call 911.

## ***Universal Precautions***

The threat of communicable disease is a hazard in performing first aid. You should follow some standard precautions (called universal precautions) and use personal protection equipment like gloves, a CPR barrier, or eye protection. Universal precautions protect aid providers from exposure to HIV (the virus that causes AIDS), hepatitis B, and other blood-borne germs when exposed to blood, certain body fluids (including semen and vaginal fluid), and tissue from anyone who is infectious. Universal precautions should also be taken for cerebrospinal (from the lining of the brain and spinal cord), synovial (joint), pleural (lung), peritoneal (abdominal), pericardial (heart), and amniotic (pregnant uterus) fluids. These guidelines don't apply to other body fluids like saliva, urine, sweat, tears, nasal secretions, sputum, and feces unless they contain blood. Professional universal precautions include:

1. Wash your hands before and after any medical intervention.
2. Wear gloves whenever you are in contact with another's blood, body secretions, or tissues even if the person you are helping is a family member.
3. Wear a facemask or body gown whenever there is a possibility of blood splashing onto the rescuer.
4. Dispose of contaminated sharp objects in the appropriate puncture-proof container.
5. Dispose of all contaminated equipment in an appropriate biohazard container.

While you may not have all the equipment necessary, these professional guidelines will steer you in the right direction. As a layperson, you should try and follow these precautions as closely as possible.



*Rescuer using gloves as a protective barrier*

## **Alert!**

Practice universal precautions when coming in contact with blood or any body secretions or fluids that may also contain blood to protect your own health and even save lives.

To carry-out universal precautions against infectious disease, you should use a protective barrier when you are providing care to anyone, even if you know the person well. In this day and age, it's just common sense to avoid contact with an unknown potential source of infection. If you don't have gloves, improvise and use something like plastic wrap and wash your hands thoroughly before and after providing any care.

## **Essential**

Universal precautions mean you are to be careful and not take chances; it doesn't mean that you don't provide care!

## ***The Proper Training***

While this book is designed to be a comprehensive resource, providing first-aid basics, nothing can replace the hands-on learning you get from formal training in a

classroom setting. Anyone can learn first aid, and by learning new lifesaving skills and updating past knowledge, you will feel and act more confident at home and work and while traveling.

Many organizations offer first-aid classes, such as the American Red Cross, the American Heart Association, and the National Safety Association; and other local EMS organizations offer Basic Life Support (BLS) classes. Some occasionally offer free one-day classes to the community; most charge a small fee for a one- to two-day course in CPR and basic first aid.



# Emergency Response

**It's well known** that in order to save lives, CPR needs to begin immediately after a person collapses or “witnessed arrest” occurs (when someone sees the event occur). But only approximately one-third or less of people respond in witnessed arrest situations, and even when CPR is begun immediately it is often done incorrectly. That's why it's important to become certified in CPR and Automated External Defibrillators (AED) and to take the recommended renewal certification classes. By learning CPR, you can help preserve life, limit disability, restore health, and even reverse clinical death in emergency situations.

## ***History of CPR***

The origins of cardiopulmonary resuscitation (CPR) can be traced back to 1740, when the Paris Academy of Sciences first formally recommended mouth-to-mouth resuscitation for near-drowning victims. Over a hundred years later in 1891, the first documented and effective chest compression in humans was performed by Dr. Friedrich Maass. Through the years the use of external chest compressions in human resuscitation was attempted and analyzed, and it was proven that expired air by a rescuer is sufficient to oxygenate an unresponsive person. CPR was