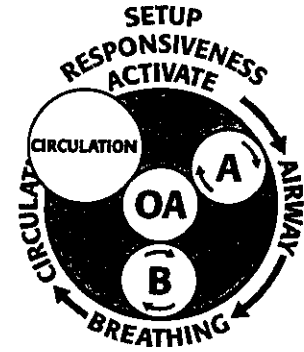


Control of Bleeding



Inspect Wound



- Have patient sit or lie down as you provide care.
- Expose wound if necessary.

Direct Pressure and Elevation



- Quickly apply pressure directly on point of bleeding. Use a clean absorbent pad or dressing if one is immediately available.
- If no injury to muscle or bone is suspected, help reduce bleeding by elevating the extremity.
- If dressings become soaked with blood, apply additional dressings.

Pressure Bandage



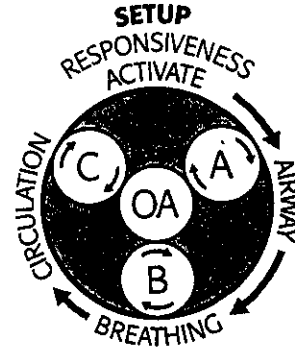
- If bleeding can be controlled with direct pressure, you may apply a pressure bandage which will provide continuous direct pressure to wound.

Pressure Point



- For the leg, compress artery against pelvis near groin. For the arm, compress artery against bone on inside of upper arm.
- Continue the use of direct pressure on the wound and the pressure point until the patient is turned over to the next level of care.

Using Barriers



Putting on Gloves



- Inspect gloves for obvious damage. To prevent tearing roll cuff of glove over when pulling on to hand.

Removing Gloves



- Remove gloves carefully to prevent splashing or spraying of contaminated material. Grab outside wrist of one glove with other gloved hand. Pull glove off and turn inside out as you remove it from hand.



- Drop inverted glove into remaining gloved hand. Slide finger of ungloved hand under remaining glove and invert the remaining glove, encasing the first glove inside.

Face Shields



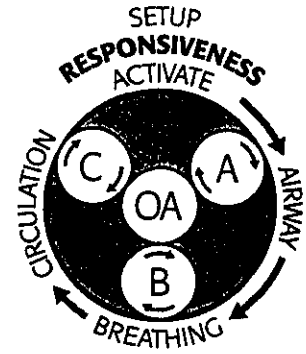
- Protective face shields prevent body substances from splashing or spraying into the MEDIC FIRST AID Provider's eyes, nose, or mouth.

Ventilation Masks and Shields



- Ventilation masks prevent direct contact. Masks are equipped with one-way valves to prevent the return of exhaled air.
- Ventilation shields are overlay sheets of clear plastic or silicone that have a one-way valve, filter, or both.

Assess Responsiveness



Approach Patient



- Notice whether the patient is still or moving, awake or apparently unresponsive, obviously injured, or bleeding.

Introduce Self



- Introduce yourself and state your level of training. For example say, "My name is _____. I'm a MEDIC FIRST AID Provider." Do this even if the patient seems unresponsive. The patient may be able to understand.

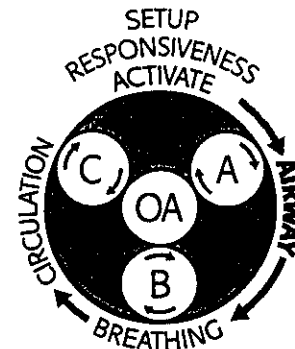
Physically Assess Responsiveness



- If the patient does not respond to your voice, tap or gently shake the patient's shoulder. In a loud voice ask, "Are you okay?"



Assess Airway



Clear the Tongue from the Airway



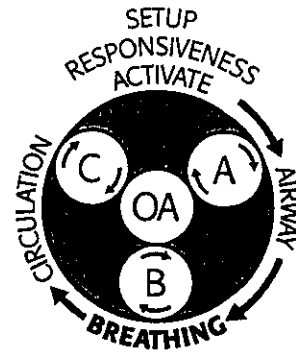
- In unresponsive patients, the base of the tongue can relax and block the airway. Research has shown tilting the head back and lifting the chin is the most effective approach to opening an airway.
- In the case of possible neck injury, the jaw-thrust maneuver or chin-lift alone should be used to open the airway. If the jaw-thrust maneuver or chin-lift alone is unsuccessful, tilt the head backward slightly, just enough to open the airway.

Inspect Mouth



- Look for fluids or solids in the mouth that can also block the airway. If foreign material is visible, it must be removed immediately.

Assess Breathing



Look, Listen, and Feel



- While maintaining an airway, place your ear close to the patient's nose and mouth as you look at the chest. Assess for breathing by:
 - Looking for the chest to rise and fall.
 - Listening for sounds of breathing.
 - Feeling for the flow of exhaled air on your cheek.
- If the patient is breathing adequately, circulation is present as well. Continue Initial Assessment by scanning for serious bleeding and assessing skin color and temperature.

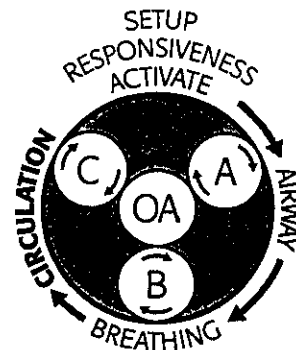
Rescue Breaths



- If breathing is absent or inadequate, after assessing for no longer than 10 seconds, provide rescue breaths. Do this even if you are unsure.
- Infrequent reflex gasping breaths, known as agonal breaths, may occur when a patient's heart has stopped. Agonal breathing is not adequate enough to sustain life. A provider should treat the patient as if breathing is absent.
- Provide two rescue breaths before moving on to assess for signs of circulation.



Assess Circulation



Signs of Circulation



- Patient signs indicating circulation is present include normal breathing, movement, coughing, and a pulse in the neck. If signs are absent, provide CPR.

Check Neck Pulse



- Slide fingers into groove between windpipe and muscles at side of neck. Press gently. If you are not positive after 10 seconds the pulse is present, assume it is absent.
- If the pulse is present and breathing is absent, provide Rescue Breathing.

Scan for Serious Bleeding



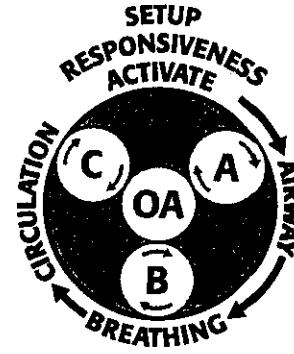
- Look over the entire body for signs of serious bleeding. Watch for hidden bleeding beneath clothes or under the patient.
- Look for abnormal tissue appearance such as blue, very pale, or bloodless. Use the lips or fingernail beds in deeply pigmented patients.

Assess the Skin



- Assess patient temperature by touching the patient's skin with your exposed wrist. Normal skin temperature is warm and dry.

The Complete Initial Assessment



Assess Scene (SETUP)
Assess Responsiveness
Activate EMS or Emergency Plan

Assess Airway



- Tilt head and lift chin to clear tongue from airway. In the case of possible neck injury, the jaw-thrust maneuver or chin-lift alone should be used to open the airway. If the jaw-thrust maneuver or chin-lift alone is unsuccessful, tilt the head backward slightly, just enough to open the airway.
- Inspect mouth for fluids or solid material.

Assess Breathing

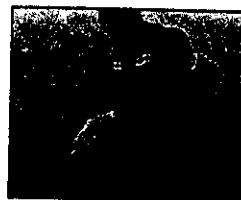


- Look for chest to rise and fall.
- Listen for sounds of breathing.
- Feel for flow of exhaled air on your cheek.
- If breathing is absent or inadequate, perform two rescue breaths.

Assess Circulation



- Check for signs of circulation including patient movement, coughing, and pulse in neck.

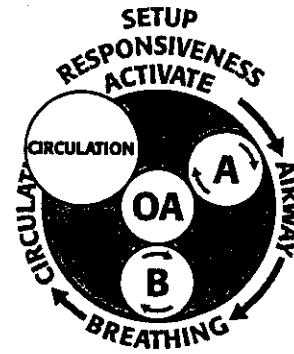


- Scan patient's body for any serious bleeding.



- Check patient's tissue color and skin temperature.

Managing Shock



Provide Priority Care



- You can best help limit effects of shock by maintaining an open airway, ensuring adequate breathing, and controlling external bleeding.

Elevate Legs



- If you suspect internal bleeding, lay patient down and elevate legs 8–10 inches or 20–25 centimeters. This allows blood in legs to return to the heart faster.

Position for Comfort



- Never force a responsive person with a heart problem or breathing difficulty to lie flat. The patient should be most comfortable in a sitting or semi-sitting position.

Maintain Normal Body Temperature



- It may be necessary to place blankets under and over patient to maintain a normal body temperature. Be careful not to overheat patient.

Provide Emergency Oxygen



- Giving emergency oxygen is beneficial in treating shock. If emergency oxygen is available and you are trained in its use, offer it to patient.