

Health Emergency Notes

In Case of Serious Injury or Illness:

- **Call 911** (if available in your area) or call a doctor, a hospital, the POLICE or other emergency service immediately.
- Check patient for medical alert bracelet or wallet card indicating chronic diseases (for example, diabetes, epilepsy).
- Keep calm, give your name and location, briefly explain what has happened and ask what to do until help arrives.

First Aid Treatment:

- Get prompt professional help, if available. If you cannot get immediate help, the following safe measures may provide emergency relief.



Poisoning

In Case of Poisoning, contact the US National Poison Control Center at 800-222-1222.

- Call doctor, poison control center, hospital or emergency rescue unit PROMPTLY. Explain 1) what unusual symptoms the patient shows, 2) what substance may have been involved (trade name, manufacturer, label warning) and 3) patient's age, weight and general health.
- Make patient vomit if so directed by health professional, but not if:
 - Patient is drowsy, unconscious or is having fits.
 - Patient has serious heart condition.
 - Swallowed poison is a strong corrosive (lye, acid, drain cleaner, etc.) or if a patient is rapidly losing consciousness.

- Swallowed poison contains kerosene, gasoline or other petroleum distillates (except after specific medical advice).
- Directions for making patient vomit:***

- For child under 12 months, first get medical advice.
- For child age 1-10, give 1 tablespoon (1/2 ounce) of syrup of ipecac, followed by 4 to 8 ounces of water. If no vomiting occurs after 20 minutes, this dose may be repeated one time only.
- For person over age 10, give 2 tablespoons of syrup of ipecac, plus 4 to 8 ounces of water.
- Do not waste time waiting for vomiting, but transport patient, if indicated, to a medical facility. Bring package or container with intact label, plus basin in which to collect vomit.

Call for help promptly. Inhalation Poisoning (Gas, Fumes, Smoke)
Get patient into fresh air immediately. If breathing has stopped, apply artificial respiration (see below) and do not stop until patient is breathing well. Transport patient promptly to a medical facility or keep patient warm and quiet until emergency help arrives.

Medicine Tampering

Remember that medicine tampering, however unlikely, can and may occur. The best safeguard is common sense and reasonable care. Here are some suggestions:

- Inspect the outer packaging of medicine before you buy it, and the product inside when you open it at home.
- Don't use any product that shows even the slightest evidence of tampering or simply doesn't seem right to you.
- Never take medicine in the dark or in poor lighting. Look at the label and the medicine EVERY time you take a dose.
- Read the label. Medicine packages with tamper-resistant packaging features have a prominent statement on the label describing the tamper-resistant feature of the package.

Bleeding

Until emergency help arrives:

- When finger or hand pressure is inadequate to control bleeding, place a thick pad of clean cloth or bandage directly over wound, and hold in place with a belt, bandage, neckties, cloth strips, etc., taking care not to stop circulation to the rest of the limb.
- For injuries where a tie cannot be used-such as to the groin, back, chest, head, neck-place a thick pad of clean cloth or bandage directly over the wound and control bleeding with finger or hand pressure.
- If bones are not broken, raise bleeding part higher than the rest of the body.

Artificial Respiration

(Mouth-to-Mouth Breathing - In Cases Like Drowning, Electric Shock or Smoke Inhalation)

For Adults: Call 911, then:

- Open the airway by tilting the head and lifting the chin.
- Pinch the nose closed.
- Take a normal breath and cover the victim's mouth with your mouth and give two breaths.
- Blow for one second each.
- Watch for chest rise as you give each breath.

For Infants and Small Children:

- Provide artificial respiration as indicated in steps above for 2 minutes, then call 911.

Note: Please contact your local hospital or medical clinic for updated, more accurate information. In most areas, CPR instruction and training is available thru your local hospital and/or medical clinic.

Choking

- If the victim can make sounds and can cough loudly, stand by and let the victim cough.
- If you are worried about the victim's breathing, phone 911.
- If the victim cannot breathe, has a cough that is very quiet or has no sound, cannot talk or make a sound, cannot cry, has high pitched noisy breathing, has bluish lips or skin or makes the choking sign - Act quickly:
 - ***For Adults and Children Over 1 Year of Age***
 - Kneel or stand firmly behind the victim.
 - Wrap your arms around the victim so that your hands are in front.
 - Put the thumb side of your fist slightly above the belly button and well below the breastbone.

Broken Bones

In case of a suspected fracture to any part of the body, or if any injury to the neck or back is suspected, observe the following:

- Do not move patient without medical supervision, unless absolutely necessary, and then only if proper splints have been applied (see below).
- If patient with a suspected neck or back injury must be moved, keep the back, head and neck in a straight line, preventing them from being twisted or bent during movement. Use a board or stretcher to support the patient, if available.

- For other fractures, until emergency help arrives, take the following precautions:

- Place the injured part in as natural a position as possible without causing discomfort to the patient.
- If the patient must be moved to a medical facility, protect from further injury by applying splints long enough to extend well beyond the joints above and below the fracture. Use firm material - such as a board, pole or metal rod - as a splint.

- Pad splints with clothing or other soft material to prevent skin injury.

- Fasten splints with bandage or cloth at the break and at points along the splint above and below the break.

Eye Contamination

Remove any contact lenses. Hold eyelids open and rinse immediately with water. Continue flushing eye with gentle stream of water for at least 3 to 5 minutes. Call doctor, or poison control center of emergency department.

- Grasp the fist with your other hand and give quick upward thrust into the belly.
- Give thrusts until the object is forced out and they can breathe, cough or talk or until they stop responding.
- Encourage all choking victims who have received thrusts to contact their Healthcare Practitioner.

For Infants-Less than 1 Year Old

- If you cannot remove the object, the infant will stop responding. When the infant stops responding, follow these steps:

1. Yell for help. If someone comes, send that person to dial 911.
2. Place infant on a firm, flat surface. If possible, place the infant on a surface above ground, such as a table, which makes it easier to give CPR to the infant.
3. Start the steps of CPR if you know how. Remember to look in the infant's mouth and remove any object you see before giving breaths. If you don't know CPR, phone 911 and dispatcher will tell you how.

Burns and Scalds

In Case of Burns and Scalds

Until you get medical help:

- Immerse burned area immediately in tap or cool water or apply clean, cool, moist towels. Do not use ice.
- Maintain treatment until pain or burning stops.
- For exposure to chemicals, flush skin with plenty of running water, but only cover exposed area with a clean bandage if the chemical has caused a burn.

- Avoid breaking any blisters that may appear.

- Do not use ointments, greases, powders, etc.

- If burns are extensive, keep patient quiet and treat for shock (see below). Get patient to doctor or hospital as soon as possible.

- If patient is conscious, can swallow and does not have severe mouth burns, give plenty of water or other non-alcoholic liquids to drink.

Shock

Shock usually accompanies severe injury or emotional upset. The signs are cold and clammy skin, pale face, chills, confusion, FREQUENT nausea or vomiting, shallow breathing. Until emergency help arrives:

- Have patient lie down with legs elevated.
- Keep patient covered to prevent chilling or loss of body heat.
- Give non-alcoholic fluids if patient is able to swallow, unless abdominal injury is suspected.