

FIRST AID ACTIONS

(UNCONSCIOUS PERSON)

PRIMARY SURVEY

1. CHECK the SCENE

- Check for danger (e.g. fire, wires, gas, glass, pets)
- Put on gloves/plastic on hands
- Try to guess at what happened to cause this injury/illness
- Check for other people around (*witnesses* + *those to help you*)



2. CHECK the PERSON

- *Say*: “Are you OK?”
- Tap person’s shoulders

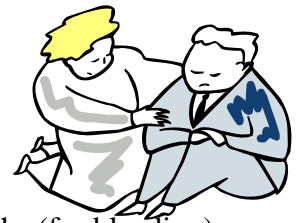
3. CALL EMS/9-1-1 (if ABC problem or you are unsure)

- If he/she does not respond to you, call EMS/9-1-1 immediately
- Have someone bring you a blanket, an AED and a first aid kit



4. CARE for ABCs

- a. Open the Airway
 - ✓ Keep head forward or to the side (to keep **tongue** and **vomit** away)
- b. Maintain Breathing
 - ✓ Have the person take **SLOW, DEEP breaths** thru nose
 - ✓ Place cold & wet cloths/packs around (not on) throat, if swelling is causing breathing difficulties
- c. Maintain Circulation
 - ✓ Remove the cause of shock, *if possible and/or known*
 - ✓ Place person close to the floor/ground
 - ✓ Make the person **comfortable**
 - ✓ Put **pressure** on any external bleeding (except out of ear)
 - ✓ Cover and create an artificial scab with any available cloths (for bleeding)
 - ✓ **Calm** the person down
 - ✓ Allow the ill or injured person to **help him/herself** whenever possible
 - ✓ Keep the person **warm**



SECONDARY SURVEY

1. Ask Questions (*SAMPLE*)

- a. Signs & Symptoms
 - ✓ Take note of what the person looks like
 - ✓ **Ask** – “How do you feel?”
- b. Allergies
 - ✓ **Ask** – “Do you have any allergies? Could this be the cause?”
- c. Medications
 - ✓ **Ask** – “Are you on any medication? If so, what is it for?”
 - ✓ **Ask** – “Have you missed it today?”
- d. Past History
 - ✓ **Ask** – “Has this happened before? If so, how was it taken care of?”
- e. Last Meal
 - ✓ **Ask** – “When did you eat last? Is that normal for you?”
- f. Events Preceding
 - ✓ **Ask** – “What were you doing before this happened? Is that normal?”



2. Check Vitals (*record all info on paper or have bystanders keep track*)

- a. Level of Consciousness
 - ✓ Take note = Are they **conscious** or not? Are they **responsive** or not?
- b. Breathing
 - ✓ Take note of **quality** (*deep vs. shallow, noisy vs. silent*)
 - ✓ Take note of **quantity** (*how many times per minute – fast vs. slow*)
- c. Skin
 - ✓ Check how the skin **looks** (*colour*)
 - ✓ Check how the skin **feels** (*temperature & moisture*)



3. Head-to-Toe Exam = **Hands off** (*i.e. ask person to move each body part one at a time to see if anything hurts, beginning with the head – treat any injuries uncovered*)

- a. If anything hurts, **DO NOT** get them to move it
- b. Head – **look** in ears, nose & mouth for blood or fluids
- c. Shoulders – ask them to **shrug**
- d. Chest – **squeeze** their lower ribs in and down (s/b some give but equal)
- e. Stomach – ask the person to **push** stomach out and then **pull** it in
- f. Hips – ask them to move hips **side to side** (if pain, STOP there)
- g. Toes – if no leg pain, **wiggle** toes
- h. Ankles – if no pain in foot, **circle** ankles
- i. Knees – if no pain in lower leg, ask person to **bend** their knees
- j. Hands – **wiggle** fingers
- k. Wrists – if no pain in arms, ask person to **turn** wrists
- l. Elbows – if no pain in lower arms, ask person to **bend** their elbows

CONTINUAL CARE = Keep the person **comfortable** & **check vitals** every few minutes