

Bleeding

For severe external bleeding:

- wear gloves, if possible, to prevent infection
- do not apply a tourniquet
- if an object is embedded in or protruding from a wound, apply pressure either side of the wound and place pads around it before bandaging
- give nothing by mouth.

If a patient is bleeding:



Figure 3.12

If a patient is unconscious and bleeding follow DRSABCD.

Unconscious casualty

1. Follow DRSABCD.

Conscious casualty

1. Follow DRSABCD.
2. Lie the casualty down, ask them to rest and restrict movement. Remove or cut their clothing to expose the wound.
3. Apply direct pressure over the wound using a pad or the hands (use gloves if available). Instruct the casualty to do this if possible.
4. Squeeze the wound edges together if possible.
5. Raise and support the injured part above the level of the heart. Handle gently if a fracture is suspected.
6. Apply a pad over the wound if not already in place and secure by bandaging over the padded wound.
7. If bleeding is still not controlled, leave initial pad in place and apply a second pad and secure with a bandage.
8. Check circulation below wound.

Some scenarios such as industrial accidents or shark attacks may involve severe lacerations or amputations which may require constrictive bandaging to stem blood loss. Constrictive bandages should only be used in life threatening situations where blood loss cannot be stopped. Using a strip of cloth approximately 7–8cm wide, bind the limb between the injury and the heart. The binding should be firm enough that no pulse is evident below the site of injury. The bandage must be released after 30 minutes, but if bleeding persists and direct pressure and elevation does not stem the bleeding, the constrictive bandage will need to be reapplied.

Learning activity

Identify the signs and symptoms and the management procedures for each medical condition listed below:

- Unconsciousness.
- Shock.
- Bleeding.

Neck and spinal injuries

Take extreme care at all times to maintain alignment of the head, neck and spine. If the patient is unconscious as a result of a head injury, always suspect a spinal injury and manage accordingly.

The signs and symptoms of neck and spinal injuries include:

- pain at or below site of injury
- loss of sensation, or abnormal sensation such as tingling in hands or feet
- loss of movement or impaired movement below site of injury.

If a neck or spinal injury is suspected:



Figure 3.13
Always suspect a spinal injury if a person is unconscious.

Internet activity

Watch a **YouTube** clip on how to treat suspected neck and spinal injuries.

Unconscious patient	Conscious patient
<ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Place unconscious patient in recovery position, supporting neck and spine in a neutral position at all times to prevent twisting or bending movements. 3. Maintain a clear and open airway. 4. If ambulance is delayed, apply a cervical collar (only if trained to do so), to minimise neck movement. 5. Ensure an ambulance has been called. 	<ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Calm the patient and loosen tight clothing. 3. Do not move the patient unless in danger. 4. Support head, neck and spine in a neutral position at all times to prevent twisting or bending movements. 5. If ambulance is delayed, apply a cervical collar (only if trained to do so), to minimise neck movement. 6. Ensure an ambulance has been called.

Source: St John Ambulance (<http://stjohn.org.au>)

Heart attack

The warning signs of heart attack vary and usually last for at least 10 minutes. The patient may get more than one of these symptoms:

- Discomfort or pain in the centre of the chest. It may come suddenly or start slowly over minutes. It may be described as tightness, heaviness, fullness, squeezing.
- Severe, moderate or mild pain.
- Pain may spread to the neck, throat or jaw, shoulders, the back, and either or both arms.

Other signs and symptoms include:

- shortness of breath
- sweating
- nausea/vomiting
- dizziness.

If a heart attack is suspected:

1. Follow DRSABCD.
2. Advise the patient to immediately stop what they are doing and to rest.
3. If any symptoms are severe, get worse quickly, or last for 10 minutes, ensure an ambulance has been called. Do not hang up.
4. Loosen tight clothing.
5. If patient has been prescribed medication such as a tablet or oral spray for angina, get it and assist the patient in taking it as they have been directed.
6. Give the conscious patient 1 aspirin tablet with water. Do not give aspirin to those allergic to it or if their doctor has warned them against taking aspirin.
7. Stay with the patient and regularly check their response and breathing.
8. Be prepared to give CPR.

Source: St John Ambulance (<http://stjohn.org.au>)

Asthma

Asthma is a disease of the airways, affecting the small tubes which carry air in and out of the lungs. When a person has asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus, making it difficult for them to breathe.

Anyone having a severe asthma attack needs urgent medical treatment. Call triple zero (000) for an ambulance.

Signs and symptoms for an asthma attack include:

- increasing wheeze
- cough
- chest tightness
- shortness of breath.

Internet activity

Research the Heart Foundation's Heart Attack Action Plan at www.heartattackfacts.org.au.



Figure 3.14
Playing sport can trigger an asthma attack.

If a patient is suffering an asthma attack:

Unconscious patient

1. Follow DRSABCD.

Conscious patient

1. Help the patient into a comfortable sitting position. Be calm and reassuring. Don't leave the person alone. Help them to follow their action plan.
2. Give 4 puffs of a blue/grey reliever. Use a spacer if available. Shake the reliever inhaler before each puff.
3. Give 1 puff at a time with 4 breaths after each puff.
4. Wait 4 minutes. If no improvement, give 4 more puffs.
5. If the person still cannot breathe normally call for an ambulance and say that someone is having an asthma attack.
6. Keep giving 4 puffs every 4 minutes (as above) until the ambulance arrives.

Learning activity

Identify the signs and symptoms and the management procedures for each medical condition listed below:

- Neck and spinal injuries.
- Heart attack.
- Asthma.

Epilepsy

Epilepsy is a central nervous system disorder where brain activity is disturbed causing seizures. Seizure symptoms and severity may vary significantly and the person might:

- suddenly cry out
- fall to the ground
- stiffen and lie rigid for a few seconds
- have jerky, spasmodic muscular movements
- look very pale and have blue tinged lips
- have excessive saliva coming out of the mouth
- bite the tongue or cheek
- lose control of their bladder and bowels
- be extremely tired, confused or agitated afterwards.

Did you know?

It is estimated that around a quarter of million Australians may be living with epilepsy.

If an epileptic seizure is suspected:

During the seizure	After the seizure
<ol style="list-style-type: none"> 1. Do not try to restrain the person. 2. Do not put anything in their mouth. 3. Do not move the person unless in danger. 4. Protect the person from injury by placing something soft under head and shoulders. 5. Record the duration of the seizure. 	<ol style="list-style-type: none"> 1. Follow DRSABCD. Check the person's breathing and response. 2. Place the person in the recovery position as soon as jerking stops, or immediately if they have vomited or have food or fluid in their mouth. 3. Manage any injuries resulting from the seizure. 4. If the person falls asleep do not disturb them (this is normal) but continue to check their breathing.

“Epilepsy is a central nervous system disorder where brain activity is disturbed causing seizures.”

Call triple zero (000) for an ambulance if:

- the seizure continues for more than 5 minutes
- another seizure quickly follows
- the person has been injured
- the person is diabetic or is pregnant.

Source: St John Ambulance (<http://stjohn.org.au>)

Internet activity

Watch the World Health Organisation's **YouTube** clip on epilepsy.

Diabetes

Diabetes is a chronic condition in which the levels of glucose (sugar) in the blood may be too high or low. Blood glucose levels are normally regulated by the hormone insulin, which is made by the pancreas. In people with diabetes, the pancreas doesn't produce enough insulin or there is a problem with how the body's cells respond to it.

The signs and symptoms of diabetes include:

Low blood sugar	High blood sugar
<ul style="list-style-type: none"> ▪ pale ▪ hungry ▪ sweating 	<ul style="list-style-type: none"> ▪ weak ▪ confused ▪ aggressive. ▪ thirsty ▪ needs to urinate ▪ hot dry skin ▪ smell of acetone on breath.

If a diabetic episode is suspected:

Unconscious patient

1. Follow DRSABCD.
2. Give nothing by mouth.

Conscious patient

If the first aider is not sure which form of diabetic emergency the patient has, they should give the casualty a sweet drink. The sweet drink may save a person's life if they are hypoglycaemic (low blood sugar levels) and will do little, if any, harm if they are hyperglycaemic (high blood sugar levels).

Low blood sugar

Give sugar, glucose or a sweet drink such as a soft drink or cordial (NOT 'diet' or sugar free drinks). Continue giving sugar every 15 minutes until the patient recovers. Follow up with a sandwich or other food. If no improvement, call triple zero (000) for an ambulance.

High blood sugar

1. Seek medical attention if required.
2. Give patient sugar-free fluids if help is delayed.

? Did you know?

By 2031 it is estimated that 3.3 million Australians will have type 2 diabetes.



Figure 3.15
A blood test can monitor blood sugar levels.

Poisons

Different poisons affect the body in different ways and treatment will vary depending on the poison. For poisoning, **DO NOT** induce vomiting unless advised to do so by Poisons Information Centre. **DO NOT** give anything by mouth. Wash poisonous substances off the mouth and face with water.

Signs and symptoms depend on the nature of the poisons which may be ingested, inhaled, absorbed or injected into the body. They may include:

- abdominal pain
- drowsiness
- burning pains from mouth to stomach
- difficulty breathing
- tight chest
- blurred vision
- odours on the person's breath
- change of skin colour with blueness around the lips
- sudden collapse.

If poisoning is suspected:

Unconscious patient	Conscious patient
<ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Ensure the call for an ambulance has been made. 3. Call the fire brigade if the atmosphere is contaminated with smoke or gas. 	<ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Listen to the patient. Give reassurance. 3. Try to determine the type of poison from the patient or packaging. 4. Call 131126 for Poisons Information Centre. Do not induce vomiting unless instructed to do so. 5. Send any vomit, containers and/or suicide notes with the patient to hospital.

Bites and stings

Australians enjoy many activities which potentially bring them into contact with a range of poisonous animals. Although some of the insects, reptiles and marine creatures found throughout Australia are among the most poisonous in the world, most bites and stings are from less venomous animals, are not life threatening and can be managed by the first aider.



Figure 3.16
Poisons must be stored safely away from children.



Figure 3.17
Australia has some of the most venomous animals in the world.

Information on bites and stings is summarised in the table below.

Table 3.1 Common bites and stings

Type of bite/sting	Treatment
Funnel-web and mouse spiders, snakes, blue-ringed octopus, cone shells and sea snakes	<p>Application Pressure bandage with immobilisation to compress the site and restrict the flow of venom.</p> <p>First aid procedure</p> <ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Calm the patient and keep still. 3. Apply a crepe bandage over bite site. 4. Firmly apply a heavy crepe pressure bandage, starting at the fingers/toes and working up as far as possible. 5. Immobilise the bandaged limb using splints. 6. Ensure an ambulance has been called.
Red-back spiders (and others not mentioned above), bees, European wasps, ants, ticks, scorpions, centipedes	<p>Application Icepack (cold compress)</p> <p>First aid procedure</p> <ol style="list-style-type: none"> 1. Apply an icepack directly over the bite site to relieve the pain. 2. Seek medical attention if necessary.
Blue-bottle (pacific man-o-war) jellyfish, bullrout fish, catfish, crown-of-thorns starfish, stingray, stonefish and non-tropical minor jellyfish	<p>Application Hot water</p> <p>First aid procedure</p> <ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Calm the patient. 3. Place patient's stung limb in hot water (as hot as can be tolerated). 4. Ensure an ambulance has been called.
Box, irukandji and jimble jellyfish, sea anenomes and tropical marine stings of unknown origin	<p>Application Vinegar</p> <p>First aid procedure</p> <ol style="list-style-type: none"> 1. Follow DRSABCD. 2. Calm the patient. 3. Flood stung area with vinegar for at least 30 seconds. 4. If vinegar is not available, flick tentacles off using a stick or gloved fingers. 5. Ensure an ambulance has been called.

Internet activity

Watch the Australian Reptile Park funnel web spider milking program [YouTube clip](#).



Figure 3.18
If bitten by a red back spider seek immediate medical help.

? Did you know?

Funnel web spiders have been known to survive 24-30 hours under water.

Source: St John Ambulance (<http://stjohn.org.au>)