

EMERGENCY FIRST AID CHART

This First Aid Chart is not intended to take the place of qualified help in the event of an emergency. In any emergency, always seek medical advice and assistance when you think it is needed. It is also recommended that you take a certified CPR and first aid course.

ANIMAL BITE

Flush the wound area with water and then wash with soap and water for at least five minutes. Cover with a clean dressing or cloth. Immediately seek care at a hospital or physician.

BLACK EYE

As soon as possible following the injury, dip a cloth in ice water and hold next to the area for at least 10 minutes. A “black eye” is essentially a bruise around the eye that will cause pain and swelling and gradually fade in time. If the bruise does not fade or if there is a change in vision, consult a physician.

CUTS

Minor – Wash wound area with soap and water, not alcohol; cover with a sterile gauze bandage.

Major – If blood appears to be gushing or spurting, follow these instructions and call for help. Take a clean cloth or towel and press hard on the cut for 10 minutes. Do not remove pressure to see if it’s working. If possible, raise the cut above the level of the chest. After 10 minutes, if the bleeding has stopped, cover the cut with a bandage. If the bleeding hasn’t stopped, try pressing harder for five more minutes and seek medical help.

BURNS

Minor – Immediately cool the burn area by putting it under cool running water or in a sink filled with cool water for at least five minutes or until the pain subsides. Never apply butter, grease or ointment. Don’t open blisters or remove dead skin. Cover with gauze. If blisters break, apply a clean dressing. If the burn is on the face, covers an area bigger than your hand or if it blisters, call the doctor or emergency number.

Severe – Have victim lie down and cover him or her. Never remove clothing or clean the burns. Call for emergency help.

Chemical – Quickly flush area with water for five minutes, cover with gauze and call for emergency help.

CHOKING

If the person is choking and unable to talk or breathe, get behind the person and wrap your arms around the waist. Make a fist, grasp fist with other hand. Place fist against the stomach just above the navel but well below the lower tip of the breastbone. Pull fist upward into the stomach with a quick upward thrust. Repeat up to four times. If choking continues, seek medical help. If the victim becomes unconscious, lay him or her down, roll to side, pull the tongue and jaw forward and with your index finger, dislodge any visible matter. Perform mouth-to-mouth resuscitation and/or CPR.

CONVULSION/SEIZURE

Gently prevent person from hurting him or herself on nearby objects. Loosen clothing after jerking subsides. Have person lie down. Help keep the airway open. Turn head to the side in case of vomiting to prevent choking on inhaled vomitus. If breathing stops, administer mouth-to-mouth resuscitation or CPR. After seizure, allow patient to rest. Seek medical attention.

ELECTRIC SHOCK

Turn off electricity if possible. If not possible, pull victim from the electrical contact with a dry rope, wooden pole or cloth. Do not touch victim until contact with electric current is broken. Administer CPR. Call for emergency help.

EYE INJURIES

Chemicals – Have person turn head so injured side is down. Flood eye with water for at least 15 minutes. Cover eye with clean cloth and seek professional help.

Foreign particle – Do not rub the eye, that may cause deeper injury. Try to locate the object; if it is in the pupil, or seems embedded in the white of the eye, go immediately to the emergency room. If the object is floating in the liquid surface, you can try to remove it. Hold the lower lid open, look up, and using the edge of a clean cloth, brush the matter quickly off the eye’s surface. If you can’t see an

object, pull the upper lid down and over the lower lid and let it slide back up. This may dislodge the particle. If pain and tearing persist, seek medical help.

FAINTING

Lay patient on his or her back and raise both legs above the heart. Check airway to be certain it is clear. Loosen tight clothing and apply cold cloths to the face. If fainting lasts more than a minute or two, keep patient covered and seek medical help.

FALLS

Stop any bleeding and cover wounds with clean dressings. Keep victim comfortably warm to prevent shock. If you suspect broken bones, do not move person unless absolutely necessary (such as in case of fire). Call for emergency help.

FISHHOOKS

Fishhook injuries carry a high risk of infection, so if you can reach a physician, do so. If you are far from medical help, push the hook farther through the tissue until it goes through the skin. Don’t pull it out; the barb will cause further injury. Using wire cutters, cut off the barb, and then pull the hook back through the skin. Clean and bandage the wound and seek medical attention as soon as possible.

FRACTURES/BREAKS

Stop any bleeding and cover wound with clean dressing. If it is a simple fracture, set it in a splint (wood, corrugated cardboard, rolled-up blanket, pillow, etc.) supported with cloth or rope ties. Do not move patient if back or neck injury is suspected. Keep person warm and treat for shock (see next column). Call for emergency help.

FROSTBITE

Signs and symptoms: The skin of hands, feet, face or other areas first becomes red, then turns gray or white. Never rub frostbitten area with snow; that will only continue the chilling of the tissue and cause further damage. A gradual warming, by immersing the area in water that is slightly warmer than body, is

safe for slight frostbite. Elevate the affected area, cover with dry and warm garments and consider pain relievers if there is slight pain. Keep frostbitten toes or fingers separate with clean, dry cloths. Hospitalization is necessary for children whose body temperatures drop below 93°F and for adults who have severe frostbite. Don’t sit in front of an oven or fire to warm the frostbitten area; unequal exposure to the heat could burn the tissue. Don’t massage the damaged area or rub with snow. Do not break blisters or give alcoholic drinks. Contact your physician or emergency room immediately.

HEAD INJURY/CONCUSSION

Usual symptoms of simple concussion include headache, slight dizziness, queasy stomach or vomiting. These usually require an ice pack to the head and rest. Observe for any severe symptoms such as unusual drowsiness, unequal pupils, persistent vomiting, confusion and lack of coordination. If one or more of these conditions are present, immediately seek medical care.

INSECT BITES AND STINGS

Bee or wasp sting – Try to remove stinger by gently scraping with a clean knife blade. Cleanse with soap and water and apply an ice compress to reduce swelling. If person has an allergic reaction (will happen within 30 minutes), hives, itching all over, wheezing, vomiting or a history of allergic reaction, follow directions on bee sting kit, if available. Call for emergency help.

Tick bite – Cover the insect’s body with a heavy oil or lighter fluid and allow to remain for about 20 minutes. Carefully remove with tweezers, being sure to remove all parts of the insect. Scrub area with soap and water.

Itchy bites – Use hydrocortisone cream, calamine lotion or rubbing alcohol.

NOSEBLEED

Have person sit down and lean forward. Pinch nose and have person breathe through the mouth. Or pack bleeding nostril(s) with gauze and pinch. If bleeding persists, call a doctor.

POISONING

Don’t force to vomit immediately. Call poison control. Tell them what substance and how much was swallowed. Take the bottle or package to the phone when you call. Directions on the container may not be up to date. Always follow the instructions given by the poison control center. Do not give the patient fluids or cause to vomit if unconscious or in convulsions. Call for emergency help.

SHOCK

Have person lie down, loosen clothing and cover to prevent loss of body heat. Be cautious not to overheat. Check pulse rate and seek professional help.

SPLINTERS

Tweezers remove most splinters easily, but a physician should remove deeply embedded splinters. If the length of the splinter is visible under the skin, use a sterilized needle to slit the skin over the splinter and pull out the splinter with the tweezers. Clean the wound.

SPRAINS & STRAINS

Elevate the injured joint to a comfortable position. Apply an ice bag or a cold compress over the sprain to reduce pain and swelling. Ability to move does not rule out fracture. Person should not bear weight on a sprain. Sprains that continue to swell should be examined by a physician.

UNCONSCIOUSNESS

When person cannot be aroused, lay in a flat position and make sure the victim’s airway is clear. Check pulse rate. If no pulse is felt, begin administering CPR. Keep the person comfortable and warm. Never give an unconscious person food or liquid. If vomiting occurs, turn head to the side to prevent choking on inhaled vomitus. Call for medical help.

ABCs OF LIFE SUPPORT

This emergency first aid procedure consists of recognizing stoppage of breathing and heartbeat — then applying cardiopulmonary resuscitation (CPR). This involves: (A) opening and maintaining person’s airway; (B) rescue breathing; (C) providing artificial circulation by external cardiac compression (heart massage).

A Airway open. Turn person on back and quickly remove any foreign matter from mouth. Place your hand under person’s neck and lift, tilting head back as far as possible with other hand. This opens an airway.

B Breathing restored. If person is not breathing, place your mouth tightly over his or hers, pinch nostrils and blow into mouth until you see the chest rise. Remove your mouth. Give two breaths and check for neck pulse (see C below). If pulse is present, continue rescue breathing at a rate of 12 times per minute.

C Circulation maintained. Quickly feel for neck pulse: Keeping person’s head tilted with one hand, use middle and index fingers of other hand to feel for carotid pulse in neck artery under side angle of lower jaw. If no pulse, start rescue breathing and external cardiac compressions.

Person’s back should be on firm surface. Place heel of your hand on lower breastbone (about 1 1/2 inches up from the tip), with fingers off chest and other hand on top. Gently rock forward, exerting pressure down, to force blood out of the heart. Release pressure. Alternate (B) breathing with (C) circulation.

Two rescuers: Give 60 chest compressions per minute — one breath after each five compressions. One rescuer: Perform both artificial circulation and rescue breathing, giving 80 chest compressions per minute — two full breaths after each 15 compressions.

For small children and infants: Cover nose and mouth with your mouth, blow gently, 20 times per minute. For compressions, use only heel of one hand for children; only the tips of index and middle fingers for infants. Give 80 to 100 compressions per minute, with one breath after each five compressions.

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