



First Aid

First Aid

It is immediate and temporary medical care, provided to an injured or sick person using simple tools and basic skills, to stabilize their condition and preserve life until the time full medical assistance arrives. It is usually a set of simple medical steps, but they usually lead to saving the patient's life.

Bone fractures

1. Remove clothing from the injured area
2. Check the vital signs of the injured (breathing - pulse - heartbeat) if you find a defect in them will immediately perform cardiopulmonary resuscitation.
3. Stabilize the fracture and do not move the affected area, since moving it can lead to severe complications especially if the fracture is in the neck or spine.
4. Examine the abdomen to ensure there is no swelling or discoloration.
5. Stop bleeding if the fracture has a skin laceration, by pressing on the wound using a sterile bandage or a clean cloth.
6. The affected area should be cooled by placing ice cubes with a clean cloth, and then placing them on the affected area in order to reduce swelling and pain.
7. When the patient feels fainting, or is breathing short and rapid breaths, the patient must be placed in a suitable position, so that his head is slightly lower than the trunk, and if possible, his legs can be raised to overcome the symptoms of shock.
8. Call the ambulance to request assistance, and to transfer the injured to the emergency department to take the necessary measures of examination and treatment.

Burns

Burns are injuries to body tissues caused by exposure to intense heat, prolonged sunlight, chemicals, electrical currents, or other sources of burning.

Treatment of skin burns:

Small superficial and partial superficial burns can be treated at home. Larger and deeper burns should be evaluated and treated by a health care provider.

Home treatment for minor skin burns includes cleaning the area, cooling it immediately, preventing infection, and controlling pain, which is done with the following:

Cleaning the area

1. Remove any clothes from the burned area, but if the clothes stick to the skin, you should go to the doctor immediately to remove them.
2. Remove accessories, such as: rings, watches, belts, shoes, if any, gently.
3. Wash the burned skin gently with running water from the tap, provided that it is cold, and it is not necessary to disinfect the skin with alcohol, iodine, or other disinfectants.

Cooling the affected area

1. After cleaning the skin, you can put a cold compress on it, or soak the area in cold water, not in ice, for a short period of time to relieve pain and reduce the extent of burning.
2. Avoid applying ice directly to the skin as this may lead to further skin damage.

Infection prevention

1. Infection can be prevented in case of partial superficial burns, severe burns by using aloe vera, or applying antibiotic cream to the affected area.
2. Avoid putting other materials, such as: mustard, toothpaste, egg whites, lavender oil, butter, mayonnaise.
3. Maintain the cleanliness of the burn site by washing it daily with soap and water.
4. Cover burns that are accompanied by blisters with a clean bandage, preferably of the type that does not stick to the skin, such as: a non-stick bandage, or Vaseline gauze. Minor burns can also be covered if desired with a clean bandage.
5. Change the bandage once or twice a day and avoid opening the blisters with a needle, as this increases the risk of skin infection.

Pain management

1. Raising the burn area in the hand or foot above the level of the heart can help prevent swelling and pain.
2. Take pain medication, such as acetaminophen or ibuprofen when needed.
3. If the burning is severe, or the pain is not relieved with the above medications, a doctor should be consulted.
4. Local anesthetics should not be used regularly on burns as they cause skin irritation.

When to go to the doctor

1. If the burn involves the face, hands, fingers, genitals, or feet.
2. If the burn is on or near a joint, such as: knee, shoulder, groin.
3. If the burn encircles a part of the body, such as: arm, leg, foot, chest, finger.
4. If the burn is large, more than 7 cm, or the burn is deep.
5. If the age is less than 5 years, or more than 70 years.
6. When there are signs of skin infection, such as: increased redness, or pus-like discharge.
7. When the body temperature rises to more than 38 ° C.

Fainting

Fainting is a temporary loss of responsiveness, sometimes involving reduced awareness without complete loss of consciousness. In all cases, immediate medical attention is required to prevent complications.

Among its causes:

Injury, misuse of medications, or illness, and many fainting cases are caused by: dehydration, low sugar level, low blood pressure, or due to certain heart disease or nervous system problems.

First aid when fainting occurs

(Call an ambulance immediately in bold) whenever fainting occurs.

(Check the airway and pulse in bold) to determine if cardiopulmonary resuscitation (CPR) is needed.

If the unconscious person is breathing and lying on their back, and it has been confirmed that there is no spinal injury, gently place them on their side. Bend the upper leg forward and tilt the head back slightly to keep the airway open.

If breathing or pulse stops at any time, return the patient to their back and begin CPR.

To reduce the effects of fainting, position the head slightly lower than the body and raise the legs above body level.

People with chronic medical conditions are advised to carry a card describing their health status, so paramedics can quickly understand their situation in an emergency.

Choking

Choking occurs when a foreign object gets stuck in the throat or trachea so that it obstructs the passage of air. It is often caused by food in adults, or by young children swallowing small objects

Symptoms:

1. Grasping the throat with the hands
2. Inability to speak.
3. Difficulty breathing.
4. A whistling sound when trying to breathe.
5. Weak or strong cough.
6. The skin and lips turn blue.
7. Loss of consciousness.

First aid during choking

- 1- If the person can breathe or cough forcefully:
 - Encourage them to continue coughing to try to expel the object.
- 2- If the person is unable to speak, breathe, or make sounds:
 - Stand behind the affected person.

- Place one foot slightly in front of the other for balance.
- Wrap your arms around their waist.
- Lean the person slightly forward.
- Make a fist with one hand and place it just above the navel.
- Grasp the fist with your other hand and deliver quick, upward abdominal thrusts.
- Perform 10–6 thrusts, or until the object is expelled.

3- If the person becomes unconscious:

- Carefully lower them to the ground.
- Begin cardiopulmonary resuscitation (CPR), including chest compressions and rescue breaths, until emergency help arrives.



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Nosebleed (Epistaxis)

It is the loss of blood from the tissues lining the nose and occurs more often in one nostril, often caused due to mucus dryness

Nosebleeds vary from simple that stops on its own to severe that needs immediate medical attention.

Causes of nosebleeds:

- Most nosebleeds are caused by cold or dry air.
- Allergic rhinitis or a cold.
- Direct face or nose injury (such as: a fall or a bicycle accident).
- Rarely, nosebleeds may be caused by a serious problem (such as bleeding disorders, blood vessel abnormalities, or a nasal polyp).
- Medications, such as blood-thinners (for example aspirin or warfarin), can increase the likelihood of nosebleeds and make them more difficult to stop once they begin.
- Overuse of decongestant nasal sprays.

First aid for a nosebleed:

- Bend slightly forward while sitting or standing, and avoid lying down or tilting the head backwards; Because this will cause swallowing blood and vomiting.
- Hold the nose from the soft (not bony) part on both sides, and avoid pressure on one side only, even if the bleeding is only on one side.
- Apply pressure to the soft part of the nose for at least 5 minutes in children, and 15–10 minutes in adults. Do not release the pressure to check if the bleeding has stopped until the full time has passed.
- Cold compresses or an ice bag can be placed on the nose, as it helps blood vessels contract.

- Repeat the previous steps if the bleeding does not stop, while applying pressure on the nose for a period of not less than 30 minutes. If the bleeding does not stop, you must go to the emergency room immediately.
- Avoid sniffing or blowing your nose for several hours after a nosebleed.



When to go to the emergency:

- If the bleeding is severe and it's difficult to breathe.
- If the patient is pale in color or feels tired.
- If the bleeding does not stop even after first aid.
- If the bleeding occurs after surgery close to the nose or if the patient has a nasal polyp.
- If the bleeding occurs after a facial injury.
- If the patient is taking anticoagulant medications (such as: aspirin, clopidogrel, and warfarin) and the nosebleed does not stop.
- If nosebleeds are frequent, bruises appear on the body, or bleeding occurs from other places, and the current bleeding does not stop.
- If the bleeding is severe and the patient suffers from chest pain or feels dizzy.



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