



First Aid lecture 3

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Primary Assessment & Basic Life Support

1. Scene Survey : First aiders are never required to place themselves in a situation which might put them in danger. Remember, you cannot help a victim if you become a victim yourself.

Always remember the big D for Danger.

NEVER PUT YOURSELF IN HARM'S WAY

What has happened ???

1. Assess the Scene - Where are you?
2. Get some history - what has happened?
3. Be sure to listen - To receive further inputs!

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Level of Consciousness

A – Alert, “Can answer questions sensibly”

V – Responds to verbal commands

P – Responds to a pressure or pain stimulus

U – Unresponsive to any stimulus

2. Responsiveness : Once you are confident that there is minimal danger to yourself in the situation, the next key factor is to assess how responsive the victim is.

Victims can be quickly assessed and prioritized on the **AVPU** scale, and this will help make decisions about their care. The

scale stands for **Alert, Voice, Pain, and Unresponsive**

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3. Summary :

To this stage the first aider, on approaching a victim should have:

1. **GO** - Put their **gloves on**
2. **D** - Checked for **danger**
3. **R** - Checked for **responsiveness** (AVPU)
4. **S** - Looked at the **scene** for clues about what has happened
5. **H** - Gained **history** on the incident

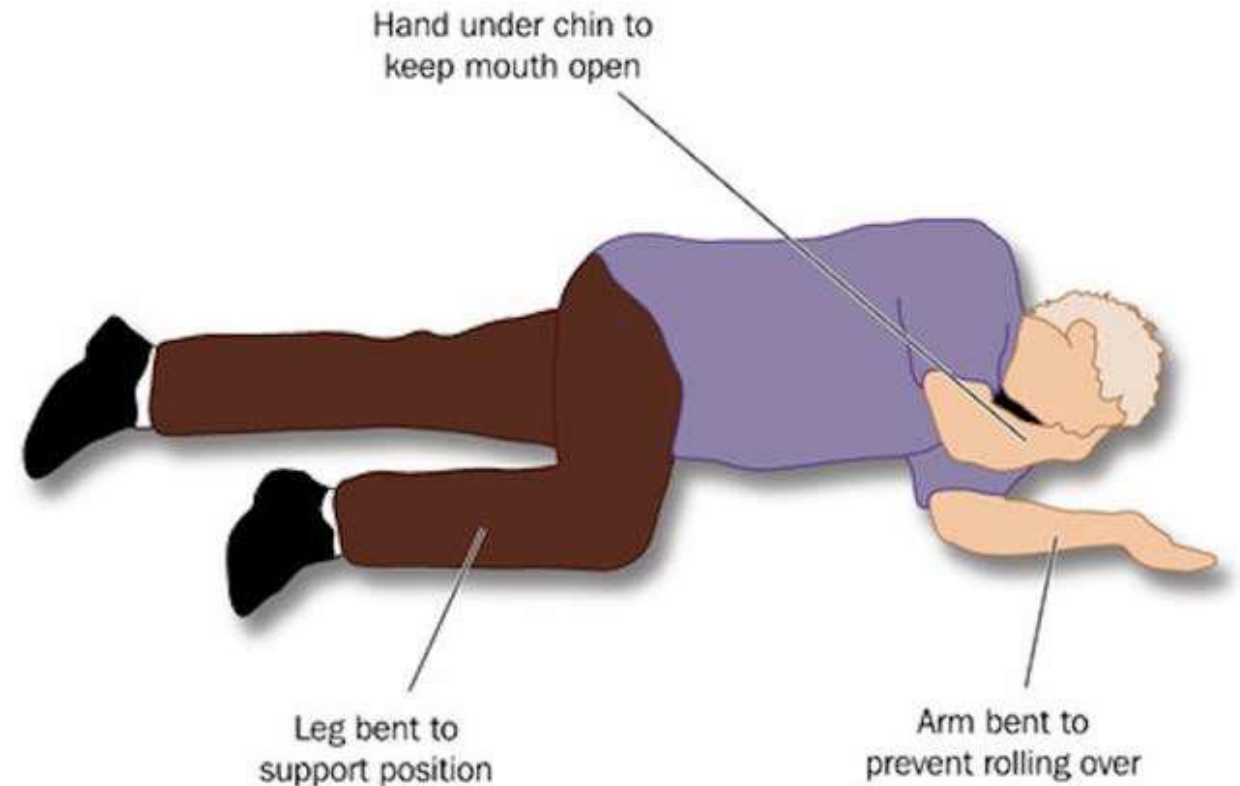
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4. Calling for help:

You will need to give the emergency services:

1. Your exact location
2. Nature of the incident
3. Services you require
4. A telephone number you can be contacted back on (for instance, if they have difficulty finding you)

If the victim is unconscious they should be left in the **recovery position**. It will keep their airway clear and open. It also ensures that any vomit won't cause them to choke (they do not aspirate)



Primary Survey - ABCDE

Airway (and cervical spine control where appropriate)

Breathing and Ventilation (with oxygen where available)

Circulation and Haemorrhage Control

Disability or Neurological Deficit

Extrernity / Environment / Exposure

A : for Airway

The technique used to open the airway is called the **“head tilt chin lift”** technique.



B : for Breathing

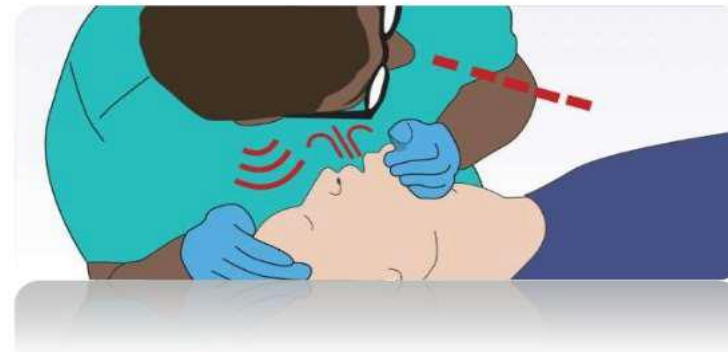
After opening the victim's airway, check for normal breathing. To do this, place your cheek in front of the victim's mouth (about 3-5cm away) while looking at their chest. Look, listen and feel for **not more than 10 seconds** :

1. Look at the chest -does it rise and fall?
2. Listen for air movement
3. Feel with your cheek -is air coming from the victim's mouth or nose?

If there is no breathing,

call 911 for emergency help, then start Cardiopulmonary resuscitation (CPR)

Look, Listen, Feel





Rescue breaths

+



Cardiac compression

= CPR

Cardiopulmonary resuscitation (CPR)
comprises of cycles of **chest**

compressions and **rescue breaths** in a ratio of
30 chest compressions to 2 rescue breaths
(30:2). One 'cycle' of CPR is one round of 30:2.

CPR IS AS EASY AS
C-A-B



COMPRESSION

Restore blood circulation
with chest compressions

AIRWAY

Clear the airway

BREATHING

Give mouth-to-mouth
rescue breaths



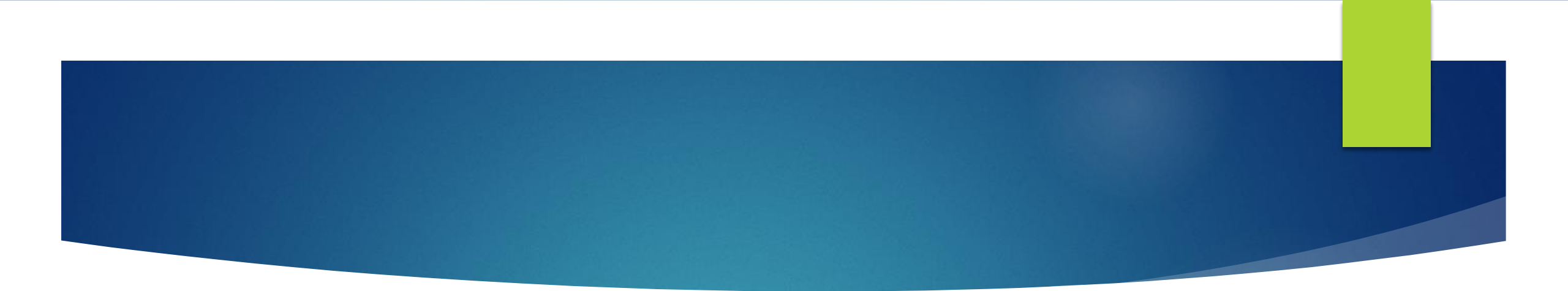
You are aiming for a rate of 100 to 120 compressions per minute, which includes the time to give rescue breaths.

Compressions

The purpose of doing chest compressions is to effectively squeeze the heart inside the victim's chest, causing blood to flow. This allows the normal gaseous exchange between the lungs, bloodstream and tissues to occur.

The quality (depth) of chest compressions is very important. Achieve a depth of 5cm





For adults (>8) - place the palm of one hand in the center of the chest, approximately between the nipple line. Bring your other hand to rest on top of the first hand, and interlock your fingers.

For children (18) - place the palm of one hand in the center of the chest, approximately between the nipple line.

For infants (<1yr) - Use your forefinger and middle finger only

When to Stop?

- ▶ Return of Spontaneous Breathing
- ▶ Qualified help arrives and takes over.
 - ▶ You are unable to continue
- ▶ You put yourself in danger by continuing

C : for Circulation and hemorrhage (Bleeding)

If your victim is breathing, then you should continue your primary assessment with a check for circulation (haemorrhage = bleeding).

Treatment of bleeding :

The key element in treating severe bleeding is the application of firm, direct pressure to the wound, using sterile gauze or other dressing. The wound may be elevated above the heart to reduce blood pressure.

Treatment of bleeding :

Remember that about 80% of life - threatening bleeding can be controlled adequately using direct pressure alone and the application of a tourniquet may result in the loss of the limb .

Thank you!

