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|  FIRST AID | NO.  |
| PURPOSE: To assist patients during emergency situations to avoid further injury to self and to provide necessary treatment as rapidly as possible.WHEN THE PATIENT FALLS: When a patient falls, let him lie on the floor and examine him carefully to determine if emergency action is needed. Check to determine:1. If the patient is breathing properly.
2. If there is any bleeding.
3. Check pulse for rate and volume.
4. Look for injury such as bumps, bruises, swelling, or deformity of the limbs.
5. If patient can tell you, ask how he feels.
6. Check part of body he tells you is painful.
7. If you find no need for First Aid, and if patient is not injured, get help and return him to bed.
8. Notify charge nurse of incident.
9. If patient has stopped breathing or is bleeding or has fainted, give proper First Aid.
10. If patient has painful areas, bumps, limbs in unnatural position, permit him to stay on floor. Do not move or leave an injured person. Summon help to call doctor and then carry out doctor’s order.

WHEN THE PATIENT CHOKES OR ASPIRATES: Emergency procedures to follow in case a patient chokes or aspirates:1. Bed Patient: If patient is on back turn patient on side, roll patient up – use suction machine. If you can, try and remove with instrument. If that isn’t available, use your fingers. If food is in mouth, remove – dislodge obstructure in air passage by striking victim sharply on back or use Heimlich procedure.
2. Ambulatory Patient Heimlich Procedure: If ambulatory patient, you stand from the back and put your arm around patient and apply pressure under the diaphragm to cause food to come up.
3. An incident report must be completed on all incidents. The physician and family must be notified if any injury is sustained. Follow up must be recorded on chart and Incident Report.
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|  FIRST AID | NO.  |
| SHOCK: Shock occurs when the blood supply to the brain is not adequate. May be caused by pain, hemorrhage, fear, or even a heart attack. The following are symptoms of shock:1. Falling blood pressure
2. Rapid, weak pulse
3. Weakness, restlessness (may develop into unconsciousness)
4. Pale, cold, wet skin

Procedure:1. Call 911
2. Lay patient down flat in bed; remove pillow
3. Elevate feet
4. Keep patient warm, calm and quiet
5. Notify doctor
6. If shock patient has head or chest injury, elevate head on one pillow (to prevent increased bleeding)
7. Take pulse, blood pressure and respiration frequently.

CONVULSION PROCEDURE:1. Do not move patient unless he is in dangerous position.
2. Do not force a tongue blade or airway into mouth unless mouth is still relaxed.
3. Protect head from injury by placing pillow under it.
4. Guide jerky movements to prevent patient from injury.
5. After clonic stage, patient will become limp, muscles relaxed, respirations may stop for a few seconds, cyanosis may be present.
6. If respirations cease, artificial or mouth-to-mouth resuscitation is used at once. Patient turned to side lying position or face turned to side.
7. When patient regains consciousness, relieve his confusion. Encourage patient to lie down until his confusion clears. Assist patient to bed.
8. Notify doctor for orders.

Safety measures when a patient is prone to convulsions:* Place side rails on bed
* Respond quickly when seizing
* Give mouth-to-mouth resuscitation if respirations cease.
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|  FIRST AID | NO.  |
| SUICIDAL: Definition: An attempt to resolve crises by a deliberate act of self-destruction.Signs or Signals: Some communication transpires before a suicidal attempt. This important aspect may be a very minor problem, not a dynamic factor necessarily.Common Fallacies:* 1. Question. Do people who talk about suicide commit the act?

Answer. Yes. Symptomology is a definite communication (turning aggression against themselves). This tells you that they are in a state of despair and want help.* 1. Question. Is there any warning before the suicide happens?

Answer. Yes. Listen to communication. Try to understand the specific involvement of the individual’s personality or background.Depression:* Prodormal Phase – No energy, fatigue, suicidal risk (not to be confused with other depressions or other physical and mental disorders).
* When patient shows increased motor behavior, risk is stronger.
* When patient gains sufficient motor energy, he is not ready for suicide.
* All suicide patients are not insane. At time of act they may have neurotic disorders, but are not insane.

If you enter a patient’s room and find him perched on window sill or in process of slashing his wrists:1. Remain calm.
2. Do not jump for patient.
3. Send any available person for nurse and doctor.
4. Walk quietly into room and ask patient for sharp instrument or to walk back to bed.
5. Do not become frightened.
6. Show your concern for patient.
7. Demonstrate by your manner that you really want to help him.
8. If patient threatens to act if you come closer, stay where you are and encourage patient to talk about his trouble.
9. Listen to his conversation carefully.
10. Accept his discussion of his problems.
11. Tell him you know how terribly he feels and how discouraging things might appear; then tell him the doctor, nurse, etc. will help him.
12. Do not argue, disagree, or make idle promises.
13. Convince the patient of your sincere desire to help him. Return him to bed. Contact the family or physician for transfer to hospital or counseling by a professional.
14. Chart incident recording exact time and events.
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|  FIRST AID | NO.  |
| BURNS: A burn is a severe trauma to the skin and body. The severity of a burn varies according to the extent and body area affected. Burns are placed in three categories: First degree – appears as a reddened area; Second degree – usually shows blisters and redness; Third degree – involves a full thickness of skin including muscle, fat and sometimes bone. It appears as black, charred necrotic tissue. Infection is a serious threat in any burn.* 1. Examine the burn – note the extent of body involvement, the depth and the agent which cause the burn.
	2. Immediately apply cold such as ice, or cold moist towels for a small area, or place in water approximately 10 minutes. This may be repeated two or three times if necessary, especially when pain is present.
	3. Contact the physician immediately for more extensive burns.
	4. Cover the area with dry sterile dressing or clean with cloth (if telfa non-stick dressing is available it may be used under a sterile dressing).
	5. DO NOT use ointments, salves or antibiotics without a physician’s order.
	6. If a patient’s clothing is on fire:
		1. place him on the ground or floor and roll them to smother the flames
		2. a large towel, blanket or carpet may be used to smother the flames
		3. have the victim lie down and cover with a blanket to prevent any additional loss of body heat
		4. watch the victim’s physical and mental status closely – provide oxygen and prevent further complications such as infection
		5. major burns require close observation for possible shock symptoms
		6. for chemical burns, was the area immediately with clean cold water including the eyes. Contact the physician immediately.
		7. complete an incident report
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