



FIRST AID MANUAL

6/12/2017

This manual contains guidelines for emergency care in the field and is not to replace professional medical care. When in doubt, seek professional medical care as soon as possible.

Call EMS: All cases of stroke or syncope (fainting or loss of consciousness)

National Poison Control Center 1-800-222-1222

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AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

The use of an Automated External Defibrillator (AED) may be necessary when an individual is in cardiac arrest and should be used as soon as possible. Always follow protocols and manufacturer's instructions.

HISTORY

Time and circumstances surrounding event

ASSESSMENT

Obtain vital signs

Assess for

- Implantable devices (pacemaker) or nitroglycerin patches
- If individual is in contact with any water
- If chest needs to be shaved

AED PRECAUTIONS

- Do not touch individual while analyzing or defibrillating
- Do not use alcohol to wipe chest
- Do not use AED in moving vehicle or within 6 feet of a cell phone
- Do not use pediatric pads on an adult
- Do not defibrillate an individual when around flammable or combustible materials such as gasoline or free flowing oxygen

Treatment

Adult

- Call EMS or appoint someone to call EMS for all incidences of cardiac arrest/event
- Follow all manufacturers' instructions
- Remove pads and place on chest as indicated
- Analyze the heart rhythm
- If the AED advises that a shock is needed, the responder should follow protocols to provide one shock followed by 5 cycles (about 2 minutes) of CPR
- Re-analyze the heart rhythm
- If at any time, you notice an obvious sign of life, stop CPR and monitor airway, breathing, and circulation (ABC's). Administer emergency oxygen (8-15L/min or 100% by Ambu) if available

ANAPHYLAXIS

A hypersensitivity reaction, usually occurring within seconds to minutes after exposure to an antigen. Reaction may be mild and self-limited, or severe and possibly life threatening.

History:

- Exposure type (insect, fumes, chemicals)
- Onset of symptoms
- Allergies
- Last meal
- Medications

Assessment:

- Obtain vital signs
 - Low blood pressure and/or rapid pulse

Assess for:

- Generalized flushing/rash/hives/itching
- Respiratory wheezing/distress/cyanosis/paroxysmal cough
- Trouble swallowing/swollen throat/drooling
- Chest pain/pressure
- Panic, anxiety

Treatment:

- When mild administer 50 mg. of diphenhydramine (Benadryl)
- Call EMS
- Establish and maintain airway
- Administer oxygen, if available (8-15L/min or 100% by Ambu bag)
- Administer EpiPen if available

Call EMS:

- Immediately upon all incidences of anaphylaxis and report the following:
 - Name of antigen and dose if known
 - Vital signs
 - Reaction symptoms
 - Drug dosages, times, and routes

ANXIETY

Anxiety may be caused by a stressful situation or physical condition which results in acute symptoms.

History:

- Shortness of breath
- Trembling/shaking
- Fast heart rate/palpitations
- Numbness/tingling of extremities
- Restlessness and/or irritability
- Syncope
- Chest pain

Assessment:

- Obtain vital signs
 - Low oxygen/low blood pressure which could trigger anxiety
- Assess for
 - Potential physical condition which could trigger anxiety
 - Low blood sugar

Treatment:

- If patient is diabetic administer sugar water or juice
- Try to calm and reassure the client
- Provide privacy, if available
- Provide chaplaincy support if available
- If diabetic, administer sugar water or juice

Call EMS:

- Immediately upon any doubt that a client has a serious medical or psychological issue

BITES-ANIMAL

Animal bites can be caused by any animal--either domesticated pets (dogs, cats) or wild animals (skunks, squirrels, etc.).

History:

- Type of animal that bit
 - Identity of domestic animal and/or owner, if possible
 - Behavior of animal prior to and after the incident
 - Date of last tetanus vaccine

Assessment:

- Assess for:
 - A bite mark or any break in skin and/or bleeding
 - Any swelling and discoloration

Treatment:

- Using standard precautions, stop bleeding
- Hold direct pressure to the wound for 5 minutes or until bleeding stops
- Wash affected area with soap and water
- If skin is broken, apply antibiotic ointment to help prevent infection and apply clean dressing
- Do not attempt to capture/contain animal
- Notify police/authorities to capture and contain animal
- If tissue has been bitten off (ear, nose, digit) wrap the tissue in clean dressing, place in a plastic bag, submerge in cool water and send tissue with EMS

Refer to Primary Care Provider:

- All bites that break the skin
- Any bites that show signs of infection (redness, warmth, swelling, pain with movement)
- Anyone bitten requiring a tetanus vaccine

Call EMS:

- All bites with significant or poorly controlled bleeding
- Bites on the face/neck or with major tissue damage
- All bites that result in tissue being bitten off

BITES-INSECTS (Bees, Wasps, Ants, Spiders, Ticks, Scorpions)

Bites/stings can vary in size, shape and discoloration. Most bites/stings do not cause serious injury, although stings from bees, wasps, fire ants and scorpions can cause serious pain.

History:

- Date/location and insect description surrounding bite/sting
- Any known allergies to prior stings
- Symptoms of an allergic reaction or anaphylaxis (light headedness, shortness of breath, throat/chest tightening/nausea/vomiting)
- Symptoms associated with bites/stings (pain, swelling, itching, burning redness)

Assessment:

- Obtain vital signs

Assess for

- Bite marks or blister (redness or swelling)
- Difficulty breathing or swallowing, profuse sweating, or salivation
- Signs of anaphylaxis (tachycardia, irregular heartbeat or hypotension, swelling to eyes, lips, tongue, or hives on skin)
- Nausea or vomiting, fevers and chills, flu-like aches
- Severe abdominal pain or eye symptoms (especially in children) could indicate a bite from a black widow spider

Treatment:

- Individuals with a history of severe allergic reactions may be carrying an EpiPen and may need assistance with its use
- Wash bite or sting with mild soap and water
- Apply cold pack to reduce swelling or baking soda paste to relieve itching
- Apply topical cream containing hydrocortisone to skin
- Oral antihistamines (e.g., diphenhydramine) may help to alleviate itching
- Wasps, bees and fire ants-gently remove stinger without squeezing area
- Ticks-remove tick with tweezers by firmly grabbing the tick's head as close to the surface of the skin as possible and pulling the tick loose in one piece

Refer to Primary Care Provider:

- Any possible infections due to an insect bite/stings
- Any known or suspected tick bite
- Any suspected scorpion sting

Call EMS:

- History of serious allergic reaction to an insect bite or sting
- All cases of suspected allergic or anaphylactic reaction
- All cases of multiple stings by bees, wasps, yellow jackets or fire ants
- Any suspected case of a venomous spider bite (black widow, brown recluse)

BITES-SNAKES

Snake bites occur most frequently in the summer months and usually affect the arms and legs.

History:

- Obtain a description of the snake (triangle head=venomous, round head=non-venomous)
- Date of last tetanus vaccine
- Symptoms of adverse reaction to venom (severe pain, rapid swelling, weakness, vomiting, extremity numbness, convulsions)

Assessment:

- Obtain vital signs *
- Assess for:
 - Bite appearance and location
 - Tissue damage and presence of bleeding

Treatment:

- Use standard precautions
- Keep affected extremity below the level of the heart, removing all jewelry, clothing around bite (in case of swelling)
- Cleanse affected area with soap and water, cover with a clean bandage
- **DO NOT APPLY TOURNAQUET, COOL PACK OR CUT OPEN WOUND**
- Immobilize affected extremity, keep individual calm and quiet to slow circulation

Call EMS:

- Any snake bite if there is a chance the snake is venomous

BLEEDING, EXTERNAL

Loss of blood initiated by injuries, such as cuts, scrapes, punctures, etc.

History:

- Type and extent of injury
- History of medications (anticoagulant therapy or clotting problems)
- Symptoms of hypovolemia/shock (rapid heart rate, low blood pressure, pale skin)
- History of last tetanus shot

Assessment:

- Obtain vital signs
 - temperature (warm, dry, moist, clammy)
- Assess for:
 - Severity and speed of the bleeding; estimate the amount of blood loss (describe it concretely—i.e., blood soaked shirt 6 inches in diameter)
 - Bruising of injured area
 - Soft tissue for tenderness, swelling, or rigidity
 - Skin color variations (red, pale, pink, cyanotic, etc.)
 - Nausea or vomiting
 - Chest pain, pressure or difficulty breathing
- Reassess for further bleeding and monitor vital signs

Treatment:

- Using standard precautions
- Stop bleeding immediately with a clean cloth or gauze; apply direct pressure to the wound for 5 minutes until bleeding stops
- Once bleeding has stopped, apply a clean dressing to the wound
- Instruct individual to watch for signs of break through or re-bleeding; if bleeding continues, do not remove existing gauze but place more gauze on top and continue to apply pressure

Considerations:

- Tourniquets are no longer recommended for control of bleeding unless a life threatening bleed of a large extremity vessel.

Refer to Primary Care Provider:

- If tetanus immunization is warranted for injury
- All individuals with signs of shock or hypovolemia
- Any bleeding that is difficult to control (i.e. pulsating)

BURNS (SUPERFICIAL)

Overexposure to sun or contact with heat source

History:

- Overexposure to sun
- Exposure to heat source

Assessment:

- Obtain vital signs: especially temperature
- Assess for:
 - Amount of skin surface affected; list body areas affected
 - Pain severity (1-10)
- **First Degree:** Injury to only the outside layer of skin causing redness, pain, mild swelling and no blister or break in the skin
- **Second Degree:** injury to the layers of tissue below the surface of the skin causing blister, pain, swelling, oozing of moisture from the skin

Treatment:

- Recommend a cool bath or use cool wet compresses on the sunburned area
- Recommend acetaminophen or ibuprofen for discomfort
- Recommend application of a topical moisturizer, aloe gel, or a topical pain reliever to sunburned skin according to product label. Avoid commercial cream products that contain Benadryl or benzocaine because of the possibility of skin irritation or allergy.
- Apply Silvadene topical cream to First Degree and Second Degree burns and apply Telfa pad to area
- If blisters are present, do not break them open, as infection can occur
- If available, administer over-the-counter antihistamines for itching and swelling according to package directions

Refer to Primary Care Provider:

- The sunburn is severe—with blisters—and covers a large portion of body
- The sunburn is accompanied by a high fever or severe pain
- Development of a skin infection from scratching the sunburned skin
- A severe sunburn that doesn't begin to improve within a few days
- Burns in the very young and older adults
- Any identified 2nd degree burns

CARDIAC EVENT OR ARREST

Cardiopulmonary arrest can be caused by a variety of factors that inhibit blood flow to the heart muscle causing tissue ischemia: coronary artery disease, enlarged heart, anaphylaxis, and arrhythmias.

History:

- Discomfort in back, jaw, or neck
- Complaints of crushing chest pain
- Difficulty breathing
- Nausea and/or profuse sweating
- Cardiac arrest

Assessment:

- Obtain vital signs
 - Verify absence of respiration
 - Verify absence of pulse
- Assess for:
 - consciousness

Treatment:

- Establish and maintain airway
- Call EMS\Initiate CPR if no respirations or heart beat (utilize AED, if available)
- Administer oxygen, if available (8-15L/min or 100% by Ambu bag)
- See ANAPHYLAXIS, if necessary

Call EMS

- All incidence of cardiac arrest/event

CHEST PAIN/PRESSURE

Cardiac and non-cardiac conditions cause chest pain including angina, myocardial infarction, hyperventilation, anxiety, muscle strain, pulmonary embolism or dissecting aortic aneurysm.

History:

- Risk factors for heart disease
- Past history of heart attack
- Past history of angina; treatment
- Determine time of onset
- Quality of pain, sharp, dull, aching, stabbing, burning etc.
- Location of pain
- Severity of pain (0-10 scale)
- Additional symptoms; shortness of breath, sweating, nausea, radiating to arms, neck or back
- Anxiety or panic attacks
- Medications

Assessment:

- Obtain vital signs
 - Listen to heart-rate, rhythm, lungs (for breath sounds)
- Assess for :
 - Shortness of breath
 - Skin condition (cold, clammy, sweaty)
 - Pain with cough or deep breathing

Treatment:

- Loosen tight clothing
- Assist individual with prescribed nitroglycerin tablet
- Encourage individual to chew a 325 mg uncoated aspirin

Call EMS:

- New cases of chest pain
- Unresolved pain after their normal treatment
- Pain associated with fever and shortness of breath

COLD-RELATED INJURY/FROSTBITE/HYPOTHERMIA

History:

- Length of exposure to extreme cold
- Lack of feeling or numbness in affected area
- Pain in the affected area

Assessment:

- Obtain vital signs
- Assess for:
 - Skin that is cold to the touch
 - Skin that appears waxy, flushed, white, yellow, or blue
 - Possible blisters and stiffness

Treatment:

- Cover with blankets, towels after removing wet clothing
- Warm the area by soaking affected part in water not warmer than 100° F to 104°F
- Do not let the affected body part touch bottom or sides of container
- Do not massage affected area

***Note: Do not rewarm if affected area cannot be kept warm during transport**

Call EMS:

- Immediately for all incidence of a cold related injury

CONFUSION-ALTERED MENTAL STATUS

A symptom of an acute medical problem (stroke, infection, hypoxia, hypotension, low blood sugar) or of other causes including fever, medications, mental, emotional or behavioral disorders.

History:

- Onset of symptoms; sudden (hours to days) or progressive (months to years)
- Concurrent symptoms or signs of infection
- Recent history of confusion
- Medical conditions
- Recent hallucinations
- Change in sleep pattern or sleep deprivation
- Medication; prescriptive and illegal

Assessment:

- Obtain vital signs
- Serious Findings-- hypotension, tachypnea, tachycardia

Assess for:

- Level of consciousness (awake, talking, responds to voice, aroused by pain, answers questions appropriately, follows conversation, able to make decisions regarding personal safety)
- Level of orientation (person, place, time)
- Head injury (lumps, abrasions, cuts, and depressions)
- Hydration status

Treatment:

- Place individual in calm location
- Administer nothing by mouth
- If diabetic use sugar water or juice if able to swallow
- Protect the person from injury until EMS arrives

Call EMS:

- Any case of unexplained, sudden or rapid-onset confusion

CRAMPS (MUSCULAR)

Sudden involuntary spasms can be related to poor circulation, overexertion of muscles, exercising in the heat, muscle fatigue, dehydration, magnesium and /or potassium deficiency, or a side effect of medication.

History:

- Location and severity
- Recent injury
- Strenuous, physical or prolonged activity
- Fluid intake last 24 hours

Assessment:

- Obtain vital signs

Assess for:

- Bruising, swelling, lump or tenderness
- Past history of muscle cramps
- Frequency and duration

Treatment:

- Encourage increased fluid intake
- Encourage massaging, stretching, or warming the muscle
- Encourage eating foods high in vitamins especially, magnesium and calcium
- Stretch properly before exercise

Consideration:

- Do not massage if blood clot is suspected
- In most cases, self-care measures are sufficient for dealing with muscle cramps, which typically go away within minutes

Refer to Primary Care Provider:

- If cramping frequently or for no apparent reason

Call EMS:

- Blood clot is suspected
- Severe dehydration and cramps

CUTS/SCRAPES/LACERATIONS/ABRASIONS

Open wound in which the skin has been broken due to a cut or scrape.

History:

- Activity performed or object that caused the cut and/or scrape
- Pain severity
- Date of last Tetanus shot

Assessment:

- Assess for:
 - Bleeding
 - Function distal to the cut/scrape (moving fingers, toes, etc.).

Treatment:

- Use standard precautions
- If bleeding, apply direct pressure over the wound with clean cloth or gauze for 5-10 minutes or until bleeding stops
- Once bleeding has stopped, wash wound with soap and flush copiously with water
- Foreign bodies should be flushed and removed if possible
- Pat dry, apply OTC antibiotic ointment and dry, clean dressing
- Minor scrapes should be washed and left open to air

Call EMS:

- Severe bleeding or bleeding that does not stop with direct pressure and/or elevation of limb after 10 minutes
- The wound is spurting blood
- An object that has punctured the skin and is still in the body
- Any wound that is deep or has edges that do not meet up
- Any wound that can be separated and the underlying fat is visible
- Any potential nerve or tendon involvement
- Any signs of infection (redness, swelling, skin warm to touch)

DEHYDRATION

Occurs when the body loses more fluid than it takes in due to: diarrhea, vomiting, heat stress/excessive sweating, lack of potable water and excessive alcohol.

History:

- Mental confusion or lethargy
- Increase in thirst, 'dry mouth' sensation
- Decrease in perspiration or sweat
- Dark, diminished or absent urination
- Diarrhea/vomiting
- Weakness, dizziness, fatigue
- Medications and conditions

Assessment:

- Obtain vital signs:
 - Hypotension when standing, fever
- Assess for:
 - Skin turgor and dryness
 - Dryness of mucus membranes
 - Lack of perspiration

Treatment:

- Encourage consumption of 6 glasses of water (no caffeine or alcohol) daily
- Offer all fluids slowly, small amounts at frequent intervals
- Avoid giving juices if diarrhea present
- Continue until urine output increases and is light yellow in color

Refer to Primary Care Provider:

- Not able to take liquids to rehydrate
- Mild dehydration does not improve with fluid therapy
- No urine output in eight hours

Call EMS:

- Signs of moderate dehydration in elderly
- All cases of severe dehydration

DIABETIC EMERGENCIES

Hyperglycemia can be caused by stress, illness, diet, or lack of adequate control of blood sugars. Diabetic ketoacidosis (DKA) is a particularly severe form. Hypoglycemia can be caused by over-treatment with diabetic medications and/or lack of adequate food intake.

History:

- Type of diabetes: Type I (insulin dependent) Type II (non-insulin dependent)
- Normal daily blood sugar, if known (self-monitored)
- Type and dosage of diabetes medication taken and date/time of last dose
- Date/time and content of the last meal consumed and if there has been a recent change in diet
- Recent injury, infection, surgery or emotional stress

Assessment:

- Look for medical alert tag
- Obtain vital signs:
 - Abnormal pulse (rapid or weak)
 - Tachycardia and tachypnea can be a sign of DKA
- Assess for:
 - Mental status, signs of confusion and level of consciousness
 - Hydration status (skin turgor, mucous membranes, etc.)

Treatment:

- If individual is conscious and status is either unknown or hypoglycemic, give sugar or carbohydrate; most candy, fruit juices, crackers and non-diet soft drinks contain enough carbohydrates to be effective
- Assist individual, if necessary, in checking capillary blood sugar
- Encourage a hyperglycemic individual to treat their blood sugar with their normal amount of insulin (sliding scale) or medication, if available; have individual recheck their blood sugar one hour after treatment.
- Encourage a hyperglycemic individual to drink water or other sugar-free, non-carbonated fluids

Call EMS:

- Any individual with confusion or a change in level of consciousness
- Any individual with a blood sugar level greater than 300 for insulin-dependent diabetics or greater than 600 for non-insulin dependent diabetics
- Any individual with a symptomatic low blood sugar that does not feel better within five minutes of taking in sugar or carbohydrates
- Any individual with a blood sugar level less than 50 for adults

DIARRHEA

Cause not always easy to pinpoint, but may include infections, medications, inflammation of intestinal lining from illness or food intolerance, food or waterborne pathogens and emotional stress and/or anxiety.

History:

- Presence of abdominal pain, gas, cramping, urgency, nausea/vomiting
- Increase in volume, frequency and wateriness of stool
- Color of stool (red, maroon or black may indicate blood in stool)
- Onset of symptoms
- Changes in diet
- Current medications
- Exposure to others with similar symptoms

Assessment:

- Obtain vital signs
- Assess for dehydration

Treatment:

- Non-bloody stools; encourage small frequent sips of water and advance slowly to mild foods
- Avoid use of over-the-counter anti-diarrhea medications for first 6 hours; use only if no other signs of illness
- May administer Imodium for continual diarrhea after 6 hours
- Make sure the person drinks more fluid than they are losing through diarrhea
- Give rehydration fluids such as PowerAde, Gatorade; alternate with water intake

Shelter considerations:

- Disinfect all surfaces, encourage hand washing, and avoidance of others
- Individuals with diarrhea, nausea, vomiting and/or conjunctivitis **must remove** themselves from any duties including food cooking and line serving until free from symptoms for at least 24 hours

Refer to Primary Care Provider:

- Diarrhea with fever greater than 101°F, passing of painful stool, abdominal pain, blood in stool
- Diarrhea persisting for more than 72 hours
- Inability to take oral fluids

Call EMS:

- If individual is very dehydrated
- If individual has severe abdominal pain

DIZZINESS (VERTIGO)

Dizziness is a condition characterized by feeling faint, lightheaded, weak, or unsteady. Often individuals feel that surroundings are spinning or moving.

History:

- Onset of symptoms
- History of brain or inner ear disorder
- Recent upper respiratory infection
- Ringing in ears (tinnitus), sense of fullness in ears, change in hearing
- Current medications
- Motion sickness

Assessment:

- Obtain vital signs
- Assess for:
 - Mental status changes or confusion
 - Motor control, coordinated movement, and muscle strength
 - Unintentional eye movement
 - Slurred speech

Treatment:

- Have individual lay quietly in position of comfort
- Discourage rapid movement or rapid eye movement

Call EMS:

- Any presence of the following:
 - Chest pain
 - Shortness of breath
 - Rapid, irregular or slow heart beat
 - Fainting or loss of consciousness
 - Fever or neck stiffness
 - Numbness, tingling or weakness of arms and/or legs
 - Nausea and vomiting
 - Headache
 - Vision changes
 - Slurred speech
 - Uncoordinated movements

EPIPEN – EPINEPHRINE Administration Assistance

After determination of a severe allergic reaction, *assist* with prescribed epinephrine auto-injection.

History:

- Exposure type
- Allergies
- Symptoms onset
- Prior history of epinephrine use

Assessment:

- Obtain vital signs:
 - Severe drop in blood pressure
 - Rapid/absent pulse
- Assess for:
 - Respiratory distress or wheezing
 - Cyanosis

Treatment:

- Verify name on prescribed medicine and review directions
- Assist with prescribed epinephrine auto-injection
- At a 90° angle, inject medication intramuscular and hold pressure on plunger firmly for 10 seconds
- Continue to monitor airway, breathing and circulation

Call EMS:

- *Immediately to be assessed by medical care if possible*

EYE PAIN/INFLAMMATION

Pain, irritation, dry eyes, vision loss due to injury, foreign body, infection, sty, or environmental allergies.

History:

- Head/face injury or chemical exposure
- Watering or eyes
- Vision changes
- Pain
- Sensation of "sand" in the eye
- Bleeding or drainage

Assessment:

- Assess for:
 - Obvious signs of injury or foreign body
 - Vision precision
 - Drainage

Treatment:

- Chemical exposure: Irrigate with a gentle stream of water or saline for 20 minutes
- Foreign body:
 - Irrigate with a gentle stream of water or saline for 15 minutes
 - DO NOT attempt to remove an object embedded in an eye or apply pressure
- Sty:
 - Apply warm compress for 10 minutes several times a day
- Keep eyelids clean: Use warm, moist cloth to remove crusts and drainage from eyelids
- Protect eye from further damage

Refer to Primary Care Provider:

- Any suspected case of infection
- Any sty not resolved in 3 days

Call EMS:

- Any injury associated with vision loss or change
- Any burn or bleeding of the eyeball
- Any puncture wound or foreign object

FEVER/MILD DISCOMFORT

Fever is defined as an elevated body temperature greater than 100°F.

History:

- Pain
- Chills, sweating or flushing
- Medications/immunizations
- Fatigue
- Recent
 - Illness or injury
 - Exposure to sick individuals
 - Heat exposure
 - Travel

Assessment:

- Obtain vital signs
 - Increased pulse/respiration rate
- Assess for:
 - Dehydration status (skin turgor/mucous membrane dryness), level of consciousness
 - Severity of pain, fever, duration
 - Signs of infection (reddening skin, pain, pus)
 - Skin condition (rash, sores, dryness, sweating)
 - Stiff neck or headache

Treatment:

- Remove excess clothing
- Acetaminophen or ibuprofen as recommended on dosing chart
- Adults: Acetaminophen (Tylenol) 2 caplets (500 mg.) every 6 hours by mouth while symptoms last. Do not exceed ≥ 6 caplets in 24 hours unless directed by a doctor
- Adults: Ibuprofen 200 to 400 mg. by mouth every 4-6 hours as needed
- Increase fluids and rest
- Monitor vital signs regularly
- Medicate on a regular schedule

Refer to Primary Care Provider:

- If the fever has lasted greater than 2-3 days and/or has no apparent cause

Call EMS:

- If lethargic, not eating and appears ill or toxic
- Has a history of known serious medical condition
- Has symptoms of other serious conditions: seizure, trouble breathing, abdominal pain, vomiting, stiff neck, pain in the chest, abdomen, or back.
- Has light sensitivity, stiff neck or severe headache unrelieved by medication
- Has behavior change such as confusion, hallucinations or is combative

HEAT-RELATED ILLNESS/HEAT EXHAUSTION AND HEAT STROKE

An imbalance of nutrients/electrolytes in the body as a result of exposure to heat over a period of time.

History:

- Onset of symptoms
- Length of time spent in high temperatures
- Presence of fatigue, weakness, nausea, vomiting, dizziness, headache, confusion and/or fainting, seizures or unconsciousness
- Presence of skeletal muscle spasms

Assessment:

- Obtain vital signs:
 - Temperature (greater than 103°F is an emergency)
 - Heart rate may be rapid or weak
- Assess for:
 - Level of consciousness or confusion
 - Signs of dehydration (skin turgor and mucus membrane dryness)
 - Absence of sweating
 - Skin temperature (will be hot to touch)

Treatment:

- Remove client from the hot environment to a cool area
- Elevate legs slightly
- Remove unnecessary clothing
- Reduce body temperature—wrap client in cool, wet sheets or apply cold packs to the groin, neck and armpits
- Fan the client to help increase evaporation
- Frequently monitor body temperature

Call EMS:

- All cases of heat stroke or heat exhaustion

HEMORRHAGE/SHOCK

A state in which blood flow is inadequate to sustain life; usually caused by a severe injury with substantial blood loss.

History:

- Recent trauma or injury
- Lethargy/confusion
- Restless/irritable
- Bleeding
- Nausea/vomiting

Assessment:

- Obtain vital signs:
 - Pulse rapid and weak
- Assess for:
 - Level/loss of consciousness
 - Rapid and shallow respirations
 - Extremity variances (cyanotic, pale, moist, cold)

Treatment:

- Use standard precautions
- Elevate legs and keep warm
- Apply pressure to bleeding area, if possible
- Administer oxygen at 8-15 L/min or 100% by Ambu bag if available
- If not breathing effectively or no pulse, initiate CPR

Call EMS:

- **Immediately for all cases of hemorrhage/shock**

HIGH BLOOD PRESSURE SCREENING

Elevated blood pressure due to an established diagnosis of hypertension, or as a response to stress, anxiety or medication. Blood pressure reading of 140/90 or higher.

History:

- Frequently asymptomatic
- Headache or changes in vision
- Chest pain
- Dizziness, fainting, nose bleed
- Known hypertension, diabetes, kidney disease, heart disease

Assessment:

- Sit individual down for 5 minutes to relax
- Obtain vitals
- Pain scale/symptoms
- Assess for edema

Treatment:

- Repeat BP reading twice, 2 minutes apart
- Encourage individual to take previously prescribed medication as ordered

Refer to Primary Care Provider:

- Blood pressure reading of higher than 180/110 in adults
- Swelling of hands, face and/or feet
- An individual with a history of diabetes or kidney disease with a BP greater than 160/95
- If an individual has been monitored daily for 5 days and BP remains elevated
- A pregnant individual with a BP greater than 140/90, or has a history of preeclampsia

Call EMS:

- Chest pain, discomfort, or stroke signals
- Sudden, rapid rise in BP.

Normal BP in adults is: <120/<80.

HYPERVENTILATION

Rapid or deep breathing caused by emotional upset or anxiety, injuries—such as head injury, severe bleeding, high fever, heart failure, lung disease, diabetic emergencies, asthma or exercise.

History:

- Other symptoms—chest pain/pressure, sweating, nausea, dizziness, or lightheadedness
- Previous episodes
- Numbness or tingling of hands, feet, or around mouth

Assessment:

- Obtain vital signs
 - Respiratory rate and quality (rapid, shallow, retracting)
- Assess for:
 - Abnormal breath sounds

Treatment:

- Encourage slow deep breaths
- Have client breathe into paper bag unless history of heart or lung problems

Call EMS:

- Unable to assist individual to relieve symptoms
- Wheezing
- Risk factors for heart disease
- Any concerning symptoms

INDIGESTION (HEART BURN)

Generally due to eating unfamiliar or spicy food, eating too fast, or alcohol consumption. Chronic causes include gastro-esophageal reflux, gallbladder disorders, ulcers, or stomach cancer. Can also be linked to an acute myocardial infarction.

History:

- Onset of symptoms
- Location of symptoms (epigastric, behind the breastbone)
- Previous heart disease
- Symptoms of heart disease (shortness of breath, sweating, radiating pain, nausea)
- Risk factors for heart disease (smoking, obesity, family history, hypertension)
- Recent diet changes; type and amount of food eaten
- Alcohol consumption
- Recent changes in bowel habits, color of stools
- Presence of blood in stool or in vomit
- History of ulcers
- Medications such as aspirin or ibuprofen

Assessment:

- Obtain vital signs
- Assess for pain severity (Scale of 1—10)

Treatment:

- Encourage smaller, less fatty meals
- Reduce stress
- Remain upright for 30 minutes after eating
- Encourage the use OTC antacids i.e. Tums, Mylanta, Maalox

Call EMS:

- Presence of sweating, shortness of breath, radiating pain from chest into arm or jaw
- Indigestion with abnormal vital signs
- Sudden, severe indigestion

ITCHING (SKIN)

Tingling or irritating sensation of the skin can be caused by contact dermatitis, plants, hypersensitivity reactions (insect bites, scabies, and drug reactions), skin infections, cold weather, and prolonged exposure to water.

History:

- Known exposure to someone with itching skin
- Exposure to poison ivy or poison oak
- Recent use of an unfamiliar product (bath soap, detergent, perfume, etc.)
- Medication changes
- History of atopic dermatitis or chronic skin conditions

Assessment:

- The location and pattern of rash, bites or other skin changes
- Evidence of scratching (rash, hives, redness)
- Breathing difficulties or shortness of breath if hives are present

Treatment:

- Use standard precautions
- For dry skin- encourage use of lotion after brief bathing, using cool/lukewarm water, pat dry
- For contact dermatitis or poison ivy- encourage soothing lotions that contain menthol, camphor, chamomile, eucalyptus or calamine
- Encourage cortisone creams and/or oral antihistamines to help reduce symptoms due to allergic reaction or poison ivy/oak, unless contraindicated

Refer to Primary Care Provider:

- Any suspected case of fungal, bacterial or parasite infection
- Itching that lasts more than a few days or that fluctuates
- Any case of drug reaction
- Anyone with contact dermatitis of the face

Call EMS:

- Any expanding redness of the skin that covers a large area of the body, looks like a burn and/or may be associated with a drug reaction
- Any itching lesions, hives associated with lightheadedness, low blood pressure, trouble breathing or any other symptom of anaphylaxis

MUSCULOSKELETAL PAIN/INJURIES

Sprains, strains, bruises caused by overexertion or injury.

History:

- Location and severity of pain
- Previous injuries/pain

Assessment:

- Obtain vital signs
 - Distal pulses and capillary refill (greater than 2 seconds)
- Assess for:
 - Swelling and discoloration of skin
 - Ability to use affected part normally
 - Pain and tenderness in response to gentle pressure
 - General status

Treatment:

- Immobilize if possible and/or necessary
- Encourage rest of affected area
- Encourage OTC analgesic medication according to directions

Call EMS:

- Loss of distal pulse or capillary refill greater than 2 seconds
- Suspected fracture
- Obvious deformities
- Unable to use affected part
- Pain unrelieved by an analgesic

NAUSEA AND VOMITING

Nausea with or without vomiting can be precipitated by a wide range of conditions. Many are associated with gastrointestinal disorders (e.g., excessive drinking or eating, viral infections, food poisoning, gall bladder inflammation, or gastritis). Other triggers include emotional upset, stress, migraine headaches or pregnancy. More serious causes include allergic reactions, gastrointestinal bleeding, heart attack, heat exhaustion, shock, sepsis, and head injury.

History:

- Onset and duration of symptoms
- Frequency of episodes
- Color and amount of emesis (bloody or coffee-ground appearance)
- Recent eating and drinking pattern
- Known food or medication allergies
- Prolonged exposure to heat
- Trauma to head and/or neck
- Recent diarrhea
- Chest pain/pressure, sweating, and/or pain radiating to the neck, jaw, or left arm
- Known/suspected pregnancy
- Emotional upset
- Medications

Assessment:

- Obtain vital signs
 - Elevated temperature, tachycardia, or low blood pressure.
- Assess for:
 - Presence/absence of sweat, bites and/or stings on skin
 - Signs of dehydration (skin turgor and mucus membrane dryness)

Treatment:

- Encourage rest and frequent sips of fluid, avoid solid food
- Stress oral hygiene
- Any individual with nausea/vomiting, diarrhea and/or conjunctivitis **must be** removed from any food cooking or line-serving until symptom-free for more than 24 hours

Refer to Primary Care Provider:

- Any case with signs of dehydration

Call EMS:

- All cases of possible head injury, heart attack, sepsis, allergic reaction/anaphylaxis, or shock
- Any individual that is unconscious and vomiting
- Any individual with confusion or altered mental status
- Any individual whose emesis contains blood or coffee-ground color

NOSE BLEEDS

The following factors predispose people to nose bleeds: trauma, medications, dry air, infection, excessive blowing of nose, and scratching or picking of nose.

History:

- Onset and duration
- Recent activities
- Medications (especially blood thinners)
- Coagulation problems

Assessment:

- Obtain vital signs
 - Fever, blood pressure
- Assess for:
 - Skin color variations (pink, pale, red, cyanotic)
 - Breathing difficulty
 - Blood loss
 - Level of consciousness

Treatment:

- Use standard precautions
- Have individual sit with head upright and lean slightly forward, keeping mouth open for breathing
- Pinch and hold nostrils just below bridge of nose (soft cartilage, not the bone), holding steady pressure at least 5-10 minutes
- DO NOT INSERT ANYTHING INTO NOSE TO TRY TO STOP BLEEDING
- If bleeding continues, squeeze for another 5 minutes and place an ice pack or cold cloth on the bridge of the nose to help constrict blood vessels

Refer to Primary Care Provider:

- If nose bleed doesn't stop after 10-15 minutes
- If individual is taking blood thinners or has a bleeding disorder
- If nose bleed happens after a severe head injury or blow to the face

Call EMS:

- Unstable vital signs, difficulty breathing
- Unable to control bleeding in the elderly after 15 minutes

POISONING

Poisoning can be either intentional or unintentional. Poisons can enter the body through ingestion, injection, inhalation, or absorption. Prescription and non-prescription medications, household products, toxic gases, and certain foods are the most common causes of poisoning, but any substance taken in sufficient quantity can be harmful.

History:

- Name, amount and location of substance, if known
- Time frame since poisoning
- How it entered the body
- Intentional (suicidal gesture) or unintentional if known
- Pregnancy status
- Medications

Assessment:

- Obtain vital signs
- Assess for:
 - Level of consciousness, respiratory and circulatory status
 - Pupil size and reaction to light
 - Potential burn injuries
 - Pregnancy or possibility of pregnancy-important for poison control reporting
- Record symptoms including burn injuries around or in the mouth.

Treatment:

- Call the **National Poison Control Center: 1-800-222-1222**
- Provide vital signs, symptoms, and exposure type
- Follow the instructions of emergency personnel or poison control

Call EMS:

- Any individual who has been exposed to a toxic substance and is confused, unconscious or has abnormal vital signs

Contact Law Enforcement:

- Any individual who intentionally exposes himself/herself or another person to a harmful substance

STROKE

Acute loss of neurological function due to decreased oxygen to the brain caused by bleeding from an artery in the brain or a blood clot in a blood vessel in the brain.

History:

- Symptom onset
- Presence of headache before or with facial paralysis
- Sudden paralysis or weakness on one side with facial drooping
- Loss and/or slurring of speech
- Loss of vision in one eye or vision field in both eyes
- Mental confusion
- Loss of muscular coordination
- Loss of bladder or bowel control
- Previous history of TIA/CVA
- Current medications, any aspirin or blood thinners
- Pain behind one ear or piercing pain of face, scalp or ear

Assessment:

- Obtain vital signs
- Assess for:
 - Signals of stroke (FAST)
 - F—Face smile, one side facial droop
 - A—Arms raise both; one drift downwards
 - S—Speech say, “the sky is blue”; slurring or strange sounding
 - T—Time response- time for medical attention is critical

Treatment:

- If unconscious, maintain airway
- Monitor ABCs
- Nothing to eat or drink, including medications
- Have client rest on affected side

Call EMS:

- **ALL CASES OF STROKE**

SYNCOPE (FAINTING)

Loss of consciousness due to a rapid fall in blood pressure caused by dehydration, heart rhythm changes, trauma, medications, pain, or anemia.

History:

- Dizziness
- Pallor, sweating, nausea
- Heart Palpitations
- Ringing of ears
- Previous episodes

Assessment:

- Obtain vital signs
- Assess for:
 - Airway and heart rate
 - Consciousness level
 - Obvious injuries

Treatment:

- Consciousness
 - Elevate feet
 - Continue to monitor vital signs every 3-5 minutes until stable
 - Remain with individual until symptoms resolve
- Unconsciousness
 - Elevate feet
 - Administer oxygen at 8-15 L/min or 100% by Ambu bag
 - Continually monitor level of consciousness

Call EMS:

- Within 2 minutes if individual does not regain consciousness
- If diabetic, pregnant or other significant history
- Has chest pain or discomfort
- Injury with potential internal bleeding