

Burns: First aid

Burns: First aid

By Mayo Clinic Staff

Burns are tissue damage from hot liquids, the sun, flames, chemicals, electricity, steam and other causes. Kitchen-related injuries from hot drinks, soups and microwaved foods are common among children.

Major burns need emergency medical help. Minor burns can usually be treated with first aid.

Call 911 or seek immediate care for major burns, which:

- · Are deep, involving all layers of the skin
- · Cause the skin to be dry and leathery
- May appear charred or have patches of white, brown or black
- Are larger than 3 inches (about 8 centimeters) in diameter
- · Cover the hands, feet, face, groin, buttocks or a major joint, or encircles an arm or leg
- · Are accompanied by smoke inhalation
- · Begin swelling very quickly

Electrical burns, including those caused by lightning, and major chemical burns need emergency medical care. A minor burn might need emergency care if it affects the eyes, mouth, hands or genital areas. Babies and older adults might need emergency care for minor burns as well.

Until emergency help arrives:

- Protect the burned person from further harm. If you can do so safely, make sure the person you're helping is not in contact with the source of the burn. For electrical burns, make sure the power source is off before you approach the burned person. Don't try to remove clothing stuck in the burn.
- Make certain that the person burned is breathing. If needed, begin rescue breathing if you know how.
- Remove jewelry, belts and other tight items, especially from the burned area and the neck. Burned areas swell quickly.
- Cover the burn. Loosely cover the area with gauze or a clean cloth.
- Raise the burned area. Lift the wound above heart level if possible.
- · Watch for signs of shock. Signs and symptoms include cool, clammy skin, weak pulse and shallow breathing.

For minor burns:

- Cool the burn. Hold the area under cool (not cold) running water for about 10 minutes. If the burn is on the face, apply a cool, wet cloth until the pain eases. For a mouth burn from hot food or drink, put a piece of ice in the mouth for a few minutes.
- Remove rings or other tight items from the burned area. Try to do this quickly and gently, before the area swells.
- Don't break blisters. Blisters help protect against infection. If a blister does break, gently clean the area with water and apply an antibiotic ointment.
- Apply lotion. After the burn is cooled, apply a lotion, such as one with aloe vera or cocoa butter. This helps prevent drying and provides relief.
- Bandage the burn. Cover the burn with a clean bandage. Wrap it loosely to avoid putting pressure on burned skin. Bandaging keeps air off the area, reduces pain and protects blistered skin.
- If needed, take a nonprescription pain reliever, such as ibuprofen (Advil, Motrin IB, others), naproxen sodium (Aleve) or acetaminophen (Tylenol, others).

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Choking: First aid

Choking: First aid

A step-by-step guide explaining what to do in a choking emergency.

By Mayo Clinic Staff

Choking happens when an object lodges in the throat or windpipe blocking the flow of air. In adults, a piece of food is usually to blame. Young children often choke on small objects. Choking is life-threatening. It cuts off oxygen to the brain. Give first aid as quickly as possible if you or someone else is choking.

Watch for these signs of choking:

- · One or both hands clutched to the throat
- · A look of panic, shock or confusion
- · Inability to talk
- · Strained or noisy breathing
- · Squeaky sounds when trying to breathe
- · Cough, which may either be weak or forceful
- · Skin, lips and nails that change color turning blue or gray
- · Loss of consciousness

If a choking person can cough forcefully, let the person keep coughing.

Coughing might naturally remove the stuck object.

If a person can't cough, talk, cry or laugh forcefully, give first aid to the person.

The American Red Cross recommends the following steps:

- **Give five back blows.** Stand to the side and just behind a choking adult. For a child, kneel down behind. Place your arm across the person's chest to support the person's body. Bend the person over at the waist to face the ground. Strike five separate times between the person's shoulder blades with the heel of your hand.
- Give five abdominal thrusts. If back blows don't remove the stuck object, give five abdominal thrusts, also known as the Heimlich maneuver.
- Alternate between five blows and five thrusts until the blockage is dislodged.

Some sources only teach the abdominal thrust. It's OK not to use back blows if you haven't learned the back-blow technique. Both approaches are acceptable for adults and children older than age 1.

To give abdominal thrusts to someone else:

- Stand behind the person. For a child, kneel down behind. Place one foot slightly in front of the other for balance. Wrap your arms around the waist. Tip the person forward slightly.
- Make a fist with one hand. Put it just above the person's navel.
- Grasp the fist with the other hand. Press into the stomach, also called the abdomen, with a quick, upward thrust as if trying to lift the person up. For a child, use gentle yet firm pressure to avoid damaging the internal organs.
- Give five abdominal thrusts. Check if the blockage has been removed. Repeat as needed.

If you're the only rescuer, give back blows and abdominal thrusts first. Then call 911 or your local emergency number for help. If another person is there, have that person call for help while you give first aid.

If the person becomes unconscious, start standard cardiopulmonary resuscitation (CPR) with chest compressions and rescue breaths.

If the person is pregnant or if you can't get your arms around the stomach, give chest thrusts:

- Put your hands at the base of the breastbone, just above the joining of the lowest ribs.
- Press hard into the chest with a quick thrust. This is the same action as the Heimlich maneuver.
- · Repeat until the blockage is removed from the airway.



To clear the airway of an unconscious person:

- Lower the person onto the floor, with the back on the floor and arms to the sides.
- Clear the airway. If you can see the object, reach a finger into the mouth to sweep out the object. Never finger sweep if you can't see the object. You risk pushing the blockage deeper into the airway. This is very risky with young children.
- Begin CPR if the person still doesn't respond. If the airway is still blocked, use chest compressions such as those that are used in CPR to remove the stuck object. Only use two rescue breaths per cycle. Recheck the mouth regularly for the object.

To clear the airway of a choking infant younger than age 1:

- Sit and hold the infant facedown on your forearm. Rest your forearm on your thigh. Hold the infant's chin and jaw to support the head. Place the head lower than the trunk.
- Thump the infant gently but firmly five times on the middle of the back. Use the heel of your hand. Point your fingers up so that you don't hit the back of the infant's head. Gravity and the back thumps should release the blockage.
- Turn the infant faceup on your forearm if breathing hasn't started. Rest your arm on your thigh. Place the infant's head lower than the trunk.
- Give five gentle but firm chest compressions with your fingers. Place two fingers just below the nipple line. Press down about 1 1/2 inches. Let the chest rise between each compression.
- · Repeat the back thumps and chest compressions if breathing doesn't start. Call for emergency medical help.
- . Begin infant CPR if the airway is clear but the infant doesn't start breathing.

If you're alone and choking:

Call 911 or your local emergency number right away. Then, give yourself abdominal thrusts, also called the Heimlich maneuver, to remove the stuck object.

- · Place a fist slightly above your navel.
- · Grasp your fist with the other hand.
- Bend over a hard surface. A countertop or chair will do.
- · Shove your fist inward and upward.

To prepare yourself for these situations, learn the Heimlich maneuver and CPR in a certified first-aid training course.

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Cuts and scrapes: First aid

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By Mayo Clinic Staff

These guidelines can help you care for minor cuts and scrapes:

- 1. Wash your hands. This helps avoid infection.
- 2. **Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If needed, apply gentle pressure with a clean bandage or cloth and elevate the wound until bleeding stops.
- 3. Clean the wound. Rinse the wound with water. Keeping the wound under running tap water will reduce the risk of infection. Wash around the wound with soap. But don't get soap in the wound. And don't use hydrogen peroxide or iodine, which can be irritating. Remove any dirt or debris with a tweezers cleaned with alcohol. See a doctor if you can't remove all debris.
- 4. **Apply an antibiotic or petroleum jelly.** Apply a thin layer of an antibiotic ointment or petroleum jelly to keep the surface moist and help prevent scarring. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
- 5. Cover the wound. Apply a bandage, rolled gauze or gauze held in place with paper tape. Covering the wound keeps it clean. If the injury is just a minor scrape or scratch, leave it uncovered.
- 6. Change the dressing. Do this at least once a day or whenever the bandage becomes wet or dirty.
- 7. Get a tetanus shot. Get a tetanus shot if you haven't had one in the past five years and the wound is deep or dirty.
- 8. Watch for signs of infection. See a doctor if you see signs of infection on the skin or near the wound, such as redness, increasing pain, drainage, warmth or swelling.

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Fainting

Fainting: First aid

By Mayo Clinic Staff

Fainting occurs when your brain temporarily doesn't receive enough blood supply, causing you to lose consciousness. This loss of consciousness is usually brief.

Fainting might have no medical significance. Or the cause can be a serious disorder, often involving the heart. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved, and the cause is known. Talk to your doctor if you faint more than once.

If you feel faint

- Lie down or sit down. To reduce the chance of fainting again, don't get up too quickly.
- Place your head between your knees if you sit down.

If someone else faints

• Position the person on his or her back. If there are no injuries and the person is breathing, raise the person's legs above heart level — about 12 inches (30 centimeters) — if possible. Loosen belts, collars or other constrictive clothing.

To reduce the chance of fainting again, don't get the person up too quickly. If the person doesn't regain consciousness within one minute, call 911 or your local emergency number.

• Check for breathing. If the person isn't breathing, begin CPR. Call 911 or your local emergency number. Continue CPR until help arrives or the person begins to breathe.

If the person was injured in a fall associated with a faint, treat bumps, bruises or cuts appropriately. Control bleeding with direct pressure.

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Fractures (broken bones)

Fractures (broken bones): First aid

By Mayo Clinic Staff

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of major trauma or injury, call 911 or your local emergency number.

Also call for emergency help if:

- The person is unresponsive, isn't breathing or isn't moving. Begin CPR if there's no breathing or heartbeat.
- · There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- · The bone has pierced the skin.
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.

Don't move the person except if necessary to avoid further injury. Take these actions immediately while waiting for medical help:

- Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- Immobilize the injured area. Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and professional help isn't readily available, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce discomfort.
- Apply ice packs to limit swelling and help relieve pain. Don't apply ice directly to the skin. Wrap the ice in a towel, piece of cloth or some other
 material
- Treat for shock. If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

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Headache: First aid

Headache: First aid

While most headaches are minor, some warn of a serious problem. Here's when to worry about a headache.

By Mayo Clinic Staff

Most headaches are minor, and you can treat them with a pain reliever. Some headaches, however, signal a dangerous or serious medical problem. Don't ignore headaches that aren't explained or headaches that steadily worsen.

Get immediate medical attention if your headache:

- · Develops suddenly and severely.
- · Persists for several days.
- · Causes mental confusion or loss of consciousness.
- · Happens with seizures.

Immediate medical attention also is needed if your headache occurs with new:

- · Dizziness or loss of balance.
- · Weakness or paralysis, such as in the arms or legs.
- · Numbness.
- · Difficulty speaking or understanding speech.
- · Reddened eye.

Also seek medical attention if your headache:

- Occurs with a fever, stiff neck or rash.
- Is accompanied by changes in vision, such as blurring or seeing halos around lights.
- Is serious and follows a recent sore throat or respiratory infection.
- Begins or worsens after a head injury, fall or bump.
- Is triggered by changing the position of your head, coughing, sneezing, bending or physical activity.
- Is a different type of headache from your usual type and you're older than 50.

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Heart attack

Heart attack: First aid

By Mayo Clinic Staff

Call 911 or emergency medical help if you think you might be having a heart attack. Someone having a heart attack may have any or all of the following:

- · Chest pain, pressure or tightness, or a squeezing or aching sensation in the center of the chest
- · Pain or discomfort that spreads to the shoulder, arm, back, neck, jaw, teeth or occasionally upper abdomen
- · Nausea, indigestion, heartburn or abdominal pain
- · Shortness of breath
- · Lightheadedness, dizziness, fainting
- Sweating

A heart attack generally causes chest pain for more than 15 minutes. Some people have mild chest pain, while others have more-severe pain. The discomfort is commonly described as a pressure or chest heaviness, although some people have no chest pain or pressure at all. Women tend to have more-vague symptoms, such as nausea or back or jaw pain.

Some heart attacks strike suddenly, but many people have warning signs hours or days in advance.

- Call 911 or your local emergency number. Don't ignore the symptoms of a heart attack. If you can't get an ambulance or emergency vehicle to come to you, have a neighbor or a friend drive you to the nearest hospital. Drive yourself only if you have no other option. Because your condition can worsen, driving yourself puts you and others at risk.
- Chew and swallow an aspirin while waiting for emergency help. Aspirin helps keep your blood from clotting. When taken during a heart attack, it could reduce heart damage. Don't take aspirin if you are allergic to it or have been told by your health care provider never to take aspirin.
- Take nitroglycerin, if prescribed. If you think you're having a heart attack and your health care provider has previously prescribed nitroglycerin for you, take it as directed while waiting for emergency medical help.
- Begin CPR if the person is unconscious. If the person isn't breathing or you don't find a pulse, begin CPR to keep blood flowing after you call for emergency medical help.

Push hard and fast on the center of the person's chest in a fairly rapid rhythm — about 100 to 120 compressions a minute.

• If an automated external defibrillator (AED) is immediately available and the person is unconscious, follow the device instructions for using it.

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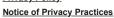
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Shock: First aid

Shock: First aid

By Mayo Clinic Staff

Shock is a critical condition brought on by the sudden drop in blood flow through the body. Shock may result from trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes. When a person is in shock, his or her organs aren't getting enough blood or oxygen. If untreated, this can lead to permanent organ damage or even death.

Signs and symptoms of shock vary depending on circumstances and may include:

- · Cool, clammy skin
- · Pale or ashen skin
- Bluish tinge to lips or fingernails (or gray in the case of dark complexions)
- · Rapid pulse
- · Rapid breathing
- · Nausea or vomiting
- · Enlarged pupils
- · Weakness or fatigue
- · Dizziness or fainting
- · Changes in mental status or behavior, such as anxiousness or agitation

If you suspect a person is in shock, call 911 or your local emergency number. Then immediately take the following steps:

- Lay the person down and elevate the legs and feet slightly, unless you think this may cause pain or further injury.
- Keep the person still and don't move him or her unless necessary.
- Begin CPR if the person shows no signs of life, such as not breathing, coughing or moving.
- · Loosen tight clothing and, if needed, cover the person with a blanket to prevent chilling.
- Don't let the person eat or drink anything.
- If you suspect that the person is having an allergic reaction, and you have access to an epinephrine autoinjector, use it according to its instructions.
- If the person is bleeding, hold pressure over the bleeding area, using a towel or sheet.
- · If the person vomits or begins bleeding from the mouth, and no spinal injury is suspected, turn him or her onto a side to prevent choking.

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Stroke: First aid

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By Mayo Clinic Staff

A stroke happens when there's bleeding into the brain or when blood flow to the brain is blocked. When brain cells are deprived of essential nutrients, they start dying within minutes.

Seek immediate medical help. A stroke is a true emergency. The sooner treatment is given, the more likely it is that damage can be minimized. Every moment counts.

In the event of a possible stroke, use F.A.S.T. to help remember warning signs.

- Face. Does the face droop on one side when the person tries to smile?
- Arms. Is one arm lower when the person tries to raise both arms?
- Speech. Can the person repeat a simple sentence? Is speech slurred or hard to understand?
- Time. During a stroke every minute counts. If you see any of these signs, call 911 or your local emergency number right away.

Other signs and symptoms of a stroke, which come on suddenly, include:

- · Weakness or numbness on one side of the body, including the face, arm or leg.
- Dimness, blurring or loss of vision, particularly in one eye. Or sudden double vision.
- Sudden, severe headache with no clear cause.
- · Unexplained dizziness, unsteadiness or a sudden fall. Especially if dizziness is accompanied by any of the other signs or symptoms.

Having a stroke puts you at higher risk of having another. Risk factors also include having high blood pressure, smoking, having diabetes and having heart disease. Your risk of stroke increases as you age.

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