First Aid

✓ DRABCD
✓ Apply direct pressure with your hand (or the casualty’s)
✓ Elevate the limb
✓ Rest the casualty down
✓ Apply a thick dressing and a firm bandage
✓ Check circulation in the end of the bandaged limb
✓ Get Help

Reminder

EMBEDDED OBJECTS
✓ Apply pressure with pads around the embedded object
✓ Apply a firm bandage to hold the pads in place
✓ Get Help

Do NOT

- remove the embedded object
- press on the embedded object
- cut the embedded object short

Observe

- Source of bleeding
- Pain
- Swelling
- Shock:
  - Pale, cold and sweaty skin
  - Rapid and weak pulse
  - Rapid and shallow breathing
  - Nausea/Vomiting
  - Anxiety
  - Becoming drowsy and sluggish

Assisting the casualty to apply pressure to the bleeding wound.

Pad around an embedded object, then apply a firm bandage to hold pads in place.
**Bleeding from the Ear**

- Assist the casualty onto the side with the bleeding ear downward.
- If the reason for the bleeding is unknown or caused by a head injury: See Also *Spinal Injury*.
- DO NOT elevate the legs.
- DO NOT plug the ear to stop bleeding.

**Nose Bleed**

- Have the casualty pinch the soft part of the nose.
- Seat the casualty with the head tilted forward.
- A cold compress to the bridge of the nose may be useful.
- Get Help - If bleeding persists.

**Uncontrolled Bleeding**

- Reassess site of pad and reposition if needed.
- If bleeding still continues:
- Apply a constrictive bandage (a.k.a. Tourniquet) firmly above the elbow or knee.
- Get Help.
**AMPUTATION**

- Apply direct pressure over the stump
- Rest the casualty down
- Cover with a thick dressing and a firm bandage
- Place the amputated part in an air tight plastic bag and put in cold water and ice
- Get Help

**BLEEDING**

After the **DRABCD** Action Plan the next step is to control bleeding. There are two types of bleeding, external and internal.

**External bleeding** wounds can be described as:

- **Laceration**: ripped skin with a lot of bleeding and is likely to be a dirty wound. It is caused by jagged sharp surfaces or violent force e.g. barbed wire.
- **Incision**: straight cut with a lot of bleeding; caused by sharp objects e.g. Knife.
- **Puncture**: small hole with some bleeding; caused by long slender objects e.g. Nail. Strong possibility of an infection, especially tetanus.
- **Abrasion**: also known as ‘a graze’ or ‘gravel rash’. Damage on the surface of the skin when the skin comes in contact with a rough surface; minimal bleeding with loose dirt

**Amputated part should be packed in a plastic bag and placed in chilled water for transport with casualty to medical help.**
likely to be in the wound which can lead to infection. Apply direct pressure to the wound. Gloves should always be worn if available or get the casualty to use his/her hand to apply pressure to the wound.

Elevating the limb and resting the casualty down helps reduce the blood flow. Apply a clean dressing/pad and hold in place with bandages.

If bleeding continues through the pad, place an additional pad over the first one.

**DO NOT** remove or disturb any pad or bandages used until the bleeding has been controlled.

After bandaging, check the circulation in the end of the limb by feeling for the pulse or squeezing the fingers (or toes) and see if the colour returns.

**DO NOT** cut off the circulation. Loosen the bandages if circulation is cut off or the casualty complains of tingling, or “pins and needles” in the limb.

Leave deep embedded objects in the wound. Removing these objects will cause further damage and bleeding. Simply apply pressure and dressings around the object.

**Internal bleeding** can be suspected from a casualty that has any of the following:

- Coughing red frothy blood may indicate lung damage.
- Vomiting brown granular blood like “coffee grounds” may indicate bleeding from the stomach.
- Urine with reddish or bronzed colour may indicate blood in the urinary system.
- Bowel motions with black, tar-like faeces may indicate bleeding from the upper intestines.
Blood stained faeces may indicate bleeding from the lower intestines.

Conscious casualties with internal bleeding from abdominal injuries are best positioned on their backs with their knees bent, as this relaxes the abdominal muscles.

Conscious casualties with internal bleeding from chest injuries are best positioned in a semi-sitting position and leaning toward their injured sides.

**Uncontrollable bleeding:** Use a constrictive bandage for uncontrollable bleeding from a limb injury as an absolute last resort. To apply a constrictive bandage, tightly wrap a wide bandage or clothing over the limb between the bleeding site and the body. This should be placed on the upper 2/3 of the limb. Immediately after applying the bandage, write the time of application on a visible part of the casualty's skin. A constrictive bandage **MUST** be loosened after **30 MINUTES**.

If bleeding starts again after loosening the bandage, reapply the constrictive bandage and again record the time it was applied.