

# **FIRST AID GUIDE**

© 2002-2003 Dr. Michael Stachiw, Ph.D.

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This first aid guide is provided as a set of general instructions in using the materials included in the average first aid kit. It should be noted that this guide is also for the treatment of minor injuries, and that these general instructions are consistent with current standard first aid practices. Dr. Stachiw is not responsible or liable in any way for the use of this guide, or for when or how the caregiver provides first aid. Trained medical personnel should always treat serious injuries and persistent conditions as soon as possible.

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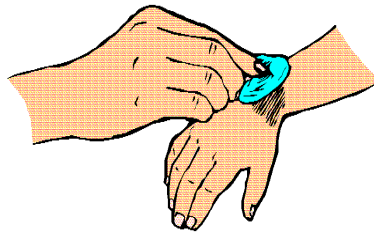
### **General Guidelines:**

- First Aid is exactly as the term implies, the first aid given for an injury. It is not intended as a long term solution to a problem, nor does it replace treatment provided by trained medical personnel.
- Always avoid contact with blood or other body fluids. Use latex gloves.
- If administering mouth-to-mouth resuscitation, use a face shield, following instructions on the packet.



## TREATMENT OF MINOR CUTS AND SCRAPES

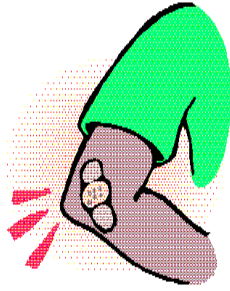
1. Remove as much loose debris from the wound as possible, rinsing with clean water, if available.



- 2 Gently clean wound with an antiseptic wipe.
3. If the wound gapes open slightly, it can be pulled closed with a butterfly closure.
4. Apply a thin layer of antibiotic ointment.



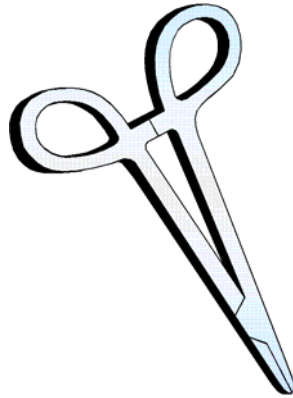
5. Cover the wound with an adhesive bandage. For larger wounds, use gauze pads and adhesive tape.



6. Watch for signs of infection, such as:
  - swelling, redness or warmth around the wound.
  - discharge of pus.
  - red streaks around the wound
  
7. If infection develops, consult a physician.

## SPLINTERS

1. If an end of the splinter is exposed, gently pull it out with forceps. If no end is exposed, determine the splinter's orientation and press with your finger on the embedded end, pushing the splinter toward the entrance of the wound until an end is exposed.



2. After removal, swab the area with iodine solution or antibiotic ointment. Watch for signs of infection.





## BLISTERS

1. Use shears to cut a donut-shaped piece of moleskin. Be sure the hole in the middle is slightly larger than the blister.
2. Place over the blister.

**Note:** The same technique can also be used when a "hot spot" develops to prevent the formation of a blister, or to ease pressure on corns and calluses.

## **INSECT STINGS**

1. If a stinger is present, remove it by scraping away or gently pulling it out with forceps.
2. Use sting aid for topical relief of mosquito and other insect bites.

## **TICKS**

1. Grasp the tick with forceps as close to the skin surface as possible and pull slowly and firmly. Do not twist or crush the tick.
2. After tick removal, swab the area with iodine solution,
3. If you cannot remove the tick, or if its mouth parts remain embedded, get medical care.
4. If rash or flu-like symptoms appear, get medical help immediately.



## DRUGS

- Aspirin and non-aspirin can be used for temporary relief of headaches, minor aches and pains, and for fever reduction.
- Chlorpheniramine maleate (Chlorphen) temporarily relieves the symptoms of hay fever and other respiratory allergies.
- Read all warnings and follow the dosage directions on individual packets.

# Artificial Respiration<sup>1</sup>

Mouth-to-Mouth  
or  
Mouth-to-Nose Rescue Breathing

- **Place casualty on back immediately**  
Don't waste time moving to a better place, loosening clothing, or draining water from lungs.
- **Quickly clear mouth and throat**  
Remove mucus, food and other obstructions



- **Tilt head back as far as possible**  
The head should be in a "chin-up" or "sniff" position and the neck stretched



- **Lift lower jaw forward**  
Grasp jaw by placing thumb into corner of mouth. Do not hold or depress tongue.



- **Pinch nose shut (or seal mouth)**  
Prevent air leakage

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<sup>1</sup> From Graphic Training Aid 21-45, Headquarters, Department of the Army, October 1961

- **Open your mouth wide and blow**

Take a deep breath and blow forcefully (except for babies) into mouth or nose until you see chest rise



- **Listen for exhalation**

Quickly remove your mouth when chest rises. Lift jaw higher if casualty makes snoring or gurgling sounds.

- **Repeat (last two steps) 12 to 20 times per minute**

Continue until casualty begins to breath normally

- **For infants seal both mouth and nose with your mouth**

Blow with small puffs of air from your cheeks



## Emergency Telephone Numbers

Ambulance: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Poison Control Center: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Police Department: \_\_\_\_\_  
Fire Department: \_\_\_\_\_  
24-Hour Pharmacy \_\_\_\_\_  
Electric Company: \_\_\_\_\_  
Gas Company: \_\_\_\_\_  
Other: \_\_\_\_\_