



Management and Prevention of Common Emergency Conditions

FOR FLW





PERTAINING TO EMERGENCY CARE

- Group activity - 4 groups
- Each group has a scenario
- List out steps what will you do in that scenario
- 10 minutes in group
- Choose one leader who will present the answers
- 4 minutes to present



EMERGENCY SITUATIONS



Accidents and trauma: Accidents leading to trauma commonly occur in the home, at the workplace, on the roads and in playgrounds. Most of these accidents are avoidable if proper precautions are taken.



Burns: Burns occurring from flames, hot liquids and steam, and certain chemicals like acids are all preventable.



Electrocution: Electric shocks can range from minor to major and life threatening.



Bites: The three common cases of bites which are preventable are animal bites, snake bites and scorpion bites. Educate about do s and don't.



Poisoning: Cases of unintentional ingestion of poisonous substances commonly available domestically can be prevented.

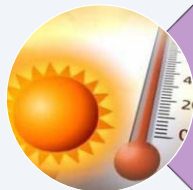
EMERGENCY SITUATIONS



Drowning: Drowning is most commonly seen among small children and infants in the community.



Choking: Choking can occur in adults but are more commonly seen in children who accidentally ingest objects like coins/toys, etc.



Heat illnesses: These occur on prolonged exposure to heat and can sometimes be fatal.



Emergencies related to Non-Communicable Diseases. As you already know, the two most common NCDs viz., hypertension and diabetes can cause emergencies like heart attacks, stroke and diabetic coma, if uncontrolled.



Emergencies arising out of allergic reactions are preventable if the allergen is known. Proper history taking and identification of the allergen can help prevent the emergency situation in subsequent times



WHAT TO DO IN CASE OF EMERGENCY?

Immediately call the ambulance (102)

Inform the CHO and MO about the situation



SPECIFIC MEASURES OF STABILIZATION

Stabilization of any case of emergency involves two approaches:

Removing any imminent danger to the person

Specific measures for stabilization



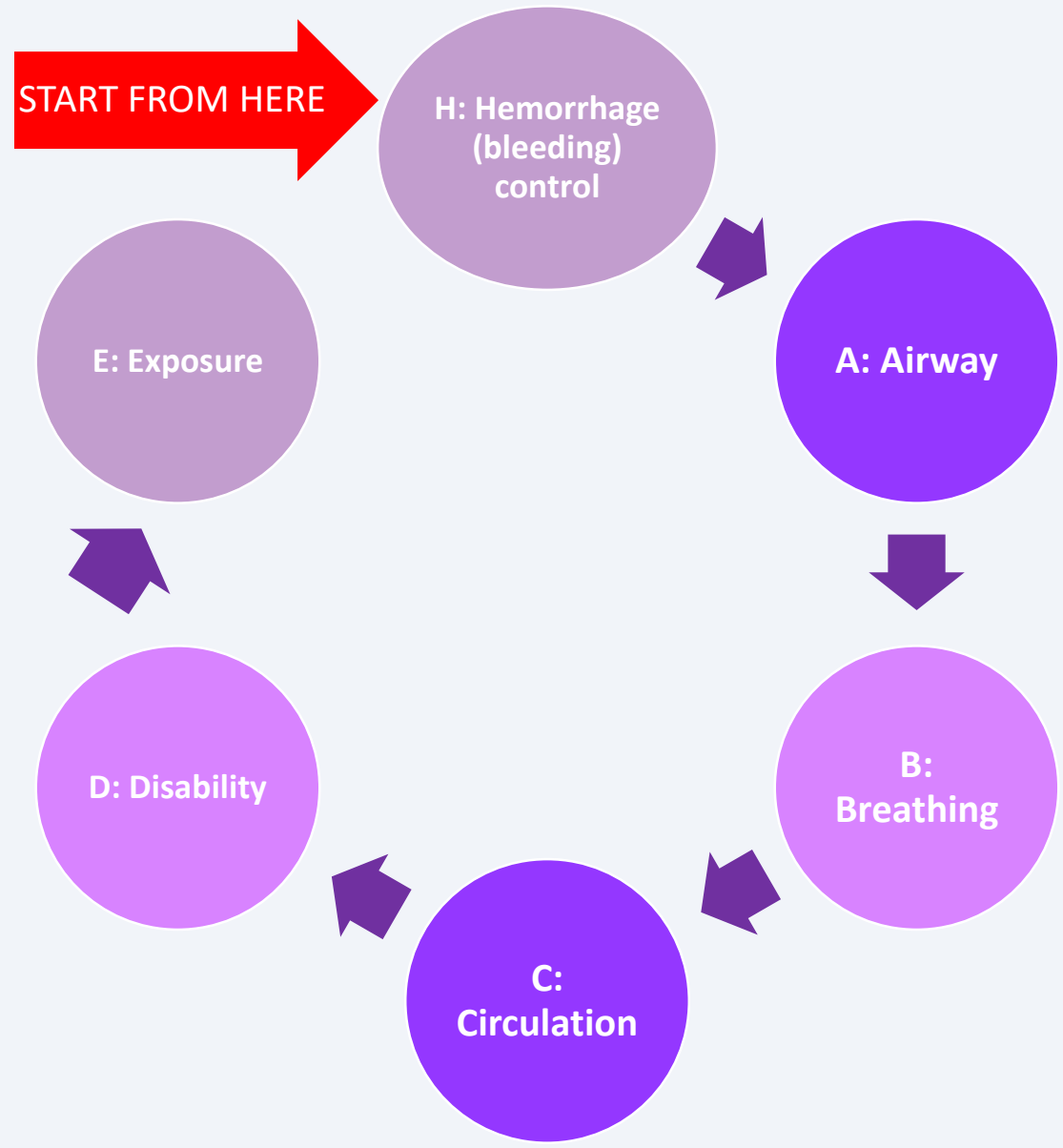
REMOVING IMMINENT DANGER

Scene safety: This is done to ensure safety of self, patient as well as the bystanders and removing the patient from the emergency situation wherever required, e.g. dangerous traffic, sharp objects, slope of ground, electric live circuit, etc.



HABCDE Approach

START FROM HERE



HAEMORRHAGE/BLEEDING CONTROL

- 2 types
 - Visible (external bleeding)
 - Not visible (internal bleeding)
- If there is bleeding from any part of the body, the first step is to stop the bleeding.
- Profuse or uncontrolled bleeding should be given maximum priority.
- Remember that you can only manage the bleeding when the bleeding is from the extremities like the hands and the legs and not internal.
- Internal bleeding can only be managed by a doctor.



AIRWAY

- Check whether the passage from nose to throat and lung is clear of obstruction.
- Obstruction to the airway can be caused by food, swollen tongue falling back to the throat, thick mucus or blood in the airway, or any foreign body stuck in the airway.
- If the airway is blocked then tilt back the head of the person and lift the chin.
- If any visible obstruction is seen then try to remove it from the mouth with a clean cloth wrapped around your finger.

(Caution: If there is neck or head injury then only chin lift should be done without turning the head of the person)



BREATHING

- Check whether the person is breathing properly.
- A person can only survive a few minutes without oxygen. Normal breathing rate for adults is 17-20 breaths per minute, for children between 1-5 years is 40 breaths per minute and for infants is 50 breaths per minute.
- In case of irregular breathing rates, arrange for oxygen for the patient. If the breathing has stopped, mouth to mouth breathing should be given



CIRCULATION

- Check for pulse (in the wrist- radial pulse, or neck- carotid pulse) to assess circulation i.e., pumping of blood by the heart. Normal pulse in adults ranges between 60-90 per minute.





DISABILITY

A: Alert: The person is aware and is responding to the surrounding on their own. The person will also be able to follow your instructions, open eyes spontaneously, and track objects.

V: Verbally Responsive: The person's eyes do not open spontaneously. The victim's eyes will open only in response to voice/calling out his/her name.

P: Responsive to Pain: The person's eyes do not open on their own and will only respond if a painful stimulus is given, eg. pressure to the chest. The victim may move, moan, or cry out directly in response to the painful stimuli.

U: Unresponsive/unconscious: The victim does not respond spontaneously and does not respond to verbal or painful stimuli.



EXPOSURE

- Minimize heat loss by covering the person's body.
- If the victim is unresponsive but breathing, turn them into a recovery position and wait for help to arrive.
- Recovery position: The recovery position is when a person is lying down on their side



INFANT RECOVERY POSITION



- Cradle the infant in your arms, with the head tilted downwards to prevent the child from choking on its tongue or by inhaling vomit.
- Maintain this position until you get medical help.
- The recovery position will help in keeping their airway clear and they will be able to breathe properly.



INFANT RECOVERY POSITION



- If the victim happens to vomit, this position will ensure that he/she doesn't choke.
- This position prevents the tongue from falling back and blocking the throat. Since the head is slightly lower than the rest of the body, it allows liquids to drain from the mouth, reducing the risk of choking on fluids or vomit. This position should also be used in fits or seizure after the shaking movements have stopped

HOW TO HOLD A BABY IN THE RECOVERY POSITION

1. Cradle them in your arms, with their head tilted downwards
2. Call for an ambulance
3. Monitor their breathing, pulse and level of response



STEP-BY-STEP DEPICTION OF PLACING THE VICTIM IN THE RECOVERY POSITION

STEP 1	<p>Kneel beside the person, open his/her airway by tilting the head and lifting the chin.</p> <p>Straighten his/her legs.</p> <p>Place the arm nearest to you at right angles to his/her body, elbow bent and move the hand palm to the upper side.</p>
STEP 2	<p>Bring the arm furthest from you across the chest and hold the hand, palm outwards, against the person's cheek.</p>
STEP 3	<p>With your other hand, grasp the thigh furthest from you and pull the knee up, keeping the foot flat on ground.</p>



STEP-4	Keeping his/her hand pressed against his/her cheek, pull at the thigh to roll the person towards and on to her side.
STEP 5	Tilt the head back to make sure the airway remains open. Adjust the hand under the cheek if necessary, so that the head stays in this tilted position.
STEP 6	Adjust the upper leg, if necessary, so that both the hip and knee are bent at the right angles.



EVALUATION

1. AVPU stand for A _____ V _____ P _____ U _____

2. In infant recovery position head tilted downwards to prevent the child from choking on its tongue or by inhaling vomit. T/ F

3. Stabilization of any case of emergency involves two approaches _____,

1. HABCDE approach stand for H _____, A _____, B _____,

C _____, D _____, E _____

5. Internal bleeding can only be managed by a doctor. T/ F



EVALUATION

1. AVPU stand for A ALERT V VOICE P PAIN U UNRESPONSIVE

2. In infant recovery position head tilted downwards to prevent the child from choking on its tongue or by inhaling vomit. T/ F T

3. Stabilization of any case of emergency involves two approaches Removing imminent danger,
Specific measures for stabilization

1. HABCDE approach stand for H Hemorrhage, A AIRWAY, B BREATHING,
C CIRCULATION, D DISABILITY, E EXPOSURE

5. Internal bleeding can only be managed by a doctor. T/ F T



Thank You

