

SCENARIO

You are out for a run in a rural area mid-morning on a weekday. You are carrying your cell-phone and house keys but no first aid materials. You have been trained in cardiopulmonary resuscitation (CPR) techniques during a Red Cross workshop at your place of employment. Out of the corner of your eye, you notice a fallen ladder in the driveway of a home where the garage appears to be partially under construction. Next to it is a man lying motionless on the ground. He is on his back with blood pooling near his head and what at closer look appears to be a fractured arm. What do you do to make this emergency situation no longer an emergency?

NEEDS

It is important when responding to an emergency to not panic and take control over the situation as well as possible. In this scenario, medical assistance by an emergency medical technician or team is necessary, along with transport to a medical center. The victim must be assessed, resuscitated, and given very basic first aid. Then, he must be reassured when conscious and kept from getting worse until that help arrives.

STEP BY STEP MEASURES

First, shout loudly for assistance as approaching. There may be someone in the home or nearby who can assist you in contacting and staying on the phone with emergency services while you direct your attention to the man on the ground. There is no one obvious around, but the shouting is necessary. In a crowded scenario, it is not necessarily effective to just shout in general for help. A better strategy is to point at someone and tell them to call 9-1-1.

Next, take just a moment to remember the acronym STOP – stop, think, observe, and plan.

Because the garage is undergoing construction and because there is a ladder that was being used for something you haven't yet identified, you must be careful to make sure there are no loose electrical wires present or potentially dangerous fluids on the ground. This must be done before you get close to the victim yourself in order to avoid danger to you both. Quickly observe the entire accident scene.

Call 9-1-1 from your cell phone. It is perhaps best to get permission to call 9-1-1 from a conscious victim, but in this case because of the distance from town, your being alone with the victim, and the serious look of the injuries, it is best to call 9-1-1 right away. You should not hang up until you have been told to do so. The only reason to begin CPR before calling 9-1-1 is if you suspect suffocation (drowning or something similar), but in this case calling for help should be done first.

The area appears safe from wiring or other dangers, and no one else has come forward to assist, so it is necessary to assess the victim to determine what is the most urgent injury or condition so that you can decide what to do next. (If emergency responders are confirmed on the way, keep the line open and follow their instructions.)

First check for responsiveness by shouting, "Are you okay?" and tapping the shoulder of the man.

Victim is confirmed unconscious and there is some bleeding from the head. The head is not twisted sharply to either side but is relatively straight. You do not know if the loss of consciousness was from the fall or if consciousness was lost first and then came the fall. Either way means you must treat as if there is a potential neck or back injury, and victim should not be moved because there is no apparent threat to his safety by staying where he fell.

Open his airway, by tilting head and lifting chin.

If victim vomits, carefully turn to left side and support head in neutral position.

Otherwise, quickly check for breathing for no more than 10 seconds. (Gaspings occasionally is not the same as breathing, so these are not signs of breathing on one's own.)

Quickly scan to determine if there is any severe bleeding – it is already known there is some bleeding.

Since there is no sign of breathing and person is already on the ground (a firm, flat surface), begin administering CPR. If you are untrained in CPR or rusty, it is better to do chest compressions only without trying to perform the rescue breathing.

Process of CPR

Kneel next to the victim's neck and shoulders and place the heel of one hand over the center of the victim's chest between his nipples. Put the other hand on top of your first hand. Keep your elbows straight with your shoulders directly above your hands. Use your upper body weight and not just your arms to perform compressions in order to restore blood circulation.

Perform 30 chest compressions, pushing fast in the middle of the chest at least 2 inches deep and at least 100 compressions per minute.

Give 2 rescue breaths:

Tilt the head again and lift the chin up.

Pinch shut the nose and make a complete seal over the victim's mouth. (If you are carrying an emergency first aid kit that includes a CPR breathing barrier face shield with one-way valve or something similar, use that of course.)

Blow for about 1 second and be sure the chest clearly rises.

Give second rescue breath.

If the chest does not rise during these two rescue breaths, retilt the head and give another breath. If chest still does not rise, you will have to treat for unconscious choking.

Give another rescue breath.

Give 30 chest compressions. (Remove breathing barrier during compressions if one is being used.)

Look for and remove object if seen.

Give 2 rescue breaths.

If breaths do *not* make the chest clearly rise, repeat chest compressions, looking for object, and rescue breaths.

If the chest clearly rises, check for breathing and continue CPR if necessary.

Continue cycles of CPR – 30 chest compressions and 2 rescue breaths. Do not stop until:

Breathing starts;

A trained responder takes over with or without an AED;

The area of the scene becomes unsafe; or

You are too exhausted to continue.

When any obvious sign of life is noticed, stop CPR and continue to monitor breathing and for any changes in condition. In this case, breathing starts after several rounds of CPR.

Always be prepared to restart CPR in case victim stops breathing on his own again.

When breathing is restored

Now it is time to control the bleeding. (Wear gloves from a first aid kit if available; otherwise be sure to wash hands thoroughly with soap and water when the emergency is over.)

Apply direct pressure to the head wound, maintaining steady pressure only. A piece of clothing may be used if hand pressure alone is not stopping the flow of blood.

Continue to assess for possible signs of shock and attempt to keep victim warm and comfortable, but not too hot. Assume shock will occur, but do not raise legs above level of the head because of the head injury and uncertainty about other injuries.

Leave fractured arm in a position of comfort without attempting to move or straighten it.

Victim should not be left alone, even if he becomes fully conscious and coherent. If towels, blankets, or similar useful items are visible very near the scene, it might be appropriate to grab them for use in keeping the man warm and comfortable to prevent shock or if some bleeding is still ongoing.

This emergency situation remains an emergency until responders arrive and take over. At that point, it is important to deal with your own situation, washing away blood and assessing for potential signs of shock in self just from the mental stress.

References

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