# HERE'S HOW YOU CAN TAKE CHARGE IN AN EMERGENCY

**AsterMedcity**

We'll Treat You Well

# Contents

**The world loves a hero. And**

**when you take charge, you become one.**

That’s exactly why we’ve put together a comprehensive Beginner’s Program that will help you take charge in an emergency.

With great responsibilities come a great need to know what to do. As a friend, brother, sister, mother, father, teacher or just a random person who happens to be around, it is important that we know the basics of emergency care. So that when it’s a matter of life and death, we can give life a fighting chance.

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# A-ASTHMA

Asthma is a chronic condition that affects the airways in the lungs, making them inflamed and narrow. Asthma is a reactive airway disease, which means that certain triggers can cause the airways to constrict. Severe asthma attacks can become life-threatening if not properly managed.

## How to Recognise an Asthma Attack?

An asthma attack can vary in severity, but common signs and symptoms include -

**Wheezing.** A high-pitched whistling sound when breathing, particularly during exhalation.
**Coughing.** Persistent coughing, especially at night or in the early morning.
**Shortness of Breath.** Difficulty breathing or feeling like you can't get enough air.
**Chest Tightness.** A sensation of pressure or tightness in the chest.
**Increased effort to breathe.** Visible distress, such as using the muscles in the neck or chest to help with breathing.

## What Causes an Asthma Attack?

Several triggers can provoke an asthma attack, including.

**Dust.** Dust particles can irritate the airways and cause inflammation.
**Panic Attacks.** Stress and anxiety can worsen asthma symptoms and trigger an attack.
**Cold Climate.** Cold air can irritate the airways and make breathing more difficult.
**Infections.** Respiratory infections, such as the common cold or flu can trigger an asthma attack.
**Allergens.** Pollen, mould, pet dander and other allergens can lead to asthma flare-ups.
**Exercise.** Intense physical activity may also cause breathing difficulties, especially in people with exercise-induced asthma.

## How Can You Take Charge When Someone is Having an Asthma Attack?

Here are some steps you can follow.

**Stay Calm.** Help the person stay calm, as anxiety can worsen the symptoms of an asthma attack.
**Encourage a Seated Position.** Encourage the person to sit up and lean slightly forward, either with their arms braced on a support or resting on their knees. This position helps open the airways and makes breathing easier.
**Assist with an Inhaler.** If the person has an inhaler, help them use it. Make sure the inhaler is in good working condition and that they are using it correctly. A spacer can help improve the delivery of medication to the lungs.
**Administer Oxygen (if available)**. If you have access to oxygen, administer it to help the person breathe more easily.
**Check for Other Devices.** Some people with asthma may have a nebuliser or other inhalation device. Make sure the person has access to their prescribed medication and assist them in using it as needed.
**Administer CPR** if the person passes out from a lack of oxygen
**Seek Emergency Help.** If the person's condition worsens, seek **hospital help immediately**. Severe asthma attacks may require emergency medical intervention.

## Asthma and Children

If you have a child with asthma or are responsible for children, in the role of a caregiver or teacher, it is very important to have an asthma plan in place. Asthma can happen any time and with little children, can be very distressing.

Always **have their medication/inhaler** at hand.
**Always be anticipating an attack.** If their doctor has given you a specific set of instructions, be sure to have them at hand always. Keep a copy of it in your child's school bag if you need to.
**Help the child understand** their asthma, including how to recognise their symptoms and when to use an inhaler.
**Never wait.** This gives an opportunity for the symptoms to worsen.
**Stay calm and act quickly** when an asthma attack occurs—help the child with their inhaler or other prescribed medication.
**Seek medical attention if symptoms worsen** or do not improve with prescribed treatment.

## How to Use a Nebuliser

**Wash your hands** thoroughly.
**Assemble the nebuliser**: Connect the nebuliser cup, tubing, and mouthpiece/mask.
**Prepare the medication**: Measure and add the prescribed medication to the nebuliser cup.
**Connect the tubing**: Attach the tubing to the nebuliser cup and machine.
**Turn on the nebuliser**: Power on the machine, ensuring a mist is produced.
**Inhale the mist:**
- **Mouthpiece:** Place in mouth and inhale deeply, holding your breath for 5-10 seconds.
- **Mask:** Place over nose and mouth, breathing normally.

**Continue until the mist stops**: Inhale until no more mist is produced.
**Turn off the nebuliser**: Switch off the machine once finished.
**Clean the nebuliser:** Wash all parts thoroughly with warm, soapy water and let them air dry.
**Wash your hands** again after use.

## When to Seek Emergency Help for a Child with Asthma

In some situations, asthma can become life-threatening. Reach Aster Emergency on **155218** if -

The child is unable to breathe or unable to speak.
Their lips or face turn blue, indicating a lack of oxygen.
The symptoms don't improve after using their inhaler.
They are excessively drowsy or seem to be losing consciousness.
They are not responding to medication and are in distress for an extended period.

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# A-AMPUTATED FINGER OR TOE

In the event of an accidental amputation, it is critical to act quickly and follow the right steps to ensure the best chances of reattachment, while also keeping the injured person stable and calm.

Always seek medical attention immediately, handle the amputated part carefully, and follow the dos and don'ts. Time is essential, so act swiftly, stay calm, and make sure both the injured person and the amputated part are transported to the hospital without delay.

## Dos

### Do Stay Calm and Call for Medical Help Immediately

Contact **Aster Emergency** on **155218** as soon as possible. Time is critical in reattaching an amputated body part, so seek medical help immediately.

### Do Gently Wrap the Amputated Finger or Toe

Clean the amputated part (if possible) gently with sterile water or saline solution. Do not scrub it, as this can damage the tissue.

Wrap the amputated finger or toe in c**lean gauze** or **a sterile cloth.**

### Do Place the Amputated Part in a Bag

Put the wrapped amputated part in a **sealed plastic bag** (a zip-lock bag). This helps protect the part from contamination and keeps it clean.

### Do Keep the Amputated Part Cool

**Place the sealed bag** containing the amputated part in a container with **ice or ice packs,** but **do not place it directly on the ice**. Wrap the bag with a cloth or towel before placing it in the ice. Cooling helps preserve the tissue without freezing it.

### Do Keep the Injured Person Calm and Still

Keep the person as calm and still as possible to avoid excessive bleeding and shock. Elevate the injured limb to reduce blood flow to the area.

### Do Apply Pressure to the Wound

If bleeding is significant, **apply gentle pressure** to the wound with a clean cloth to stop the bleeding. Elevating the limb can help reduce blood flow and control bleeding.

## Don'ts

### Don't Attempt to Clean or Wash the Amputated Part with Alcohol

Avoid using **alcohol** or other harsh chemicals to clean the amputated part, as this can cause further damage to the tissue.

### Don't Try to Reattach the Finger or Toe Yourself

**Do not attempt to reattach the amputated part yourself**. Only a medical professional should attempt reattachment in a sterile surgical environment.

### Don't Use Direct Heat

**Do not apply direct heat** (such as placing the amputated part in hot water) to the amputated part, as this can cause the tissue to deteriorate.

### Don't Apply Tourniquets or Tight Bandages

**Avoid using a tourniquet** unless there is severe arterial bleeding. Tight bandages can cause additional damage to the remaining tissue and blood flow.

### Don't Delay Seeking Medical Help

Time is critical. **Do not wait to seek medical care**. Even if you believe the injury is not life-threatening, rapid medical attention can make a significant difference in the success of reattachment.

## How Can You Take Charge?

### Keep the Person Comfortable

Ensure the injured person is comfortable and calm during transportation. If possible, keep them lying down with the injured limb elevated to reduce bleeding.

### Use a Secure, Stable Vehicle

Transport the injured person to the hospital as quickly and safely as possible, preferably in an ambulance or private vehicle that is secure. Avoid any jerky movements that could cause additional injury.

### Bring the Amputated Part with You

Take the plastic bag with the amputated part to the hospital with you, ensuring it remains cool (not frozen). If the part is not cool, its viability for reattachment decreases significantly.

### Stay Calm and Reassure the Injured Person

Keep the injured person calm by speaking to them reassuringly and explaining what you're doing. This will help reduce shock and anxiety during transportation.

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# B-BURNS

Burns, especially kitchen-related ones are one of the most common emergencies at home. Spilt hot drinks, accidentally touching cooking vessels, steam from the pressure cooker, hot food or boiling water spilling while cooking - these are just a few of the extremely common household accidents that lead to burns.

No matter how severe, burns need immediate attending to.

## How Can You Take Charge?

### Ensure Safety

**Ensure the environment is safe.** Make sure there is no further danger. If there is a fire, make sure to put it out first.

**Remove the person from the source of the burn.** If the burn is caused by heat or fire, move the person away from the source of the burn to prevent further injury. If the victim's clothing or hair is still on fire, throw a heavy blanket around them and roll them on the floor until the fire is extinguished.

### 2. Cool the Burn

**Cool the burn immediately.** Run cool (not cold) water over the burn for 10-20 minutes or until the pain reduces. This helps reduce heat, prevent the burn from worsening and minimises skin damage.

You can use a cold compress or cloth soaked in cool water - especially in the case of severe burns when the victim cannot be moved.

Vaseline or honey can be applied to a minor burn.

Incase of sunburns apply after-sun lotion (Hamamelis-free lotion), after-sun cream (aloe vera cream) or after-sun gel (diclofenac-NA 0.1% Emulgel).

**Do NOT use ice.** Applying ice or very cold water can damage the skin further.

**DO NOT** apply toothpaste.

### 3. Remove Tight Clothing and Jewellery

**Remove tight clothing.** Gently remove any clothing or jewellery near the burn area, unless it's stuck to the skin. Removing these items helps prevent further irritation or constriction.

**Do not remove burned clothing** if it's stuck to the skin.

### 4. Protect the Burn

**Cover the burn with a clean, non-stick bandage.** After cooling the burn, cover it with a sterile, non-stick dressing (or clean cloth) to protect the area and prevent infection.

**DO NOT use cotton wool or materials that may stick.** Avoid materials that can stick to the burn and increase the risk of infection.

### 5. Pain Relief

**Over-the-counter pain relief.** If necessary, administer an over-the-counter pain reliever like ibuprofen or paracetamol to help manage pain. Be sure to follow the dosage instructions.

**Keep the person comfortable.** Encourage the person to stay calm and rest, as stress can worsen the pain or cause shock.

### 6. Monitor for Severe Symptoms

**Watch for signs of infection.** Monitor the burn for any signs of infection, such as increased redness, swelling or pus.

**Seek emergency medical help if necessary.** If the burn is severe (covering a large area, causing blisters, or affecting the face, hands, feet, or genitals) or if the person is in severe pain or in shock, seek immediate medical assistance.

### 7. Seek Medical Help

**For large or severe burns.** Burns that are larger than 3 inches, or on sensitive areas like the face, hands, feet, or genitals, require professional medical care.

**For deep burns.** If the burn goes beyond the outer skin layer and affects deeper tissues or if it looks white, leathery or charred, seek emergency care immediately.

**For electrical or chemical burns.** These types of burns require immediate medical evaluation and care, as they can cause internal injuries that aren't visible on the surface.

### Additional Tips

**Do not pop blisters.** Blisters protect the skin underneath, and popping them increases the risk of infection.

**Do not apply ointments, butter, or toothpaste.** These home remedies can trap heat and cause infection.

Remember the Aster Emergency helpline - **155218**.

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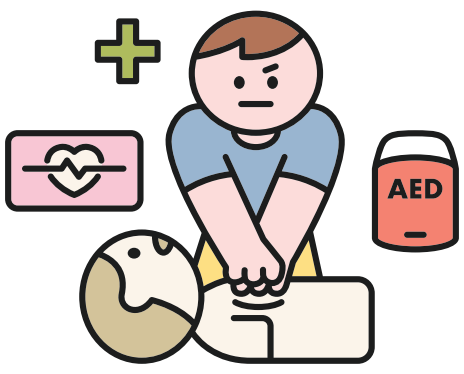
# (-CPR




## Why is it important to know CPR?

**Too many pools are unsupervised** by lifeguards or just about anyone who knows what to do in case of an emergency.

If someone suddenly collapses - at work, in the gym - and if it happens to be a **cardiac arrest,** timely intervention can give them a better chance of survival

Severe **allergic reactions or an asthma attack** can cause severe constriction in the air passages, leading to **respiratory failure. CPR** can help keep blood flowing to vital organs until the person can breathe again, especially if medications or inhalers don't work quickly enough.

**Seizures** from a **high fever**, especially in **young children**, can be life threatening. CPR can restart breathing and circulation where seizures leave the victim unresponsive.

Sports, tricky yoga poses, dance, playing in park - all have a high scope for severe head trauma. Severe head injuries can sometimes lead to **unresponsiveness** or breathing complications. Immediate **CPR** can prevent further damage while waiting for medical attention.

**Electric shocks** can stop the heart and cause the person to stop breathing. **CPR** can restore circulation and breathing until the victim receives medical attention.

These are just a few of the every day scenarios that can lead to needed CPR intervention. Knowing CPR empowers you to act quickly in unexpected emergencies.

## What is CPR?

**CPR (Cardiopulmonary Resuscitation)** is an emergency life-saving procedure used when someone's **heartbeat or breathing stops**. It helps maintain **circulation of oxygenated blood** to the brain and other vital organs until medical help arrives or the person's heart starts beating again.

## Why is CPR Important?

**Immediate Action.** CPR can **double or triple survival chances** for someone who experiences cardiac arrest or stops breathing.

**Buy Time**. It helps **keep oxygen flowing to the brain** and organs until professional medical personnel arrive and take over.

## Steps to Perform CPR

### Ensure Safety

**Make sure the environment is safe**. Check the surroundings for any hazards, such as fire, traffic, or electrical wires.

**Check the person.** Ensure that the person is unresponsive and not breathing.

### Call for Help

**Call for medical help.** If the person is unresponsive and not breathing, call **155218** to reach Aster Emergency immediately.

### Check for Breathing

**Look for signs of breathing.** Observe the person's chest for any rise or fall. Listen for breathing sounds. If the person is not breathing or is only gasping, proceed with CPR.

**Do not waste time.**

In case of **drowning**, if the victim has swallowed too much water, try **abdominal thrusts** or back slaps while keeping them in left lateral position. This encourages coughing to expel water out of lungs.

### Start Chest Compressions

**Position your hands**. Place the heel of one hand on the centre of the person's chest, just below the breastbone (sternum). Place your other hand on top of the first hand and interlock your fingers.

**Set up your body position**. Kneel down beside the person. Position your shoulders directly over your hands to use your body weight for compressions.

**Begin compressions**. Press down hard and fast, pushing the chest down at least **2 inches** (5 cm) deep. Allow the chest to rise fully between compressions.

**Rate of compressions.** Perform compressions at a rate of **100-120 compressions per minute**

**Continuous compressions**. Do not pause for more than a second between compressions.

### Give Rescue Breaths (If Trained and Able)

Tilt the person's head back slightly and lift their chin to **open the airway**.

**Check for obstruction**. inside the mouth (like food or vomit). If there are any, clear the airway.

Pinch the person's nose shut and cover their mouth with yours, creating a tight seal. Give a breath lasting **1 second**, making sure the chest rises. Repeat the process (2 breaths).

After giving 2 breaths, resume chest compressions immediately.

### Use an AED (if available)

If there's an **Automated External Defibrillator** (AED), turn it on and follow the voice prompts. The device will guide you through the process.

Attach the AED pads to the person's bare chest as instructed by the machine (one on the upper right chest and the other on the lower left side).

**Follow the AED instructions.** The device will analyse the heart rhythm and, if necessary, deliver a shock. Make sure no one is touching the person during the shock.

After the shock is delivered, or if no shock is advised, continue CPR until emergency responders arrive.

## Additional Tips

**CPR for Children and Infants.** For infants (under 1 year old), use two fingers for chest compressions and give gentle rescue breaths. For children (1 year to puberty), use one hand for compressions.

**Don't Stop CPR.** If at all possible, don't stop CPR until professional help arrives or the person starts breathing again.

## Important Notes

**Chest Compressions are Key**. Compressions are the most important part of CPR. Ensure they are deep, fast, and uninterrupted.

**If You're Untrained**. If you're not trained in rescue breathing, focus on **hands-only CPR**, which is chest compressions without mouth-to-mouth.

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# (-CHEST PAIN AND CARDIAC ISSUES

Chest pain can be a symptom of a variety of conditions, some of which can be life-threatening, such as a heart attack. It's essential to take chest pain seriously and act quickly to ensure the individual receives the appropriate care.

## What Causes Chest Pain?

### Heart-related causes

**Heart Attack (Myocardial Infarction)** A blockage in one or more of the coronary arteries, cutting off blood supply to the heart.

**Angina** Reduced blood flow to the heart muscle, causing pain but not permanent damage.

**Arrhythmia** An irregular heartbeat, sometimes causing pain.

### Non-heart-related causes

**Acid Reflux (GERD)** Stomach acid moving up into the oesophagus can cause chest pain that mimics heart-related pain.

**Panic Attack** Intense anxiety can cause chest tightness or pain, often accompanied by rapid breathing and increased heart rate.

**Musculoskeletal Pain** Muscle strain or inflammation in the chest wall (e.g., costochondritis).

**Pulmonary Issues** Conditions like pneumonia, pulmonary embolism, or pneumothorax can cause chest pain and difficulty breathing.

## How Can You Take Charge?

### Call for Emergency Help

**Dial 155218 to reach Aster Emergency**. Chest pain, especially if it feels like pressure or is radiating to other parts of the body, could indicate a heart attack, which requires immediate medical attention.

### Assist the Person to Sit Comfortably

**Encourage the person to rest** and remain calm. They should sit down, as lying down can increase strain on the heart.

### If the Person Is Conscious, Offer Aspirin (If Not Allergic)

If the person is not allergic to aspirin and has no contraindications (such as a history of bleeding problems), **chewing an aspirin** can help thin the blood and may prevent further clot formation in the event of a heart attack.

### Monitor Breathing and Consciousness

If the person becomes **unconscious** or stops breathing, **start CPR** immediately and continue until help arrives.

### Avoid Food and Drink

**Do not allow the person to eat or drink**, as this could interfere with emergency treatment if required.

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# D-DISLOCATION

**Dislocation** happens quite often on the playground and sometimes at home. Trauma, such as a fall, sports injury or a direct blow to the joint can cause the bones to dislocate from their normal position, which causes extreme pain, swelling, bruising and difficulty in moving the affected joint.

## How to Recognise a Dislocation

**Visible Deformity** The affected joint might appear misaligned or misshapen. You may notice an unusual bulge or depression around the joint area.

**Intense Pain**

**Swelling and Bruising** in the area around the dislocated joint. This can be caused by inflammation or damaged blood vessels.

**Limited or No Movement** in the joint. The affected joint may become **immobile** or may only be **able to move partially**. The person may be unable to use the limb or joint in a normal range of motion.

**Numbness or Tingling** can be caused by nerve damage.

**Instability or Weakness** in the affected joint may cause a "loose" feeling - limiting usage of the joint or limb.

## How Can You Take Charge?

**Ensure Safety** for both you and the injured person by keeping the person in a stable position. Do not attempt to move them, especially if they are in pain.

**Do not try to relocate the joint.** Do not attempt to put the bone back in place unless you are a trained medical professional. Trying to force the bones back into position can cause further injury, including damage to **blood vessels, nerves, or muscles.** Support the affected area with a **makeshift sling or splint** to keep the joint stable and **avoid further strain**.

**Apply Ice to Reduce Swelling**. A cold compress, ice pack (wrapped in a cloth or towel) will help reduce swelling and ease pain. Do not apply the ice directly to the skin to avoid frostbite. Leave it on for 15-20 minutes at a time, and remove for at least 20 minutes before reapplying.

**Check for Circulation**. Look for signs that the blood is still circulating properly. Keep the fingers and toes moving to avoid nerve damage. Check for normal colour, warmth, and capillary refill in the extremities (such as fingers or toes). If the area appears blue, cold, or numb, this could be a sign of **nerve or blood vessel damage** and you should seek emergency medical attention immediately.

**Seek Immediate Medical Assistance.** A dislocation requires professional care to ensure proper realignment and to prevent long-term damage to the joint. Call **Aster Emergency on 155218** or get the injured person to the hospital as soon as possible. It's important to **keep the patient as still as possible**, ensuring the dislocated joint is **supported and immobilised** during the journey.

**Monitor for Shock**. If the person shows signs of shock (rapid breathing, pale skin, confusion, or fainting), lay them flat with their feet elevated and cover them with a blanket to keep warm. This can help stabilise their condition until medical help arrives.

## When to Seek Emergency Medical Help

**Severe pain** that is not relieved by applying ice or supporting the joint.

**Visible deformity** where the joint looks misshapen or out of place.

**Inability to move the joint** or excessive swelling.

**Signs of nerve or blood vessel damage**, such as numbness, tingling, coldness, or a lack of circulation in the affected area.

**Dislocations in high-risk joints** such as the shoulder, elbow, knee, or hip, where damage to muscles, tendons, or blood vessels may be more significant.

## Additional Tips

**Don't try to pop the joint back in place**. Only a trained healthcare professional should attempt to realign the dislocated joint.

**Rest the joint after realignment.** Once the joint has been properly treated by a healthcare professional, the person will need to rest and rehabilitate the joint to restore its strength and flexibility.

**Follow-up care.** Physiotherapy may be required to help regain full function of the joint after a dislocation.

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# E-ENVIRONMENTAL EMERGENCIES

Environmental hazards often cause many emergencies. Some severe, some not so much. Here are some steps to ensure that you and your loved ones can stay safe all year through.

## Hyperthermia or Heat Stroke

**What Is It?**

Hyperthermia is when the body overheats due to excessive heat exposure, leading to dangerous body temperature rises above 37.5–38°C (99.5–100.4°F).

**How to Recognise It?**

Symptoms include excessive sweating, dizziness, nausea, rapid pulse, confusion and skin that is hot and dry (in the case of heatstroke).

**What Causes It?**

Prolonged exposure to hot weather, physical exertion in high temperatures, dehydration, or wearing non-breathable clothing.

**How Can You Take Charge?**

Move the person to a cooler area.

Remove **excess clothing** and **hydrate** them with water if the patient is **not nauseous**. If electrolytes are available, give the patient some.

Apply **cold packs** to the body.

Immerse the person from the neck down in **cold water** (26.7° C or 90°F) until a core body temperature of less than 39°C or 102.2° F) is reached.

Call **Aster Emergency on 155218** if the patient is unresponsive.

## Hypothermia

**What Is It?**

Hypothermia occurs when the body's temperature drops below 35°C (95°F) due to prolonged exposure to cold weather or wet conditions. It is a medical emergency that can be life-threatening if not treated.

**How to Recognise It?**

Symptoms include shivering, slurred speech, confusion, numbness, pale skin, slow or irregular breathing, and in severe cases, unconsciousness or loss of coordination.

**What Causes It?**

Prolonged exposure to cold, wind, rain, or immersion in cold water. It is particularly dangerous in freezing temperatures, but hypothermia can occur in cooler weather if a person becomes wet or is not dressed appropriately.

**How Can You Take Charge?**

**Move the person to a warmer area**. Get them out of the cold environment as quickly as possible. If their clothes are wet, change them immediately.

**Warm the person gradually**. Use blankets, warm clothing, or body heat (skin-to-skin contact) to warm the person slowly.

**Warm the soles and palms** by rubbing them.

**Offer warm, non-alcoholic drinks**. Encourage them to sip warm liquids if they are conscious and able to swallow.

**Avoid direct heat sources**. Do not use hot water or heating pads, as this can cause skin burns or shock.

**Seek emergency medical help**. In severe cases of hypothermia, immediate medical intervention is required, and the person should be taken to the hospital.

## Dehydration

**What Is It?**

Dehydration occurs when the body loses more fluids than it takes in, causing a lack of adequate water for normal bodily functions.

**How to Recognise It?**

Symptoms include dry mouth, dark urine, dizziness, fatigue, confusion, and sunken eyes.

**What Causes It?**

Prolonged exposure to hot weather, physical exertion in high temperatures, dehydration, or wearing non-breathable clothing.

**How Can You Take Charge?**

**Rehydrate.** Offer small sips of water or an electrolyte drink.

Encourage the person to rest in a **cool, shaded area**.

Seek medical help if severe dehydration occurs, with symptoms like confusion or very dark urine. Use 3 to 8% carbohydrate-electrolyte drinks **for exertion-related dehydration**. If these are not available or not tolerated, try alternative beverages including water, coconut water, milk, tea, electrolyte drinks or caffeinated tea.

Breastfeeding for babies can be continued.

## Altitude Sickness

**What Is It?**

Altitude sickness occurs when a person ascends to high altitudes too quickly, resulting in insufficient oxygen supply to the body.The term altitude sickness includes acute mountain sickness, high altitude pulmonary oedema (affecting the lungs and breathing) and high-altitude cerebral oedema (affecting the brain, behaviour and alertness). These illnesses are also called AMS, HAPE and HACE. Usually the persons can have headache, nausea, increased fatigue (tiredness), lack of concentration (disorientation), breathing difficulty, etc.

**How to Recognise It?**

Symptoms include headache, nausea, dizziness, shortness of breath, and fatigue. In severe cases, it may lead to swelling or difficulty breathing.

**What Causes It?**

Rapid ascent to elevations above 2,500 meters (8,200 feet) without allowing the body time to acclimatise.

**How Can You Take Charge?**

Stop the ascent immediately. Rest for 10-15 minutes. Breathe slow and deliberate breaths.

Descend to a lower altitude as soon as possible.

Keep the person hydrated and rested.

Provide oxygen if available, and seek medical help for severe cases.

## Frostbite

**What Is It?**

Frostbite is the freezing of skin and tissues due to extreme cold, causing damage to blood vessels and tissues.

**How to Recognise It?**

Symptoms include pale, cold, and numb skin, often on the fingers, toes, nose, and ears. Severe frostbite may cause skin to become hard, blistered, or blackened.

**What Causes It?**

Prolonged exposure to freezing temperatures, particularly with wind chill or wet conditions.

**How Can You Take Charge?**

Move the person to a warm environment.

Gradually warm the affected areas using warm (not hot) water or body heat.

Avoid rubbing the frostbitten areas.

Splint the part carefully as there is a chance of affected part breaking off. Slowly rewarm the part by pouring or immersing in lukewarm water.

Seek immediate medical attention if severe frostbite is suspected.

## Motion Sickness

**What Is It?**

Motion sickness occurs when there's a **sensory conflict** between the brain's signals from the eyes, inner ear, and body, often triggered by movement like travel. This leads to symptoms such as nausea and dizziness.

**How to Recognise It?**

- **Nausea** or queasiness
- **Dizziness** or lightheadedness
- **Sweating** and pale skin
- **Headache** and fatigue
- **Yawning** or excessive salivation
- **Vomiting** in severe cases

**What Causes It?**

Motion sickness is caused by a **mismatch** in sensory signals, often from -

**Vehicle motion** (car, boat, plane)

**Visual conflict** (reading in a moving vehicle)

**Strong smells** or **rough movements**

**How Can You Take Charge?**

Eat a light meal or take ginger or lemon before travelling.

Controlled breathing and distracting the ill person with an activity (listening to music) can reduce the symptoms.

Look straight ahead through the windshield or to the outside and fix the gaze on a central point on the horizon, as well as restricting one's view may help to prevent motion sickness. Sitting in a chair with a high backrest, facing in the direction of travel and having control over the vehicle (driving oneself) are also helpful.

Minimise head movement

30 minutes prior to journey take a tablet of Prochlorperazine (Stemetil) for adults if prescribed by local physician

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# F-FALLS AND FRACTURES

A **fracture** is a crack or break in a bone. They can range from a small hairline crack to a complete break and may occur due to trauma, falls, accidents, or conditions that weaken the bones, such as osteoporosis.

When it comes to fractures, the Don'ts happen to be more important than the Do's. Our first instinct would be to help the child/person stand up to assess the situation - the first of many Don'ts.

**Don't Move the Person -** First ask the victim if they feel pain anywhere. If there is any suspicion of a **spinal fracture** (especially in cases of neck or back injuries), moving the person could cause **further spinal damage** and **paralysis**.

**Don't Panic**. This is perhaps the hardest part.

**Don't try to realign the bone**

**Don't allow** the person to **walk on the broken leg or foot**

**Don't apply too much pressure** on the injured area. Especially if you are still unsure about the severity of the case.

**Don't give the person food or drink** if it looks like surgery might be needed.

**Don't delay calling for medical help.**

## How to Recognise a Fracture?

Here are the signs and symptoms to look for to recognise a fracture.

**Severe pain.** The person will experience **intense pain** at or around the site of the fracture, especially when trying to move the affected area.

**Swelling and Bruising.** The area around the fracture will likely become **swollen** due to inflammation. There may also be visible **bruising** due to broken blood vessels around the fracture site.

**Deformity or Misalignment.** Look for **abnormal appearance**. The limb or bone may appear misaligned, bent or unnatural. In severe cases, **a bone may be exposed through the skin** (open fracture), or there may be a break where you can see the bone protruding.

**Limited movement or inability to move.** The person may not be able to move the affected area due to extreme pain.For leg fractures, the person may be unable to put any weight on the injured limb.

**Numbness or Tingling** from nerve damage. If nerves near the fracture are affected, the person may experience numbness, tingling or a loss of feeling around the fracture site.

## How Can You Take Charge?

### Ensure Safety

**Assess the environment.** Make sure the scene is safe, especially if the injury occurred due to an accident.

**Avoid moving the person.** If the person is in pain, try not to move them unless absolutely necessary.

### 2. Restrict movement in the Fractured Area

**Use a splint.** To prevent further injury and pain, **immobilise the injured limb**. Use a splint, a firm object, or any available material (sticks, rolled-up newspaper) to restrict movement of the injury.

**Ensure it's above and below the fracture site.** For example, if it's a fractured arm, splint from the elbow to the wrist.

**Tie it loosely.** When securing the splint, make sure it's not too tight. You don't want to cut off circulation.

### 3. Apply Ice to Reduce Swelling

**Ice application.** Apply a cold compress or ice wrapped in a cloth to the injured area. This can help reduce swelling and reduce pain.

**Do not apply ice directly to the skin** to avoid discomfort or frostbite.

### 4. Keep the Person Calm and Still

**Reassure the person.** Stay calm and reassure the injured person. Help them stay still, as movement can worsen the injury.

**Limit movement.** If it's a limb fracture, help the person rest and avoid unnecessary movement.

### 5. Elevate the Injured Area (if possible)

**Elevate.** If it's safe and does not cause further pain, try to elevate the injured area (especially for lower limb fractures) to reduce swelling.

### 6. Administer painkillers

If appropriate, offer pain relief with over-the-counter painkillers as long as the person is not allergic to the medication or has no contraindications.

**Watch for complications.** Keep an eye on signs of **infection** (if it's an open fracture), **poor circulation**, or **nerve damage** (numbness, tingling, or loss of sensation).

### 7. Seek Medical Help

**Call emergency services.** Fractures require professional medical care. Call **Aster Emergency on 155218** if the injury is severe or if it's an open fracture or if the person has trouble breathing, excessive pain or shock-like symptoms.

**Transporting the injured person.** If you need to transport the person to a hospital, make sure the injury remains immobilised and the person stays still.

## When to Seek Emergency Medical Help

**Open fracture.** If the bone is exposed through the skin (open fracture), seek immediate medical attention.

**Severe pain.** If the person is in severe, uncontrollable pain or has difficulty breathing.

**Misalignment or deformity.** If the bone appears to be out of place or severely deformed.

**If the person has fallen on their back**. Like from a ladder or a tree or a upper floor of the house.

**Signs of shock.** Such as pale skin, confusion, or rapid breathing.

## Spinal Injury and Fractures

Spinal injuries can be caused by falling or diving from a height, being crushed by machinery or a heavy object, or being involved in high speed road traffic collisions or sporting accidents. Ensuring or maintaining normal breathing and blood circulation of the person with a suspected spinal injury is vital to their survival.

## How to recognise Spinal Injury?

Tingling sensation in the extremities or other parts of the body

Pain or tenderness in the neck or back

An obvious deformity to the head, neck or spine

Other painful injuries, especially at the head or neck

Sensory deficit or muscle weakness in the torso or upper extremities.

## How Can You Take Charge?

### Call for Emergency Help

**Call Aster Emergency on 155218** if you suspect a spinal injury. Spinal injuries require urgent medical care.

### 2. Keep the Person Still

**Do not move the person** unless they are in immediate danger. Movement could cause further damage to the spine or spinal cord.

**Support the head and neck** in a neutral position to avoid twisting or bending the spine. Keep the person as still as possible.

### 3. Monitor Breathing and Consciousness

**Check the person's breathing**. If they are not breathing or have difficulty breathing, administer **CPR** carefully and only if you're trained to do so. Ensure to stabilise the head and neck during chest compressions.

**If the person is unconscious but breathing**, place them in the **recovery position** (on their side), but **keep their head and neck aligned**.

### 4. Immobilise the Spine (if safe to do so)

If possible, use a **neck collar** or **spinal board** to **immobilise** the person's spine until emergency responders arrive.

**Do not attempt to realign or adjust the spine** yourself.

### 5. Avoid Giving Food or Water

**Do not give the person anything to eat or drink**, as they may require surgery, and eating or drinking could complicate treatment.

### 6. Comfort and Reassure

**Keep the person calm.** Reassure them that help is on the way, but avoid moving them unless absolutely necessary.

**Cover the person with a blanket** to keep them warm and comfortable, as shock may occur.

### 7. Assess for Other Injuries

If the person is conscious, **ask about any pain** in the back, neck, or limbs.

**Check for signs of shock** (such as pale skin, rapid breathing, or weak pulse) and apply first aid accordingly.

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# G-GRAZES, INJURIES AND WOUNDS

A **graze or cut** is a type of wound that involves the outer layer of the skin being scraped away, usually caused by friction against a rough surface. Grazes can range from small, minor scrapes to larger, more serious wounds that may need medical intervention.

## How to Recognise the Severity of a Graze

**Superficial or Deeper Injury**. Grazes primarily affect the **top layer of skin** (epidermis), while cuts and wounds may extend into deeper layers. The deeper the injury, the more serious it may be. Sometimes even requiring medical attention, such as a tetanus shot or stitches.

**Appearance of the Wound**. A graze typically appears **red, raw**, and sometimes **irritated**. However, if the graze involves larger areas or **shredded skin**, it may indicate a more severe injury. For wounds that appear **dirty** or have dirt and debris trapped inside, there's a **higher risk for infection**.

**Source of the Graze**. If the graze is caused by **rusty objects, dirty metal, nails**, or any object that could have been exposed to soil or animal waste, it **may require a tetanus shot,** especially if the wound is deep or not easily cleaned.

**Bleeding.** Grazes generally result in **light bleeding** or **blood oozing**, with more severe cases causing noticeable blood loss. If the graze is **deep, wide,** or causes **heavy bleeding**, it might require stitches.

**Pain Level.** The pain is typically **mild to moderate**, but more severe grazes can cause **intense discomfort.**

**Common Locations and Risk Factors**. Grazes often occur on the **elbows, knees, and shins**, but can happen anywhere on the body exposed to friction or sharp objects. **Outdoor activities**, such as gardening, hiking, or contact sports, increase the likelihood of encountering **rusty objects or dirt,** heightening the risk of **tetanus** if the graze is not properly cleaned.

## How Can You Take Charge?

**Ensure Safety**

**Check the surroundings.** Ensure that the environment is safe to provide help, especially if the injury happened in a potentially dangerous area.

**Evaluate the injury.** Assess the severity of the graze. If the injury is severe, large or if there's excessive bleeding, seek medical assistance immediately.

**2. Clean the Wound**

**Wash your hands.** Before touching the injury, always wash your hands thoroughly with soap and water to avoid risk of infection.

**Clean the wound.** Rinse the wound gently with clean water to remove dirt and debris. You can also use a mild antiseptic solution (like saline) if necessary.

**Avoid scrubbing.** Do not scrub the wound aggressively, as it can irritate the tissue and cause further damage. Just gently clean the area.

**Use mild soap if needed.** If there is dirt that won't come off with water alone, use a mild soap to clean the area, but avoid using harsh chemicals that could irritate the wound.

**3. Apply an Antiseptic**

**Use an antiseptic cream or ointment.** After cleaning, apply an **antiseptic ointment** (iodine or an over-the-counter antiseptic cream) to prevent infection. This is especially important for larger grazes.

**Avoid strong disinfectants.** Avoid using hydrogen peroxide or alcohol, as these can be too harsh and may delay healing.

**4. Cover the Graze**

**Small grazes.** For minor grazes, you can usually leave the wound exposed to air after cleaning and applying antiseptic. If needed, you can cover it with a **sterile bandage** or **gauze** pad to protect it from dirt and further irritation.

**Larger cuts.** For more extensive grazes or when there is moderate bleeding, cover the wound with a sterile **dressing** or **bandage**. Ensure that the dressing is not too tight and change it regularly to keep the area clean and dry.

**Consider breathable bandages.** For grazes that are still healing, a **non- stick sterile dressing** or **hydrocolloid bandage** can be used to keep moisture in, which can help speed up the healing process.

**5. Elevate** (If Needed)

**Elevate the affected area.** If there's severe bleeding or swelling, elevate the affected area. This is especially helpful if there was significant friction or impact.

**6. Monitor for Infection**

**Signs of infection**. Keep an eye on the graze over the next few days. If you notice **increased redness, swelling, pus or increased pain**, it could be a sign of infection. Seek medical help if any of these signs appear.

**Keep the wound clean.** Continue to clean the graze and change the dressing regularly to prevent infection.

**7. Pain Relief**

**Over-the-counter pain relief.** If the person is in pain, you can give them an over-the-counter painkiller such as **paracetamol** or **ibuprofen**, according to the recommended dosage. This will help ease any discomfort from the scrape.

## When to Seek Medical Attention

**Deep or large grazes.** If the graze is large or deep and involves more than just the surface of the skin (such as damage to deeper tissues), seek professional medical care.

**Foreign objects embedded.** If there are foreign objects (dirt, gravel, glass) embedded in the wound and they cannot be easily removed, seek medical attention.

**Heavy bleeding.** If there is continuous or heavy bleeding, despite applying pressure, seek medical help immediately.

**Signs of infection.** If the graze becomes red, swollen, or produces pus, and you cannot manage it at home, seek medical advice.

# Serious and Potentially Life Threatening Injuries

## Head Injury

**How to Recognise a Head Injury**

**Visible Signs**

**Bruising or swelling**. You may see bruising, swelling, or cuts on the scalp or face. A **large bump** (contusion) may appear.

**Bleeding.** If the injury is a cut or abrasion, there could be **bleeding** from the scalp.

**Fluid leaking from the nose or ears.** Clear fluid leaking from the ears or nose may indicate a serious injury, like a skull fracture.

**Deformity**. In severe cases, the skull may appear **deformed**, especially with fractures.

**Loss of Consciousness** for a brief or extended period can indicate a more severe injury, such as a concussion or brain injury.

**Headache** The person may report a throbbing or persistent headache, which can be a sign of internal bleeding or concussion.

**Nausea or Vomiting**. These symptoms are common after a head injury and may indicate a concussion or increased pressure on the brain.

**Confusion or Dizziness**. The injured person may appear confused, disoriented, experience dizziness or have trouble remembering the event.

**Abnormal Breathing or Seizures**. The person may have irregular or slow breathing, which is a sign of a severe brain injury. In severe cases, the person might experience seizures after a head injury.

**Unequal Pupils**. One pupil may be dilated or unresponsive to light, which is a serious sign and may indicate brain damage.

## How Can You Take Charge?

**Ensure Safety**

**Assess the environment.** Make sure the area is safe for both you and the injured person, especially if the injury was caused by an accident (e.g., a car crash or fall).

Prevent further injury. If the person is unconscious or disoriented, do not move them unless they are in immediate danger (e.g., from traffic). Movement can worsen head and neck injuries.

**Assess the Severity**

**Mild injury (minor bump or cut)**. If the injury appears minor (a small bump or superficial cut), clean the wound gently with water and apply ice to reduce swelling. If there are no signs of concussion, bleeding, or unconsciousness, you can monitor the person at home.

**Severe injury (loss of consciousness, bleeding, confusion).** If the person has lost consciousness, is vomiting, or shows signs of confusion, you must seek immediate medical help.

**Control Bleeding**

**Apply gentle pressure.** If there is bleeding from a cut or wound on the scalp, gently apply pressure using a clean cloth, gauze, or bandage.

**Avoid excessive pressure**. Do not apply too much pressure as the skull may be fractured. You want to control bleeding without aggravating any potential fractures.

**Keep the Person Calm and Still**

**Stay calm.** Reassure the person and help them stay calm. If they are conscious, encourage them to remain still, as movement could worsen the injury.

**Monitor for symptoms**. Continue to monitor the person for any changes, such as worsening headache, confusion, or signs of unconsciousness.

**Do not give food or drink**. If the person is unconscious or semi-conscious, **do not give them food, water, or any medication**, as they may choke or have difficulty swallowing.

**Protect the Neck and Spine**

**Don't move the person unless necessary.** If there's any suspicion of a **neck or spine injury**, do not attempt to move the person, as it could lead to paralysis. Only trained medical personnel should handle this type of injury.

**Stabilise the head**. If the person is unconscious or semi-conscious, try to **keep their head and neck as still as possible** while waiting for medical help.

**Apply Ice (If No Fracture)**

**Ice for swelling.** If the injury involves swelling (such as a bump or contusion), apply an ice pack wrapped in a cloth to the injured area to reduce swelling and pain.

**Do not apply ice directly to broken skin.** If there is a cut, avoid placing ice directly on the wound.

**Seek Medical Help Immediately**

**Call 155218 to reach Aster emergency** if the person has lost consciousness, is showing signs of concussion, has severe pain or has any signs of a skull fracture or internal bleeding.

**Monitor breathing.** If the person stops breathing, or you suspect severe brain injury, begin **CPR.**

## Abdomen Injury

Unusual and potentially fatal wounds like stab or gun shot wounds should be treated with far more care.

Call **Aster Emergency on 155218** immediately. Call for an ambulance.

**Control bleeding** by putting **direct pressure on the wound**. Cover the wound with a clean cotton bandage.

In case the **intestines** come out, cover the affected part with a **clean plastic bag or a clean pad.** Do not touch the intestines.

**Do not give** the victim anything to drink or eat.

**Administer CPR** if the casualty stops breathing.

**Do NOT remove an object** if it is lodged in the abdomen. Removing it could worsen bleeding and cause additional damage.

**Do NOT give any pain medication**, as it may mask symptoms or interfere with medical assessments.

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# H-HEIMLICH MANOEUVRE FOR CHOKING

The **Heimlich Manoeuvre** (also known as **abdominal thrusts**) is a first aid procedure used to treat upper airway obstructions (or choking) by foreign objects. The manoeuvre helps to expel an object that is blocking the airway, allowing the person to breathe again. It is a **life-saving** skill, particularly in emergencies when someone is choking and unable to cough or speak.

## How to Recognise Choking?

A person who is choking will often exhibit several signs -

- **Inability to speak** or cry for help
- **Gasping or wheezing** for air
- **Hands on the throat** (universal sign for choking)
- **Coughing weakly** or unable to cough at all
- **Turning blue** in the face or lips (sign of oxygen deprivation)

## How to Perform the Heimlich Manoeuvre (Abdominal Thrusts)

1. **Assess the Situation**
   Confirm the person is choking and unable to breathe.
   **Encourage them to cough** if they are still able to, as this may help clear the airway.
2. **Stand Behind the Victim**
   **For adults and children over 1 year old**, stand behind the person and place your arms around their waist.
   **For infants** (under 1 year old), **never perform abdominal thrusts**. Instead, use **back blows** and **chest thrusts**
3. **Create a Fist**
   Make a fist with one hand and place the thumb side against the **middle of the abdomen**, above the navel and below the ribcage.
4. **Grasp the Fist with the Other Hand**
   Grasp your fist with your other hand to provide additional force.
5. **Perform Quick Abdominal Thrusts**
   **Forcefully thrust your hands inward and upward**. The motion should be quick and directed upwards to force the object out of the airway. Repeat the thrusts until the object is dislodged or the person can breathe again.
6. **Monitor and Perform CPR if Necessary**
   If the person loses consciousness after the object is dislodged or after a failed attempt, immediately **call Aster Emergency on 155218** and begin **CPR** if necessary.

## What to Do After the Object is Dislodged

Once the object is expelled, the person may start coughing or breathing again. Keep them calm and reassure them while waiting for medical help to arrive, especially if they are still in distress. **Seek medical attention,** as even after the airway is cleared, the person may still have internal injuries or complications.

## Things to Avoid

**Don't perform abdominal thrusts** on **infants** (under 1 year old) or those who are pregnant — use back blows and chest thrusts instead.

**Don't slap or hit** the person's back aggressively, as this can push the object further down the throat.

**Don't perform abdominal thrusts on a conscious person who is able to cough** effectively. Encourage coughing instead.

## Key Points to Remember

The **Heimlich Manoeuvre** can save lives during choking emergencies, but it's essential to know when and how to perform it properly.

**Do not attempt to perform the Heimlich manoeuvre** if the person is **coughing effectively**. Let them attempt to clear the airway themselves.

**Learn proper first aid training** to ensure you're prepared for emergencies involving choking and airway obstruction.

**Unequal pupil size or dilated pupils**. If the pupils are of different sizes or unresponsive to light, this is a medical emergency.

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# 1-IMMUNE REACTIONS OR ALLERGIES

An **immune reaction** or allergies as we know them, occurs when the body's immune system overreacts to harmless substances, such as pollen, dust, certain foods, or insect stings, triggering allergy symptoms. These reactions can range from mild to severe.

## How to Recognise It?

Symptoms vary based on the type of allergen but often include -

**Skin reactions**. Itching, hives, rash, or swelling.

**Respiratory symptoms.** Sneezing, runny nose, wheezing, or difficulty breathing.

**Gastrointestinal symptoms**. Stomach cramps, vomiting, or diarrhoea (common with food allergies).

**Anaphylaxis**. In severe cases, an immediate and severe allergic reaction may cause difficulty breathing, throat swelling, and a drop in blood pressure, which requires **immediate medical attention.**

## What Causes an Immune Reaction?

**Environmental allergens.** Pollen, mold, dust mites, and pet dander.

**Food allergens.** Peanuts, tree nuts, shellfish, dairy, or gluten.

**Insect stings.** Bees, wasps, and other stinging insects.

**Medications**. Certain drugs like penicillin or antibiotics may trigger allergic reactions.

**Latex or chemicals.** Contact with latex gloves or certain chemical irritants can also cause immune reactions.

## How Can You Take Charge?

**Avoid the allergen.** Whenever possible, stay away from the substances that trigger the reaction.

Antihistamines. Administer a dose of anti-allergy or antihistamine. This can help reduce mild symptoms like sneezing or itching.

**Epinephrine.** For severe reactions such as anaphylaxis, an epinephrine shot (EpiPen) may be required immediately.

**Stay calm and seek medical help.** For any severe symptoms, Call **Aster Emergency on 155218**, as severe allergic reactions can be life- threatening.

If the victim stops breathing administer CPR.

## Allergy-specific Action You Can Take

### Hay Fever (Allergic Rhinitis)

**How to recognise it?** Sneezing, runny nose, itchy eyes, throat, and congestion, typically during certain seasons or exposure to specific allergens.

**What to do?** Avoid allergens if possible, use antihistamines or decongestants, and consider nasal sprays. In severe cases, consult a healthcare provider.

### Insect Sting Allergies

**How to recognise it?** Swelling, redness, intense pain, and in severe cases, difficulty breathing, dizziness, or anaphylaxis.

**What to do?** If the sting is not life-threatening, clean and apply ice to reduce swelling. For severe reactions, administer an **epinephrine injection** (if prescribed) and seek emergency medical help immediately.

### Peanut/Tree Nut Allergies

**How to recognise it?** Hives, swelling of the face or throat, difficulty breathing, stomach cramps, vomiting, or anaphylaxis.

**What to do?** Immediate treatment with an **epinephrine injection** is essential, followed by emergency medical care.

### Shellfish and Seafood Allergies

**How to recognise it?** Skin reactions like hives or swelling, nausea, vomiting, and difficulty breathing.

**What to do?** Avoid consuming shellfish, carry **epinephrine** if prescribed, and seek immediate medical attention if symptoms escalate.

### Tree Pollen Allergies

**How to recognise it?** Sneezing, itchy eyes, congestion, and runny nose.

**What to do?** Stay indoors during high pollen seasons, use air purifiers, and consider allergy medications like antihistamines.

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# J-JOINT INJURIES

**Joint injuries** are fairly common. It can take very little to cause one and the recovery can take weeks, if not months. These injuries can involve **sprains, strains, dislocations,** or **fractures** affecting any of the joints in the body, such as the **knees, elbows, shoulders** or **hips**. Joint injuries are relative - to your gender, age, level of activity and profession.

## Recognising Joint Injuries Across Different Groups

### In Infants and Young Children

**Common Injuries**. Infants and toddlers often experience joint injuries due to **falls, tumbles,** or **incorrect handling** (such as a jerk or twist of the arm). A common injury is **nursemaid's elbow**, where a child's elbow dislocates when a parent pulls on the arm.

**Signs**. Limited movement in the affected joint, crying when the joint is moved, or a noticeable deformity. Children may also **favour** one side of the body, keeping a limb still.

### In Adolescents and Active Children

**Common Injuries**. Active children, particularly those involved in sports, may experience sprains or strains due to sudden movements, jumping, or falling.

**Signs**. Swelling, bruising, and difficulty moving the joint or walking, depending on the severity.

### In Adults (Athletes, Dancers and Active Individuals)

**Common Injuries**. Athletes, dancers, and individuals engaged in physically demanding activities are prone to injuries like **ACL tears, rotator cuff injuries**, and **sprains/strains.** Dancers, in particular, can suffer from injuries related to hyperextension, repetitive movements, or **overuse injuries**.

**Signs.** Joint pain, swelling, instability, and limited range of motion. The pain may increase during physical activity or after prolonged use of the injured joint.

### In Older Adults (Geriatrics)

**Common Injuries.** Osteoarthritis is prevalent in older adults, leading to degenerative joint issues that can cause pain, stiffness, and reduced mobility. Falls, particularly in the elderly, can lead to fractures or dislocations due to weaker bones and decreased balance.

**Signs.** Pain during movement, joint stiffness, decreased flexibility, or difficulty standing up or walking. Elderly individuals may experience visible swelling and redness in the joint area.

## How Can You Take Charge?

**Rest.** Allow the injured joint time to heal. Avoid activities that stress the joint.
**Ice.** Apply ice to the injury to reduce swelling and pain. Use it for **15-20 minutes** every hour during the first 48 hours.
**Compression**. Use an **elastic bandage** or **brace** to help stabilise the joint and reduce swelling.
**Elevation.** Keep the injured joint elevated above the heart level to minimise swelling.
**Seek Medical Help**. For severe injuries such as **dislocations, fractures** or **ligament tears**, or if pain persists, seek medical attention immediately.

## Minimising Joint Injury in Various Activities

### For Children & Infants

Prevent falls and accidents by childproofing the environment and using safety gear like **knee and elbow pads** for active toddlers.

When carrying an infant, be sure to **support the head, neck, and body properly** to avoid accidental strain on the joints.

### For Older Adults

Engage in **low-impact exercises**, like **swimming** or **walking**, which are gentler on the joints.

Make sure to incorporate **balance exercises** and use assistive devices (e.g., walking aids) when necessary to prevent falls.

Regularly check and address any issues related to **osteoporosis** or **arthritis**, which can affect joint function.

### For Active adults

Always engage in a **warm-up** before any sport to increase joint flexibility and reduce the risk of injury.

Implement proper **strength training** to support the joints and prevent strain from sudden or excessive movements.

Consider wearing **protective gear**, such as **knee braces** or **elbow pads**, especially for high-risk sports.

Allow for proper **rest and recovery** time to prevent overuse injuries.

Maintain a proper **stretching routine** before and after dancing to improve flexibility and range of motion.

Use **appropriate footwear** to provide stability and support.

Work on **balance and posture**, ensuring you don't overextend or put unnecessary stress on the joints.

## Follow RICE Protocol

The **RICE protocol** is a simple, effective way to manage injuries at home before professional medical treatment is available. It is effective for treating acute injuries like **sprains, strains, twists,** and **soft tissue injuries**. This protocol should be applied within the **first 48 hours** after the injury for optimal results.

### Rest

Allow the injured area to rest and avoid putting weight or strain on it. This helps prevent further injury and promotes healing. Resting the affected area is crucial, especially in the first 24-48 hours after an injury.

### Ice

Apply ice or a cold pack to the injured area to reduce swelling and pain. Ice helps constrict blood vessels and limits the amount of swelling that can occur. **Apply ice for 15-20 minutes every 1-2 hours** during the first 48 hours after the injury. Avoid placing the ice directly on the skin—use a towel or cloth as a barrier.

### Compression

Use an **elastic bandage** or compression wrap around the injured area to help control swelling. Be sure not to wrap it too tightly, as it can cause further injury or restrict blood flow. If the area becomes more painful or the skin turns blue, loosen the bandage immediately.

### Elevation

**Elevate** the injured area above the level of your heart, if possible, to help reduce swelling by encouraging fluid to drain away from the injury site. Propping up the injured limb on pillows can help maintain elevation.

## Additional Tips:

**Avoid Heat:** In the first 48 hours, avoid using heat as it can increase swelling.

**Seek Medical Help:** If the injury is severe or if you notice significant swelling, bruising, or difficulty moving the injured part, seek medical attention.

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# K-KNEE INJURY

When it comes to knee injuries, prevention is better than cure. A **knee injury** refers to any damage or strain affecting the structures of the knee, including the **bones, ligaments, tendons, cartilage**, or **muscles**. These injuries can range from mild sprains to severe tears, fractures, or even dislocations. The knee is a complex joint, and its injury can lead to impaired movement and long-term disability if not addressed properly.

It is very important to strengthen your knees as you get older. To begin with, knee problems are painful and can really get in the way of having a great, mobile life. And replacing knees are really expensive. So take good care of your knees and they'll do the same for you.

## Risk Factors for Knee Injuries

**Age.** As people age, they lose muscle mass and cartilage in the knees, making the joint more vulnerable to injury.

**Activity Level.** Athletes, particularly those involved in high-impact sports are at higher risk of knee injuries.

**Weight.** Being overweight can increase stress on the knees, leading to an increased risk of **degenerative joint issues** such as **osteoarthritis**.

**Previous Injuries.** A history of knee injuries can increase the likelihood of re-injury or long-term issues with the joint.

**Improper Training.** Lack of proper warm-up or training, overuse, or poor technique in sports can contribute to knee injury.

## How to Prevent Knee Injuries

### 1. Strengthen Muscles Around the Knee

**Quadriceps, hamstrings**, and **calf muscles** all play a role in knee stability. Strengthening these muscles through exercises like squats, lunges, wall sits, and leg presses can reduce strain on the knee joint.

### 2. Proper Warm-Up

Warming up before physical activity prepares your muscles and joints for movement, reducing the risk of strain and injury. Include dynamic stretches, such as leg swings, hip rotations, and knee circles, to enhance flexibility and mobility.

### 3. Use Proper Technique

Ensure correct body posture and technique during physical activities. This includes **correct form during running, jumping,** or **lifting** to prevent undue stress on the knees.

### 4. Wear Proper Footwear

Shoes with proper arch support and cushioning can absorb impact and reduce the risk of injury. If participating in sports, wear **sport-specific shoes** designed to support the movements of that activity.

### 5. Avoid Overuse

Take breaks during activities that require repetitive knee movements. Overuse is a significant contributor to injuries like tendinitis and stress fractures. If you feel certain activities hurt your knees, work on strengthening before going back to said activities.

### 6. Maintain a Healthy Weight

Maintaining a healthy weight reduces the load and stress placed on the knees, especially during physical activity or while walking.

### 7. Eat right

Include collagen-rich foods and supplements in your diet. Vitamin D and Calcium for bone health, magnesium for muscle and bone support, Omega 3 Fatty Acids for anti-inflammation - these are few of the supplements that ensure stronger knees.

## How Can You Take Charge?

**Ice.** Apply ice for 15-20 minutes at a time to reduce swelling and pain. Use a cloth or towel to protect the skin.
**Compression.** Use an elastic bandage or knee brace to stabilise the knee and reduce swelling.
**Elevation.** Elevate the knee above the level of the heart to decrease swelling.
**Rest.** Avoid putting weight on the injured knee. Rest is essential to prevent further damage.
**Seek Medical Help.** Call **Aster Emergency on 155218** if the knee injury involves **severe pain, swelling, deformity,** or **inability to move the joint.**

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# L-Low Blood Sugar

Low blood sugar, or **hypoglycaemia**, occurs when the glucose levels in the blood drop too low, often due to missed meals, excess insulin, or over-exertion. It's a common first aid situation, particularly in individuals with diabetes, and requires quick action to prevent more severe symptoms such as seizures, unconsciousness, or coma.

## How to Recognise It

Shaking or trembling > Sweating excessively > Dizziness or lightheadedness
Irritability or confusion > Rapid heartbeat > Hunger

## How Can You Take Charge?

**Offer Sugar.** If the person is conscious and able to swallow, give them a source of sugar, such as -
Glucose tablets
Fruit juice
Regular soda (not diet)
Candy or sugar dissolved in water

**2. Check for Response**. After administering sugar, check if their symptoms improve in about 15 minutes.

**3. If Unresponsive.** If the person is unresponsive or unable to swallow, call **Aster Emergency on 155218** immediately. Do not attempt to give food or drink to an unconscious person.

**4. Monitor.** If the person regains consciousness, ensure they eat a more substantial snack to maintain blood sugar levels.

## What to Avoid

**Do not give the person something too sweet** (e.g., chocolate, which can take longer to digest and doesn't provide immediate sugar).

**Do not leave the person alone** until they've recovered fully or help arrives.

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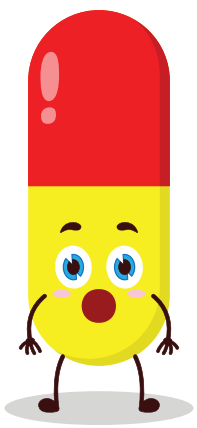
# M-MEDICATION OVERDOSE



A **medication overdose** occurs when someone takes more than the prescribed or recommended dose of a medication. Overdoses can involve prescription medications, over-the-counter drugs, or even illicit substances. The symptoms and severity can vary depending on the type of medication, the amount taken, and the person's medical history.

## How to Recognise a Medication Overdose

The symptoms of a medication overdose can range from mild to severe and depend on the type of medication involved. Common signs and symptoms include.

## General Symptoms of Overdose

**Drowsiness or lethargy.** The person may appear extremely tired or have difficulty staying awake.
**Confusion or disorientation.** Confusion, disorientation, unable to focus, or unusual behaviour.
**Nausea or vomiting.**
**Dizziness or lightheadedness.**
**Slow or irregular breathing.** Breathing may become shallow or laboured.
Sweating or flushed skin.
**Pupils.** Changes in the pupils like dilation or constriction can occur.
Increased heart rate or arrhythmia. Some medications can cause rapid heart rates, palpitations, or an irregular heartbeat.
**Tremors or seizures.** Some overdoses, particularly with stimulants or certain medications, can cause uncontrollable shaking or seizures.
**Loss of consciousness.** In severe cases, an overdose can lead to unconsciousness, coma, or even death.

## How Can You Take Charge?

### Ensure Safety

**Stay calm.** It's important to stay calm to make clear decisions and get help quickly.

**Ensure the person's safety.** Check the environment for hazards (e.g., sharp objects, hot surfaces) and remove any immediate dangers. If the person is unconscious or semi-conscious, prevent them from choking or falling.

### 2. Assess the Situation

**Check for signs of overdose.** As mentioned, look for any of the common symptoms like drowsiness, confusion, irregular breathing, or unconsciousness.

**Determine the substance.** Try to find out which medication or substance the person has taken and how much. Look for medication bottles, pill packets, or any other containers that might help identify what was consumed.

### 3. Call for Emergency Help

**Dial emergency services.** If you suspect **overdose** or if the patient is **unconscious, breathing with difficulty** or has **seizures -** call **155218 immediately to reach Aster Emergency**. Let us know that you suspect an overdose and provide as much information as possible (type of medication, amount taken, time of ingestion, any known allergies, age, etc.).

**Stay on the line**. Follow the dispatcher's instructions while waiting for help to arrive. Do not hang up until you are told to do so.

### 4. Do Not Induce Vomiting (Unless Instructed)

**Do not make the person vomit.** Unless specifically instructed by a medical professional or poison control, do not try to induce vomiting. Some medications can cause more damage if they are brought back up, and vomiting may lead to choking or aspiration.

### 5. Provide Information to Medical Professionals

**Tell them what was taken.** When emergency responders arrive, be sure to provide them with all the information you have. the name of the medication, dosage, and time of ingestion. If possible, show them the pill bottle or container.

**Inform them of any pre-existing medical conditions.** If the person has any medical conditions (such as heart disease, kidney problems, or diabetes), share this with the responders to ensure they are treated appropriately.

### 6. Monitor Breathing and Pulse

**Check for breathing and pulse.** If the person stops breathing or their heart stops, begin **CPR** immediately (if you're trained) and continue until emergency responders arrive.

**Place in recovery position.** If the person is unconscious but breathing, place them in the **recovery position** to keep the airway open and prevent choking.

### 7. If the Person Is Conscious, Keep Them Calm

**Reassure them.** If the person is conscious and able to respond, keep them calm and try to keep them still while waiting for help.

**Do not allow them to consume anything else.** Do not give them food, water, or other medications, as it could interfere with treatment.

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# N-NOSEBLEEDS

A nosebleed (also known as epistaxis) is a common occurrence in which blood flows from the nostrils, often as a result of a broken blood vessel inside the nose. Usually more distressing to see than they actually are, understanding how to manage them effectively is important.

## What Causes a Nosebleed?

Nosebleeds can be caused by a variety of factors, including.

**Dry air.** This is a common cause of nosebleeds, especially during the winter months when indoor air is dry.

**Frequent nose blowing.** Forcefully blowing your nose can rupture blood vessels.

Injury to the nose. A direct blow to the nose, such as during an accident or sports injury, can cause bleeding.

**Allergies or sinus infections.** These conditions can irritate and inflame the inside of the nose, leading to bleeding.

**Nasal sprays.** Overuse of decongestant nasal sprays can dry out the nasal passages and cause bleeding.

**Blood-thinning medications.** Some medications, such as aspirin, warfarin, or others that thin the blood, can make bleeding more likely.

**Underlying health conditions.** Disorders that affect blood clotting, such as haemophilia or platelet disorders, may increase the likelihood of nosebleeds.

**Environmental factors.** Living in areas with high pollution or high altitudes can also contribute to nosebleeds.

**Foreign objects in the nose.** Children, in particular, might insert small objects into their noses, which can irritate the nasal passages and cause a nosebleed.

## How Can You Take Charge?

### Stay Calm and Keep the Person Calm

**Reassure them**. Most nosebleeds are not serious and will stop with proper treatment. Stay calm and reassure the person, especially if they're feeling anxious or scared.

### 2. Have the Person Sit Up

**Sit upright.** Encourage the person to sit up straight rather than lying down. This helps reduce the pressure in the veins of the nose, which can reduce bleeding.

**Lean slightly forward.** This helps prevent the blood from running down the back of the throat, which can lead to choking or swallowing blood.

### 3. Pinch the Nostrils Together

**Pinch the nostrils.** Using your thumb and index finger, pinch the soft part of the nose (just below the bony bridge) firmly together. Keep the pressure on for **10 to 15 minutes** without releasing it to allow the blood vessels to clot.

**Breathing through the mouth.** Have the person breathe through their mouth while pinching their nose closed.

### 4. Apply a Cold Compress

**Cold compress.** Apply a cold compress or ice pack to the back of the neck or the nose. The cold can help constrict blood vessels and reduce the bleeding.

**Do not apply ice directly to the skin**. Wrap the ice pack in a cloth to avoid frostbite.

### 5. Avoid Leaning Back

**Do not lean back.** This is a common misconception. Leaning back can cause the blood to flow down the back of the throat, which can lead to swallowing blood or choking.

**Stay forward**. Encourage the person to stay slightly leaning forward, allowing the blood to exit the nostrils rather than go down the throat.

### 6. Wait for the Bleeding to Stop

**Give it time.** Keep pinching the nostrils together for 10 to 15 minutes. If the bleeding has not stopped after this time, you may repeat the process or seek medical help.

**Resist the urge to check too early.** Avoid checking for clotting too early, as this can disrupt the clotting process.

### 7. After the Bleeding Stops

**Avoid blowing the nose.** After a nosebleed stops, the person should avoid blowing their nose for at least 12 hours to prevent dislodging the clot and triggering another nosebleed.

**Use a saline nasal spray.** If dry air is contributing to the nosebleed, a saline nasal spray or a humidifier can help moisturise the nasal passages and prevent future nosebleeds.

## When to Seek Medical Help

While most nosebleeds can be treated at home, there are situations where medical attention is necessary.

**Persistent bleeding.** If the bleeding doesn't stop after 20 minutes of direct pressure or if the person has frequent nosebleeds, seek medical attention.

**Heavy bleeding.** If the nosebleed is profuse or if blood is gushing out uncontrollably, seek immediate help.

**Underlying medical conditions.** If the person has a bleeding disorder or is on blood-thinning medication (e.g., warfarin, aspirin), they may need medical treatment for their nosebleed.

**Trauma or injury.** If the nosebleed is the result of a head injury or facial trauma, medical attention is necessary to rule out fractures or internal bleeding.

**Difficulty breathing.** If the person is having trouble breathing, seek emergency medical help.

**Recurrent nosebleeds.** If nosebleeds are happening frequently or for no apparent reason, it's important to consult a doctor for further evaluation and treatment.

## Preventing Future Nosebleeds

To reduce the risk of nosebleeds, consider the following.

**Use a humidifier.** Keep the air in your home moist, especially in dry or heated environments.

**Apply a saline nasal spray.** This can help keep the nasal passages moist and prevent cracking.

**Use a gentle tissue.** Avoid forceful nose blowing. If you need to blow your nose, do so gently to avoid rupturing blood vessels.

**Avoid picking the nose.** Picking the nose can irritate the sensitive blood vessels inside the nostrils and cause nosebleeds.

**Hydrate.** Drink plenty of water to keep the body and nasal passages hydrated.

**Avoid irritants.** Try to avoid exposure to cigarette smoke, strong odours, or allergens that could irritate the nose.

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# O-OVERHEATING

With summers becoming hotter and more intense, overheating has become a significant concern for people of all ages. It can lead to serious health complications, if ignored.

Overheating, also known as heat stress or heat-related illness, occurs when the body is unable to regulate its internal temperature effectively due to excessive heat. It can range from mild discomfort to life-threatening conditions like heat stroke.

## How to Recognise Overheating

**Heat Exhaustion** (Milder form of overheating)

**Symptoms** Heavy sweating, weakness, dizziness, nausea, headaches, muscle cramps and cool, moist skin.

**Cause** Usually caused by prolonged exposure to high heat and humidity combined with physical activity.

**2. Heat Stroke** (Severe and life-threatening form of overheating)

**Symptoms** High body temperature (above 104°F or 40°C), dry and hot skin (not sweating), confusion, seizures, loss of consciousness, rapid pulse, and difficulty breathing.

**Cause** The body's temperature-regulating mechanisms fail, and the core body temperature rises to dangerous levels.

**3. Dehydration**

**Symptoms** Thirst, dry mouth, decreased urine output, fatigue, and dizziness. It can also increase the risk of overheating, as the body is unable to sweat effectively without adequate fluid intake.

## What Causes Overheating?

**High External Temperatures.** Exposure to hot weather, especially in combination with high humidity, can overwhelm the body's ability to cool itself.

**Intense Physical Activity.** Engaging in strenuous exercise, especially in hot environments, increases the body's heat production, making it difficult to regulate temperature.

**Inadequate Hydration.** Insufficient water intake can limit the body's ability to sweat and cool down.

**Inappropriate Clothing.** Wearing clothing that is too tight or made of materials that don't breathe, like synthetic fabrics, can trap heat and prevent the body from cooling off.

**Medical Conditions and Medications.** Certain medical conditions and medications can reduce the body's ability to regulate temperature.

## How Can You Take Charge?

**Hydrate.** Offer the person cool (but not icy) water or a coconut water (if they are not vomiting or unconscious). Hydration helps regulate body temperature. Avoid drinks with caffeine or alcohol as they can worsen dehydration.

**Move Them to a Cooler Place.**Get the person out of the hot environment as soon as possible. Take them to a cool, shaded area, or ideally, an air- conditioned space.

**Loosen Tight Clothing.** Remove excess or tight clothing to help the body cool down more efficiently. Ensure they are comfortable and their skin can breathe.

**Cool Their Body**

**Cool compresses.** Apply a cool, damp cloth or ice packs to their forehead, neck, armpits, and wrists (areas with major blood vessels).

**Spray with cool water.** Gently mist the person with cool water and fan them to increase evaporation and help bring their body temperature down.

**Cool shower or bath.** If possible, help them take a cool shower or bath.

**Monitor for Signs of Heat Stroke.** Keep a close eye on the person's symptoms. If they begin to feel disoriented, stop sweating, or lose consciousness, call emergency medical help immediately.

**Rest.** Encourage the person to rest while cooling down. Avoid any physical exertion until they feel better.

## Don'ts When Someone is Overheating

**Don't Give Alcohol or Caffeine.** Both of these can contribute to dehydration, worsening the condition.

**Don't Force Food.** In cases of heat stroke or severe overheating, the person may be unable to swallow or have an upset stomach, so avoid giving them food.

**Don't Try to Cool Too Quickly.** Using very cold water or ice directly on the skin (especially in extreme heat stroke cases) can cause **shock** or even **hypothermia**. Keep cooling gradual.

**Don't Leave Them Alone.** Stay with the person and monitor their condition. Their situation may worsen rapidly, especially if heat stroke sets in.

**Don't Ignore Severe Symptoms.** If the person's symptoms worsen or they lose consciousness, **call 155218** to reach **Aster Emergency**. Do not wait for the symptoms to improve on their own.

**Acclimatise to Hot Weather.** If you're not used to hot weather, gradually increase your exposure to heat and humidity to allow your body time to adapt.

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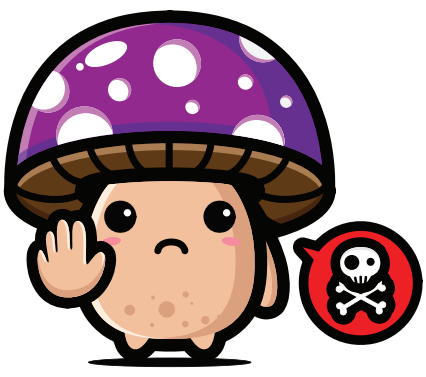
# P- POISONING



Poisoning can occur through ingestion (swallowing), inhalation (breathing in), or skin contact (touching toxic substances). In all cases, the key is to act **quickly and safely.**

## How Can You Take Charge?

### Ensure Your Safety

before helping someone. If the person has been exposed to fumes or hazardous chemicals, make sure you're not also at risk. If necessary, move to a well-ventilated area.

**Avoid direct contact.** Wear gloves, masks, or protective clothing if dealing with chemicals, poisons, or contaminated materials.

### 2. Call Emergency Services

**Call for help. Call 155218** to reach **Aster Emergency** if you suspect poisoning. The sooner you get help, the better the chances for recovery.

**When calling for help, provide.**

**The victim's age, weight, and general condition.**

**What poison was ingested or encountered** (if you know it).

**How much of the poison was consumed** or how the person was exposed.

**The time the poisoning occurred.**

**The symptoms the person is showing.**

### 3. Identify the Poison

**Determine what the person was exposed to.** If possible, identify the poison. This can be done by checking the container, bottle, or any items involved (household cleaning products, prescription bottles, or food).

**Do not make assumptions.** If unsure, follow first aid instructions while waiting for medical professionals.

### 4. Specific First Aid Based on Type of Poisoning

**Poisoning by Ingestion** (Swallowed)

**Do not induce vomiting** unless instructed by a professional (poison control or emergency personnel). Vomiting can worsen the situation, especially if the poison is caustic or corrosive.

**Do not give the person anything to drink or eat** unless instructed by medical professionals. In some cases, drinking water or milk may be helpful, but in others, it can cause further damage.

**If the person is alert and conscious.** If the poison is non-caustic and it's safe to do so, and you're advised to, you may be instructed to give activated charcoal to absorb the poison. Activated charcoal is often used in the hospital setting and should only be used under professional guidance.

**Seek professional help.** You should still call emergency services for professional treatment, as the person may need immediate intervention such as stomach pumping or specific antidotes.

**Poisoning by Inhalation** (Breathing in Toxic Fumes)

**Move the person to fresh air.** If you suspect poisoning due to inhaling gases like carbon monoxide, fumes, or smoke, **immediately move the person to a well-ventilated area or outside.**

If possible, turn off the source of the toxic fumes.

If you're in a confined space, evacuate to a safe area away from the poison.

**Provide oxygen if available.** If the person is struggling to breathe or is unconscious, give them oxygen if it is available and you're trained in its use.

**Monitor breathing.** If the person is having difficulty breathing, **administer CPR** (if trained) while waiting for emergency responders.

**Stay calm.** Keep the person as calm as possible, as panic can worsen breathing difficulties.

**Poisoning by Skin Contact** (Contact with Toxins)

**Remove contaminated clothing.** If the substance is on the skin, remove any contaminated clothing as quickly as possible.

**Wash the skin immediately.** Use **running water** to rinse the affected area thoroughly for at least 15 minutes to remove any toxic substance.

If the poison is a chemical or pesticide, you may need to rinse with soap and water, but **avoid scrubbing the area**, as it may spread the poison further.

If the substance is in the eyes, rinse the eyes with clean water for at least 15 minutes or until medical help arrives.

**Do not apply neutralizing chemicals.** Unless directed by a medical professional, avoid using neutralizing agents, as they can cause reactions with the poison.

**Cover burns or rashes.** If the skin becomes burned or irritated, cover the area with a clean, non-stick bandage or cloth to prevent infection.

**Poisoning by Eye Exposure**

**Flush with water.** If the poison gets into the eyes, immediately flush with **clean water or saline**. Keep the eyes open and rinse for at least 15 minutes.

**Use gentle flow.** Avoid using excessive pressure when rinsing.

**Seek immediate medical help.** Eye exposure to chemicals can lead to severe damage. Professional evaluation and care are needed.

### 5. Monitor the Person's Condition

**Check for consciousness.** Monitor whether the person is conscious or losing consciousness. If they become unconscious, **perform CPR** (if trained) and wait for medical help.

**Keep them calm.** Anxiety can worsen symptoms like breathing difficulties, so try to keep the person as calm as possible. Encourage slow, deep breaths.

**Do not leave the person alone.** Stay with them and observe for any changes in symptoms, including breathing irregularities, confusion, or seizures.

### 6. Follow Professional Instructions

**Listen to poison control or emergency responders**. When help arrives, provide as much information as possible (type of poison, amount, time of exposure, and symptoms).

**Antidotes or treatment.** In some cases, medical professionals will administer specific antidotes to reverse the poisoning, or they may pump the stomach to remove the poison. Follow their instructions carefully.

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# Q-QUICK ACTION

In an emergency, **quick action** can make the difference between life and death. Whether it's a **poisoning, heart attack, stroke**, or **injury**, taking swift, deliberate action minimises harm, and increases the chance of survival.

**Time is critical**, so **being prepared and knowing what to do immediately** can help save a life.

But there are some ground rules for being a first responder. An enthusiastic but ill-informed approach can cause more harm than being of any help.

## How Can You Take Charge?

### Assess the Situation Immediately

Is it safe for you to approach the victim? If not, your first action is to ensure you are in a safe location before helping them.

**Stay calm.** Clear thinking is crucial when responding to emergencies. Panic can delay your actions and affect the care you provide.

**Quickly assess the severity.** Assess the victim's condition to understand how serious the situation is. Are they conscious? Are they breathing? Are they showing signs of poisoning (nausea, confusion, dizziness)?

### Immediately Call for Help

**Keep the numbers at hand.** Ambulance. Emergency helplines. **You can reach Aster Emergency on 155218**. Keep these numbers. As soon as you understand that the situation requires medical intervention, call immediately without wasting time. When doing so, make sure to provide.

The **nature of the emergency** (suspected poisoning, difficulty breathing, unconsciousness).

**Location and details** of the incident (this helps responders arrive quickly and prepare).

**Specific symptoms** (difficulty breathing, loss of consciousness, vomiting or any signs of poisoning).

**Age and condition** of the victim.

### Take Action Based on the Type of Emergency

**Poisoning.** <https://www.asterhospitals.in/takecharge/poisoning>

**Asthma and allergies** <https://www.asterhospitals.in/takecharge/asthma>

**Burns** <https://www.asterhospitals.in/takecharge/burns>

**Unresponsiveness** <https://www.asterhospitals.in/takecharge/unresponsiveness>

**Trauma** <https://www.asterhospitals.in/takecharge/trauma>

**Cardiac Arrest** <https://www.asterhospitals.in/takecharge/cardiac>

**CPR.** In cases of cardiac arrest or if someone stops breathing, **start CPR immediately** if you're trained to do so. Time is of the essence when it comes to administering chest compressions and rescue breaths.

### Avoid Delaying Treatment

**Timely actions prevent further damage.** Administer treatment or take the necessary steps immediately, without hesitation.

**Monitor continuously.** If possible, keep the person under observation until help arrives. Monitor their breathing, pulse, and consciousness levels. If they deteriorate (stop breathing, lose consciousness), be ready to act.

### Follow Professional Guidance

**Listen to poison control or emergency responders.** When calling emergency services, follow their instructions carefully. If you're unsure about what to do next, poison control can guide you through the steps and advise on further actions.

**Don't hesitate.** If you're unsure about whether to do something, follow the advice of professionals immediately. **Quick action** here means responding promptly, based on available information.

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# R-ROAD ACCIDENTS

Road accidents can occur suddenly, and the aftermath often requires swift and careful action. Knowing how to assist in these situations can help prevent further injury and even save lives. Here's how to approach **first aid in road accidents.**

## How Can You Take Charge?

### Ensure Safety First

**Check for personal safety.** Before rushing to assist, ensure that you are safe and out of harm's way. Be aware of any ongoing traffic or other potential dangers (e.g., fires, leaking fuel).
**Park safely.** If you are a witness or involved, park your vehicle safely away from the accident scene, if possible, and turn on your hazard lights. This warns other drivers of the incident.
**Warn oncoming traffic.** If you can do so safely, use cones, flares, or even a cloth to alert approaching vehicles to slow down or stop.

### 2. Assess the Situation

**Check for injuries.** If it's safe to approach, evaluate the condition of the people involved in the accident. Look for -
**Consciousness.** Are they awake? Are they confused, disoriented, or unresponsive?
**Breathing.** Are they breathing? If not, begin CPR.
**Visible wounds or deformities.** Look for open wounds, broken bones, or obvious signs of injury (such as bleeding, cuts, or bruises).
**Signs of shock.** Look for signs of shock, such as pale skin, cold sweats, rapid heartbeat, or shallow breathing.
**Potential spinal injuries.** If the victim has a head injury or there's a chance of spinal injury, **do not move them unless there's a life- threatening danger.**

### 3. Call for Emergency Help

**Dial 155218 immediately to reach Aster Emergency.** Provide details on the exact location of the accident, the number of people involved, the severity of injuries, and any visible dangers (e.g., fire, hazardous materials). This ensures that emergency responders arrive fully prepared.
**Provide crucial details.** When calling for help, give a description of the accident scene and the condition of the victims. Mention any **unconscious or seriously injured people.**

### 4. Provide First Aid

**Basic First Aid Steps**
**Stay calm and reassure the victim.** Keeping the person calm can help reduce anxiety, which may prevent further complications.
**Control bleeding.** Apply pressure to any open wounds with a clean cloth to stop bleeding. If possible, elevate the bleeding limb to slow down blood flow.
**Position the victim.** If the person is **conscious and alert**, help them into a comfortable position. If they're **unconscious but breathing**, place them in the **recovery position** (lying on their side) to maintain clear airways and prevent choking on any fluids or vomit.
**Monitor breathing.** If the person isn't breathing, begin **CPR** immediately (chest compressions and rescue breaths).
**Manage head and neck injuries.** For suspected head or neck injuries, **do not move** the person unless they are in immediate danger (like a fire). If they are breathing and stable, keep them still.
**B. Address Specific Injuries**
**Broken bones or fractures.** If a bone appears broken or deformed, try to **immobilise the area** by splinting it with available materials (e.g., sticks, cloth, or a rolled-up magazine) to prevent further damage. Do not attempt to realign bones. Apply ice if available to reduce swelling and pain.
**Head injuries.** For head trauma, monitor the person's level of consciousness and look for signs of brain injury (nausea, confusion, dizziness). If they're unconscious or experiencing seizures, don't move them unless they're in immediate danger. Keep their head and neck supported.
**Chest injuries.** For suspected rib fractures or lung injuries, **apply pressure** to any open wounds to control bleeding. Encourage the person to **breathe slowly and deeply** to avoid exacerbating pain.
**Spinal injuries.** In case of a suspected spinal injury (if the victim was thrown from the vehicle), **do not move the person**, and keep their head and neck immobilised. Support the neck and head as best as you can while waiting for professional help.

### 5. Prevent Shock

**Signs of shock.** The victim may show signs of shock, including **pale skin, weak pulse, shallow breathing, confusion**, or **dizziness.**
**How to manage shock.**
Keep the victim **warm** by covering them with a blanket or clothing.
Keep them **flat on their back** (unless there's a head injury) and raise their **legs slightly** to improve blood flow to vital organs.
**Monitor vital signs** (breathing and pulse), and continue reassuring them.
If the person is vomiting or has a serious head injury, do not raise the legs but ensure they are in a position where their airways remain clear.

### 6. Be Prepared for Specific Situations

**If the Person is Trapped in the Vehicle**
**Do not attempt to remove them** from the vehicle unless they are in immediate danger. It's best to leave this to the professionals, who have the proper tools and training.
**Help them stay calm.** Talk to the trapped individual to reassure them. Ensure they are in a comfortable position if possible.
**B. In the Case of Burns from Fire or Explosion**
**Extinguish the fire.** If the victim's clothing is on fire, smother the flames with a blanket, coat, or other fabric, or use water if it's safe.
**Treat burns.** For minor burns, **cool the burn area** with cool running water (for at least 10–20 minutes). Avoid using ice, which can damage the skin further.
**Cover with sterile dressing.** For severe burns, do not remove stuck clothing. Cover the burn with a sterile cloth or non-stick bandage to reduce infection risk.
**C. If the Motorcyclist/Cyclist Is Wearing a Helmet**
**Do Not Remove the Helmet** (unless breathing is compromised or absolutely necessary)
**Why** Removing a helmet can cause **neck or spinal injuries to worsen**. The helmet helps stabilize the head and neck. Unless the person is struggling to breathe or there is an immediate danger, it is recommended not to remove it.
**Exceptions** If the person is **unconscious** and not breathing properly, carefully remove the helmet while stabilising the head and neck. This should be done carefully.
**Ensure the Person's Airway Is Open**
**Unconscious Victim** If the person is unconscious but breathing, place them in the **recovery position** (on their side) to help keep the airway clear and avoid choking.
**Non-Breathing Victim** If the person isn't breathing, start **CPR** immediately (unless you're trained, try to perform chest compressions only until help arrives).
**Stabilise the Head and Neck**
**Spinal Precaution** If there's any suspicion of a head, neck, or spine injury, stabilise the person's head and neck by holding them still. Minimise movement to prevent further damage.
**Avoid Moving Them** Unless they're in immediate danger (fire), **don't move the person**. Moving them could worsen any spinal injuries.

### 7. Provide Emotional Support

Stay calm and offer reassurance. Road accidents can be terrifying for the victim and others involved. Reassure the victim that help is on the way, and try to keep them calm and comforted.
Be prepared to provide information. If the victim is conscious, ask them basic information about their condition and any known medical issues (allergies, medications).

### 8. Continue to Monitor

**Monitor for changes in condition.** Keep a close eye on the person's condition, especially their breathing, pulse, and level of consciousness. If they become unresponsive or show signs of deterioration, prepare for CPR or additional life-saving techniques.
**Wait for professionals.** Once emergency services arrive, provide them with any relevant information about the accident and the victim's condition.

### How to Make a Makeshift Stretcher for Road Accidents

In emergency situations like road accidents, quick action is crucial. If a stretcher is not readily available, you can use materials found around you to create a **makeshift** stretcher to safely transport an injured person to medical help.
**Materials Needed**
**A long, sturdy cloth or fabric** (like a bed sheet, large towel, or a piece of strong cloth)
**Two long, strong rods or poles** (bamboo sticks, broom handles, or any sturdy, straight objects)
**Cloth strips or belts** (to secure the person)
**A strong knotting rope or string** (optional, for added stability)
**Steps to Make a Makeshift Stretcher**
**Prepare the Fabric**
Lay the cloth flat on the ground, ensuring it's long enough to support the person's body from head to toe.
**Position the Poles**
Take the two poles and place them parallel to each other, one at each side of the fabric, ensuring they are long enough to support the person comfortably.
**Tie the Fabric to the Poles**
Secure the fabric to the poles by folding the edges over and tying them with cloth strips, belts, or string. Tie the cloth tightly enough to avoid slipping but without compressing the fabric too much. Make sure it is stable on both sides.
**Create Handles (Optional)**
If you have extra cloth or rope, create four sturdy handles by tying small loops at each end of the poles for easier lifting.
Place the Injured Person Carefully
Gently lift the injured person onto the stretcher, making sure to keep the neck and spine as stable as possible.
If possible, try to use at least two people to lift the person, one on each side of the stretcher.
**Transport the Injured Person**
Lift the stretcher carefully, ensuring it's balanced. Walk slowly and steadily to avoid any sudden movements. If the injured person is in severe pain, try to keep them as still as possible.

### Important Safety Tips

**Ensure Stability:** The stretcher should be sturdy and able to hold the weight of the injured person without sagging or breaking.
**Avoid Spinal Injury:** If you suspect spinal injury, be extra cautious when lifting and ensure that the person's spine is properly supported throughout the process.
**Minimise Movement:** Try to avoid unnecessary movement or jostling of the injured person, especially if they have a head, neck, or back injury.

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# S-STROKE

A **stroke** occurs when there is a **disruption** of blood flow to the brain, either due to a **blocked artery (ischemic stroke)** or a **ruptured blood vessel (hemorrhagic stroke)**. This leads to the brain cells being deprived of oxygen and nutrients, causing damage to brain tissue. **Time is critical** in stroke treatment, so recognising the symptoms and acting fast is essential.

## How to Recognise a Stroke (BEFAST)

The BEFAST method is a simple way to recognise the signs of a stroke quickly.

B - Balance - Balance is a telltale sign of stroke. If the patient can't hold themselves steady, this might be a stroke.

E - Eyes - If the eyes don't focus and if they complain of blurred vision.

F - Face Drooping. Ask the person to smile. Does one side of the face droop or is it uneven? This could indicate a stroke.

A - Arm Weakness. Ask the person to raise both arms. Is one arm weak or drifting downward? Weakness on one side is a key symptom of a stroke.

S - Speech Difficulty. Ask the person to repeat a simple sentence (like "The sky is blue"). Is their speech slurred or difficult to understand? Difficulty speaking could indicate a stroke.

T - Time to Call Emergency Services. If you observe any of these signs, time is crucial. Call emergency services immediately and get the person to a hospital as quickly as possible.

## How Can You Take Charge?

### Call for Emergency Help Immediately

**Dial 155218 to reach Aster Emergency** as soon as you suspect a stroke. The faster the victim gets medical attention, the higher their chances of recovery.

**Provide key information** to emergency responders, including.

The **time when the symptoms first appeared** (this is crucial for determining the best treatment).

The **symptoms** you observed (e.g., face drooping, arm weakness, speech difficulty).

The **victim's medical history**, if known (if they have a history of strokes, high blood pressure or heart disease).

### Stay Calm and Reassure the Person

**Keep the victim calm.** If the person is conscious, reassure them that help is on the way.

**Stay with the person.** Keep them in a comfortable position, ideally lying on their side, with their head slightly raised to ease breathing and prevent choking.

### Monitor Breathing and Consciousness

**Check for breathing**. If the person is **unconscious** and not breathing, begin **CPR** immediately (chest compressions and rescue breaths). If the person is **conscious**, try to keep them calm and avoid giving them food or drink, as this could lead to choking.

**Monitor the victim's consciousness**. If the person becomes **unresponsive, do not attempt to wake them** by shaking them or trying to rouse them. Instead, ensure they are lying flat with their head supported, and continue monitoring their breathing.

### Do Not Give Them Anything to Eat or Drink

**Avoid food or drink.** In the case of a stroke, **do not offer the person anything to eat or drink**, as it can cause choking, especially if they are having trouble swallowing or if their consciousness is impaired.

### Keep Them in a Comfortable Position

**Position the person carefully**. If the person is conscious, have them sit or lie in a position that feels most comfortable, ideally with their **head elevated** to assist in breathing. If the person is unconscious but breathing, place them in the **recovery position** (on their side, with their head tilted back) to keep the airways clear.

### Do Not Move the Person (Unless Necessary)

If there is a possibility of **spinal injury** (if the person fell or had an accident), **do not move them**. Wait for emergency medical personnel to handle transportation.

If they are in **immediate danger** you may need to move them carefully while supporting their head and neck.

### Provide medical staff with essential information

**Time of onset**. The exact time when symptoms began, as this is critical in determining the treatment (for example, clot-busting medications are most effective if given within 3 hours of the onset of symptoms).

**The symptoms.** Mention any changes in speech, weakness, or facial drooping.

**The person's medical history**. If known, provide any relevant details, such as a history of strokes, high blood pressure, or heart disease.

## What NOT to Do in the Event of a Stroke

**Do not administer medication.** Avoid giving the person aspirin or any other medication unless instructed by a medical professional. Some medications can worsen certain types of strokes.

**Do not try to "wake them up".** Do not shake or attempt to rouse an unconscious person. This can worsen the situation, especially if there is brain swelling.

**Do not allow them to walk.** If they are conscious, encourage them to remain still and avoid trying to stand or walk.

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# T-TRAUMA

**Trauma** refers to physical injury to the body caused by an external force or event, such as a **fall, car accident, blow to the body, or blunt force trauma**. Trauma can affect **soft tissues, bones, organs,** and even the **brain**. It can range from **minor injuries** (like bruises) to **life-threatening injuries** (such as severe bleeding, broken bones, or internal injuries).

## How to Recognise Trauma

Trauma may present in many different ways, depending on the cause and the part of the body affected. Signs of trauma include.

**Pain.** Any injury may result in sharp, constant, or throbbing pain.

**Visible injury.** Bruising, cuts, or open wounds may be visible.

**Deformity. Broken bones** or **dislocated joints** may cause deformities or unusual angles.

**Swelling.** Inflammation around the injury site, often indicating sprains, strains, or fractures.

**Bleeding.** Severe trauma may cause heavy or persistent bleeding from external or internal wounds.

**Breathing difficulties.** Trauma to the chest or torso may impair the victim's ability to breathe.

**Unconsciousness or confusion.** If the trauma involves the head or brain, there may be confusion, memory loss, dizziness, or loss of consciousness.

**Shock.** Signs of shock can include pale skin, rapid breathing, weak pulse, sweating, or confusion.

## How Can You Take Charge?

Trauma can be severe, so providing appropriate first aid while waiting for medical help is essential. Here's a step-by-step guide to handling trauma.

### Ensure Safety

**Check the environment.** Before helping, ensure the area is safe (e.g., no ongoing hazards like traffic, fire, or electricity).

**Move the victim only if necessary.** If there is no immediate danger (like fire), avoid moving the victim, as movement may worsen the injury. If they're in a hazardous situation (e.g., near a vehicle or fire), then carefully move them without causing further injury.

### Assess the Severity of the Injury

**Look for signs of severe trauma.** This includes severe bleeding, bone fractures, open wounds, breathing difficulties, or unresponsiveness.

**Check vital signs.** Monitor the victim's pulse, breathing, and level of consciousness. If they stop breathing or their heart stops, begin **CPR** immediately.

### Call for Emergency Help

**Dial 155218 to reach Aster Emergency**. Give clear, accurate information about the injury, its severity, and the location.

**Describe the victim's condition**. Mention whether they're conscious or unconscious, if there's bleeding, difficulty breathing, or signs of shock.

### Manage Bleeding

**Control bleeding.** Apply pressure to any **external bleeding** using a clean cloth or bandage. If bleeding is severe, use a **tourniquet** or a cloth tied above the wound to reduce blood flow.

**Elevate the injured limb** (if possible and safe). Raising the limb above the heart can help reduce blood flow and swelling.

**Apply pressure.** For **severe bleeding** that doesn't stop with direct pressure, apply a pressure bandage. If bleeding continues, try to apply more pressure or use a clean cloth.

### Treat Shock

**Signs of shock** include cold, clammy skin, rapid breathing, weak pulse, confusion, or dizziness.

**Keep the victim warm**. Cover them with a blanket or jacket to help them retain body heat.

**Lay them flat**. If they are not suspected to have a head, neck, or back injury, elevate the legs slightly (about 12 inches) to encourage blood flow to vital organs.

**Monitor breathing and pulse**. Ensure the victim is breathing, and their pulse is regular. If they stop breathing, begin **CPR** immediately.

### Immobilise Broken Bones and Joints

**Don't move** the person if you suspect a bone is broken or if there's a possibility of neck or back trauma.

**Stabilise fractures**. If the person has a **broken limb**, try to **immobilise** the limb with a splint or by using available materials (e.g., sticks, rolled-up magazines, or cloth).

Make sure to **splint the joint above and below** the break.

If you're immobilising a leg, avoid putting weight on it.

**Don't attempt to realign the bone**. If you notice a **dislocation** or **deformity**, don't try to fix it. Keep the limb still until medical help arrives.

### Address Head, Neck or Spinal Injuries

**Do not move the person** if you suspect a spinal injury (head trauma, car accident).

**Support the head and neck.** If the victim is unconscious, support the head and neck to prevent further injury. Keep them in the **neutral position**—the head should align with the body.

**Check for signs of concussion**. Symptoms of a head injury can include **headache, dizziness, nausea, confusion**, or **loss of consciousness**.

**Monitor their breathing and alertness**. If the person is unconscious and not breathing, perform **CPR** and continue until emergency help arrives.

### Treat Burns (If Trauma Involves Fire or Heat)

**Cool the burn**. If the injury involves a **burn**, immediately **cool** the burn with **cold running water** for at least 10-20 minutes.

**Cover the burn.** Use a **sterile non-stick dressing** or a clean cloth to cover the area to prevent infection.

**Don't pop blisters**. If blisters form, **don't pop them**, as it can lead to infection.

### Keep the Victim Comfortable and Reassured

**Stay calm.** The victim may be in shock or pain. Offering calm and reassurance can help ease anxiety.

**Avoid offering food or drink.** If the person is injured, especially with **head injuries**, do not offer food or drink, as they may choke or aspirate.

**Stay with them**. Keep the victim warm, and stay with them until medical help arrives.

### Monitor and Record Information

**Keep track of the victim's condition**. Write down any key details such as **time of injury**, any symptoms like **unresponsiveness**, and actions you've taken (e.g., splinting a limb, controlling bleeding).

**Provide this information to the medical team** when they arrive to help ensure the victim receives the best treatment possible.

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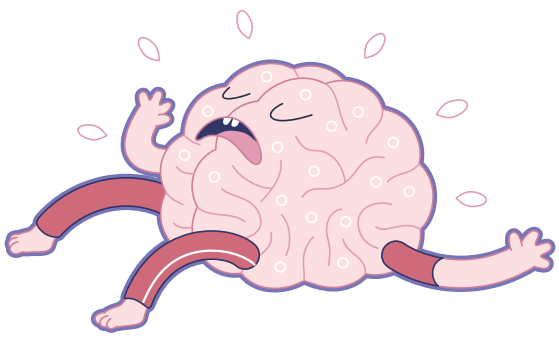
# U-UNRESPONSIVENESS



Unresponsiveness occurs when an individual is **unconscious** or **not reacting** to stimuli, such as sound, touch, or other forms of interaction. Unresponsiveness can vary from a **temporary loss of consciousness** (such as fainting) to a more serious condition where the person is unresponsive and not breathing or has no pulse (which could indicate a medical emergency like a **heart attack** or **stroke**). Unresponsiveness can result from various causes, including trauma, **drug overdose, low blood sugar, heatstroke, stroke**, or other medical conditions like **seizures**. Recognising and responding to unresponsiveness quickly is crucial for the person's survival and well-being.

## What Causes Unresponsiveness?

Unresponsiveness can occur for various reasons, including but not limited to:

- **Cardiac arrest** (heart stops beating)
- **Trauma** (head injury, fall)
- **Seizures**
- **Overdose** (drugs, alcohol, or medications)
- **Stroke**
- **Severe allergic reaction (anaphylaxis)**
- **Hypoglycaemia (low blood sugar)**
- **Heatstroke or hypothermia**
- **Infections or illnesses affecting brain function**

## How to Recognise Unresponsiveness

Unresponsiveness can be easily recognised by the following signs.

**No reaction to verbal or physical stimuli.** The person does not respond to being called by name or being shaken gently. There is no response - no movement, eye contact, or verbally.

**Breathing changes or no breathing**. The person may be breathing irregularly or not at all. If they are breathing, it may be very slow or shallow.

**Pale or bluish skin.**

**Absence of a pulse.**

## Don’ts of Unresponsiveness or Loss of Consciousness

**Don't sit or stand the person up,** and avoid shaking them. This is especially important when the person is still unresponsive. Ensure that they are moved in a lying down position.

**Don't offer food or drink**, especially if they are unresponsive. This could cause choking.

**Don't leave them alone**, stay with them to monitor their condition.

**Don't attempt to move them if injured**, particularly with head or neck trauma.

**Don't panic**, stay calm, assess the situation, and take appropriate action.

**Don’t ignore the need for medical evaluation** if fainting or unresponsiveness occurs.

**Don’t try to administer CPR.** CPR is only for cases when the person is **not breathing or doesn’t have a pulse**. If they are breathing, CPR is not required.

## How Can You Take Charge?

### Check for Responsiveness

**Gently tap or shake** the person and **call their name loudly** to see if they respond.

**If no response.** Move to the next steps immediately.

### Check for Breathing

**Look, listen, and feel** for breathing.

**Look** at the chest to see if it rises and falls.

**Listen** for breath sounds.

**Feel** for breath on your cheek or hand.

**If the person is not breathing** or is breathing irregularly, proceed to step

If they are breathing, **place them in the recovery position** (on their side) and monitor until help arrives.

### Call for Emergency Help

**Call 155218 to reach Aster Emergency** immediately.

**Provide information.** Tell us the situation (unresponsiveness, difficulty breathing, etc.) and follow any instructions they give.

### Check for a Pulse

**Check for a pulse** in the person’s neck (carotid artery) or wrist (radial artery).

**If there is no pulse.** This could indicate that the person’s heart has stopped. Start **CPR** immediately.

### Begin CPR (If Necessary)

If the person is unresponsive and **not breathing** or has **no pulse**, start **CPR**.

**CPR for adults**.

**Chest compressions.** Push hard and fast in the center of the chest (about 2 inches deep and at a rate of 100-120 compressions per minute).

**Rescue breaths**. After every 30 chest compressions, give 2 rescue breaths (pinch the nose, cover the mouth, and breathe into the victim’s lungs).

**CPR for children and infants.**

For children, use one hand for chest compressions.

For infants, use two fingers for chest compressions and give gentle rescue breaths.

### Use an AED (If Available)

If an **Automated External Defibrillator (AED)** is available, turn it on and follow the instructions.

Attach the pads to the person’s chest and allow the AED to analyze the heart rhythm.

If a shock is advised, deliver the shock, then continue CPR until emergency help arrives.

### Keep the Person Comfortable

**Monitor the person**. If they regain consciousness, reassure them and keep them calm.

**Protect the airway.** If they are unconscious but breathing, **place them in the recovery position** to prevent choking.

**Avoid moving them.** Do not move the person unless necessary, such as in the case of immediate danger (fire, traffic, etc.).

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# V-VOMITING AND DEHYDRATION IN CHILDREN

**Vomiting** can happen due to various causes, including infection, food allergies, or even motion sickness. **Dehydration** occurs when a child loses more fluids than they take in, resulting in an imbalance that can affect body functions. Vomiting often leads to dehydration, especially in children, since they can lose a significant amount of fluids and electrolytes in a short period.

**Vomiting and dehydration in children** can be especially dangerous because children are more susceptible to rapid dehydration, which can lead to serious complications if not addressed promptly.

## How to Recognise Vomiting and Dehydration in Children

**Forceful throwing up** of stomach contents.
May be accompanied by nausea, stomach cramps, or discomfort.
**Frequent or repetitive vomiting** episodes, especially after eating or drinking.

## Signs of Dehydration

**Dry mouth and tongue**. A lack of saliva in the mouth.
**Lack of tears.** When the child cries, no tears may be produced.
**Sunken eyes or cheeks**. The eyes may appear sunken, and the cheeks may look hollow.
**Decreased urine output.** Fewer wet diapers for babies or less frequent urination in older children.
**Dark yellow urine**. This indicates the body is retaining fluids.
**Lethargy or irritability**. Dehydrated children often appear unusually tired or fussy.
**Dizziness or fainting.** A sign that the body is not getting enough fluids to function properly.
**Dry skin.** Skin may lose its elasticity and appear dry.

## What Causes Vomiting and Dehydration in Children?

Several factors can lead to vomiting and dehydration in children.

**Gastrointestinal infections (gastroenteritis)**. Viral or bacterial infections are common causes of vomiting, often accompanied by diarrhea.
**Food poisoning.** Consuming contaminated food or beverages can lead to vomiting and dehydration.
**Motion sickness**. Traveling by car, boat, or plane can sometimes trigger vomiting in children.
**Overheating or heatstroke**. Excessive heat exposure can cause vomiting and dehydration.
**Increased physical activity**. Over-exertion, especially in hot conditions, can lead to fluid loss.
**Medications or medical treatments**. Certain medications can cause nausea and vomiting.
**Underlying medical conditions**. More serious health conditions like migraines, appendicitis, or infections can cause vomiting and dehydration.

## How Can You Take Charge?

### Stay Calm and Assess the Situation

**Observe the child's condition.** Check how often the child is vomiting and if they show any signs of dehydration (like dry mouth, sunken eyes, or fatigue).
**Consider the cause.** If the child has recently eaten something potentially contaminated or been exposed to illness, this could be a factor. If vomiting persists for more than 24 hours, it is crucial to seek medical attention.

### Rehydrate the Child Gradually

**Offer small amounts of fluids frequently**. Start by giving the child small sips of water, oral rehydration solutions (ORS), or clear fluids like **broth** or **clear soup**. Avoid giving them large quantities at once, as it may trigger more vomiting.
**Oral Rehydration Solution (ORS).** ORS helps replace lost fluids and electrolytes like sodium and potassium. Commercially available ORS can be purchased over-the-counter and should be used according to the instructions.
**Avoid sugary drinks.** Avoid giving **juices, sodas,** or **sports drinks** as they can worsen dehydration. Sugary liquids can increase diarrhoea or vomiting.
**Breastfeeding.** For infants, continue breastfeeding if possible, as breast milk provides both nutrition and hydration.

### Allow Time for the Stomach to Settle

**Wait 30-60 minutes after vomiting** before offering fluids. This allows the stomach to settle and reduces the chance of further vomiting.
**Start with clear liquids.** Begin with small sips of clear fluids like water, ORS, or clear broths.
**Gradually move to bland foods.** Once vomiting slows down and the child keeps fluids down, you can offer bland foods like **toast, plain rice, crackers,** or **bananas**.

### Monitor for Severe Symptoms

If the child exhibits any of the following symptoms, **seek medical attention immediately.**

**Continuous vomiting** for more than 24 hours.
**High fever** (above 101°F or 38.3°C).
**Severe abdominal pain** or tenderness.
**Confusion, drowsiness,** or **loss of consciousness.**
**Blood in vomit** or stools (could indicate a more serious condition).
**Signs of severe dehydration**. Very little urine, sunken eyes, or dizziness.

### Rest and Comfort

**Rest is crucial.** Encourage the child to rest, as this helps the body recover.
**Reassure them**. Vomiting and dehydration can make children feel weak and scared. Offer comforting words and help them feel at ease.
**Avoid forcing food or fluids.** If the child refuses to eat or drink, don't force them. Allow them to drink or eat at their own pace once they feel ready.

## When to Seek Medical Help

If vomiting or signs of dehydration persist for **more than 24 hours**.
If the child is **under 6 months old,** as dehydration can occur more rapidly in young infants.
If the child shows **severe signs of dehydration** such as **sunken fontanelles** (soft spots on a baby's head), **lethargy,** or **dry mouth**.
If the vomiting is **accompanied by a high fever, severe headache,** or **blood**.
If the child is unable to **keep any fluids down**, or if vomiting continues **after 12 hours** in a toddler or older child.

## Prevention Tips

**Ensure proper hydration.** Encourage your child to drink water regularly throughout the day, especially during hot weather or after physical activity.
**Practice food safety.** Teach your child good hygiene practices, such as washing hands before eating and avoiding expired or contaminated food.
**Manage motion sickness.** If your child experiences motion sickness, keep their head still during travel, and make sure they take breaks if traveling for a long period.
**Avoid overheating.** Make sure your child stays cool in hot weather and wears appropriate clothing to prevent heatstroke.

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# W-WHIPLASH

Whiplash is one of the most underrated emergencies and yet, can cause discomfort and pain for a long time. It occurs when the neck is suddenly and forcefully jerked backward and then forward, causing the muscles and ligaments in the neck to stretch beyond their normal range of motion. This rapid movement can strain or damage the muscles, ligaments, discs, and joints in the cervical spine (neck area).

## How Serious is Whiplash?

**Mild to Moderate Whiplash**. Most cases of whiplash are mild to moderate. Symptoms can include

**Neck pain and stiffness**

**Headaches**

**Dizziness**

**Fatigue**

**Muscle spasms**

These symptoms often improve within a few days to a few weeks with rest, pain relievers, and gentle movement. However, some people may experience ongoing discomfort or minor pain for several months.

2. **Severe Whiplash** In rare cases, whiplash can cause more serious damage, leading to -

**Chronic pain** In some people, the pain can persist for months or even years.

**Nerve damage** If the nerves in the neck are damaged, it may lead to tingling, numbness, or weakness in the arms and hands.

**Herniated discs** In more severe cases, whiplash may cause a disc in the spine to rupture or herniate, which can cause ongoing pain, nerve issues, and even loss of mobility.

These serious complications can require more intensive treatment, including physical therapy, prescription pain medication, or even surgery in rare cases.

## When Should You Seek Medical Help for Whiplash?

While most cases of whiplash are mild and improve with time, you should seek medical attention immediately if -

The pain is severe or persistent.

You experience **numbness, tingling, or weakness** in your arms or legs.

You have difficulty moving your neck or have trouble holding your head up.

You experience symptoms such as **blurred vision, severe dizziness**, or **confusion** (which could indicate more serious neck or spinal injuries).

## How Can You Take Charge?

**Rest** Keep the person still and avoid any movement of the neck that could worsen the injury.

**Ice Pack** Apply an ice pack to the neck to reduce swelling and alleviate pain, especially within the first 24-48 hours.

**Pain Relief** Over-the-counter pain medications, such as ibuprofen or acetaminophen, can help relieve pain and inflammation.

**Seek Medical Attention** If the injury is more severe, it's important to consult a healthcare professional for an accurate diagnosis and appropriate treatment.

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# X-XTRA CARE

**Xtra Care** is about being proactive, diligent, and ensuring that every necessary step is taken to provide the best possible care in an emergency. It's the added layer of caution and effort that ensures the safety and well-being of individuals, especially in vulnerable or severe situations.
We believe Xtra Care begins with putting together a great first aid kit.

**Choose a sturdy, waterproof container that can easily be carried or stored.**

### Basic Supplies

These are the essential items you'll need for treating common injuries -

**Adhesive Bandages** (variety of sizes for small cuts, scrapes, or blisters)
**Sterile Gauze Pads** and **Adhesive Tape** (to stop bleeding and protect wounds)
**Antiseptic Wipes** (for cleaning wounds before bandaging)
**Antibiotic Ointment** (like Neosporin, for infection prevention)
**Cotton Balls or Swabs** (for cleaning or applying ointment)
**Tweezers** (for removing splinters, ticks, or foreign objects)
**Scissors** (to cut tape, gauze, or clothing)
**Elastic Bandage (like an Ace bandage)** (for sprains or strains)
**Burn Cream** or **Aloe Vera Gel** (for minor burns)
**Instant Cold Pack** (for sprains, strains, or swelling)
**Thermometer** (to monitor body temperature)

### Medications

**Pain Relievers.** Ibuprofen, aspirin, or acetaminophen (pain and inflammation management)
**Antihistamines.** For allergic reactions (e.g., Benadryl)
**Antacid Tablets.** For heartburn or upset stomach
**Cough and Cold Remedies.** For respiratory symptoms
**Hydrocortisone Cream.** For rashes, allergic reactions, or insect bites

### Specialised Items for Specific Needs

**CPR Face Shield or Mask** (for providing mouth-to-mouth resuscitation safely)
**Burn Dressing** Specialised for treating larger burns (if you anticipate burns from cooking or heat-related emergencies)
**Splints** For immobilising fractures or broken bones
**Eye Wash Solution or Eye Pads** For injuries to the eyes or irritants
**Elastic Bandage for Sprains and Strains** Helps with swelling and support
**First Aid Manual** A handy guide for step-by-step instructions during emergencies (especially helpful for untrained individuals)
**First-Aid Tape** Medical tape for securing bandages and gauze

## How to Recognise the Need for Xtra Care

There are certain situations where **Xtra Care** is particularly needed. These may involve.

### Vulnerable Individuals

**Elderly, infants,** and those with **chronic illnesses** or **weakened immune** systems need more careful attention.
**Pregnant women**. Special considerations are required for their health and the health of the foetus.

### 2. Severe or Complex Cases

**Trauma** that involves multiple injuries, fractures, or potential internal damage.
**Serious bleeding** that cannot be controlled by basic first aid.
**Severe burns** (2nd or 3rd-degree) or extensive skin damage.

### 3. High-risk Situations

**Drowning or near-drowning** where there's a risk of prolonged oxygen deprivation.
**Animal bites** especially if the animal was unvaccinated or if the wound involves the face or hands.

## How Can You Take Charge?

### Ensure Comprehensive Monitoring

**Vital Signs.** Monitor pulse, breathing rate, blood pressure, and temperature to track changes in the patient's condition.
**Pain Assessment.** Keep a close eye on the level of pain, as it can indicate internal injury or distress.
**Mental State.** Be aware of changes in the person's mental state, such as confusion, drowsiness, or agitation, which can be indicators of oxygen deprivation, blood loss, or other complications.

### Provide Specialised First Aid Based on the Situation

**For infants or children.** They are more prone to **dehydration** and **shock**, so fluid intake and warmth are essential. Always adapt your first aid techniques to their size, developmental stage, and needs.
**For elderly individuals.** Care should be given to their **mobility, comfort,** and **support**, as they may have fragile bones, poor circulation, or conditions such as **osteoporosis**.
**For pregnant women**. Special care should be taken to **protect the fetus**. For example, if a pregnant woman is in an accident, she should be **positioned on her left side** to maximise blood flow to the baby.

### Use Extra Precaution When Moving the Victim

Avoid moving the person unless absolutely necessary (e.g., they are in immediate danger).
If the person has any potential **spinal injury,** use a **spinal board** and **neck collar** to minimise movement.

### Keep the Person Comfortable

Ensure that the victim is in a comfortable position, which may differ depending on the condition (e.g., head injury victims may need to lie down, while victims of **shock** should be **propped up with legs elevated**).
Offer reassurance and comfort, as panic and anxiety can worsen the situation.

### Be Prepared for Complications

Always be ready for **secondary issues** like **shock, bleeding,** or **respiratory distress**. For instance, if you are dealing with a burn, make sure the area is **cooled down** immediately, and be ready to treat potential **shock** from the pain.
**Monitor breathing.** If someone stops breathing, be prepared to perform **CPR** or use a **rescue breathing technique.**
**Administer oxygen** (if available and trained) if the victim is showing signs of inadequate breathing or **oxygen deprivation.**

### Call for Professional Help

In situations requiring **Xtra Care**, it is often essential to involve **professional healthcare providers** early in the process. When in doubt, always **call emergency services** or a healthcare professional for guidance and transport the person to a hospital if needed.

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# Y-YELLING FOR HELP

(The importance of calling for assistance in emergencies)

**Yelling for Help** refers to knowing how to **alert others** nearby when there is an emergency. This can serve two primary functions.

**Getting Attention.** In situations where you're unable to help the injured person yourself or need extra hands, yelling for help can quickly gather assistance.

**Alerting Authorities.** If someone is in immediate danger or needs urgent medical care, yelling for help can also prompt a **bystander** to call **emergency services** for support.

## Resource for Emergencies

| | | |
|---|---|---|
| Aster Emergency - **155218** | Ambulance - **108** | Fire - **101** |

## What Causes the Need to Yell for Help?

The need to yell for help arises from the **emergency or distress** of the situation. Causes include.

### Sudden Trauma or Injury

**Car accidents, sports injuries**, or **falls** that result in broken bones, cuts, or head injuries.

**Animal attacks**, bites, or scratches that need immediate medical attention.

### Health Emergencies

**Cardiac arrest** or **stroke** symptoms in the person you're with, requiring immediate intervention.

**Severe allergic reactions** or an **asthma attack** that compromises breathing.

### Life-threatening Scenarios

**Drowning** or near-drowning situations, where one person is unable to help another out of the water.

**Fire or hazardous conditions** where others in the area might be unaware of the danger.

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# Z-ZOONOTIC BITES

(Snake/Dog/Cat/Insect)

**Zoonotic Bites** are bites from animals or insects that can **transmit diseases** to humans. The term "zoonotic" refers to diseases that can be transmitted from **animals to humans**. These bites can vary in severity, depending on the type of animal or insect involved, and some may lead to serious infections or diseases.

There are several different types of zoonotic bites, including those from **snakes, dogs, cats,** and **insects**, all of which pose their own unique risks to human health.

Each type of zoonotic bite has specific signs and symptoms that can help you identify the severity of the bite and the possible risk of infection.

## Snake Bites

**Immediate symptoms** include severe pain at the bite site, swelling, bruising, and redness.

**Signs of poisoning.** Difficulty breathing, dizziness, weakness, blurred vision, sweating, and nausea.

**Fangs or puncture marks.** A distinct bite pattern may be visible, and in some cases, you can see two puncture marks from the snake's fangs.

## How Can You Take Charge?

**Stay calm** and try to **keep the victim still** to prevent the venom from spreading faster through the body. Restrain all physical activity like walking or running.

**Call 155218 to reach Aster Emergency.**

**Identify the snake**, if possible, without putting yourself in danger. This will help medical professionals know what venom to treat.

**Do NOT try to suck out the venom** or apply ice to the wound.

**Keep the victim's limb immobilised** and lower than the heart, if the bite is on a limb. Use a non-elastic bandage (or clean clothing such as trousers or a shirt.

If trained, use the pressure-immobilisation-technique, by firmly applying a cotton or rubber pad under a non-elastic bandage for special situations such as remote locations and wilderness environments.

Do not use a tourniquet as it may not be effective and may result in an extended hospital stay.

## Dog and Cat Bites

## How to recognise them?

**Pain and swelling** at the site of the bite.

**Redness or warmth** around the bite.

**Puncture wounds.** Dog bites typically leave small puncture marks, while cat bites may appear more shallow or scratch-like but can go deep.

**Possible signs of infection**. Pus, redness, fever, or increased warmth around the wound area.

**Signs of rabies**. If the biting animal is known to have rabies, symptoms such as fever, agitation, confusion, and hallucinations may develop.

## How Can You Take Charge?

**Clean the wound** immediately with soap and clean water or povidone-iodine (Alopim, Betadine, Clopo, Wokadine - if available) for 10 - 15 minutes to reduce the risk of infection.

**Apply pressure** to stop any bleeding using a clean cloth or bandage.

**Seek medical attention** as soon as possible, especially if the bite is deep, if the animal was unvaccinated, or if the bite is from a known rabid animal.

If the animal shows signs of rabies, ensure the person gets the **rabies post-exposure prophylaxis** (PEP) shot series to prevent infection.

## Insect Bites

**Localised swelling or redness.** Mosquito and flea bites tend to cause raised, itchy welts on the skin.

**Fever or rash**. Ticks can transmit diseases like Lyme disease, which may show as a rash or flu-like symptoms.

**Signs of infection.** Pus or drainage around the bite site, increased pain, or redness could indicate infection.

**Symptoms of disease transmission.** If the insect bite leads to the spread of diseases like **malaria, dengue** or **Lyme disease** (from ticks), additional symptoms like fever, chills, or body aches may appear.

## How Can You Take Charge?

**Remove the insect** if it's still attached, such as in the case of a **tick**. If it's a bee, remove the stinger.

**Clean the bite area** thoroughly with soap and water.

**Apply a cold compress** to reduce swelling and pain.

**Watch for signs of infection** or symptoms like **fever, rash, or body aches,** especially with **ticks**, which can transmit **Lyme disease**.

For **mosquito bites**, use an **antihistamine** cream to relieve itching. For more serious bites, such as those from **mosquitoes carrying diseases like malaria, seek medical help immediately.**

Do not use gasoline, petroleum or other solvents, or try to burn the tick with a match.

Watch for **shortness of breath/ swelling of face/ rashes or itches**. Wasp stings or an allergic reaction can lead to wheezing and coughing. Give an anti-histamine and if symptoms continue rush the victim to the hospital for an adrenaline injection.

**Aster**Medcity

We'll Treat You Well

Call:**155218**

**Aster Integrated Emergency Care**

astermedcity.com/emergency