

Life Support 3

1. Section 1

1.1 What is Life Support?

1.1.1 The emergency help given to someone who's heart has stopped.

1.2 What are the aims of Life Support and Lifesaving First Aid?

1.2.1 To preserve Life.

1.2.2 To obtain further qualified assistance without delay.

1.3 What are the priorities for a rescuer at an emergency?

1.3.1 Control – Safety of the scene

1.3.2 Safety – Minimise the possible risk of harm to yourself/casualty.

1.3.3 Assessment – Plan your route quiet first – loud last.

1.3.4 Lifesaving actions –

1.4 If more than one casualty is involved, how do you decide which to deal with first?

1.4.1 Emergency Life Support

1.4.2 Choking

1.4.3 Control of life-threatening bleeding

1.4.4 Care of the unconscious breathing

1.4.5 Treatment for shock

1.4.6 Medical attention

1.5 What is meant by choking?

1.5.1 Something is swallowed but goes down the trachea (wind pipe).

1.6 What is the difference between internal and external bleeding?

1.6.1 External you will be able see the bleeding

1.6.2 Internal difficult to see diagnose, signs of shock will be present.

1.7 What is shock?

1.7.1 Failure of the circulatory system which results in an inadequate supply of oxygenated blood to vital organs.

1.8 Give four examples of when you should seek medical assistance for a casualty?

1.8.1 Casualty has been unconscious.

1.8.2 Any resuscitation measures have been necessary.

1.8.3 There are any signs of shock.

1.8.4 The casualty has been totally submerged in water.

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2. Section 2

2.1 When might you need to perform life support?

- 2.1.1 If the casualty's breathing is inadequate (suffocation), or
- 2.1.2 The heart has stopped breathing (cardiac arrest).

2.2 Give two causes of suffocation?

- 2.2.1 Tongue falling back and blocking the throat in an unconscious casualty.
- 2.2.2 Foreign body stuck in the throat.
- 2.2.3 Strangulation.
- 2.2.4 Drowning.

2.3 What is cardiac arrest?

- 2.3.1 Condition in which the heart is no longer pumping blood around the body.

2.4 What can cause cardiac arrest?

- 2.4.1 Direct damage to the heart muscle, such as occurs during a heart attack (coronary thrombosis) or from an electric shock.
- 2.4.2 Failure of the heart muscle to work due to lack of oxygen, such as occurs with prolonged suffocation.

2.5 What is chest compression?

- 2.5.1 A chest compression maintains the circulation of blood around the body.

2.6 How does rescue breathing work?

- 2.6.1 Rescue breathing works by blowing air into the casualties lungs.

2.7 Do chest compressions and rescue breathing always work?

- 2.7.1 Chest compressions and rescue breathing are a means of 'buying time' until other medical assistance arrives.

2.8 What are the links of the chain of survival?

- 2.8.1 Early Access – calling emergency services.
- 2.8.2 Early basic Life Support – be willing (& able) to do life support.
- 2.8.3 Early defibrillation – applying a controlled electrical shock.
- 2.8.4 Early advanced life support – drugs and ventilation.

2.9 Describe the sequence of life support?

- 2.9.1 Unresponsive.
- 2.9.2 Shout for help
- 2.9.3 Open Airway
- 2.9.4 Not breathing normally
- 2.9.5 Call 999/112
- 2.9.6 30 Chest compressions
- 2.9.7 2 rescue breaths – 30 Chest compressions

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2.10 What do you do if the casualty responds when you talk to them?

- 2.10.1 Leave the casualty in the position you find them in if they are not in immanent danger
- 2.10.2 Try to find out what is wrong and get help if he is required
- 2.10.3 Reassess regularly

2.11 When should you shout for help?

- 2.11.1 If the casualty is unresponsive

2.12 How do you ensure the casualties airway is open?

- 2.12.1 Tilt the head back

2.13 When should you avoid tilting the casualties head?

- 2.13.1 Spinal Injury

2.14 How do you check if the casualty is breathing?

- 2.14.1 Keeping an open airway, look, listen and feel

2.15 How do you perform chest compressions?

- 2.15.1 One hand on the centre of the chest, second hand on top of the second hand, interlink fingers to ensure pressure is not applied to the ribs, vertically above the casualty, with arms straight apply pressure to a depth of 4-5 cm. Rate 100 per minute

2.16 Describe how you would give rescue breaths?

- 2.16.1 With hand on forehead pinch nose with thumb and forefinger, maintaining the chin lift, take a normal breath and breath into the casualty for approx. 1 second, watch the chest fall and repeat one more effective breath.

2.17 If you are on your own, when should you leave the casualty to go for help?

- 2.17.1 When established the casualty is not breathing

2.18 How long should you continue to perform CPR?

- 2.18.1 Qualified help arrives and takes over
- 2.18.2 Casualty starts breathing normally, or
- 2.18.3 You become exhausted

2.19 Why should you place an unconscious breathing casualty in the recovery position?

- 2.19.1 To prevent the tongue falling back to block the airway, and
- 2.19.2 Reduces the risk of stomach contents coming up and going into the lungs

2.20 Give some reasons why infants and children may stop breathing.

- 2.20.1 Inhalation of vomit, regurgitated food, of foreign body such as a small toy or peanut
- 2.20.2 Submersion in water (drowning)
- 2.20.3 Infection of the throat (croup) or lungs (pneumonia)
- 2.20.4 Injuries to the head, neck or chest
- 2.20.5 Sudden infant death syndrome (cot death)

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2.21 How would you perform rescue breathing on a casualty who has had a tracheostomy?

- 2.21.1 Remove cover – do not remove any tube that is in place
- 2.21.2 Wipe any mucus from the stoma or tube
- 2.21.3 Close the casualty's nose and mouth
- 2.21.4 Place your mouth around the opening in his neck
- 2.21.5 Blow through the stoma, watching the chest rise and fall as per usual

2.22 How should you treat a casualty with suspected spinal injury?

- 2.22.1 Do not move – unless in danger, open airway and use tilt to a minimum????

2.23 What should you do if the casualty vomits?

- 2.23.1 Turn the casualty away from you. Keep and support the casualty on their side.
- 2.23.2 Ensure head is turned to the floor, mouth open to the lowest point, allowing vomit to drain.
- 2.23.3 Clear any residual from mouth with fingers, then
- 2.23.4 Turn onto back, re-establish airway, and continue life support

2.24 How would you deal with air in the casualties stomach?

- 2.24.1 Attempt to improve the airway with a chin lift, if possible

Infant – nappy stage

Child – up to the age of puberty

Infant and child

Give 5 initial breaths before starting chest compressions

If on own perform 1 min of CPR before going for an ambulance

Compress chest to approx 1/3 the depth.

Infant – one hand

Baby – 2 fingers

Baby Mouth to mouth and nose

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3. Section 3

3.1 How do you recognise that a person is choking?

- 3.1.1 Casualty may have been seen eating
- 3.1.2 Child may have been seen putting an object into his mouth
- 3.1.3 A casualty who is choking often grips throat with one or both hands
- 3.1.4 With partial airway obstruction the casualty will be distressed and coughing; breathing may be noisy (wheezy)
- 3.1.5 If the airway is completely obstructed, the casualty will be unable to speak, breathe, or cough. His face may become blue and congested with the veins standing out in the neck

3.2 What should you do if the airway is only partially blocked in a choking casualty?

- 3.2.1 Encourage to cough, this usually dislodges a partial blockage.

3.3 How do you give back slaps?

- 3.3.1 With an adult/Child, stand to the side and slightly behind the casualty
- 3.3.2 Support the chest with one hand and lean the person forwards so that when the item becomes dislodged it comes out of the mouth rather than going further down the airway
- 3.3.3 Give up to 5 back slaps between the shoulder blades with the heel of your hand

3.4 How do you give abdominal thrusts?

- 3.4.1 With an adult/Child, behind the casualty and put both arms around the upper part of the abdomen
- 3.4.2 Make sure the casualty is bending well forwards so that when the obstruction is dislodged it comes out of the mouth rather than goes further down the airway
- 3.4.3 Clench your fist and place it just below the point where the lower ribs meet; grasp it with your other hand
- 3.4.4 Pull sharply inwards and upwards. The obstruction should be dislodged and fly out of the mouth
- 3.4.5 If the obstruction is still not relieved, repeat the action, giving up to 5 abdominal thrusts

3.5 List the sequence of actions for a choking adult and for a choking infant.

- 3.5.1 5 back slaps
- 3.5.2 5 chest thrusts
- 3.5.3 repeat as necessary

3.6 How should you deal with a long cut?

- 3.6.1 Elevate
- 3.6.2 Press the edges of the cut together

3.7 What should you do if a wound has a obvious foreign body in it?

- 3.7.1 Do not apply dressings over the foreign body, or remove
- 3.7.2 Apply pressure around the object.

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3.8 Give some reasons why a casualty might become unconscious.

- 3.8.1 A reduced supply of blood to the brain; strangulation, heat attack, shock, fainting
- 3.8.2 Temporary or permanent brain injury: head injury, stroke, poisoning, hypothermia
- 3.8.3 Disturbance of the normal electrical activity of the brain: epilepsy
- 3.8.4 A reduced amount of oxygen in the blood: suffocation, drowning
- 3.8.5 An abnormal level of sugar in the blood: diabetes

3.9 How should you treat an unconscious casualty?

- 3.9.1 Give life support

3.10 What can cause shock?

- 3.10.1 Loss of blood volume: external or internal bleeding, loss of fluid from burns, vomiting, diarrhoea, profuse sweating
- 3.10.2 Heart failure (failure of the `pump`); heart attack, some virus infections, severe irregularity of the heart
- 3.10.3 Other causes; blood infections, severe pain, injury, drawing

3.11 How do you treat a casualty with shock?

- 3.11.1 Do not give the casualty any thing to eat or drink in case an anaesthetic is required
- 3.11.2 Check and treat the cause
- 3.11.3 Lay flat and elevate the legs
- 3.11.4 Seek help urgently

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4. Section 4

4.1 How is drowning defined?

- 4.1.1 Drowning is defined as a process resulting in primary respiratory impairment from submersion/immersion in a liquid medium, usually water

4.2 What is post-immersion collapse?

- 4.2.1 Post immersion collapse occurs if a casualty has been in water for a prolonged period. To ensure the casualty does not suffer from post immersion collapse, falling into shock, the casualty must be carried out horizontally.

4.3 How should you counteract shock when rescuing someone from the water?

- 4.3.1 To counteract shock when rescuing someone from the water, the casualty must be kept horizontal.

4.4 Why should you try to resuscitate someone who appears to be dead from drowning?

- 4.4.1 Many cases have been reported that people that have been resuscitated have serviced.

4.5 How do you give life support in the water?

- 4.5.1 Support the head and give mouth to nose.

4.6 What is hypothermia?

- 4.6.1 Reduced body temperature and is said to exist when the centre (or core) temperature of the body falls below 35°C.

4.7 What signs suggest a casualty is feeling the effect of cold?

- 4.7.1 Confused, irritable, shivering, changes in personality, slurring of speech, stumbling, slowing of physical and mental activity, the body feels as cold as marble.

4.8 How do you treat a cold casualty?

- 4.8.1 Remove from the elements
4.8.2 Warm as slowly as they got cold

4.9 Why should you wrap a cold casualty in blankets in a warm environment?

- 4.9.1 Wrapping the casualty in a blanket will prevent more heat loss.

4.10 Describe problems when giving life support to a cold casualty?

- 4.10.1 The chest will be stiffer, so more resistance will be felt when carrying out chest compressions and ventilations.