

Stay up to date with the Lenmed Group:    

FIRST AID AND EMERGENCIES



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lenmed
Embrace every day

There for you when you need it most

Our hospitals are equipped with a 24 Hour Emergency Department with the very best trauma doctors, surgeons and nurses as well as state of the art medical facilities.

Please read through the guidelines to assist you in what to do while waiting for emergency response.

THE BASICS

CALL EMERGENCY SERVICES

Give your location and telephone number.

If you are not near a phone, shout for help and ask the respondent to call emergency services.

Stay calm.

Do not hang up / end the call. Stay on the line with the emergency services.

THINGS TO REMEMBER

Check alertness – ask ‘are you ok?’

Ask questions to determine level of orientation – ‘do you know where you are?’

If unresponsive – check for pulse, check breathing – no longer than 10 seconds.

Stay with the victim – remember that emergency services can also assist over the phone.



CARDIOPULMONARY RESUSCITATION (CPR)

CPR is a lifesaving technique useful in many emergencies in which someone's breathing or heartbeat has stopped (including heart attacks and drowning).

The American Heart Association recommends that everyone – untrained bystanders and medical personnel alike – can begin CPR chest compressions. According to the American Heart Association those of us who are CPR untrained/trained but rusty should administer **hands only CPR**, meaning uninterrupted chest compressions of 100 to 120 a minute until the paramedic arrives.



Before beginning CPR

Is the environment safe for the person?

Is the person conscious or unconscious?

If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you ok?"

If the person doesn't respond and two people are available, have one person call for emergency assistance and the other begin CPR. Otherwise call for help before you begin.

Obtain an automated external defibrillator (AED) if you can.

Compressions – Infants (4 weeks and older)

Place the baby on his or her back on a firm, flat surface such as a table. The floor or ground will also work.

Imagine a horizontal line drawn between the baby's nipples. Place two fingers of one hand just below this line, in the centre of the chest.

Gently compress about 4 centimeters.

Count aloud as you pump at a rate of 100 – 120 compressions a minute.

If you have not been trained in CPR, continue chest compressions until there are signs of movement or until medical emergency personnel take over. If you have been trained in CPR, go on to open the airway and rescue breathing.



Compressions – Adults and Children

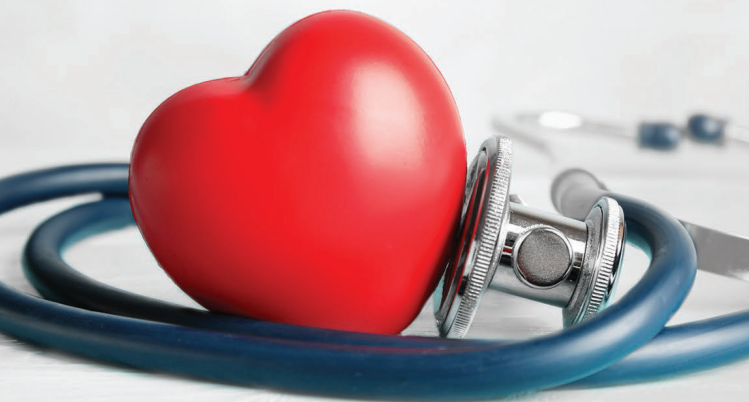
Place the person on his or her back on a firm surface.

Kneel next to the persons neck and shoulders.

Place the heel of one hand over the centre of the chest, on the sternum. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.

Use your upper body weight (not just your arms) as you push straight down (compress) on the chest at least 5 centimeters but no more than 6 centimeters. Push hard at a rate of 100 to 120 compressions a minute.

If you have not been trained in CPR, continue chest compressions until there are signs of movement or until medical emergency personnel take over. If you have been trained in CPR, go on to open the airway and start rescue breathing.



CHEST PAIN

POSSIBLE ILLNESS: **HEART ATTACK**

Chest Pain or “discomfort” described as dull, heavy and constant. Shortness of breath.

Pain, usually in the centre of the chest. May radiate to the jaw, neck or down the arm.

May also feel dizzy or faint. Pale, cool, sweaty skin. Nausea and/or vomiting.

Symptoms may vary – not all warning signs occur in every heart attack.

THE MOST CRITICAL TIME FOR TREATMENT OF HEART ATTACK IS THE FIRST 30 MINUTES AFTER SYMPTOMS START.



POSSIBLE ILLNESS: **INDIGESTION**

Often mis-diagnosed most commonly among female patients.

Try relieving pain by drinking milk or using antacids.

Is the pain still present after 10 minutes? Seek help!

POSSIBLE ILLNESS: **ANGINA**

Is the pain similar to past pain? Has the condition been diagnosed by a doctor?

Take medication as per doctor’s advice.

Treat as suspected heart attack. Patient should seek medical care immediately and not delay.

What to do

CALL EMERGENCY SERVICES

Make the person comfortable, usually sitting, monitor and reassure whilst waiting for help.

You may be directed by the ambulance to give the person one 300mg chewable aspirin tablet.



CHOKING

Signs and Symptoms

Hands held at throat.

May be efforts at breathing.

No sound of breathing.

No escape of air can be felt.



**IF THE
PERSON IS
ABLE TO COUGH
THEN THEY NOT
CHOKING.**

What to do

Give up to 5 Sharp Back Blows to middle of back.

Still choking.... Give up to 5 Sharp Chest Thrusts.

Repeat Sequence Rapidly until item is dislodged.

Use heel of hand – Check for object removal between blows.

If a person is unconscious call an ambulance immediately.

If a person is unconscious and not breathing start CPR.

**IN THE CASE OF
INFANTS – BACK BLOWS
FOR AN INFANT SHOULD
BE DONE HEAD FACING
DOWN, LET GRAVITY
ASSISST YOU.**





SEIZURES

Signs and Symptoms

ANY OR ALL OF THE FOLLOWING:

Altered awareness.

Spasm and rigid muscles.

Collapse.

Jerking movements of head, arms and legs.

Shallow or intermittent breathing.

Lips or complexion may change colour.

Change in or loss of consciousness.

Noisy breathing, dribbling.

Faeces or urinary incontinence.

Febrile convulsions are usually associated with a high fever in young children.

CONSULT THE PERSON'S EPILEPSY MANAGEMENT PLAN AS SOON AS POSSIBLE IF THEY HAVE ONE.



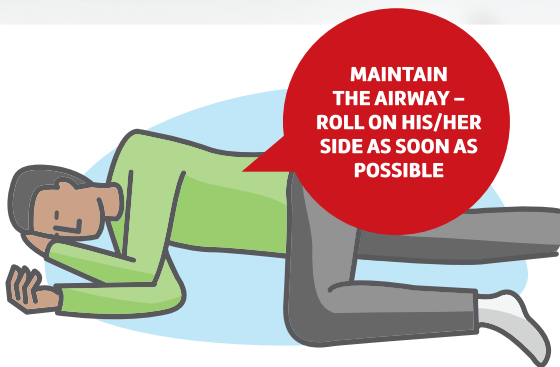
What to do

STEP 1

Time the seizure if possible from start to finish.

Provide safety – remove unsafe objects and protect the head.

Remain Calm – reassure the person and tell them where they are and that they are safe.



STEP 2

Maintain the airway – roll on his/her side as soon as possible, immediately if food, vomit or fluid enters the mouth.

Do not restrain – unless in danger or place anything in their mouth.

STEP 3

Maintain Privacy and Dignity.

Stay with them – until the seizure naturally ends and they fully recover.

Reassure – they will be dazed and confused or drowsy.

CALL EMERGENCY SERVICES IF:

Lasts more than 5 minutes.

Is quickly followed by a second seizure.

Is unresponsive more than 5 minutes after the seizure.

Goes blue in the face.

Is pregnant or is injured.

Think it is their first ever seizure.

Are concerned about their condition.

Are uncomfortable treating them.

BITES

Rinse with water, don't rub.

Control bleeding and cover wound with sterile dressing.

If there is poison/venom involved – **DO NOT** attempt to suck out poison or use a tourniquet.

Have the wound medically checked and get tetanus and rabies care where applicable.

BROKEN BONES

Control bleeding without applying pressure on exposed bones.

Minimize movement of suspected fracture to minimize pain.

Place support and padding around injury and ensure victim is comfortable.

An ice pack will help alleviate swelling and pain.

Take the patient to an Emergency Department.



BURNS

Stop the burning process by applying water or holding the burn under running water for a minimum of 20 minutes.

Remove any items around burn in case of swelling.

Apply a sterile, non-adherent dressing.

DO NOT pop blisters or remove skin.

DO NOT remove any clothing stuck to the wound.

DO NOT apply any ointments or creams to the wound.

IS IT AN EMERGENCY?

WARNING SIGNS AND SYMPTOMS:

Difficulty breathing, shortness of breath.

Chest or upper abdominal pain or pressure lasting 2 minutes or more.

Fainting, sudden dizziness, weakness.

Changes in vision.

Difficulty speaking.

Confusion or changes in mental status, unusual behavior, difficulty waking.

Any sudden or severe pain.

Uncontrolled bleeding.

Severe or persistent vomiting or diarrhea.

Coughing or vomiting blood.

Suicidal or homicidal feelings.

Unusual abdominal pain.

SYMPTOMS OF CHILDHOOD EMERGENCIES:

Any significant change from normal behavior.

– *Confusion or delirium.*

– *Decreasing responsiveness or alertness.*

– *Excessive sleepiness.*

– *Irritability.*

– *Seizure.*

– *Strange or withdrawn behavior.*

Severe headache or vomiting following head injury.

Uncontrolled bleeding.

Inability to stand up or unsteady walking.

Unconsciousness.

Abnormal or difficulty breathing .

Skin or lips that look blue or purple (lighter skinned)/ gray (darker skinned).

Feeding or eating difficulties.

Increasing or severe persistent pain.

Fever accompanied with change in behavior (especially with a severe, sudden headache accompanied by mental changes, neck/back stiffness, or rashes).

Severe or persistent vomiting or diarrhea.



FIRST AID KIT RECOMMENDED CONTENTS

Your first aid kit should be locked and kept in a cool, dry place out of the reach of children. Keep everything marked and always check expiry dates.

Disposable gloves

Gauze, plasters, pressure bandages, triangular bandages

Pins, scissors, tweezers, penlight torch, thermometer

Cotton wool, tissues

Soap, candles, matches

Antisepticum/water, Ointment for insect bites (Anethaine), Calamine Lotion

Medication for allergy, nausea, colds, diarrhea, pain tablets, throat lozenges

Sunscreen

CPR Mouth Piece

BLEEDING

External Bleeding:

Make patient comfortable. Elevate injured limb.

Put pressure bandage on. Press hard for 10 minutes or until bleeding stops.

As soon as bleeding is under control, put gauze bandage on (make sure that there is no impairment of circulation).

Seek medical attention.

Where internal bleeding is suspected (patient is very pale with fast pulse):

Cover lightly with blanket.

Do not give anything to eat or drink.

Get medical help as soon as possible.

GUNSHOT WOUNDS

Treat as internal bleeding.

A small entry wound can hide huge internal injuries, seek medical attention immediately.

DIARRHOEA

Do not drink milk or eat fatty foods.

Give solution of:

6 teaspoons sugar

¼ teaspoon salt

1 litre cooled boiled water

If symptoms persist, consult a Medical Practitioner.

**IMMEDIATELY CONTACT A
MEDICAL PRACTITIONER IF ANY
BLOOD IS VISIBLE IN THE STOOLS**



ELECTRIC SHOCK

Do not touch person before power is switched off.

If power can't be switched off, try to remove person from electric source with a wooden chair or piece of wood.

In case of burn wounds – treat as for burn wounds.

In case of respiratory or cardiac arrest – do CPR.

Always take patient to an Emergency Department even if there are no visual signs of injuries.

COMMON CHILDHOOD ILLNESSES

MEASLES

INCUBATION PERIOD: 10 – 12 days

CONTAGIOUSNESS: Until rash is gone ($\pm$ 7 days) / dry

SYMPTOMS: Cold symptoms, fever, red eyes, typical rash behind ears

TREATMENT: Bed rest, fever and pain medication, rehydration

MUMPS

INCUBATION PERIOD: 17 – 21 days

CONTAGIOUSNESS: From beginning until swelling is gone (10 – 14 days)

SYMPTOMS: Fever, swollen glands, stomach ache, painful testicles in boys

TREATMENT: Bed rest, fever and pain syrup, rehydration, nutrition

GERMAN MEASLES

INCUBATION PERIOD: 17 – 18 days

CONTAGIOUSNESS: Until rash is gone

SYMPTOMS: Cold symptoms, painful joints, fever, swollen glands, rash

TREATMENT: Bed rest, fever and pain syrup, rehydration, nutrition

CHICKEN POX

INCUBATION PERIOD: 14 – 16 days

CONTAGIOUSNESS: From beginning until blisters are dry

SYMPTOMS: Cold symptoms, fever, red rash forming water blisters

TREATMENT: Bed rest, fever medication, calamine lotion, aseptic powder, anti-allergic syrup for itchiness, rehydration, nutrition

SAFETY MEASURES TO KEEP IN MIND

HOW TO KEEP CHILDREN SAFE

Do not take anything from strangers.

Give age-appropriate toys to children to play with and regularly check toys for loose parts that can come off.

Discard batteries not in use, make sure the cover of a toy with batteries are properly closed as batteries can become a choking hazard and has a life-threatening risk when swallowed.

HOW TO BE SAFE AT HOME

Keep medication, cleaning products and poison out of reach of children.

Use safety plugs in electrical outlets.

Swimming pools must be covered with a safety net when not in use.

WHAT YOU CAN DO TO BE SAFE ON THE ROAD

Wear a helmet when riding/driving a bicycle/four-wheeler/motorbike.

Never ride side by side! Always ride in a single file and keep left when cycling.

Light delivery vehicles (Bakkies) are for transporting goods and not children/adults.

Put all loose objects in a car away, otherwise it can become a flying object.

You may only sit in the front passenger seat when you are a minimum of 150cm tall (both your feet should touch the floor of the car and your back should rest comfortably against the back of the seat).

Always wear a seat belt even on the back seat of a car.

All children should be in age-appropriate car seats and should be rear facing until 2 years old.

Always cross the road at a pedestrian crossing.

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