

Stay up to date with the Lenmed Group:    

FIRST AID AND EMERGENCIES

WHAT TO DO WHILE WAITING
FOR EMERGENCY RESPONSE



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Embrace every day

There for you when you need it most

Our hospitals are equipped with a 24 Hour Accident & Emergency Unit 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

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.

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.

Allow casualty to rest until recovered.

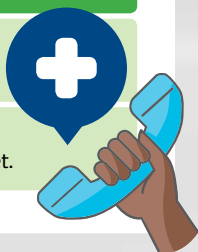
If pain does not diminish 10 minutes after taking prescribed medication, consider a heart attack.

What to do

CALL EMERGENCY SERVICES

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

You may be directed by the ambulance to give the casualty 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



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 normally start CPR

IN THE CASE OF INFANTS - BACK BLOWS FOR AN INFANT SHOULD BE DONE HEAD DOWNWARDS OVER A KNEE OR AN ARM





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

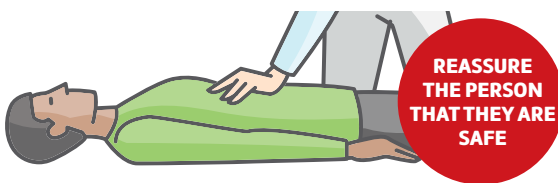
Change in or loss of consciousness

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

Rinse open wounds

Control bleeding without applying pressure on exposed bones

Place support and padding around injury and ensure victim is comfortable

An ice pack will help alleviate swelling and pain

BURNS

Immerse the burn in cold water until pain free

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

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