First aid rules
What follows are some rules that cover common conditions and general practices:

1. **Don’t panic**.  Panic clouds thinking and causes mistakes.  When I was an intern and learning what to do when confronted with an unresponsive patient, a wise resident advised me when entering a “code blue” situation to always “take my own pulse first.”  In other words, I needed to calm myself before attempting to intervene.  It’s far easier to do this when you know what you’re doing, but even if you encounter a situation for which you’re unprepared, there’s usually *some* good you can do.  Focus on *that* rather than on allowing yourself an unhelpful emotional response.  You can let yourself feel whatever you need to feel later when you’re no longer needed.
2. **First, do no harm**.  This doesn’t mean do nothing.  It means make sure that if you’re going to do something you’re confident it won’t make matters worse.  If you’re not sure about the risk of harm of a particular intervention, don’t do it.  So don’t move a trauma victim, especially an unconscious one, unless *not* moving them puts them at great risk (and by the way, cars rarely explode).  Don’t remove an embedded object (like a knife or nail) as you may precipitate more harm (e.g., increased bleeding).  And if there’s nothing you can think to do yourself, you can always call for help.  In fact, if you’re alone and your only means to do that is to leave the victim, then leave the victim.
3. **CPR can be life-sustaining**.  But most people do it wrong.  First, studies suggest no survival advantage when bystanders deliver breaths to victims compared to when they only do chest compressions.  Second, most people don’t compress deeply enough or perform compressions quickly enough.  You really need to indent the chest and should aim for 100 compressions per minute.  That’s more than 1 compression per second.  If you’re doing it right, CPR should wear you out.  Also, know that CPR doesn’t reverse ventricular fibrillation, the most common cause of unconsciousness in a patient suffering from a heart attack.  Either electricity (meaning defibrillation) or medication is required for that.  But CPR is a bridge that keeps vital organs oxygenated until paramedics arrive.  Which is why…
4. **Time counts**.  The technology we now have to treat two of the most common and devastating medical problems in world, heart attacks and strokes, has evolved to an amazing degree, but patients often do poorly because they don’t gain access to that technology in time.  The risk of dying from a heart attack, for example, is greatest in the first 30 minutes after symptoms begin.  By the time most people even admit to themselves the chest pain they’re feeling could be related to their heart, they’ve usually passed that critical juncture.  If you or someone you know has risk factors for heart disease and starts experiencing chest pain, *resist the urge to write it off*.  Get to the nearest emergency room as quickly as you can.  If someone develops focal weakness of their face, legs, or arms, or difficulty with speech or smiling, they may be having a stroke, which represents a true emergency.  Current protocols for treatment depend on the length of time symptoms have been present.  The shorter that time, the more likely the best therapies can be applied.
5. **Don’t use hydrogen peroxide on cuts or open wounds**.  It’s more irritating to tissue than it is helpful.  Soap and water and some kind of bandage are best.
6. **When someone passes out** but continues breathing and has a good pulse, the two most useful pieces of information to help doctors figure out what happened are:  1) the pulse rate, and 2) the length of time it takes for consciousness to return.
7. **High blood pressure is rarely acutely dangerous**.  First, high blood pressure is a normal and appropriate response to exercise, stress, fear, and pain.  Many patients I follow for high blood pressure begin panicking when their readings start to come in higher.  But the damage high blood pressure does to the human body takes place over years to decades.  There is such a thing as a hypertensive emergency, when the blood pressure is higher than around 200/120, but it’s quite rare to see readings that high, and even then, in the absence of symptoms (headache, visual disturbances, nausea, confusion) it’s considered a hypertensive urgency, meaning you have 24 hours to get the pressure down before you get into trouble.
8. **If a person can talk or cough, their airway is open**.  Meaning they’re not choking.  Don’t Heimlich someone who says to you, “I’m choking.”
9. **Most seizures are not emergencies**.  The greatest danger posed to someone having a seizure is injury from unrestrained forceful muscular contractions.  Don’t attempt to move a seizing person’s tongue.  Don’t worry—they won’t swallow it.  Move any objects on which they may hurt themselves away from the area (including glasses from their head) and time the seizure.  A true seizure is often followed by a period of confusion called “post-ictal confusion.”  Your reassurance during this period that they’re okay is the appropriate therapy.
10. **Drowning doesn’t look like what you think it does**.  For one thing, drowning people are physiologically incapable of crying out for help.  In fact, someone actually drowning is usually barely moving at all (I strongly encourage everyone to click on this link to learn more about how to recognize what drowning does look like).

**First aid for cuts**

 Rinse the **cut** or wound with water and apply pressure with sterile gauze, a bandage, or a clean cloth. If blood soaks through the bandage, place another bandage on top of the **first** and keep applying pressure. Raise the injured body part to slow bleeding. When bleeding stops, cover the wound with a new, clean bandage

First aid **tips for treating skin abrasions are:**

1. Clean and wash your hands. ...
2. Rinse and clean the **abrasion**. ...
3. Apply a thin layer of petroleum jelly or antibiotic ointment. ...
4. Protect and cover the **abrasion**. ...
5. Change the dressing. ...
6. Do not pick scabs. ...
7. Check for signs of infection.

**First aid for brusies**

**First Aid**

1. Place ice on the **bruise** to help it **heal** faster and to **reduce** swelling. Wrap the ice in a clean towel. ...
2. Keep the **bruised** area raised above the heart, if possible. ...
3. Try to rest the **bruised** body part by not overworking your muscles in that area.
4. If needed, take acetaminophen (Tylenol) to help **reduce** pain.

**First aid for stop bleeding**

**There are eight home remedies that stop minor bleeding.**

* Apply pressure. Share on Pinterest Firm and continuous pressure on a wound is the best way to **stop bleeding**. ...
* Raise the affected area. ...
* Ice. ...
* Tea. ...
* Petroleum jelly. ...
* Witch hazel. ...
* Antiperspirant. ...
* Mouthwash.

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