

# Steps for Checking an Unconscious Victim

Follow these basic steps to check an unconscious victim:

1. Check for responsiveness. Tap the person's shoulder and shout, "Are you OK?"
2. If there is no response, call 911 and access an AED if available. If necessary, place the victim in the recovery position to maintain an open and clear airway.
3. Open the airway. Tilt the head and lift the chin.
4. Check for breathing. Check for no more than 10 seconds.
5. Quickly scan for severe bleeding.
6. If the victim is not breathing, perform CPR or immediately use an AED if available.
7. If the victim is breathing, maintain an open airway. Monitor breathing and any changes in condition.

The American Heart Association now teaches a CAB (Circulation, Airway, Breathing) sequence rather than ABC. Most cardiac arrests occur in adults. For these individuals, chest compressions and early defibrillation provide the best outcome, so CAB is the preferable sequence. While you open the airway to give mouth-to-mouth breaths or retrieve a barrier device or other ventilation equipment in the ABC sequence, chest compressions are delayed. By changing the sequence to CAB, chest compressions are initiated sooner.

Check for signs of *shock*, a condition that occurs when a person's circulatory system can't get oxygen-rich blood to the body tissues, and the brain, heart, and lungs fail to work properly. A person going into shock may exhibit the following signs:

- rapid breathing and pulse
- pale, cool, moist skin
- anxiety or agitation
- confusion

A person in shock needs medical care as soon as possible, so you should call 911 if you see any of these signs. Have the victim lie down and rest in the most comfortable position possible since pain can increase stress and speed up the progression of shock. Continue to reassure the victim as you wait for emergency medical help to arrive. Control external bleeding and do what you can to prevent the victim from becoming chilled or overheated. Do not give the victim anything to eat or drink in case surgery is needed. Continue to monitor breathing and watch for any change in the victim's condition.

If the victim is conscious and shows no signs of a life-threatening condition, identify yourself and ask what has happened and if he or she is experiencing pain. Get the victim's permission or consent before giving any care. Continue to ask simple questions about medical conditions, medications, and allergies. Do a thorough check from head to toe so you don't overlook any injuries. Check for a medical ID tag or bracelet, which could tell you what might be wrong, who to call, or what care to give. Once you have assessed the situation, figure out what additional care the victim needs and whether you need to call 911.

Calling for help is important because you want the victim to receive complete medical care as soon as possible. You already know that you need to call for help if the accident scene is unsafe or if you identify any life threatening emergencies as you complete an ABC check of the victim. You should also call 911 for chest pain; a severe burn; abdominal pain; seizures; severe headache or slurred speech; poisoning; possible broken bones; and head, neck, or back injuries.

When you call 911, be prepared to answer questions about your location and the condition of the injured person. Remain calm so the dispatcher can understand you and send necessary help to the correct location. Don't hang up before the dispatcher does. In some cases, the dispatcher will stay on the line with you until help arrives. The dispatcher may be able to assist you by giving first aid instructions over the phone.

If you are alone, you will have to decide whether to call for help first or give care first. Call first if the victim is an unconscious adult or teen or an unconscious infant or child with a high risk for heart problems. You should also call first if you witness the collapse of an infant or a child. These situations are likely to be cardiac emergencies and the quickest access to emergency medical care provides the best outcome.

Giving care first means providing two minutes of care and then calling 911. Do this when you are assisting any victim of a drowning or when the victim is an unconscious child whose collapse has not been witnessed. These situations are likely to be breathing emergencies. Provide support for airway, breathing, and circulation through rescue breaths and chest compressions. Continue to care for the victim until emergency medical help arrives. Help the person rest comfortably and take steps to reduce the effects of shock.

## Steps for Stopping Bleeding

Bleeding is caused by an injury to the soft tissues of the body. This type of injury is called a *wound*. When the skin is not broken, the injury is called a *closed wound*, and the bleeding occurs beneath the skin. This internal bleeding can be minor, as in the case of a bruise, or it can be very serious when larger blood vessels are injured. Call 911 when the following signs of serious injury are present:

- The victim complains of severe pain or can't move a body part without feeling pain.
- Trauma (strong force) caused the injury.
- The injured extremity is blue or extremely pale.
- The abdomen is tender and swollen or hard to the touch.
- The victim's pulse is rapid and weak.
- The victim is vomiting blood.
- The victim complains of excessive thirst.

These signs may indicate internal bleeding and require emergency medical help as soon as possible. You may not see any blood, but you should consider the possibility of internal bleeding in any traumatic injury.

Bruises and many other closed wounds don't require special medical care. Applying an ice pack or cold pack to a closed wound helps to control pain and swelling. Place gauze or a towel between the cold pack and the skin to prevent skin damage.

Breaks in the skin produce open wounds. There are several types of open wounds and they all bleed externally. Open wounds can be as minor as a scrape or as severe as a gaping wound. When treating an open wound, your goal is to stop the bleeding and prevent infection. Since the skin is broken, pathogens can enter the body through the wound.

Fortunately, most open wounds are minor and external bleeding can be stopped by taking the following steps:

1. Practice standard precautions by wearing gloves.
2. Place a sterile dressing on the wound and apply direct pressure for a few minutes to control the bleeding. Bleeding usually stops on its own within 10 minutes.
3. Wash the wound with soap and water and apply antibiotic ointment, unless the person has known allergies to the medication.
4. Cover the wound with a sterile dressing and bandage (or adhesive bandage) if it is still bleeding slightly or if it is likely to be exposed to dirt or germs.
5. Wash your hands.

Dressings are pads placed directly on a wound to absorb blood and prevent infection. Bandages are used to wrap or cover injured parts of the body. They hold dressings in place and apply pressure to control bleeding. They also protect wounds from dirt and infection and can support an injured limb or body part.

A major open wound produces severe bleeding. Take these steps to provide care until help arrives:

1. Call 911.
2. Wear gloves and eye protection in case the blood splatters.
3. Cover the wound with a dressing and press firmly with a gloved hand.
4. Apply a pressure bandage to maintain pressure and to hold the dressing in place. Add more dressings and bandages if the blood soaks through. Do not remove the blood-soaked bandages.
5. Monitor ABCs (Airway, Breathing, and Circulation) closely. Look for faster or slower breathing, changes in skin color, or restlessness. These changes may indicate the person's condition is getting worse.
6. Take steps to minimize shock. Keep the person from getting chilled or overheated.
7. Reassure the person and have him or her rest comfortably.
8. Wash your hands.