Emergency telephone numbers

- **Ambulance**
- **Fire**
- **Police**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
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<tbody>
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</tr>
<tr>
<td>Diabetes Australia</td>
<td>1300 136 588</td>
</tr>
<tr>
<td>Diver Emergency Network</td>
<td>1800 088 200</td>
</tr>
<tr>
<td>Poisons Information Centre</td>
<td>13 11 26</td>
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In an emergency, ring triple zero (000)

- Always ask for an ambulance first.
- Give an exact address with directions.
- Give the number of patients.
- Give an indication of the type and extent of injuries where possible.
- State if any other emergency services are required.
- Give the phone number of the phone you are using.
- Ask the likely time of arrival of the ambulance.
- Be the last to hang up.
The following first aid information is from Australian First Aid (4th edition, 7/2011) © St John Ambulance Australia. St John first aid protocols are for the Australian market only. All care has been taken in preparing the information but St John takes no responsibility for its use by other parties or individuals. St John encourages first aid training as this information is not a substitute for first aid training. This information is for use over a 12 month period only, to ensure that first aid practices are continuously up-to-date.

St John Ambulance has been providing first aid services to the Australian public for 130 years.

State and Territory St John offices provide a range of first aid courses designed to give you the knowledge, skills and confidence to help manage most situations until medical aid arrives.

St John is a not-for-profit, charitable organisation. It is a Registered Training Organisation delivering nationally-recognised training. St John courses and kits comply with the requirements of current Occupational Health and Safety Regulations.

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Your first aid kit—be prepared

A first aid kit is an essential item for the home, workplace, car, holiday house, boat and shed; and don’t forget the backpack.

Check the contents of your kit regularly:
- items have been cleaned
- packets are properly sealed
- items have not exceed expiry dates
- previously used items have been replaced.

Restocking your kit

St John Ambulance has a range of first aid kits to meet your needs, as well as a Restocking Service. Talk to your local St John shop about what kind of first aid kit would suit your specific requirements: www.stjohn.org.au or call 1300 360 455.

Basic first aid kit items:
- non-stick wound dressings
- adhesive strips (e.g. Band-aids)
- combine and eye pads
- gauze swabs
- alcohol and antiseptic swabs
- triangular bandages
- crepe bandages
- disposable hand towels
- stainless steel scissors
- blunt-nosed shears
- saline solution
- safety pins
- plastic bags
- stainless steel tweezers
- thermo/shock blanket
- notepad and pencil
- disposable nitrile gloves
- bite and itch relief gel
- cold pack (instant, disposable)
- CPR/resuscitation protection mask.

Additional products:
- antiseptic cream
- laxatives
- analgesic tablets
- allergy preparations
- anti-nausea preparations
- anti-diarrhoea preparations
- sunscreen, sunburn-relief preparations
- ear ache drops
- eye drops
- cotton buds
- finger stalls
- medicine measuring cup
- thermometer
- a blue asthma inhaler (if permitted).

Since its introduction, St John’s First Aid app has remained the top selling medical iPhone application in Australia—add this to your ‘iKit’.
DRSABCD Action Plan

DANGER
Ensure the area is safe:
• for yourself
• for others
• the patient.

RESPONSE
Check for response
• ask name
• squeeze shoulders
• send for help

No response
• make comfortable
• check for injuries
• monitor response.

SEND for help
Call triple zero (000) for an ambulance or ask another person to make the call.

AIRWAY
Open mouth
• if foreign material is present:
  • place in recovery position
  • clear airway with fingers.

Open airway by tilting head with chin lift.

BREATHING
Check for breathing
• look, listen, feel.

Not normal breathing
• start CPR.

Normal breathing
• place in recovery position
• monitor breathing
• manage injuries
• treat for shock.

CPR
Start CPR — 30 chest compressions:
• 2 breaths
Continue CPR until help arrives or patient recovers.

DEFIBRILLATE
Apply defibrillator if available, and follow voice prompts.
Asthma attack

Where permitted under local legislation/regulations and if necessary, use another person’s reliever inhaler or use one from a first aid kit to assist a patient with a severe asthma attack.

4:4:4

If someone is having difficulty breathing, but has not previously had an asthma attack, assist in giving 4 puffs of a blue reliever and continue with 4 puffs every 4 minutes if required, until an ambulance arrives.

Unconscious patient.
• Follow DRSABCD.

Conscious patient.

1. Help the patient into a comfortable position.
• Usually sitting upright and leaning forward.
• Be reassuring and tell patient to take slow, deep breaths.
• Ensure adequate fresh air.

• Give 4 puffs, one at a time, of a blue reliever inhaler (use a spacer if available).
• Patient takes 4 breaths after each puff.
• Wait 4 minutes.
• If no improvement, give another 4 puffs.

3. If little or no improvement within minutes, keep giving:
• children 4 puffs every 4 minutes
• adults 6–8 puffs every 5 minutes.

Allergic reaction (anaphylaxis)

Warning
An allergic reaction may be potentially life-threatening. Act immediately.

Note
Some people are aware of their hypersensitivity, so check for an adrenaline auto-injector.

Signs and symptoms
› difficult/noisy breathing
› wheeze or persistent cough
› swelling of face and tongue
› swelling/tightness in throat
› difficulty talking and/or hoarse voice
› loss of consciousness and/or collapse
› pale and floppy (young children)
› abdominal pain and vomiting
› hives, welts and body redness.

1. Follow DRSABCD.

2. Lay patient flat.
• If breathing is difficult, allow the patient to sit in a position that is comfortable to them.

3. Ask the patient if they are carrying an adrenaline autoinjector.
• Either an EpiPen® or Anapen®.

4. Help the patient to administer the adrenaline auto-injector.
• If in doubt, it is better to use the autoinjector than not use it.

5. Monitor breathing and response.
• Record pulse.

6. If no response after five minutes
• Another adrenaline autoinjector may be given.

7. Ensure call for ambulance has been made: triple zero (000).
• Prepare to give CPR if necessary.
# Bites and stings—quick guide

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1. DRSABCD.  
2. Calm patient.  
4. Apply pressure immobilisation bandage.  
5. Ensure call for an ambulance has been made: **triple zero (000)**.

1. DRSABCD.  
2. Place patient’s stung limb in hot water (as hot as the you, the First Aider, can tolerate).  
3. Ensure call for an ambulance has been made: **triple zero (000)**.

1. DRSABCD.  
2. Calm patient.  
3. Flood stung area with vinegar for at least 30 seconds.  
4. If vinegar not available, flick tentacles off using a stick or gloved fingers.  
5. Ensure call for an ambulance has been made: **triple zero (000)**.

**First aid priorities**  
1. follow **DRSABCD**  
2. manage **bleeding**  
3. manage **burns**  
4. manage **shock**  
5. manage **other injuries**
**Bleeding—severe**

**Warning**
- If there is an embedded object in the wound, apply pressure either side of the wound. Place a ring pad around the wound before bandaging.
- Wear gloves, if possible, to prevent infection.
- If patient becomes unconscious, check breathing, response, and prepare to give CPR.

1. **Follow DRSABCD.**
2. **Apply firm pressure to the wound.**
   - Remove or cut patient’s clothing to expose wound.
   - Apply direct pressure over the wound, using a pad or gloved hands.
   - Squeeze the wound edges together if possible.
3. **Raise and support the injured part.**
   - Lie patient down.
   - Raise injured part above level of heart.
   - Handle gently if you suspect a fracture.
4. **Bandage the wound.**
   - Apply a pad over the wound if not already in place and secure with bandage.
   - If bleeding is still not controlled, leave initial pad in place and apply a second pad.
   - Secure with bandage.
   - If bleeding continues, replace second pad and bandage.
5. **Check circulation below wound.**
6. **If severe bleeding persists:**
   - Give nothing by mouth.
   - Ensure call for an ambulance has been made: **triple zero 000.**
7. **Treat for shock.**

**Burns**

**Warning**
- **DO NOT** apply lotions, ointment or oily dressings.
- **DO NOT** touch the injured areas or burst any blisters.
- **DO NOT** remove anything sticking to the burn.
- **DO NOT** over-cool the patient—particularly if young child/infant, or if burn is extensive.
- **DO NOT** use towels, cotton wool, blankets or adhesive dressings directly on the burn.

Seek medical aid if burn:
- involves airway
- involves hands, face, feet or genitals
- is deep or larger than a 20 cent piece.

If a fire emergency:
- call triple zero (000) and ask for fire services.
- The operator will send ambulance and police services.

1. **Follow DRSABCD.**
2. **If clothing on fire STOP, DROP, ROLL.**
3. **Cool the burnt area.**
   - Hold **burnt or scalded** area under cold running water for 20 minutes.
   - If an **electrical or chemical** burn, run cold water over burnt area for 20 minutes.
   - If a **bitumen** burn, run cold water over burnt area for 20 minutes but no longer.
   - If burn is to **eye**, flush eye with water for 20 minutes.
4. **Remove any constrictions.**
   - Remove clothing and jewellery from burnt area, unless sticking to the burn.
5. **Cover burn.**
   - Place sterile, non-stick dressing (or plastic wrap or loosely applied aluminum foil) over burn.
6. **Ensure call for an ambulance has been made: triple zero (000).**
Choking—adult/child (over 1 year)

Most common causes:
- eating or drinking too quickly
- not chewing food sufficiently
- swallowing small objects.

Note
- Swallowing small objects (e.g. peanuts, hard sweets, toy parts) are especially dangerous for children under 5 years.
- Adults who experience choking are often under the influence of alcohol.

Signs and symptoms
- clutching the throat
- coughing, wheezing, gagging
- having difficulty breathing, speaking or swallowing
- making a whistling or ‘crowing’ noise
- trying to cry but making strange or no sounds at all
- blue face, neck, lips, ears, fingernails
- collapsing or being unconscious.

1. Follow DRSABCD.

2. Encourage patient to cough to remove the object.

3. If coughing does not remove blockage, give 5 sharp back blows.
   - Bend the patient well forward, and give 5 sharp back blows with the heel of one hand in the middle of the back, between the shoulder blades.
   - Check if obstruction is relieved after each back blow.

5. If unsuccessful, give 5 chest thrusts.
   - Place one hand in the middle of the patient’s back for support.
   - Place heel of the other hand in the CPR-compression position, on the chest, and give 5 chest thrusts—slower but sharper than CPR compressions.
   - Check if obstruction has been relieved after each chest thrust.

6. If blockage does not clear after 5 chest thrusts:
   - Continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.

If patient becomes unconscious: commence CPR.

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Choking—infant (under 1 year)

1. Call triple zero (000) for an ambulance.

2. Give 5 sharp back blows.
   - Place the infant with their head downwards on your forearm.
   - Support the infant’s head and shoulders on your hand and forearm.
   - Hold the infant’s mouth open with your fingers.
   - Give up to 5 sharp blows between shoulders with heel of one hand.
   - Check if obstruction has been relieved after each back blow.
   - If obstruction relieved, turn infant onto back and remove any foreign material that may have come loose, with your little finger.

3. If unsuccessful, give 5 chest thrusts.
   - Place infant on their back on a firm surface.
   - Place two fingers in the CPR-compression position, and give 5 chest thrusts—slower but sharper than CPR compressions.
   - Check if the obstruction has been relieved after each chest thrust.

4. If blockage does not clear after 5 chest thrusts.
   - Continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.

If infant becomes unconscious: commence CPR.
Diabetic emergency

Unconscious patient.
• Follow DRSABCD.
• Give nothing by mouth.

Conscious patient.
If you are not sure which form of diabetic emergency the patient has, give them a sweet drink. If the patient has a high blood sugar emergency, giving the patient a sweet drink will not do undue harm.

Low blood sugar
1. Give sugar, glucose or a sweet drink.
   • E.g. soft drink or cordial (NOT ‘diet’ or sugarfree drinks).
2. Continue giving sugar every 15 minutes
   • until the patient recovers.
   • Follow up with a sandwich or other food.
3. If no improvement:
   • call triple zero (000) for an ambulance.

High blood sugar
1. Seek medical aid if required.
2. Give patient sugar-free fluids
   • if help is delayed.

Eye injuries
• DO NOT touch the eye or contact lens.
• DO NOT allow patient to rub their eye.
• DO NOT apply pressure when bandaging the eye.

1. Follow DRSABCD.
2. Open eyelids gently.
   • Support the patient’s head to keep it as still as possible.
   • Ask the patient to try not to move their eyes.
3. Flush eye with cold flowing water for 20 minutes.
   • If chemical or heat burn or smoke in eyes.
4. Place light dressing or sterile pad over the eye.
   • Ask the patient to hold this in place if possible.
   • Bandage dressing or place pad, covering the injured eye.

Penetrating eye injury
DO NOT try to remove any object which is penetrating the eye.
1. Place thick pads above and below the eye.
   • Or cover eye with paper cup.
2. Bandage pads in place.
   • Make sure there is no pressure on the eyelid.

Handwashing

Handwashing is the most important measure in preventing the spread of germs.
Good hand hygiene is one of the best ways to help avoid the spread of germs. Did you know that 80% of germs are spread via direct contact?
Hands should be washed before and after contact with a patient, and after activities likely to cause contamination—such as handwashing before and after eating; before and after going to the toilet.

Infection Control Planning for the Workplace
Implementing infection control practices in a workplace can break the chain of infection and minimise illness in the office, creating a better working environment. St John Ambulance Australia offers Infection Control courses for the workplace. See infectioncontrol.stjohn.org.au for further information.
Head injury

Note
Head wounds bleed very freely. If bleeding does not stop, do not remove initial pad—add second pad, bandage in place, and reapply pressure to control bleeding.

Signs and symptoms
- altered or abnormal responses to commands and touch
- wounds to the scalp or face
- blood or clear fluid escaping from nose or ears
- pupils becoming unequal in size
- blurred vision
- loss of memory.

Conscious patient.
1. Follow DRSABCD.
2. Lie the patient down:
   - in a comfortable position with their head and shoulders slightly raised.
   - be prepared to turn the patient onto their side if they vomit.
   - clear the airway quickly after vomiting.

Unconscious patient.
1. Follow DRSABCD.
2. Support head and neck.
   - Support the patient’s head and neck always in alignment with body.
   - Avoid any twisting and bending movements—the patient may have a spinal injury.
4. Control bleeding.
   - Place sterile pad or dressing over the wound.
   - Apply direct pressure to the wound unless you suspect a skull fracture.
   - If blood or fluid comes from the patient’s ear, secure a sterile dressing lightly in place and allow to drain.
5. Lie the patient down.
   - In a comfortable position with their head and shoulders slightly raised.
   - Be prepared to turn the patient onto their side if they vomit.
   - Clear the airway quickly after vomiting.

First aid for sunburn
- Rest in a cool, shaded place.
- Have a cool shower, bath or sponge with cool water.
- Apply wet and cool gauze padding to the burnt area.
- Drink small sips of cool water frequently.
- Seek medical aid for young babies, or if there are blisters.

Sunburn to eyes
- Cover eyes with thick, cool, moist dressings to cool and keep the light out.
- Seek medical aid.

Using sunscreens
- Use maximum protection SPF 30+ sunscreen on unprotected areas of skin.
- Apply 20 minutes before sun exposure; re-apply every 2–3 hours; re-apply after swimming.
- Keep in shady areas particularly between 10 am and 3 pm.

- SLIP on a shirt
- SLOP on sunscreen
- SLAP on a hat
- SLIDE on some sunglasses
- SEEK shade
Dehydration — The importance of water

Water is a critical element of the body, and the body needs an amount of water to carry out normal functions such as blood circulation and excretion of waste. Dehydration may lead to heat exhaustion and heat stroke.

**Thirsty?** The body’s first response to dehydration is a thirst and less toilet stops. The urine will become concentrated and dark yellow in colour.

**Treatment** The best relief for mild to moderate dehydration is to have frequent and small amounts of water until thirst is quenched. Too much fluid at once may bring on vomiting.

**You may be dehydrated because of:**
- **sweating** — the body will lose water when it tries to cool itself by sweating. Sweating may occur because of the environment, exercise or fever.
- **diarrhoea** — this is the most common reason for a person to loose a lot of water.
- **vomiting** — it can be difficult for a person who has been vomiting, to replace water because they can’t tolerate taking any liquids or food.
- **diabetes** — the kidneys draw extra water from the blood to get rid of sugars
- **burns** — damaged skin can not prevent fluid from seeping out of the body.

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**Heat exhaustion**

### Warning
- Heat stroke may develop

### Signs and symptoms
- feeling hot, exhausted, weak
- persistent headache
- thirst, nausea, giddiness and faintness
- rapid breathing and shortness of breath
- pale, cool, clammy skin
- rapid, weak pulse.

1. **Move patient to lie down**
   - in a cool place with circulating air.
2. **Loosen tight clothing.**
   - Remove unnecessary garments.
3. **Sponge with cold water.**
4. **Give cool water to drink.**
5. **Seek medical aid:**
   - if patient vomits
   - if patient does not recover promptly.

---

**Heat stroke**

### Warning
- Heatstroke is potentially life-threatening. Act immediately.

### Signs and symptoms
- high body temperature
- flushed, dry skin
- initially a pounding, rapid pulse which gradually weakens.

1. **Follow DRSABCD.**
2. **Move patient to a cool place.**
3. **Remove almost all clothing.**
   - Loosen anything tight.
4. **Apply cold packs or ice.**
   - Apply to neck, groin and armpits to accelerate cooling.
5. **Cover with wet sheet.**
   - Fan to increase air circulation.
   - Stop cooling when body feels cold to touch.
6. **Ensure call for an ambulance has been made.**
   - Triple zero (000).
7. **If patient is fully conscious**
   - and able to swallow, give fluids, preferably water.


**Heart attack**

**Warning**
- The presence of the warning signs of a heart attack is a life-threatening emergency. Act immediately.
- Symptoms can come on suddenly or develop over minutes and get progressively worse.
- A patient may have just one of the following signs or symptoms, or a combination.

**Signs and symptoms**
- Discomfort or pain in the centre of the chest. It may come suddenly or start slowly over minutes. It may be described as tightness, heaviness, fullness or squeezing.
- The pain may be severe, moderate or mild.
- Pain may spread to the neck, throat or jaw, shoulders, the back, and either or both arms.
- There may also be shortness of breath, sweating, nausea/vomiting or dizziness.

1. **Follow DRSABCD.**
2. **Advise patient to immediately stop and rest.**
   - Help the patient to sit or lie down—whichever is most comfortable for them.
   - Provide reassurance and ask the patient to describe their symptoms.
   - Loosen tight clothing.
3. **Patient to take prescribed medication.**
   - If the patient has been prescribed medication, such as a tablet or oral spray for angina, get it and assist the patient in taking it as they have been directed.
4. **Call triple zero (000) if:**
   - if symptoms last 10 minutes OR get worse quickly OR are severe.
   - **DO NOT** drive the patient to hospital in case of cardiac arrest. The ambulance is the safest and fastest way to get to hospital.
5. **Give aspirin.**
   - Give 300mg (one tablet) of aspirin in water. **DO NOT give aspirin** to those allergic to it OR their doctor has warned them against taking aspirin.
6. **Stay with the patient and monitor vital signs.**
   - Monitor consciousness, breathing and movement.
   - Be prepared to give CPR.

**If the patient becomes unconscious.**
- Place on their side into the recovery position.
- Follow DRSABCD.

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**Sudden cardiac arrest**

Sudden cardiac arrest is a condition that occurs when the heart unexpectedly stops pumping. A defibrillator is used to treat a cardiac arrest. A sudden cardiac arrest is usually caused by fibrillation—a disruption of the electrical activity in the heart’s ventricular muscle (larger pumping chamber). This disruption prevents the heart from pumping blood around the body effectively, causing the heart to stop beating.

**Sudden cardiac arrest:**
- may occur in the young or old, male or female
- it may occur anywhere, anytime
- there may be no warning signs and symptoms (unlike a heart attack)

**There are two main cardiac arrest events**
1. A cardiac event being the cause of a sudden cardiac arrest—the patient is usually conscious until the arrest occurs, and they are therefore more likely to have the arrest reversed.
2. A cardiac event may be secondary to a non-cardiac cause, e.g. drowning, blood loss from trauma. The patient may be effectively treated but only if underlying cause is dealt with.
Hypothermia

Warning
▶ This is a life-threatening emergency. Act immediately.

Signs and symptoms
Early warning signs may include:
▶ feeling cold and shivering
▶ clumsy, slurred speech, apathy, irrational
▶ heart rate may slow.

As body temperature continues to drop:
▶ shivering usually stops
▶ pulse difficult to find, heart rate may slow
▶ level of consciousness continues to decline.

1. Follow DRSABCD.
2. Remove the patient to a warm and dry place.
   • Avoid excess activity or movement.
   • Keep the patient in a horizontal position.
3. Protect the patient
   • and yourself from wind, rain, sleet, cold, and wet ground.
4. Remove wet clothing.
5. Warm the patient.
   • Place the patient between blankets or in a sleeping bag, and wrap in a space blanket or similar.
   • Cover the patient’s head to maintain their body heat.
   • Give warm drinks if conscious.
6. Ensure call for an ambulance has been made (triple zero 000).

Poisoning

Warning
▶ DO NOT attempt to induce vomiting.
▶ DO NOT give fluids.

Signs and symptoms
▶ abdominal pain
▶ drowsiness, nausea and/or vomiting
▶ burning pains from mouth to stomach
▶ difficulty in breathing
▶ tight chest
▶ blurred vision
▶ odours on breath
▶ blueness around lips
▶ sudden collapse

Unconscious patient.
1. Follow DRSABCD.
2. Call fire brigade
   • if atmosphere contaminated with smoke or gas.

Conscious patient.
1. Follow DRSABCD.
2. Listen to the patient.
   • Give reassurance but not advice.
3. Determine nature of poisoning.
   • If possible, determine the type of poison taken, and record. Collect any containers.
4. Ensure call for an ambulance has been made (triple zero 000).
5. Call 13 11 26 for Poisons Information Centre.

Sprains and strains
1. Follow DRSABCD.
2. Follow R.I.C.E. management plan.
   • rest the patient and the injured part.
   • icepacks wrapped in a wet cloth may be applied to the injury—15 minutes every 2 hours for 24 hours, then for 15 minutes every 4 hours for 24 hours.
   • compression bandages should be firmly applied to extend well beyond the injury.
   • elevate the injured part.
3. Seek medical aid.
Shock

Warning
¬ Shock can be life-threatening.

Signs and symptoms
¬ weak, rapid pulse
¬ cold, clammy skin
¬ rapid breathing
¬ faintness, dizziness, nausea
¬ pale face, fingernails, lips.

1. Follow DRSABCD.
   • Reassure and calm the patient.
   • Manage injuries such as severe bleeding.

2. Raise the patient’s legs.
   • Raise the patient’s legs above the level of the heart, with head flat on the floor (unless a fractured leg or a snake bite).

3. Treat any other injuries.
   • Stop bleeding, treat wounds, burns.
   • Immobilise fractures.

   • Loosen any tight clothing.
   • Cover with a blanket, coat or similar.
   • DO NOT use direct heat.

5. Give small amounts of water frequently
   • to the conscious patient who does not have abdominal trauma and who is unlikely to require an operation in the immediate future.

6. Monitor breathing and response.
   • Check pulse and skin colour regularly.

7. Place the patient in the recovery position:
   • if there is difficulty breathing
   • if patient becomes unconscious
   • if patient is likely to vomit.

Spinal injury

Note
¬ After DRSABCD, immobiising the spine is the priority for any patient with a suspected spinal injury.
¬ Airway and breathing always takes precedence, so an unconscious patient should be placed in the recovery position to keep the airway open.

Signs and symptoms
¬ pain at or below site of injury
¬ loss of sensation, or abnormal sensation such as tingling, in hands or feet
¬ loss of movement or impaired movement below site of injury.

Unconscious patient.
1. Follow DRSABCD.

2. Place into the recovery position with extreme care.
   • Support head and neck at all times to maintain alignment with the spine.

3. Maintain clear and open airway.

4. Hold head and neck steady.
   • Place your hands on both sides of patient’s head.
   • Maintain spinal alignment.

5. Apply a cervical or improvised collar
   • if possible, to minimise neck movement.

Conscious patient.
1. Follow DRSABCD.

2. Reassure the patient.
   • Loosen any tight clothing around neck.

3. Do not move unless in danger.

4. Hold head and neck steady.
   • Place your hands on both sides of the patient’s head until other support is arranged.
   • Maintain spinal alignment.

5. Apply a cervical or improvised collar
   • if possible, to minimise neck movement and if experienced in doing so.