

# DRSABCD



IN AN EMERGENCY CALL **TRIPLE ZERO (000)** FOR AN AMBULANCE

## D

### Dangers?

Ensure the area is safe for yourself, others and the patient.



## R

### Responsive?

Check for a response: ask name, squeeze shoulders.  
**No response?** Send for help.  
**Response?** Make comfortable and monitor response.



## S

### Send for help

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



## A

### Open Airway

Open the mouth and check the airway for foreign material.  
**Foreign material?** Place in the recovery position and clear the airway.  
**No foreign material?** Leave in position.  
**Open the airway by tilting the head back with a chin lift.**



## B

### Normal Breathing?

Check for breathing: look, listen, feel for 10 seconds.  
**Not normal breathing?** Ensure an ambulance has been called; start CPR.  
**Normal breathing?** Place in the recovery position and monitor breathing.



## C

### Start CPR

30 chest compressions : 2 breaths.  
Continue CPR until help arrives or the patient starts breathing.



## D

### Attach defibrillator (AED)

and follow the voice prompts.



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# Asthma emergency



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## WARNING

An asthma emergency is potentially life-threatening.

Most people who suffer asthma attacks are aware of their asthma and should have an action plan and medication. They may wear a medical alert device.

In an emergency, or if a patient does not have their own reliever, use another person's reliever (where permitted under local state or territory regulations), or one from a first aid kit.

If the patient is having difficulty breathing but has not previously had an asthma attack, follow WHAT TO DO.

## SIGNS AND SYMPTOMS

### MILD TO MODERATE ASTHMA ATTACK

- increasingly soft to loud wheeze
- persistent cough
- minor to obvious difficulty breathing

### ASTHMA EMERGENCY

- symptoms get worse very quickly
- little or no relief from inhaler
- severe shortness of breath, focused only on breathing
- unable to speak normally
- pallor, sweating
- progressively more anxious, subdued or panicky
- blue lips, face, earlobes, fingernails
- loss of consciousness

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Help the patient to sit down in a comfortable position.
- 3 Reassure and stay with the patient.
- 4 If requested, help the patient to follow their action plan.

## HOW TO GIVE MEDICATION (4 : 4 : 4)

Use a spacer if available.

- 1 Give 4 separate puffs of blue/grey reliever puffer:
  - shake the inhaler
  - give 1 puff
  - take 4 breaths
  - repeat until 4 puffs have been given.
- 2 Wait 4 minutes
- 3 If there is no improvement, give 4 more separate puffs of blue/grey reliever as above.
- 4 If the patient still cannot breath normally, **call triple zero (000)** for an ambulance.
- 5 Keep giving 4 puffs every 4 minutes (as above) until medical aid arrives.

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# Bites and stings



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<p>For any snake bite (including sea snakes), funnel-web spider and mouse spider bites, blue-ringed octopus bite, cone shell sting</p>	<p><b>Pressure bandaging and immobilisation</b></p> <ol style="list-style-type: none"><li>1 If the bite or sting is on a limb, apply a broad pressure bandage (crepe preferred) over the bite site.</li><li>2 Apply a firm heavy crepe or elasticised roller bandage (10–15 centimetres wide) starting just above the fingers or toes, and moving upwards on the bitten limb as far as can be reached.</li><li>3 Apply the bandage as tightly as possible to the limb.</li><li>4 Immobilise the bandaged limb using splints.</li><li>5 Seek medical aid.</li></ol>
<p>For box jellyfish; Irukandji, morbakka and jimble jellyfish, or other tropical jellyfish sting</p>	<p><b>VINEGAR</b></p> <ol style="list-style-type: none"><li>1 Immediately flood the entire stung area with lots of vinegar for at least 30 seconds. DO NOT use fresh water.</li><li>2 If pain relief is required, apply a cold pack only after vinegar has been applied.</li><li>3 Urgently seek medical aid at a hospital if symptoms are severe.</li></ol>
<p>For bluebottle and other nontropical jellyfish stings; stinging fish (eg stonefish, lionfish, bullrout); stingray, crown-of-thorns starfish, sea urchin</p> <p>DO NOT use on suspected box jellyfish or Irukandji stings.</p>	<p><b>HOT WATER</b></p> <ol style="list-style-type: none"><li>1 Check the water to ensure it is as hot as you can comfortably tolerate before treating the patient.</li><li>2 Place the stung area in hot water for 20 minutes—help patient under a hot shower, place a stung hand or foot in hot water, or pour hot water over the stung area. Do not burn the patient.</li><li>3 Remove briefly before reimmersing.</li><li>4 Continue this cycle if pain persists.</li><li>5 Urgently seek medical aid at a hospital if symptoms are severe.</li></ol>
<p>For red-back spider or other spider bite; bee, wasp or ant sting; tick bite; scorpion or centipede sting; jellyfish sting</p>	<p><b>COLD PACK</b></p> <ol style="list-style-type: none"><li>1 Apply a cold pack to the bitten or stung area for 15 minutes and reapply if pain continues.</li><li>2 The cold pack should be changed when necessary to maintain the same level of coldness.</li><li>3 See medical aid if the pain worsens.</li></ol>

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# Severe bleeding



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## WARNING

- Any severe bleeding should be stopped as soon as possible
- DO NOT give the patient anything to eat or drink
- Wear gloves, if possible, to prevent infection.
- If an object is embedded in or protruding from a wound, apply pressure on either side of the wound and place pads around the object before bandaging.

## SIGNS AND SYMPTOMS

As well as the obvious sign of blood coming from a wound, signs and symptoms of severe bleeding include:

- weak, rapid pulse
- pale, cool, moist skin
- pallor, sweating
- rapid, gasping breathing
- restlessness
- nausea
- thirst
- faintness, dizziness or confusion
- loss of consciousness.

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Help the patient to lie down, particularly if the bleeding is severe.
- 3 Remove or cut the patient's clothing to expose the wound.
- 4 Ask the patient to apply direct pressure over the wound, or as close to the point of the bleeding as possible. If the patient is unable to apply pressure, use a pad or your hands.
- 5 Squeeze the wound edges together if possible.
- 6 Apply a pad over the wound if not already in place.
- 7 Secure the pad by bandaging over it. Ensure the pad remains over the wound.
- 8 If bleeding is still not controlled, leave the initial pad in place and apply a second pad and secure it with a bandage.
- 9 If bleeding continues through the second pad, replace the second pad leaving the first pad in place, and rebandage.
- 10 Do not give the severely bleeding patient any food or drink, and **call triple zero (000)** for an ambulance.
- 11 Check every 15 minutes that the bandages are not too tight and that there is circulation below the wound.
- 12 Continue to check the patient's breathing.

*If the bleeding can not be controlled, consider applying a tourniquet. Only apply a tourniquet if bleeding can not be controlled by direct pressure, the equipment is available, and the first aider is trained in the use of this equipment.*

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# Burn or scald



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## WARNING

- Do not apply lotions, ointments, fat or ice to a burn.
- Do not touch the injured areas or burst any blisters.
- Do not remove anything sticking to the burn.
- If the burn is larger than a 20 cent piece, or deep, seek medical aid.

## SIGNS AND SYMPTOMS

**Superficial burns** The area is:

- red
- very painful
- blistered.

**Deep burns** The area is:

- mottled red and white
- dark red or pale yellow
- painful
- blistered.

**Full thickness burns** The area:

- is white or charred
- feels dry and leathery.
- Because the nerves are destroyed, the pain will not be as great as in a superficial burn.

## WHAT TO DO

### If the patient's clothing is on fire

- 1 Stop the patient from moving around.
- 2 Drop the patient to the ground and cover or wrap them in a blanket or similar, if available.
- 3 Roll the patient along the ground until the flames are extinguished.
- 4 Manage the burn.

### For all other burns

- 1 Follow DRSABCD.
- 2 If the burn is severe or if it involves the airway, **call triple zero (000)** for an ambulance.
- 3 As soon as possible, hold the burnt area under cool running water for 20 minutes.
- 4 Remove any clothing and jewellery from the burnt area, unless they are stuck to the burn.
- 5 Cover the burn with a light, loose nonstick dressing, preferably clean, dry, non-fluffy material (eg plastic cling film).
- 6 Continue to check the patient for shock, and treat if necessary.

*A 'cold' burn is actually tissue damage from extreme cold, and accordingly treatment is different from other burns. See the fact sheet on frostbite.*

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# Choking adult or child (over 1 year)



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## WARNING

If the patient becomes blue, limp or unconscious, follow DRSABCD and **call triple zero (000)** for an ambulance.

## SIGNS AND SYMPTOMS

- clutching the throat
- coughing, wheezing, gagging
- difficulty in breathing, speaking or swallowing
- making a whistling or 'crowing' noise, or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness



5 back blows



5 chest thrusts

## WHAT TO DO

- 1 Encourage the patient to relax. Ask the patient to cough to remove the object.
- 2 If coughing does not remove the blockage, **call triple zero (000)** for an ambulance.
- 3 Bend the patient well forward and give up to 5 sharp blows on the back between the shoulder blades with the heel of one hand.  
Check if the blockage has been removed after each blow.
- 4 If the blockage has not cleared after 5 back blows, give up to 5 chest thrusts.  
Give chest thrusts by placing one hand in the middle of the patient's back for support and the heel of the other on the lower half of the sternum. Thrusts should be slower and sharper than CPR compressions.  
Check if the blockage has been removed after each thrust.
- 5 If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
- 6 If the patient becomes blue, limp or unconscious, follow DRSABCD and **call triple zero (000)** for an ambulance.

SEE ALSO, FIRST AID FOR A CHOKING INFANT FACT SHEET

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# Choking infant (under 1 year)



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## WARNING

If the patient becomes blue, limp or unconscious, follow DRSABCD and call triple zero (000) for an ambulance.

## SIGNS AND SYMPTOMS

- clutching the throat
- coughing, wheezing, gagging
- difficulty in breathing, speaking or swallowing
- making a whistling or 'crowing' noise, or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness



5 back blows



5 chest thrusts

## WHAT TO DO

- 1 Immediately call triple zero (000) for an ambulance. Stay on the phone.
- 2 Place the infant with their head downwards on your forearm, supporting the head and shoulders on your hand.
- 3 Hold the infant's mouth open with your fingers.
- 4 Give up to 5 sharp blows to the back between the shoulders with the heel of one hand, checking if the blockage has been removed after each blow.

If the blockage has come loose or been removed, turn the infant into the recovery position and remove any object that may have come loose with your little finger.

- 5 If the blockage has not been removed after 5 back blows, place the infant on their back on a firm surface.  
Place 2 fingers on the lower half of the sternum and give up to 5 chest thrusts, checking if the blockage has been removed after each thrust. Support the infant's head with the other hand.
- 6 If the blockage has not been removed after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
- 7 If the infant becomes unconscious, start CPR.

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# Concussion



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## SIGNS AND SYMPTOMS

Some or all of the following may indicate concussion:

- loss of consciousness
- persistent headache
- faintness, dizziness
- confusion
- loss of memory, particularly of the event
- blurred vision
- slurred speech
- altered or abnormal responses to commands and touch
- vomiting within a few hours after a head injury
- wounds to the scalp or face.

## WARNING

Any person who has suffered loss of consciousness or an altered state of consciousness after a blow to the head should not return to their activity (eg sport) and should see a medical practitioner urgently.

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 If the patient is conscious and no spinal injury is suspected, place the patient in a position of comfort (usually lying down) with their head and shoulders slightly raised.
- 3 Advise them to seek medical attention.
- 4 If the patient is unconscious and a neck or spinal injury is suspected, place the patient in the recovery position, carefully supporting the patient's head and neck, and avoid twisting or bending during movement.
- 5 **Call triple zero (000)** for an ambulance.
- 6 Ensure the patient's airway is clear and open. Keep the patient's airway open by lifting their chin. **DO NOT** force if the face is badly injured.

## HEAD INJURY

- 7 Control any bleeding with direct pressure at the point of bleeding. If you suspect the skull is fractured, use gentle pressure around the wound.
- 8 If blood or fluid comes from the ear, secure a sterile dressing lightly over the ear. Lie the patient on their injured side, if possible, to allow the fluid to drain.
- 9 Ensure an ambulance has been called, noting the patient's condition so that you can report it to the paramedics.

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# Diabetes emergency



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## SIGNS AND SYMPTOMS

### High blood sugar

- excessive thirst
- tiredness
- blurred vision
- hot, dry skin
- smell of acetone on breath

### Low blood sugar

- weakness, shaking
- sweating
- headache
- faintness, dizziness
- lack of concentration
- teariness or crying
- irritability or altered behaviour
- hunger
- numbness around the lips and fingers

These may progress quickly to:

- slurred speech
- confusion
- loss of consciousness
- seizures.

## WHAT TO DO

### High blood sugar (hyperglycaemia)

- 1 If the patient has medication, ask if they need assistance administering it. Only help the patient if they request it.
- 2 Encourage the patient to drink water.
- 3 Seek medical aid if symptoms worsen.
- 4 If the patient has not yet been diagnosed with diabetes, encourage them to seek medical aid.

### Low blood sugar (hypoglycaemia)

- 1 Help the patient to sit or lie in a comfortable position.
- 2 Reassure the patient.
- 3 Loosen any tight clothing.
- 4 Give the patient sugar, such as fruit juice or a soft drink (NOT 'diet' eg Coke Zero, Pepsi Max), sugar, jellybeans, glucose tablets.
- 5 Continue giving sugar every 15 minutes until the patient recovers.
- 6 Follow with carbohydrates, eg a sandwich, milk, fresh or dry fruit, or dry biscuits and cheese.
- 7 If there is no improvement in symptoms or the patient becomes unconscious, **call triple zero (000)** for an ambulance.

*If you are unsure whether the patient has low or high blood sugar, give them a drink containing sugar (DO NOT use 'diet' soft drinks, eg Coke Zero, Pepsi Max). Giving any form of sugar can save a patient's life if blood sugar is low, and will not cause undue harm if blood sugar is high.*

FOR MORE INFORMATION, SEE  
[WWW.DIABETESAUSTRALIA.COM.AU](http://WWW.DIABETESAUSTRALIA.COM.AU)

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# Electric shock



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## WARNING

Even for a mild electric shock, encourage the patient to seek medical aid for assessment of potential effects on the heart.

## SIGNS AND SYMPTOMS

- difficulty in breathing or no breathing at all
- a weak, erratic pulse or no pulse at all
- burns, particularly entry and exit burns
- loss of consciousness
- cardiac arrest

## DOWNED POWER LINES

- Remain at least 6 metres from any cable.
- DO NOT attempt to remove the cable.
- If a vehicle is being touched by a high voltage cable, DO NOT go near the vehicle or try to remove the patient from the vehicle.
- Advise the patient not to move.

## WHAT TO DO

- 1 Check for danger to yourself, bystanders and the patient.
- 2 Switch off power, if possible, before trying to help the patient.
- 3 If the patient is in contact with high voltage lines, do not approach, but wait until power is disconnected by authorised electrical personnel.
- 4 If power cannot be switched off quickly, remove the patient from the electrical supply without directly touching them. Use a non-conductive, dry material (eg a dry wooden broom handle).
- 5 Follow DRSABCD. **Call triple zero (000)** for an ambulance.
- 6 Hold any burnt area under cool running water for 20 minutes.
- 7 Remove jewellery and clothing from burnt areas, unless stuck to the burn.
- 8 Cover the burnt area with a loose and light nonstick dressing, preferably clean, dry, non-fluffy material such as plastic cling film.
- 9 Seek medical aid.

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# Epileptic seizure



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## WARNING

### During a seizure

- DO NOT try to restrain the person or stop the jerking.
- DO NOT put anything in their mouth.
- DO NOT move the person unless they are in danger.

## SIGNS AND SYMPTOMS

A patient having an epileptic seizure may:

- suddenly cry out
- fall to the ground, sometimes resulting in injury
- stiffen and lie rigid for a few seconds
- have rhythmic jerking muscular movements
- look very pale and have blue lips
- have excessive saliva coming out of their mouth
- sometimes bite the tongue or cheek, resulting in blood in the saliva
- lose control of their bladder or bowel
- be extremely tired, confused or agitated afterwards.

## WHAT TO DO

### During the seizure

- 1 Protect the patient from injury by removing any objects that could cause injury.
- 2 Protect the patient's head by place something soft under their head and shoulders.
- 3 Time the seizure.

### After the seizure

- 4 Put the patient in the recovery position as soon as jerking stops, or immediately if they have vomited or have food or fluid in their mouth.
- 5 Manage any injuries resulting from the seizure.
- 6 DO NOT disturb the patient if they fall asleep, but continue to check their breathing.
- 7 Calmly talk to the patient until they regain consciousness. Let them know where they are, that they are safe and that you will stay with them while they recover.
- 8 **Call triple zero (000)** for an ambulance if:
  - the seizure continues for more than 5 minutes or a second seizure quickly follows
  - the patient remains unresponsive for more than 5 minutes after a seizure stops
  - the patient has been injured
  - the patient has diabetes or is pregnant
  - you know, or believe it to be the patient's first seizure.

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# Eye injuries



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## WARNING

- Act with extreme urgency (within seconds) if it is a heat or chemical burn.
- Do not touch the eye or contact lens.
- Do not allow the patient to rub the eye.
- Do not try to remove any object that is embedded in or penetrating from the eye.
- Do not persist in examining the eye if the injury is severe.
- Do not apply pressure when bandaging the eye.

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 DO NOT try to remove an object that is embedded in, or protruding from, the eye.
- 3 Cover the injured eye only, with one or more sterile pads, avoiding any protruding object.
- 4 DO NOT put direct pressure on the eyeball.
- 5 Help the patient to lie down in a comfortable position on their back.
- 6 Ask the patient to try not to move their eyes.
- 7 Seek medical aid.

## SIGNS AND SYMPTOMS

- pain
- redness
- wateriness
- sensitivity to light
- swollen or spasming eyelids
- bleeding
- inability to open the eye
- injuries around the eye

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# Febrile convulsion



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## WARNING

DO NOT cool the child by sponging or bathing, but do remove excess clothing.

## SIGNS AND SYMPTOMS

A rapid rise in body temperature can cause convulsions.

This occurs most often in children aged 6 months to 5 years.

A convulsion can occur with a temperature change from the normal 37°C to as little as 38.5°C.

Symptoms can include:

- fever
- muscle stiffening
- twitching or jerking of face or limbs
- eyes rolling upwards
- blue lips, face, earlobes, fingernails
- loss of consciousness.

## WHAT TO DO

### During the convulsion

- 1 Place the child on their side for safety.
- 2 DO NOT restrain the child.

### After the convulsion

- 3 Follow DRSABCD.
- 4 Remove excess clothing or wrappings.
- 5 Seek medical aid.

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# Fracture (broken bone)



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## WARNING

- It can be difficult to tell whether an injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.
- DO NOT try to force a broken bone back into place.

## SIGNS AND SYMPTOMS

- pain or tenderness at or near the site of the injury
- swelling
- deformity
- discolouration, redness, bruising
- loss of function
- the patient felt or heard the break occur
- a coarse grating sound is heard or felt as bones rub together

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Ask the patient to remain as still as possible.
- 3 Control any bleeding, cover any wounds and check for other fractures.
- 4 Immobilise the broken bone by placing a padded splint along the injured limb.
- 5 Secure the splint by passing the bandages above and below the break to prevent movement. Tie the bandages firmly and away from the injured side.
- 6 For a leg fracture, also immobilise the foot and ankle. Support the limb while bandaging.
- 7 Check that the bandages are not too tight and watch for signs of loss of circulation to the limb every 15 minutes.
- 8 Seek medical aid.

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# Heart attack



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## SIGNS & SYMPTOMS<sup>1</sup>

The warning signs of heart attack vary. Symptoms can start suddenly, or develop over time and get progressively worse.

People can have just one symptom or a combination of symptoms. The patient can feel discomfort or pain in the centre of the chest. This chest pain can:

- start suddenly, or slowly over minutes
- be described as tightness, heaviness, fullness or squeezing
- be severe, moderate or mild.

Chest pain may spread from:

- discomfort in the neck or a choking or burning feel in the throat
- an ache, heaviness or pressure around one or both shoulders
- pain, discomfort, heaviness or uselessness in one or both arms
- an ache or tightness in/around the jaw
- a dull ache between the shoulder blades
- pain, heaviness, tightness or crushing sensation in the centre of the chest.

However, not all patients feel chest discomfort (more than 40% of women do not experience chest pain).

The patient can also feel:

- short of breath
- nauseous
- faint or dizzy
- a cold sweat.

## WARNINGS

- Having one or more signs or symptoms of a heart attack means this is a life-threatening emergency—**call triple zero (000)** for an ambulance immediately.
- It is not recommended that you drive the patient to the hospital yourself, as you may need to perform CPR.

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Encourage the patient to immediately stop what they are doing and rest.
- 3 Help the patient to sit or lie down in a comfortable position.
- 4 Reassure the patient. Loosen any tight clothing.
- 5 If the patient has been prescribed medication such as a tablet or mouth spray to treat episodes of chest pain or discomfort associated with angina, help them to take this as they have been directed.
- 6 Ask the patient to describe their symptoms. If any of the symptoms are severe, get worse quickly, or have lasted 10 minutes, **call triple zero (000)** for an ambulance and stay on the phone. Wait for advice from the operator.
- 7 Give 300 milligrams of aspirin (usually one tablet) unless the patient is allergic to aspirin or their doctor has warned them against taking aspirin.
- 8 Stay with the patient until medical aid arrives.
- 9 Be prepared to give CPR if symptoms worsen.

<sup>1</sup> The Heart Foundation, <https://www.heartfoundation.org.au>

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# Heart attack



**IN A MEDICAL EMERGENCY CALL TRIPLE ZERO (000) FOR AN AMBULANCE.**

**DRSABCD** Danger ► Response ► Send for help ► Airway ► Breathing ► CPR ► Defibrillation

The DRSABCD Action Plan is the first step when providing first aid. Use this to assess the immediate situation.

## SIGNS & SYMPTOMS<sup>1</sup>

The warning signs of heart attack vary. Symptoms can start suddenly, or develop over time and get progressively worse.

People can have just one symptom or a combination of symptoms. The patient can feel discomfort or pain in the centre of the chest. This chest pain can:

- start suddenly, or slowly over minutes
- be described as tightness, heaviness, fullness or squeezing
- be severe, moderate or mild.

Chest pain may spread from:

- discomfort in the neck or a choking or burning feel in the throat
- an ache, heaviness or pressure around one or both shoulders
- pain, discomfort, heaviness or uselessness in one or both arms
- an ache or tightness in/around the jaw
- a dull ache between the shoulder blades
- pain, heaviness, tightness or crushing sensation in the centre of the chest.

However, not all patients feel chest discomfort (more than 40% of women do not experience chest pain).

The patient can also feel:

- short of breath
- nauseous
- faint or dizzy
- a cold sweat.

## WARNINGS

- Having one or more signs or symptoms of a heart attack means this is a life-threatening emergency—**call triple zero (000)** for an ambulance immediately.
- It is not recommended that you drive the patient to the hospital yourself, as you may need to perform CPR.

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Encourage the patient to immediately stop what they are doing and rest.
- 3 Help the patient to sit or lie down in a comfortable position.
- 4 Reassure the patient. Loosen any tight clothing.
- 5 If the patient has been prescribed medication such as a tablet or mouth spray to treat episodes of chest pain or discomfort associated with angina, help them to take this as they have been directed.
- 6 Ask the patient to describe their symptoms. If any of the symptoms are severe, get worse quickly, or have lasted 10 minutes, **call triple zero (000)** for an ambulance and stay on the phone. Wait for advice from the operator.
- 7 Give 300 milligrams of aspirin (usually one tablet) unless the patient is allergic to aspirin or their doctor has warned them against taking aspirin.
- 8 Stay with the patient until medical aid arrives.
- 9 Be prepared to give CPR if symptoms worsen.

<sup>1</sup> The Heart Foundation, <https://www.heartfoundation.org.au>

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# Heat-induced illnesses



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## HEAT EXHAUSTION

### WARNING

If a person with heat exhaustion is not managed appropriately, they can develop heat stroke.

### SIGNS AND SYMPTOMS

- feeling hot, exhausted, weak, fatigued
- persistent headache
- thirst
- nausea
- faintness, dizziness
- rapid breathing, shortness of breath
- pale, cool, moist skin
- rapid, weak pulse

### WHAT TO DO

- 1 Move the patient to a cool place with circulating air.
- 2 Help the patient to sit or lie down in a comfortable position.
- 3 Remove unnecessary clothing from the patient, and loosen any tight clothing.
- 4 Sponge the patient with cold water.
- 5 Give the patient cool water to drink.
- 6 Seek medical aid if the patient vomits or does not recover quickly.

## HEAT STROKE

### WARNING

Heat stroke is potentially life-threatening and immediate medical aid is needed.

### SIGNS AND SYMPTOMS

- high body temperature of 40°C or more
- flushed, dry skin
- pounding, rapid pulse that gradually weakens
- headache and irritability
- nausea, vomiting
- visual disturbances
- faintness, dizziness, confusion
- loss of consciousness
- seizures

### WHAT TO DO

- 1 Follow DRSABCD.
- 2 Call triple zero (000) for an ambulance.
- 3 Move the patient to a cool place with circulating air.
- 4 Help the patient to sit or lie down in a comfortable position.
- 5 Remove almost all the patient's clothing, and loosen any tight clothing.
- 6 Apply a cold pack to areas of large blood vessels such as the neck, groin and armpits, to accelerate cooling.
- 7 If possible, cover the patient with a wet sheet and fan to increase air circulation. Stop cooling when the patient feels cold to touch.
- 8 If patient is fully conscious and is able to swallow, give them cool water to sip.

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# Hypothermia



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## WARNING

- DO NOT rub affected areas.
- DO NOT use radiant heat such as fire or electric heaters.
- DO NOT give alcohol.

## MILD SIGNS AND SYMPTOMS

- feeling cold
- shivering
- clumsiness and slurred speech
- apathy and irrational behaviour

## SEVERE SIGNS AND SYMPTOMS

- shivering ceases
- difficult to find pulse
- slow heart rate
- loss of consciousness

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Move the patient to a warm, dry place.
- 3 Help the patient to lie down in a comfortable position. Handle the patient as gently as possible, avoiding excess activity and movement.
- 4 Remove any wet clothing from the patient.
- 5 Place the patient between blankets or in a sleeping bag, and wrap them in an emergency blanket.
- 6 Cover the patient's head to maintain body heat.
- 7 Give the patient warm drinks if they are conscious. Do not give alcohol.
- 8 Place hot water bottles, heat packs and other sources of external heat directly on the patient's neck, armpits and groin. Be careful to avoid burns. Body-to-body contact may be used if other means of rewarming are not available.
- 9 If hypothermia is severe, **call triple zero (000)** for an ambulance.
- 10 Stay with the patient until medical aid arrives.

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# Poisoning



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**POISONS INFORMATION CENTRE 13 11 26**

## SIGNS AND SYMPTOMS

Signs and symptoms depend on the type of poison, and can include:

- bite or injection marks, with or without local swelling
- burns around and inside the mouth or on the tongue
- smell of fumes
- odours on the breath
- burning pain from mouth to stomach
- nausea, vomiting
- abdominal pain
- difficulty in breathing
- tight feeling in chest
- headache
- ringing in ears
- blurred vision
- blue lips, face, earlobes, fingernails
- drowsiness
- loss of consciousness
- seizures.

## WARNINGS

- DO NOT induce vomiting, unless advised to do so by the Poisons Information Centre.
- DO NOT give the patient anything to eat or drink.
- Wash substances off the face and around the mouth with water.

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Call triple zero (000) for an ambulance.
- 3 Call triple zero (000) for fire services if the air is contaminated with smoke or gas.
- 4 Reassure the patient.
- 5 Find out what sort of poison is involved, if possible, and record the information for medical personnel.
- 6 Call the Poisons Information Centre 13 11 26, and follow their advice.
- 7 If the patient is becoming drowsy, place them in the recovery position and continue to check their airway and breathing regularly.
- 8 Send any vomit, containers and suicide notes with the patient to hospital.

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# Severe allergic reaction (anaphylaxis)



**IN A MEDICAL EMERGENCY CALL TRIPLE ZERO (000) FOR AN AMBULANCE.**

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## WARNING

- Anaphylaxis is potentially life-threatening.
- People diagnosed with severe allergies should have an anaphylaxis action plan and an adrenaline auto-injector. They may also wear a medical alert device.
- In a severe allergic reaction, you should use any available adrenaline auto-injector.

## SIGNS AND SYMPTOMS

The following signs and symptoms of a **MILD TO MODERATE ALLERGIC REACTION** may precede anaphylaxis:

- swelling of face and tongue
- hives, welts or body redness
- tingling mouth
- abdominal pain, vomiting, diarrhoea

The main symptoms of a **SEVERE ALLERGIC REACTION** are rapidly developing breathing and circulation problems.

Other signs and symptoms may include:

- wheeze or persistent cough
- difficult or noisy breathing
- difficulty talking or a hoarse voice
- swelling or tightness in throat
- faintness, dizziness
- confusion
- loss of consciousness
- pallor and floppiness (in young children)

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 If the patient is carrying an adrenaline auto-injector, use it immediately.
- 3 Ask the patient if they need help with their action plan if they have one. Only help the patient if they request it. If the patient is unable to give verbal consent, administer an adrenaline auto-injector immediately.
- 4 Do not allow the patient to stand or walk. Help the patient to lie down flat, or if breathing is difficult, allow the patient to sit.
- 5 **Call triple zero (000)** for an ambulance.
- 6 Monitor the patient. If there is no improvement after 5 minutes, use another adrenaline auto-injector, if available.
- 7 If breathing stops, follow DRSABCD.

## HOW TO GIVE AN EPIPEN® OR EPIPEN JR®

- 1 Form a fist around the EpiPen® and PULL OFF THE BLUE SAFETY RELEASE.
- 2 Hold the patient's leg still and PLACE THE ORANGE END against the patient's outer mid-thigh (with or without clothing).
- 3 PUSH DOWN HARD until a click is heard or felt, and hold in place for 3 seconds.  
*All EpiPens® should be held in place for 3 seconds regardless of instructions on the device's label.*
- 4 REMOVE the EpiPen®.

FOR MORE INFORMATION SEE [WWW.ALLERGY.ORG.AU](http://WWW.ALLERGY.ORG.AU)

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# Shock



**St John**

**IN A MEDICAL EMERGENCY CALL TRIPLE ZERO (000) FOR AN AMBULANCE.**

**DRSABCD** Danger ► Response ► Send for help ► Airway ► Breathing ► CPR ► Defibrillation

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## SIGNS AND SYMPTOMS

### Initial shock

- pale face, fingernails and lips
- cool, moist skin
- faintness, dizziness
- nausea
- anxiety

### Severe shock

- restlessness
- thirst
- weak, rapid pulse, which may become weaker or slower
- shallow, fast breathing
- drowsiness, confusion
- blue lips, face, earlobes, fingernails (this is a late sign and means the patient is very sick)
- unconsciousness

## WARNING

Shock is a life-threatening condition.

Any health condition or trauma can cause shock.

It is important that you treat the injury or illness that is causing the shock, as well as treating the shock and the person as a whole.

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Help the patient to lie down. Do not raise their legs.
- 3 Reassure the patient.
- 4 Manage severe bleeding then treat other injuries.
- 5 Loosen any tight clothing.
- 6 Keep the patient warm with a blanket or similar. Do not use any source of direct heat.
- 7 Give the patient small amounts of cool water to drink frequently if they are conscious, do not have abdominal trauma, and are unlikely to require an operation immediately.
- 8 Place the patient in the recovery position if they have difficulty breathing, become unconscious or are likely to vomit.
- 9 Seek medical aid or **call triple zero (000)** for an ambulance if the patient's injuries require it.

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# Snake bite



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**IN A MEDICAL EMERGENCY CALL TRIPLE ZERO (000) FOR AN AMBULANCE.**

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All known or suspected snake bites must be treated as potentially life-threatening, and medical aid should be sought urgently.

## **WARNING**

Do not wash venom off the skin or clothes because it may assist identification.

## **SIGNS AND SYMPTOMS**

Signs of a snake bite are not always visible and, in some cases, the patient may not have felt anything. Symptoms may not appear for an hour or more after the person has been bitten.

Depending on the type of snake, signs and symptoms may include some or all of the following:

- immediate or delayed pain at the bite site
- swelling, bruising or local bleeding
- bite marks (usually on a limb) that may vary from obvious puncture wounds to scratches that may be almost invisible
- swollen and tender glands in the groin or armpit of the bitten limb
- faintness, dizziness
- nausea and vomiting
- headache
- abdominal pain
- oozing of blood from the bite site or gums
- double or blurred vision
- drooping eyelids
- difficulty in speaking or swallowing
- limb weakness or paralysis
- difficulty in breathing
- occasionally, initial collapse or confusion followed by partial or complete recovery.

## **WHAT TO DO**

- 1 Follow DRSABCD.
- 2 Call triple zero (000) for an ambulance.
- 3 Lie the patient down and ask them to keep still. Reassure the patient.
- 4 If on a limb, apply an elasticised roller bandage (10–15 cm wide) over the bite site as soon as possible.  
Apply a further elasticised roller bandage (10–15 cm wide), starting just above the fingers or toes and moving upwards on the bitten limb as far as can be reached.  
Use clothing or other material if an elasticised roller bandage is not available.  
Apply the bandage as tightly as possible to the limb.
- 5 Immobilise the bandaged limb using splints.
- 6 Keep the patient lying down and completely still (immobilised).
- 7 Write down the time of the bite and when the bandage was applied. If possible, mark the location of the bite site (if known) on the skin with a pen, or photograph the site.
- 8 Stay with the patient until medical aid arrives.



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# Spider bites



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## SIGNS & SYMPTOMS

### General symptoms

- sharp pain at bite site
- profuse sweating
- nausea, vomiting and abdominal pain.

### Additional symptoms of a Funnel-Web or Mouse spider bite

- copious secretion of saliva
- muscular twitching and breathing difficulty
- small hairs stand on end
- numbness around mouth
- copious tears
- disorientation
- fast pulse
- markedly increased blood pressure
- confusion leading to unconsciousness.

### Additional symptoms of a Red-back spider bite

- intense local pain which increases and spreads
- small hairs stand on end
- patchy sweating
- headache
- muscle weakness or spasms.

### Possible signs and symptoms of other spider bites

- burning sensation
- swelling
- blistering.

## WHAT TO DO

### FIRST AID FOR FUNNEL-WEB / MOUSE SPIDER

- 1 Follow DRSABCD.
- 2 Lie the patient down.
- 3 Calm and reassure the patient.
- 4 If on a limb, apply an elasticised roller bandage (10–15 cm wide) over the bite site as soon as possible.  
Apply a further elasticised roller bandage (10–15 cm wide), starting just above the fingers or toes and moving upwards on the bitten limb as far as can be reached.  
Apply the bandage as tightly as possible to the limb.
- 5 Immobilise the bandaged limb using splints.
- 6 Keep the patient lying down and completely still (immobilised).
- 7 Stay with the patient until medical aid arrives.

### FIRST AID FOR RED-BACK SPIDER

- 1 Apply a cold pack to the bitten or stung area for 15 minutes and reapply if pain continues.
- 2 Seek medical attention if patient develops severe symptoms.

### FIRST AID FOR OTHER SPIDER BITES

- 1 Wash the injured site with soap and water.
- 2 Apply a cold pack to the bitten or stung area for 15 minutes and reapply if pain continues.
- 3 Seek medical attention if the patient develops severe symptoms.

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# Spinal and neck injury



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## WARNING

- If the patient is unconscious as a result of a head injury, you should always suspect a spinal injury.
- DO NOT move a patient with a suspected spinal injury unless they are in danger. Movement may cause further injury.
- Twisting, compressing or bending an injured spine may increase the damage. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Where the neck is involved, support the head and neck with your hands.
- Do not apply a cervical collar.

## SIGNS AND SYMPTOMS

- pain at or below the site of the injury
- tenderness over the site of the injury
- absent or altered sensation below the site of the injury, such as tingling in hands or feet
- loss of movement or impaired movement below the site of the injury

## WHAT TO DO

### UNCONSCIOUS BREATHING PATIENT

- 1 Follow DRSABCD.
- 2 Call triple zero (000) for an ambulance.
- 3 Place the patient in the recovery position. Carefully support their head and neck, and avoid twisting or bending during movement.
- 4 Ensure the patient's airway is clear and open.
- 5 Hold the patient's head and neck steady to prevent twisting or bending of the spine.

### CONSCIOUS PATIENT

- 1 Follow DRSABCD.
- 2 Call triple zero (000) for an ambulance.
- 3 Keep the patient in the position found. Only move if in danger.
- 4 Reassure the patient. Ask them not to move.
- 5 Loosen any tight clothing.
- 6 Hold the head and neck steady to prevent twisting or bending of the spine.

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# Sprain and strain



**St John**

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## WARNING

It can be difficult to tell whether an injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.

## SIGNS AND SYMPTOMS

### Sprain

- intense pain
- restricted movement of the injured joint
- rapid development of swelling and bruising

### Strain

- sharp, sudden pain in the region of the injury
- usually loss of power
- muscle tenderness

## WHAT TO DO

- 1 Follow DRSABCD.
- 2 Follow **RICE**:
  - **Rest** – rest the patient and the injured part
  - **Ice** – apply an ice pack or cold pack for 15 minutes every 2 hours for 24 hours, then for 15 minutes every 4 hours for 24 hours
  - **Compression** – apply a compression bandage firmly to extend well beyond the injury
  - **Elevation** – elevate the injured part.
- 3 Avoid **HARM**:
  - Heat
  - Alcohol
  - Running or other exercise of the injured area
  - Massage.
- 4 Seek medical aid.

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# Stroke



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## RECOGNISE STROKE? ACT **F.A.S.T.!**

**F** – Has the person's **FACE** drooped?

**A** – Can they lift both **ARMS**?

**S** – Is the person's **SPEECH** slurred? Do they understand you?

**T** – Call triple zero (000). **TIME** is critical.

© Stroke Foundation

### SIGNS AND SYMPTOMS

- facial weakness
- arm weakness
- weakness or paralysis, especially on one side of the body
- difficulty speaking or understanding
- feeling of numbness in face, arm or leg
- disturbed vision
- loss of balance
- faintness, dizziness
- confusion
- loss of consciousness

### WHAT TO DO

- 1 Follow DRSABCD.
- 2 **Call triple zero (000)** for an ambulance.
- 3 Reassure the patient. The patient may not be able to clearly communicate, which may cause them extreme anxiety.
- 4 Help the patient to sit or lie down in a comfortable position. Support the patient's head and shoulders on pillows.
- 5 Loosen any tight clothing.
- 6 Keep the patient warm.
- 7 Wipe away any secretions from the patient's mouth.
- 8 Stay with the patient until medical aid arrives.

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