

Brush up on first aid basics

By Kathleen Misovic, associate editor

Quick!

*Your child swallowed
bathroom cleaner!*

*Your spouse has another
nosebleed!*

*Your co-worker tripped
and is clutching his ankle!*

*Do you know what to
do in every day emergencies
such as these?*

Alton Thygerson, professor of health science at Brigham Young University in Provo, UT, brought first aid practitioners up to date on the latest first aid techniques during a session at the National Safety Council's 91st Congress & Expo in September 2003.

Get a nose up on nosebleeds

Thygerson helped attendees bone up on treating nosebleeds. Nosebleeds come in two varieties, he said, anterior and posterior. About 90 percent of nosebleeds are anterior, which are less severe nosebleeds often occurring in children and involve blood coming out of the nostrils. Posterior nosebleeds involve vessels in the nose hardening and breaking. They are common in the elderly.

When treating patients with a nosebleed, have them sit down and lean forward. "This will enable the blood to drain out of the nose instead of down the throat," Thygerson said.

To stop the bleeding, pinch the soft parts of the nose together between your thumb and the side of your index finger, then push firmly but gently with your thumb and the side of your index finger toward the face. Alternate these pinching and pushing techniques for about five minutes. If the bleeding continues, contact a physician.

Act fast in poisoning cases

If you suspect someone has ingested a poison, call your local poison control center at (800) 222-1222 for instructions. If the person has ingested a caustic or corrosive substance, give him or her water to dilute the substance, then place the person on his or her left side to delay gastric emptying. "If the poison stays in the stomach the patient is easier to treat," Thygerson explained.

If immediately ridding the body of the poison is necessary, patients can ingest two substances to induce elimination of the substance. Traditionally, ipecac syrup has been used for inducing vomiting because the syrup is an easy-to-use over-the-counter remedy. Ipecac syrup also has several disadvantages, Thygerson said. It takes 20 minutes to work, and during this time poison can leave the stomach and enter the small

intestine. Also, ipecac syrup only gets rid of 30 percent of the stomach's contents, so some poison may remain.

Activated charcoal is now the preferred substance for ridding the body of poison, Thygerson said. This substance is immediate-acting and binds poison to the charcoal, which is then excreted from the body. Activated charcoal is also available over the counter. A caveat: activated charcoal has a muddy or gritty taste, stains clothing, and results in black stools. Administering the correct dose can be tricky.

Broken or sprained?

Ankle injuries are common and painful. But first aid providers often confront the age-old question: Is the ankle broken or sprained? Have your patient try to bear weight on the injured ankle and take four steps. If walking is impossible, the ankle is most likely broken. If there's mobility, even with a limp, the injury is probably a sprain.

Another test involves feeling along the bone knob on the outside of the ankle. If this is painful, and the ankle is swollen on both sides, then the ankle is probably broken.

After seeking medical attention for the injury, remember the RICE formula for recuperation.

Rest: Make sure the patient gets plenty of time to recover.

Ice: Place it directly on the injury for 20 minutes, three to four times a day.

Compress: Wrap the injury with an elastic bandage.

Elevate the ankle to improve blood flow. **S+H**

