

# Module 2

## Medical Emergencies



# Online Module Overview

This document has been provided for participants completing a Revive2Survive First Aid Training course.

Please use this material to complete the Course Pack and answer the online multiple-choice theory assessment.

There are no assessments in these module packs, please use the link and attachment provided in your course confirmation email.

This information is to be used as a learning tool and while information contained in this online learning is frequently updated, medical advice should be sought from a practitioner in an emergency.

Module 1- CPR Resuscitation & the Airway

Module 2- Medical Emergencies

Module 3- Bleeds, Burns & Wounds

Module 4- Environmental Emergencies

Module 5- Anaphylaxis

Module 6- Asthma

Module 7- Assessment of a Casualty

Please note-

\*\*HLTAID009 Provide CPR is recommended to be renewed every 12 months

\*\*HLTAID011 Provide First Aid is recommended to be renewed every 3 years



# Module 2 Overview

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Heart Attack

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Stroke

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Shock

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Seizures and Epilepsy

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Diabetes

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Crush Injuries

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Drowning

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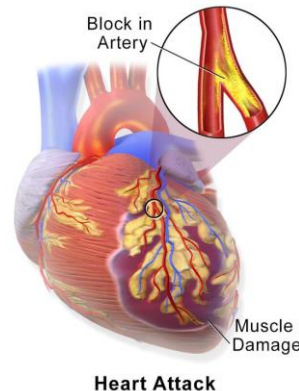
# Heart Attack

A heart attack when there is a sudden partial or complete blockage of one of the coronary arteries that supply the heart muscle with blood.

A heart attack is different from, but may lead to, cardiac arrest. Cardiac arrest is the cessation of heart action due to an abnormal rhythm.

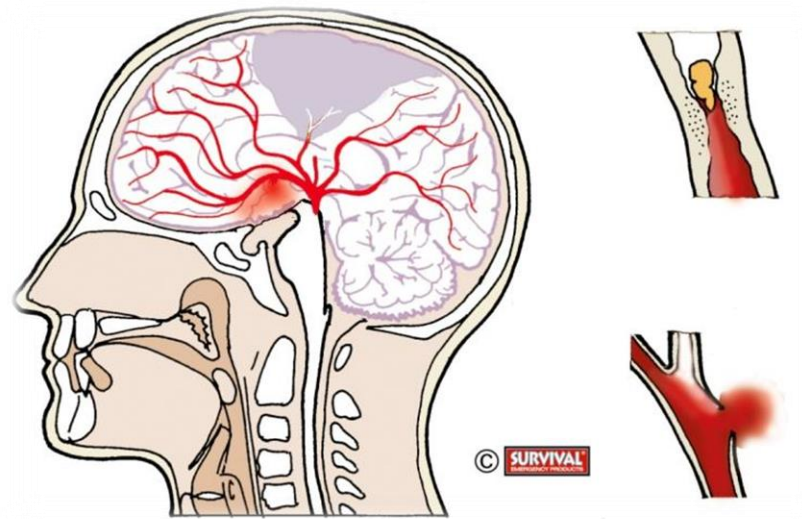
## Management

- Rest and reassure – do not move around
- Send for urgent help – Call 000
- Do not leave them alone
- Loosen any constricting clothing around neck, chest and waist
- Be prepared for possible sudden unconsciousness and to commence CPR



# Stroke

A stroke occurs when a **blood vessel** in the **brain bursts** (aneurysm) or becomes **blocked** (thrombus or embolism), not allowing the brain tissue to receive necessary **oxygen**.



# Stroke

## Signs & Symptoms of Stroke:

### **F**ace drooping

Can they smile?

Has their mouth drooped?

### **A**rm weakness

Can they raise both arms or squeeze both hands?

### **S**peech Difficulty

Can they speak clearly and can you understand what they are saying?

### **T**ime to act fast

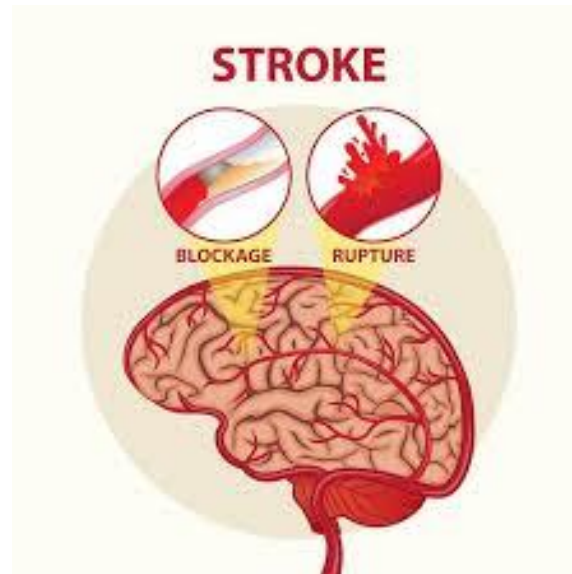
Seek urgent medical help, call 000 & note the time of first symptom



# Stroke

## Stroke Management

- Call 000
- Comfortable position
- Nil by mouth
- Reassure and monitor



# Shock

Shock is a condition resulting from an **inadequate** oxygen supply to the body's major organs. It is caused by a **lack** of circulating **blood volume** throughout the body.

- Initially the body responds by narrowing vessels (vasoconstriction) in extremities, this conserves blood flow to vital organs.
- The body releases adrenaline, this can reverse the initial response, if this happens the blood pressure drop can be fatal.





# Shock- Signs & Symptoms

- Rapid, weak pulse
- Rapid, shallow breathing
- Pale, cold, clammy skin
- Excessive thirst
- Dizziness
- Nausea, vomiting
- Restless, drowsy, collapse
- Unresponsive
- Heart failure



# Shock- Management

- Follow DRSABCD
- Treat the cause
- Lay the casualty down
- Maintain temperature
- Rest, reassure
- Nil by mouth
- Seek medical aid



# Seizures & Epilepsy

A seizure is caused by a disturbance of the electrical activity within the brain.  
Epilepsy is a disorder in which a person has repeated seizures over time.

## Signs and Symptoms

- Person may feel an onset of a seizure
- Shallow breathing
- Increased saliva production (or blood in saliva)
- May have loss of bladder control

## Management

- Clear the area/make it safe for the casualty
- Time seizure
- Call 000
- Manage airway in recovery position when safe and seizure has finished
- Rest and reassure
- Cover torso of casualty



# Diabetes

For our bodies to work properly, we need to convert **glucose (sugar)** from food into **energy**. A hormone called **insulin** is essential for the conversion of glucose into energy.

In People with diabetes, the body does not produce insulin or does not produce enough insulin.

Two key risks associated with Diabetes are:

- Hypoglycaemia (low blood sugar)
- Hyperglycaemia (high blood sugar)



# Diabetes- Hypoglycaemia

Is when an individual's blood sugar level (BSL) has dropped too low. It is important to treat a 'hypo' immediately to stop the blood glucose level from dropping lower.

## Signs

- Weak, light-headed or dizzy
- Loss of concentration, confused, disoriented
- Irrational, aggressive, change in behaviour
- Tired
- Pale & sweaty skin
- Altered responsiveness/loss of consciousness
- Shaking
- Hungry
- Vomiting
- Slurred speech
- Seizure



## Management

- **Treat immediately as this is a medical emergency**
- Stay with the person & check Blood Sugar Level (BSL) & action plan (if available)
- If unresponsive & breathing, place in recovery position & call ambulance saying this is a diabetic emergency
- If the casualty is fully responsive and able to swallow, give something sweet
- When the casualty is more alert, give complex carbohydrates
- If the casualty becomes unresponsive follow DRSABCD



# Diabetes- Hyperglycaemia

Is a high blood sugar level (BSL) This can develop over many hours or days. It is possible to be unaware that your blood sugar level is high. Many people do not experience the symptoms of hyperglycaemia until their blood sugar levels are extremely high.

## Signs

- Confusion, difficulty concentrating, fatigue
- Thirsty
- Frequent urination
- Smelly breath - fruity/acetone
- Blurred vision
- Headaches
- Late signs – vomiting / abdominal cramps



## Management

- If high BSL but well – consult Diabetes Management Plan (if available)
- Casualty may be able to check BSL & administer insulin as required
- Unwell – especially if vomiting or cramps – seek help immediately
- If unresponsive & breathing, roll into recovery position, continue to monitor and reassure until help arrives
- **No not** give anything to eat or drink unless advised otherwise



# Crush Injuries

## **What is a crush injury?**

When part of the body is crushed or compressed by a heavy object or sustains prolonged pressure, it is known as a crush injury. The first aider may not be able to fully see or examine a part of the body due to the crushing force.

Casualties with a crush injury may exhibit signs and symptoms of bleeding, shock and hypothermia. A person with a crush injury may not have external signs of injury and they may experience no pain. Any person who has been subjected to crush injury, including from their own body weight, should be taken to hospital immediately.

## **What is a crush syndrome?**

Crush injuries always pose a serious risk of death due to a disruption in the body's chemistry and can result in issues with the heart, kidneys and liver.

**The chances of crush injuries developing is directly related to the amount of time the crushing force has been compressing on the casualty.**

Reference- ANZCOR Guideline 9.1.7





# Crush Injuries

## **What is the management for a crush injury?**

Casualties crushed by an object or their own body weight, should be released as quickly as possible, irrespective of how long they have been trapped.

Reference- ANZCOR Guideline 9.1.7

**If the casualty is unresponsive and not breathing normally, DRSABCD should be followed.**

**or**

**If conscious and responsive the following steps should be taken;**

1. Check for dangers
2. Send for help
3. If it is safe to do so & physically possible, remove crushing forces from the person as soon as possible
4. Control any external bleeding
5. Treat other injuries
6. Maintain body temperature to prevent hypothermia
7. Reassure and assess the casualty's condition for deterioration
8. If the person is unconscious and breathing normally, place the person on their side and ensure airway is open





# Drowning

## What is Drowning?

The inability to breathe as a result of liquid entering the lungs. The outcome is classified as either fatal or non-fatal drowning.

Early rescue and resuscitation offers the casualty the best chance of survival. Drowning results in an interruption of the oxygen supply to the brain. If the person is unresponsive and not breathing normally, prompt CPR is needed including rescue breaths.

The management of drowning is summarised in the Drowning Chain of Survival below.



# Drowning

## How to treat a casualty in a drowning event:

1. The casualty needs to be removed as soon as possible but do not endanger yourself to achieve this. If the casualty is alert, the drowning process can be interrupted by throwing a rope or something that floats to the casualty for buoyancy.
2. Call for help and plan a safe rescue. Rescue from land or craft is safest; only enter the water with some form of flotation device. If it is not safe to enter the water, wait for rescue services to arrive.

## If the casualty is alert:

1. Removal from the water is often followed by coughing and the return of normal breathing. The casualty should be assessed by a hospital following a near drowning incident.
2. Follow DRSABCD algorithm

## If the casualty is not alert:

1. Assess the casualty on the back with their head and body at the same level. Assessing in the position reduces chance of regurgitation and vomiting and is associated with increased survival.
2. Follow DRSABCD algorithm including rescue breaths is CPR if required
3. Following a drowning event, vomiting and regurgitation often occur. If the casualty has been rolled into the recovery position to clear their airway, reassess their condition. If breathing commences, the casualty can be left in the recovery position with appropriate head-tilt and monitoring.
4. If not breathing normally, the person should be promptly rolled onto their back and resuscitation recommenced as appropriate. Do not apply pressure to a distended abdomen to empty it.



# Module 2 Complete

HLTAID009 Provide CPR online modules are complete.

If you are completing any other courses, please continue through Modules 3 to 7.



For first aid supplies visit

[www.firstaidgearaustralia.com.au](http://www.firstaidgearaustralia.com.au)

