

Flip Over

# First Aid

## WiseGuide™

Flip Over for "E.R. Do's and Don'ts"



# First Aid

## WiseGuide™

**Note:** This *WiseGuide*™ is not meant to substitute for expert medical care or treatment. Follow your doctor's or health care provider's advice.

This *WiseGuide*™ is one of many publications and programs offered by the American Institute for Preventive Medicine to help reduce health care costs and improve the quality of life.

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## Introduction



Would you know what first aid measures to give for bleeding, choking, frostbite, broken bones, and other injuries? This

**First Aid** *WiseGuide™*

can help. Use it with the flip

side of this book **Emergency Room Do's & Don'ts** to help you decide the following:

- When to get emergency medical care
- What to do prior to getting emergency care
- When and how to give first aid

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## Assess Needs

1. Look around. Is it safe to help? If not, call 9-1-1, have someone else call, or seek medical help. If yes, stay calm and go to step 2.



2. CHECK for **Circulation Signs: Breathing; Coughing; Moving; Pulse.**
  - If the person is not breathing, but has other **Circulation Signs**, do **Rescue Breathing** (see page 5).
  - If not breathing and no **Circulation Signs**, do **CPR** (see page 7).
  - If breathing, find the problem(s) in the Table of Contents on page 3. Follow instructions on the pages for those topics.

**Note:** Take first aid and CPR courses. Learn how to use an Automated External Defibrillator (AED).

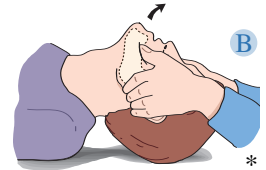
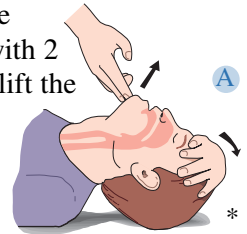
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## Rescue Breathing

### For Persons Over 8 Years Old

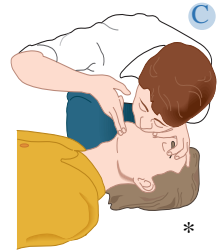
1. Shout for help. Call 9-1-1!
2. Gently put the person on his/her back.

3. Open the airway: With one hand, tilt the head back; with 2 fingers of the other hand, lift the chin up. See **A**. If the airway is still blocked, tilt the head gently and slowly until the airway is open. **{Note: If you suspect a head, neck, or back injury, lift the chin without tilting the head back. See **B**.}**



4. Check for breathing for 5 seconds. If the person is breathing, keep the airway open. Look for other problems.

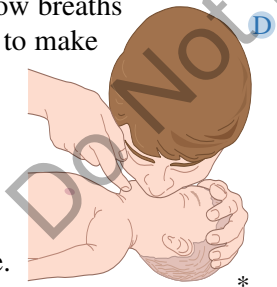
5. If the person is not breathing, pinch the nose shut. Forming a tight seal, place your mouth over the person's open mouth. See **C**. Give 1 full breath for 2 seconds. Pause to breathe yourself. Give a second full breath for 2 seconds.



- If the person's chest does not rise up, go to **First Aid for Choking** (see page 9).
- If the chest rises, check for **Circulation Signs** (see page 4). If none, do rescue breathing until the person breathes on his/her own or medical help arrives. Give 1 full breath every 5 seconds for 1 minute. Recheck breathing for 5-10 seconds. Repeat as needed.
- If no **Circulation Signs**, begin **CPR** (see page 7), if trained to do so.

### For Infants and Children Under 8 Years Old

- Do steps 1 to 3 (see page 5), but do not tilt an infant's head back too far to open the airway. Do not pinch the nose.
- Cover the infant's mouth and nose with your mouth. See **D**. Blow 2 slow breaths (1 to 1½ seconds/breath) to make the chest rise.
- For a small child, pinch the nose closed. Cover his/her mouth with your mouth and breathe using same rate as step 2 above.

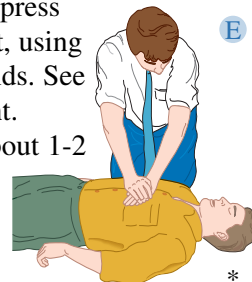


## CPR

Do CPR only if trained in CPR and when the person is not breathing and has no **Circulation Signs** (see page 4). Shout for help. Call 9-1-1! **{Note:}** Use an automated external defibrillator (AED) device if available and you know how to use it.}

### For Victims Over 8 Years Old

- Do steps 1 to 6 of **Rescue Breathing** (see pages 5 to 6).
- If still no **Circulation Signs**, begin chest compressions. Kneel at person's side near the chest. Place the heel of one hand on the breastbone, ½ inch above the "V" where the ribs join the breastbone. Place the other hand on top of the one already in place and lock your fingers together.
- Lean over the person and press straight down on the chest, using only the heels of your hands. See **E**. Keep your arms straight. Depress the breastbone about 1-2 inches. Relax pressure completely, keeping your hands in place.
- Do 15 compressions; pause and give 2 full breaths. Alternate compressions and breaths to do 80-100 compressions/minute.



- After 1 minute, stop and check for **Circulation Signs**.
- Do **CPR**, as needed, until medical help arrives.

### For Infants Up to 1 Year Old

- Use the tips of the middle and ring fingers to compress the chest. Slip the other hand under the infant's back for support. See **F**. Depress the breastbone to 1 inch at a rate of 100 times/minute.
- Give 1 breath after every fifth chest compression.
- Do **CPR**, as needed, until medical help arrives.



### For Children Ages 1 to 8

- Use the heel of one hand to compress the chest.
- Depress the breastbone 1-1½ inches at a rate of 80-100/minutes.
- Give 1 breath after every fifth compression.
- Do **CPR**, as needed, until medical help arrives.

## First Aid for Choking

### For Victims Over 8 Years Old

- Ask, "Are you choking?" The person may use the choking sign. Do not interfere if he/she can speak, cough, or breathe.
- If not able to speak, cough, or breathe, reach around the person's waist from behind. Make a fist. Place it above the navel, but below the rib cage. Grasp your fist with your other hand. Press your fist into person's abdomen and give 6-10 quick, upward thrusts. See **G**.
- Repeat procedure until the blockage is cleared or the person becomes unconscious.
- If the person becomes unconscious, shout for help! Call 9-1-1! Then lay him/her on the back and check the airway. Place a finger in the back of the person's throat. Sweep from one side to the other to try to remove object. Do **Rescue Breathing** (see page 5). If unsuccessful, sit straddling the person's thighs. Place your hands, one on top of the other, above the navel, but below the breastbone. See **H**. Press upward into the stomach and give 6-10 quick abdominal thrusts.



- Repeat finger sweep, rescue breathing, and abdominal thrusts until the object is removed from the airway. Have the person see a doctor as soon as possible.

### For Infants Up to 1 Year Old

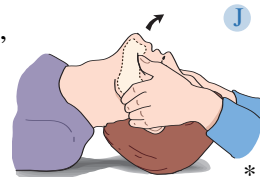
- Do not interfere if the infant coughs or breathes okay.
- If the infant is conscious, hold the head (face down) in one hand. Straddle the infant over your forearm. Rest your arm on your leg for support. Keep the infant's head lower than the rest of his/her body.
- With the heel of your hand, hit the infant's back between the shoulder blades 5 times. See 1. Use quick, forceful motions. If this does not work, go to step 4.
- Turn the infant over (face up), resting on your forearm. Support the head with one hand. Rest your arm on your leg for support. Place 2 fingers,  $\frac{1}{2}$  inch below and in between nipples on the infant's chest. Give 5 quick downward thrusts.
- Repeat steps 3 and 4 until the object is removed or the infant is unconscious.



- If the infant is unconscious, shout for help. Call 9-1-1! Give back blows and chest thrusts as described for a conscious infant.
- Perform tongue-jaw lift. If you see the object, remove it.
- Do **Rescue Breathing** (see page 5).
- Give back blows and chest thrusts as described for a conscious infant.
- Check for and remove the object in the airway, if visible.
- If not visible, repeat steps 3-5. Don't give up!
- If the object can be removed, check for **Circulation Signs** (see page 4). Respond as needed.

### For Children Ages 1 to 8

- For a conscious child, give abdominal thrusts as for adults. Don't be too forceful.
- For an unconscious child, continue as for an adult, but do not perform blind finger sweep. Use tongue-jaw lift. See J. Remove the object only if it is visible.



## First Aid Kit

Keep first aid supplies handy, but out of a child's reach. Carry a first aid kit in the car (or boat, wrapped in a waterproof container) as well as in the house. A portable first-aid kit should always be taken by campers, bikers, hikers, or anyone who spends time in a remote area. Check supplies once a year for expiration dates. Restock items when they are used up or when expiration dates have passed.

### First Aid Supplies

- Airtight packages of moist wipes
- Alcohol wipes
- Antibiotic ointment
- Antiseptic ointment or wipes
- Bandages of different sizes
- Calibrated medicine spoon & dropper (for children)
- Cold pack
- Cotton-tipped applicators
- Elastic wrap and closures
- Flashlight and extra batteries
- Paper and pencil or pen
- Roll of adhesive tape
- Safety pins

- Sterile gauze pads and roll of gauze bandage
- Sunscreen (SPF of 15 or higher)
- Syrup of Ipecac and Activated Charcoal. (Call Poison Control Center at 800.222.1222, before using.)
- Tweezers

### Add Extra Items for a Car or Boat

- Clean, folded sheet and lightweight blanket
- Large flashlight and extra batteries
- Flares
- Large waterproof cover
- Plastic bottle of water, tightly capped

### First Aid Medicines

- Acetaminophen, aspirin, ibuprofen, or naproxen sodium
- Antacid
- Antihistamine tablets or syrup
- Antidiarrheal medicine
- Cough medicine
- Decongestant tablets or liquid

{**Note:** For a list of items to keep in the event of a biological, chemical, or nuclear disaster, access [www.redcross.org](http://www.redcross.org).}



## First Aid Conditions

### Animal / Human Bites

1. Control **Bleeding** (see below).
2. Clean wound with soap and water. Dry and cover wound with clean bandage.
3. For animal bite, notify animal owner and local animal control.
4. Get medical care.

### Bleeding

1. Cover the wound with a clean, dry cloth, then a waterproof material, and apply direct pressure. For severe bleeding, call 9-1-1 or take the person to a hospital E.R. Lift the wound area higher than the heart if able and no bone is broken.
2. Apply pressure until bleeding stops or medical care is received. Put extra cloths on top of existing ones, as needed.
3. Do not remove an object stuck in a wound if it bleeds badly or blood gushes from it. Call 9-1-1. Put padding and tape around (not on) wound.
4. Monitor for **Shock** (see page 28).
5. Only apply a tourniquet if bleeding cannot be stopped with direct pressure.

### Broken Bones

1. For serious injury, call 9-1-1! Do not move the person.
2. Check for **Shock** (see page 28). Control **Bleeding** (see page 14).
3. Do not reset the bone. Immobilize the wound with a splint. Use a firm material; pad with a softer one. Secure the splint above and below injury or tie the injured part to an uninjured part.
4. Get immediate medical care.

### Burns

#### For Heat Burns

1. Use cold water, not ice, on burned area.
2. Remove hot or burned clothes that come off easily, not if they are stuck to the skin.
3. Cover with a clean, dry cloth. Do not use ointments. Do not break blisters.
4. Call 9-1-1 for serious burn or for **Shock** (see page 28).



*Use a clean dry cloth, such as a sterile gauze to cover a burn.*

## For Chemical Burns

1. Rinse chemical off fast, while removing contaminated clothing. Rinse the area for 15 or more minutes.
2. Call 9-1-1 or get emergency medical care.
3. Cover the area with a clean, dry cloth.
4. Monitor for **Shock** (see page 28).

For electrical burns, see **Electric Shock** (below).

## Electric Shock

1. Do not touch the victim until the power source is shut off. If the source is a high voltage wire, call 9-1-1! If the source is a low voltage current, remove the fuse or switch off the circuit breaker to the electrical outlet. If you can't shut off the source, with dry feet and hands, use a wood broom handle, etc. to get the person away from the source. You can touch a lightning victim.
2. Check **Circulation Signs** (see page 4). Do **Rescue Breathing** (see page 5) or **CPR** (see page 7) or treat for **Shock** (see page 28), as needed.

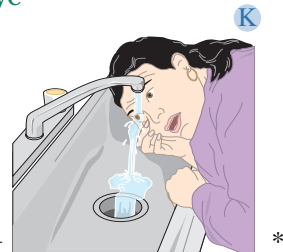


*Put childproof covers in exposed electrical outlets.*

## Eye Injuries

### For Chemicals in the Eye

1. Hold the eyelids apart. Immediately flush the eye with water, gently, without stopping, for 15-30 or more minutes or until you get medical help. Don't let water flow to the other eye. See **K**.
2. Loosely bandage both eyes with sterile gauze or cloth.
3. Take the person to the hospital E.R.



### For Cuts or Objects Embedded in the Eye

1. Do not remove the object or press on or rub the eye.
2. Cover the injured eye with a paper cup. Gently tape in place. Loosely cover the other eye with a bandage.
3. Take the person to the hospital E.R.

## Fainting / Unconsciousness

Fainting is a brief loss of consciousness. An unconscious person is hard to rouse or can't be made aware of his/her surroundings.

1. Catch the person before he/she falls. Lie the person down with the head below heart level or sit bending forward, putting his/her head between the knees.
2. Don't slap or shake the person. Don't give anything to eat or drink. Check for a medical alert tag and respond as needed.
3. Call 9-1-1 if the person who fainted is older than age 40 and/or had shortness of breath. Otherwise, take the person to a doctor or the hospital E.R. right away.
4. Check **Circulation Signs** (see page 4). Do **Rescue Breathing** (see page 5) or **CPR** (see page 7) or treat for **Shock** (see page 28), as needed.

## Falls

1. Check for **Head/Neck/Spinal Injuries** (see page 20).
2. Call 9-1-1 if person can't move or get up.
3. Check for condition that caused the fall. See **Fainting/Unconsciousness** (above), **Seizure** (see page 27), **Stroke** (see page 29).

## Frostbite / Hypothermia

*Frostbite* signs are pain (at first); swelling; white to red to purple skin; then numbness. The skin is hard, solid, and frozen. Pain is no longer felt.

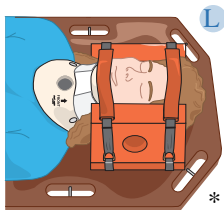
1. Move the person to a warm place. Don't rub or massage the skin or put snow on it.
2. Soak affected area(s) in warm water 101°F-104°F (38.3°C-40°C) for about 45 minutes. Stop when the skin becomes red.
3. Elevate and protect affected areas with loose bandages.
4. Take person to the hospital E.R.

*Hypothermia* signs are blue-colored skin, lips and nailbeds, rigid muscles, shivering, confusion, and decreasing level of consciousness.

1. Gently move the person to a warm place right away and call 9-1-1.
2. Check for **Circulation Signs** (see page 4) and do **Rescue Breathing** (see page 5) or **CPR** (see page 7), as needed.
3. Change wet and/or cold clothing to warm, dry coverings. Keep the person in a flat position with blankets under and around him/her. Cover the head.
4. Give a conscious person a warm drink without caffeine or alcohol.

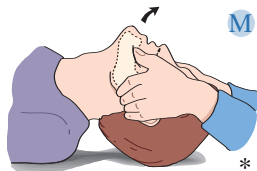
## Head / Neck / Spine Injuries

1. Do not move the person unless his/her life is in danger. If so, log roll the person, place tape across the forehead, and secure the person to a board to immobilize the neck and back areas. See **L**.



2. Call 9-1-1.

3. Check for **Circulation Signs** (see page 4). If rescue breathing is needed, do not tilt the head backward. Pull



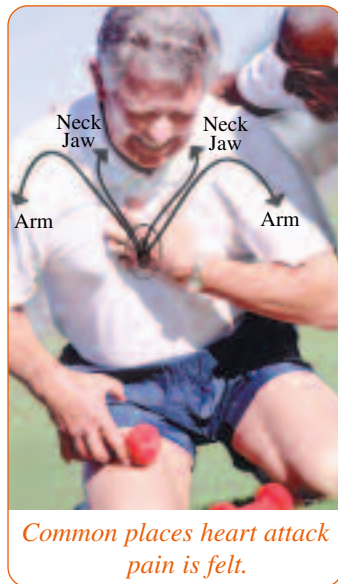
lower jaw open instead. See **M**.

4. Immobilize the head and neck. Use rolled towels, etc.
5. Keep the person warm.
6. Monitor for **Bleeding** (see page 14) and **Shock** (see page 28).

## Heart Attack

1. Call 9-1-1 for any of these signs:

- Chest pain (may spread or be felt in arm, neck, tooth, jaw, or back)
- Tightness, burning, squeezing, fullness, or heaviness in the chest that lasts more than a few minutes or goes away and comes back



- Chest discomfort with fainting, lightheadedness, nausea, shortness of breath, or sweating. Lightheadedness or sweating for no reason; shortness of breath, jaw or arm pain (in the absence of chest pain).
2. Check **Circulation Signs** (see page 4). Do **CPR** (see page 7), as needed.
  3. If conscious, put the person in half-sitting position. Give one 325 mg. aspirin to chew (if no aspirin allergy or past reaction to it). Give prescribed medication (e.g., nitroglycerin), if needed.

## Heat Stroke/Exhaustion

*Heat Stroke* signs are body temperature 104°F (40°C) or higher; red, dry, and hot skin; fast pulse that gets weak; no sweating, and decreasing level of consciousness.

1. Move the person to a cool place. Put the feet higher than the head.
2. Remove heavy clothing. Fan and cool the person. Wrap him/her in a cold, wet sheet or apply cold packs or wet towels.
3. Monitor for **Circulation Signs** (see page 4) and **Shock** (see page 28).

*Heat Exhaustion* signs are normal body temperature; heavy sweating; nausea; headache; fast pulse; weakness; and dizziness.

1. Follow steps 1 and 2 under *Heat Stroke*, above.
2. If the person is conscious, give cool or cold water to sip.
3. Have the person lie in a cool, breezy place.
4. Get medical care if no improvement after 30 minutes.



## Insect Bites / Stings

1. For a severe allergic reaction or history of one, call 9-1-1. If available, use prescribed medication (e.g., EpiPen®).
2. For a high fever, stiff neck, severe headache, muscle weakness, tremors, and decreasing level of consciousness 3 to 5 days after a mosquito bite, go to the hospital E.R.
3. For minor bites/stings, clean the area with soap and water, apply cold compress to it, and keep it lower than heart level. For a bee sting, first scrape out stinger with credit card, blunt knife, etc.

## Insulin Reaction

Signs are shallow breathing; rapid pulse; cold, clammy skin; weakness; dizziness; trembling; faintness.

1. If the person is unconscious, see **Fainting/Unconsciousness** on page 18.
2. Check for medical alert tag. Respond as needed.
3. If the person is conscious, give a sugar source (juice, candy, glucose tablets, etc.).
4. Call 9-1-1 or take the person to the hospital E.R.

## Knocked-Out-Tooth

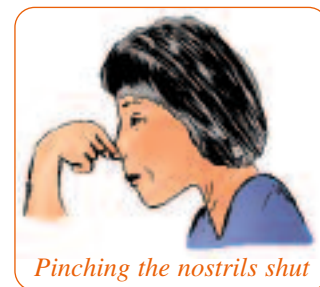
1. Pick the tooth up by the crown. Rinse all but the root with clear water. Don't remove the tissue attached to tooth.
2. Gently put the tooth back in its socket; hold it under the tongue; put it in a jar with milk; or in a wet cloth.
3. Hold a gauze pad, etc. over a bleeding gum.
4. Get to a dentist or hospital E.R. within 30 minutes. Take the tooth.

## Near Drowning

1. Call 9-1-1 first!
2. If safe and possible, try to reach person with a life preserver, long pole, rope, etc. Support the head and neck when removing the person from the water.
3. Check for **Circulation Signs** (see page 4). Do **Rescue Breathing** (see page 5) and **CPR** (see page 7), as needed.
4. Take cold, wet clothes off the person and cover him/her with a warm item to prevent **Hypothermia** (see page 19).

## Nosebleed

1. Sit upright with head tilted forward.
2. Pinch nostrils firmly, just below the bone for up to 20 uninterrupted minutes. (Use a clock to time this.) Repeat a second time, if needed.
3. If still bleeding, get medical care.



## Overdose of Drugs

1. Call 9-1-1 for: No **Circulation Signs** (see page 4); no breathing (see **Rescue Breathing** on page 5); **Heart Attack** signs (see page 21); **Fainting** (see page 18); pulse rate of 40 or fewer beats/minute or 140 or more beats/minute; **Seizure** (see page 27); hallucinating, combative behavior, or suicidal attempts or gestures.
2. For a suspected drug overdose, call the Poison Control Center (800.222.1222). Follow instructions.
3. Before medical care, keep the person awake.

## Poisoning

### For Swallowed Poisons

1. Call 9-1-1 if person is unconscious.
2. If conscious, call the Poison Control Center (800.222.1222). Follow instructions. Do this first if step 1 does not apply.
3. Lay the person on his/her left side to keep the wind pipe clear, especially if the person has vomited.
4. Keep a sample of the vomit and the poison container.

### For Inhaled Poisons

1. Protect yourself. Move the person to fresh air (outdoors if possible).
2. Follow first 2 steps above for Swallowed Poisons.
3. Get medical attention.

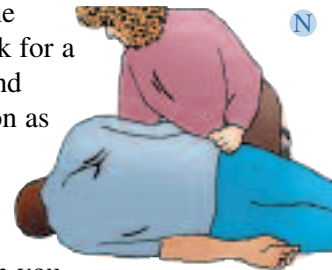
### For Chemical Poisons on Skin

1. Protect yourself. Flood the skin with water for 5 or more minutes and remove contaminated clothing.
2. Gently wash the skin with soap and water. Rinse well.
3. Get medical attention.

## Seizure

Signs are sudden falling; loss of consciousness; drooling; stiff muscles.

1. Protect the person from injury (e.g., cushion the head, move sharp objects out of the way, etc.).
2. **DO NOT** hold the person down, put anything in the mouth, or throw water on the face.
3. Loosen tight clothes, especially around the neck.
4. If the person vomits, clear the mouth of it.
5. After the seizure, lay the person on his/her side. See N. Let the person sleep. Check for a medical alert tag and respond to condition as needed.
6. Call 9-1-1 (except for known seizure disorder in a person you know).



## Shock

1. Call 9-1-1 for: Rapid pulse; cool, clammy skin; extreme thirst; lightheadedness; weakness; confusion; bluish lips, skin, and/or fingernails.
2. Lay the person flat, but do not move him/her if you suspect a head, back, or neck injury (see **Head/Neck/Spine Injuries** on page 20).
3. Do **Rescue Breathing** (see page 5) or **CPR** (see page 7), as needed.
4. If the person vomits or has trouble breathing, raise to a half-sitting position (if no head, neck, or back injury).
5. Raise the person's feet about 12 inches. Use a box, etc. Cover him/her with a coat or blanket.

## Snakebite (Poisonous)

Signs are breathing problems: slurred speech; fast or irregular heartbeat; cool, moist skin; and decreasing level of consciousness.

1. Keep the person calm. Move the bitten extremity as little as possible. Gently wash bite area with soap and water. Don't apply ointments.
2. Between the bite and heart, tie a scarf, neck tie, etc. snugly around the extremity, but not too tight that a pulse can't be felt.
3. Get the person to a hospital E.R. right away.

## Stroke (Brain Attack)

1. Call 9-1-1 for any of these signs:
  - Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
  - Sudden confusion, trouble speaking, or understanding
  - Sudden trouble seeing in one or both eyes
  - Sudden trouble walking, dizziness, loss of balance or coordination
  - Sudden severe headache with no known cause
2. Don't wait for symptoms to go away before calling 9-1-1.
3. Note the time when the first sign(s) of stroke appeared. Report this time to emergency personnel. This is important. For the most common type of strokes, a clot-busting drug needs to be given within 3 hours of the start of symptoms for it to be effective.
4. Do not give the person anything to eat or drink.
5. Do not give aspirin.



*Call 9-1-1  
without delay.*

*Close book and flip over for Emergency Room  
Do's and Don'ts WiseGuide™*



# Emergency Room Do's & Don'ts

WiseGuide™

Flip Over for "First Aid"



# Emergency Room Do's and Don'ts *WiseGuide*<sup>™</sup>

**Note:** This *WiseGuide*<sup>™</sup> is not meant to substitute for expert medical care or treatment. Follow your doctor's or health care provider's advice.

This *WiseGuide*<sup>™</sup> is one of many publications and programs offered by the American Institute for Preventive Medicine to help reduce health care costs and improve the quality of life.

**For more information, call or write:**  
American Institute for Preventive Medicine  
30445 Northwestern Hwy., Suite 350  
Farmington Hills, MI 48334  
248.539.1800 / Fax 248.539.1808  
email: [aipm@healthy.net](mailto:aipm@healthy.net)  
Web site: [www.HealthyLife.com](http://www.HealthyLife.com)

## **For Free Health Information:**

Access the American Institute for Preventive Medicine's Web site: [www.HealthyLife.com](http://www.HealthyLife.com) and click on "Online Products / 365 Health Topics."

## Telephone Numbers & Information

### Emergency Telephone Numbers

Emergency Medical Service (EMS): 9-1-1

Ambulance: \_\_\_\_\_

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

Hospital Emergency Room: \_\_\_\_\_

Crisis Center: \_\_\_\_\_

Suicide Prevention: \_\_\_\_\_

Poison Control: 800.222.1222

### Doctors/Health Care Providers

Name	Specialty	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospital: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Employee Assistance Program (EAP): \_\_\_\_\_

### Health Insurance Information

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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## Do Recognize Emergencies

Each year, more than 50% of the nation's emergency room visits are for non-urgent things, such as sore throats and the flu. These problems could have been diagnosed more quickly in a doctor's office or medical clinic and for less money.

How do you know when a true medical emergency occurs and when a problem is less serious? This guide answers these questions.

Read it now. Refer to it when faced with medical emergencies.

**Emergency Room Do's and Don'ts** along with the flip side of this book – **First Aid** – can help you make better decisions about what to do.

Use hospital emergency departments\* and ambulance services for true medical emergencies only. Don't abuse these services.

\* {**Note:** "E.R." will be used in this booklet for a hospital emergency department.}



*Emergency medical services are for true medical emergencies.*

## Emergency Symptoms

According to the American College of Emergency Physicians, the following are warning signs of medical emergencies:

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting
- Sudden dizziness, weakness, or change in vision
- Change in mental status, such as unusual behavior, confusion, difficulty waking
- Sudden, severe pain anywhere in the body
- Bleeding that won't stop after 10 minutes of direct pressure
- Severe or persistent vomiting
- Coughing up or vomiting blood
- Suicidal or homicidal thoughts



*Drug overdose needs emergency medical care.*

Other conditions that need emergency medical care include: Overdosing on alcohol and other drugs; sudden numbness of the face, arm or leg, especially on one side of the body; and seizures.

## Don't Use the E.R. for Non-Emergency Symptoms

Symptoms and conditions that **do not** usually need emergency medical care include:

- Colds and flu
- Cough
- Earache
- Fever (without convulsions)
- Insect bite (without causing breathing difficulties)
- Minor burn
- Muscle strain
- Skin rash
- Sore throat



*Call or see your doctor for non-emergency conditions you can't treat on your own.*

## Do Know Your Doctor's Guidelines to Get Emergency Care

Ask your doctor ahead of time, what you should do when you think you or someone in your family might need emergency medical care.

- Should you call the doctor's office first?
- Should you go straight to the E.R.?
- What should you do when the doctor's office is closed?
- Where should you go to get emergency medical care? Your doctor may want you to use certain facilities.
- If you have an HMO, find out if you should use a certain ambulance service. If so, get the phone number and write it down on page 2.
- Ask your doctor if there are any reasons you or family members should get emergency care other than the ones listed on page 5. If so, list them below.

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## Why Not to Use the E.R.

Why the E.R. is not the right place to get treatment for a non-emergency medical problem:

- The cost can be 5 times more than the cost at a doctor's office.
- The waiting time can be very long.
- Continuity of care is not the same as you get from your doctor's office.
- The doctor in the E.R. does not have your medical records.
- Your health insurance may not cover the cost of the E.R. visit.

## When to Call an Ambulance

Reasons to call 9-1-1 instead of driving to the E.R.:

- The person's condition is life-threatening or could worsen and become life-threatening on the way to the hospital (e.g., he or she has symptoms of a heart attack, stroke, etc.)
- Moving the person could cause further injury.
- The person needs the skills or equipment of paramedics or emergency personnel.
- Distance or traffic conditions would cause a delay in getting the victim to the hospital.

*Adapted from Home Organizer for Medical Emergencies;  
American College of Emergency Physicians*

## How to Call an Ambulance

If you live in a community with a single emergency number, calling for help is easy. Just dial 9-1-1. If your community does not have the 9-1-1 emergency number, keep the numbers of the fire, police, and emergency medical services near your phone. When you call for help:

- Speak calmly and clearly.
- Give your name, address, phone number, location of victim (such as upstairs in the bedroom), and nature of the problem.
- Don't hang up until the dispatcher tells you to. The dispatcher may need more information or need to give you instructions.

Make sure the numbers on your house or apartment are easy for an emergency crew to read from the street. They should be in number form, not spelled out in words.

*Reprinted with permission from Home Organizer for Medical Emergencies; American College of Emergency Physicians*



*Know the numbers to call for medical emergencies.*

## When Not to Call an Ambulance

- When it is not a medical emergency. Examples are a sprained ankle and minor bleeding from a cut.
- The person is conscious, is breathing normally, and is not in distress.
- The person's condition is not quickly becoming worse.

Also, do not call an ambulance in hopes that arriving in one will make you wait less time in the E.R. Persons are seen in order of medical need.

## Do Know About Walk-In Clinics

Walk-in and urgent care clinics give medical care without an appointment. They are often open evenings, weekends, and holidays. Also, they usually charge less per visit than a hospital E.R. does. If you do get service at a walk-in clinic, ask that a medical report be sent to your regular doctor.



*Get treatment for a minor injury from your doctor or a walk-in clinic.*

## Do Prepare for Medical Emergencies

To prepare for an emergency, learn basic first aid skills. Take a course in cardiopulmonary resuscitation (CPR) and first aid. Learn how to use an automated external defibrillator (AED). What you learn can save a life. To find out about CPR and first aid courses, contact these organizations:

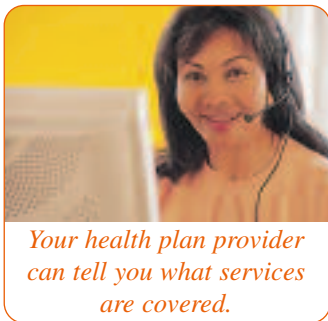


*Take a CPR class.*

- Your Community Education Department
- Hospitals in your area
- Local Police and/or Fire Department
- American Heart Association: Phone 800.242.8721 or access [www.americanheart.org](http://www.americanheart.org). Enter your zip code in “Get Local Info” box.
- American Red Cross: Phone 202.303.4498 or access [www.redcross.org](http://www.redcross.org). Enter your zip code in the “Find Your Local Red Cross” box.
- National Safety Council: Phone 800.621.7619 or access [www.nsc.org](http://www.nsc.org). Click on “Locate a Training Center.”

## Do Know Your Health Plan

- Find out what services your health insurance plan covers. Read your policy. Talk to your benefits person at work or insurance provider.
- Ask if you need the plan's approval before going to the E.R. This can be different than getting advice on whether or not you should seek medical care. In some health plans, the person who gives approval for payment of your visit may be an administrator, not a doctor.
- Find out the procedure for getting medical advice on what to do versus approval for payment. Ask if you can get approval and advice 24-hours-a-day. Find out what to do if you call ahead for approval and no one answers and, if so, how long you must wait before getting approval for emergency care.
- Know that your health plan can deny payment, but it cannot keep you from getting emergency medical care. Under federal law, you cannot be refused treatment for a true medical emergency because of lack of insurance or an inability to pay.



## Do Prepare for an E.R. Visit

If you do need to use a hospital emergency department, follow these steps.

### Call the E.R. Ahead of Time

If there is time, call the E.R. and report:

- Who the victim is
- What the problem is
- What caused the problem
- When you think you will get there
- If the victim will need help from the car
- Who the victim's doctor is (name and phone number)

### Have These Things Ready

Keep the things listed below in a handy place.

- Personal identification.
- Emergency phone numbers. Write them on page 2. Put them by the telephones in your home and in the glove compartment or first aid kit in your car. Memorize them.
- Medical record or information form for you and each family member
- Health insurance information



- Consent form or letter written by you to allow your child to get medical, surgical, and/or emergency treatment. Ask your child’s doctor where you can get a consent form or what to put in a letter. Make sure you sign this form or letter. You can get copies of



*Drug stores have medical alert tags.*

“Medical Consent to Treat Form,” “Emergency Information Form for Children with Special Health Care Needs,” and “Personal Medical History” from the American Academy of Emergency Physicians’ Web site:

[www.acep.org](http://www.acep.org) or by calling 800.446.9776.

- Phone numbers where you can be reached when someone cares for your children

{**Note:** Let others who take care of your children know where these things are.}

People with specific medical conditions and severe allergies should wear a medical alert tag (e.g., bracelet, neck chain.) This helps a rescuer know what special precautions may need to be taken. You can buy these tags at many drug stores or order one from Medic Alert Foundation International at 888.633.4298 or [www.medicalert.org](http://www.medicalert.org).

## Do Take a Companion to the E.R.

When you need emergency medical care, it’s a good idea to have a relative or friend go with you. He or she can do the following:



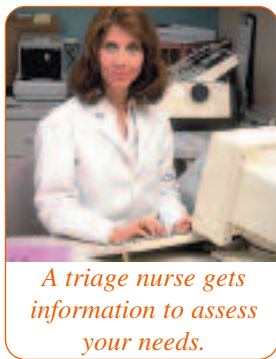
*Have a relative or friend go with you to the E.R.*

- Get you registered
- Answer questions for you if you can’t answer them yourself
- Speak on your behalf and in your best interest. {**Note:** If you have an advance directive - Durable Power of Attorney for Health Care, take a copy with you to the hospital. Let your relative or friend know if you have this and how it can be obtained (e.g., your lawyer’s or doctor’s phone number). If you do not have this advance directive, let your relative or friend know.
- Serve as a “clear head” to monitor the procedures being done
- Check out what kind of service you’re getting
- Be available in the waiting area
- Take you home

## Do Know What to Expect at the E.R.

### Triage

- A triage nurse evaluates your condition. He or she ranks all the patients in 3 general categories:
  - Life-threatening
  - Urgent, but not life-threatening
  - Less urgent
- You need to describe the problem and the steps that led to it. (You may have to tell this to other people as well.)
- The seriousness of your condition and of other people at the E.R. will determine how soon you are seen.



### Registration

- You are asked for personal and insurance information. A family member or friend may provide this information while you are in “triage.”
- A medical record is set up for your visit. If the problem is life-threatening, this step would be completed later.

### Waiting Room

- You’ll probably have to wait to be seen. How long you wait will depend on the number of people to be seen and where you rank on the triage list. Other people may come in with a more serious condition than yours while you are waiting. This can cause you to wait even longer.
- Let the triage nurse know if you feel worse while you are waiting.
- Don’t eat or drink anything or take any medication until you are seen by the doctor (unless the triage nurse tells you it is okay).

### Examination Room

- Here you are first seen by a nurse who gets more information to help diagnose your problem. This includes asking questions, taking your temperature, etc.
- While you are in the examination room, the nurse consults with the physician in the E.R.
- You are then seen by a physician who gets a more detailed medical history and examines you.



## Diagnosis and Treatment

- The doctor makes an initial diagnosis.
- The doctor may order blood tests, X-rays, etc.
- When a final diagnosis is made, treatment is prescribed or provided.

### Outcome

Depending upon the diagnosis and treatment, you are either discharged, admitted to the hospital, or moved to a facility that is better equipped to treat the problem.



*A doctor in the E.R. orders tests and prescribes medicines if necessary.*

## What to Do When You Are Discharged

- Make sure you get a written list of things you are to do after you leave. Read the list before you leave. Make sure you understand what you are supposed to do.
- Before you leave, find out where you can get a prescription filled or any other supplies you need (i.e., 24 hour pharmacy).
- Ask the following questions:
  - What follow-up care is needed?
  - What is the name of the E.R. doctor who treated you?
  - Are there special considerations for the next 24 to 48 hours?
  - Should you contact your own doctor and how soon?
- Call your doctor and/or the E.R. when you are told to do so. It could be to report:
  - What has happened
  - How you are doing
  - If you are getting worse
  - If you have more problems
- Have someone else drive you home.

*Close book and flip over for First Aid WiseGuide™*