

First Aid Treatment of Unconsciousness

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UNCONSCIOUSNESS may be caused by injury, sudden illness, poisoning, disease, or shock to the nervous system, or by asphyxia, a condition affecting the respiratory and circulatory systems which is caused by restriction of the supply of oxygen to the lungs. A patient may be in a state of stupor or delirium for some time after an injury occurs or the onset of an illness, and may not become completely unconscious for some time.

GENERAL principles in the treatment of unconsciousness are:—

1. Immediately remove the patient to fresh air or away from the cause of unconsciousness.
2. Lay the patient on the back and loosen tight clothing round the neck and chest.
3. If the face is flushed and congested, raise and support the head and shoulders and apply warmth to the legs and feet.
4. If the face is pale, lower the head and turn it to one side.
5. Make sure that breathing is possible by examining the air passages.
6. If breathing has stopped or is failing, turn the patient face downward and apply artificial respiration.
7. Arrest any apparent hemorrhage and treat for any other injuries or complications present.
8. Keep the patient warm to prevent or lessen the effects of shock.
9. Do not give stimulants, fluids, or food of any kind while the patient is unconscious. When the patient is able to swallow, sips of warm tea, black coffee, milk, or other non-alcoholic stimulant may be given if the patient has no hemorrhage or head or internal injuries.
10. Cover the patient and do not allow exertion of any kind.
11. Watch the breathing very closely, especially in cases of electric shock, suffocation by gases and fumes, and poisoning, guarding against the possibility of secondary collapse.
12. Send for a doctor in all cases suspected to be serious.

Electric Shock

Quickly switch off the current if possible, or release the patient from parts charged with electricity. Those assisting must take precautions to protect themselves from contact with the patient's body or with wires, etc.

Insulate yourself from the earth by standing on a non-conductor of electricity, such as rubber, linoleum, or dry clothing.

Protect your hands and body with rubber gloves, dry folded newspaper, or dry clothing, or drag the patient

away from electric wires with a dry rope made into a loop, a dry rubber hose, or other dry non-conducting articles that can be hooked in the clothing. Avoid touching wet clothing on the patient or boots which have nailed soles. Do not grip under the armpits, because the clothing there is usually wet from perspiration.

Apply artificial respiration immediately the patient has been released from contact, even if breathing has not stopped.

Treat the patient for shock by keeping him warm, and by giving a non-alcoholic stimulant if he is conscious and able to swallow.

Treat burns caused by the electricity and cover the part well. Use tannic acid if it is available.

Watch the breathing closely. If it is laboured, or fails after having been restored, apply artificial respiration again. In many cases of electric shock the breathing will cease suddenly after having been restored and the patient will lapse into unconsciousness without warning. That is caused by the very severe shock, which affects all the organs and systems, especially the nervous system.

Send for a doctor as soon as possible in all cases of electric shock.

Drowning

Lose no time in starting artificial respiration immediately the patient has been carried above high-water mark and the air passages have been examined for obstructions.

Adjust the patient's position. Lay the patient face downward with the arms above the head and, if there are no injuries to the chest or back, perform artificial respiration by the Schafer method (illustrated in the "Journal" in December).

If the face is congested but there are no injuries to the body and arms, apply artificial respiration by the Sylvester method, in which a pillow or bundle of clothing is placed under the shoulder blades and the head allowed to drop backward.

Promote warmth and circulation. If you are working single-handed, the breathing must be restored first. Then warmth and circulation can be pro-

moted by removing the patient's wet clothes, wrapping him in warm blankets, and applying well-wrapped hot water bags or bottles, or warmed bricks, to the body. Warmth and circulation may also be promoted by rubbing the patient's body toward the heart. If assistance is available, the promotion of warmth and circulation may be started immediately the patient is in position and while the operator is performing the artificial respiration.

Watch the breathing. If breathing is difficult or failing, or stops again after having been restored, immediately apply artificial respiration again.

If the throat is swollen, making breathing difficult, apply hot flannels or poultices to the front of the neck, and give sips of cold water if the patient is conscious.

Stimulants: When the patient is conscious and able to swallow, warm drinks of tea, coffee, or milk are the best stimulants to give.

Call a doctor. The patient should receive proper medical attention in all cases in which the breathing has been suspended.

Choking

Remove the obstruction in the throat immediately by slapping the patient sharply on the back between the



shoulder blades. If that fails, put the index finger to the back of the throat and try to pull the obstruction out. If that is not possible, try to push it down the gullet past the entrance to the windpipe.

Loosen tight clothing from the neck to the waist.

If breathing has stopped, as soon as the throat is clear of obstruction apply artificial respiration by the Schafer method and promote warmth and circulation as for cases of drowning.

Constricting Bands Round the Neck

Cut or remove the bands immediately.

Loosen tight clothing from the neck to the waist.