



## ● AN EMERGENCY FIRST AID BOOK ●



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"This publication is humbly dedicated to the cherished memory of Dr. Shivani, whose impact will forever be felt in our hearts and minds."



Dr. Shivani Bhatt  
Charitable foundation

*We're living her dreams...*



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This handbook intends to help general population to deal with medical crisis.  
All those interested to reprint the handbook for the benefit of the society may please contact  
the Editor on WhatsApp no. 98254 42623.

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# JEEVAN SANJIVANI

- An emergency first aid book

## Editor's Message

*In an age where unforeseen emergencies strike so frequently, being equipped with the knowledge and skills to provide immediate assistance makes all the difference. I am thrilled to introduce an initiative of Dr. Shivani Bhatt Charitable Foundation (SBCF) –*

***"Jeevan Sanjivani" - An Emergency First Aid Book,"***

*SBCF stands as a stalwart in supporting children education and health, women's health, organ donation, medical education and emergency medical services. It now extends its reach to encompass basic life support system through ପ୍ରଥମ ସଂକ୍ରମଣ. This comprehensive guide is a reflection of SBCF's holistic approach towards societal well-being.*

*SBCF believes that everyone should have access to the knowledge that can save lives, and this book is an essential tool for achieving that goal. This book serves as a quick reference guide for treating casualties of all ages in any emergency. An attempt is made to clearly outline step by step procedures along with detailed images and artwork, making it simple to understand and follow. Majority aspects of first aid for heart attack, head injury, asthma attack, shock, burns, poisoning, unconsciousness have been covered with all possible clarity and precision.*

*Whether you're dealing with minor injuries or life-threatening situations, the "Handbook for First Aid" offers practical advice and proven techniques to help you act quickly and effectively. It is an indispensable guide for parents, teachers, healthcare professionals, and everyone in the society.*

*I would like to extend my deepest gratitude to Team SBCF and Great Soul of Dr. Shivani for blessing me with the opportunity to compile this book. Dr. Shivani's vision of making first aid knowledge reachable to general people has been the driving force behind this publication. I am deeply indebted to Dr. Parimal Salvi for taking time out of his very busy schedule to review this book thoroughly and for giving his invaluable inputs. SBCF and I will always be eternally grateful to him.*

*At last but not the least, I would like to extend my heartfelt thanks to everyone who contributed to the creation of this invaluable resource. By equipping ourselves with the right knowledge, we can all play a part in building safer communities. Let us work together to make a difference.*

*Thank you,*

***Dr. Hetal Prajapati***

*M.Pharm., Ph.D., MBA*

# ACTION IN AN EMERGENCY

1

## ASSESS SITUATION

- Are there any risks to you or the casualty?

YES

- Put your safety first. If possible, remove the danger from the casualty or, if this is not possible, remove the casualty from danger.
- If it is unsafe, call for emergency help and wait for it to arrive.

NO

2

## CHECK CASUALTY

- Is the casualty visibly conscious?

YES

- Check for other conditions (opposite) and treat as necessary.
- Summon help if needed.

NO

3

## CHECK RESPONSE

- Does the casualty respond to your voice or to gentle stimulation?

YES

- Check for other conditions (opposite) and treat as necessary.
- Summon help if needed.

NO

4

## OPEN AIRWAY; CHECK BREATHING

- Open and, if necessary, clear the casualty's airway and check for breathing. (see p.6 for an adult; p. 10 for a child; p. 14 for an infant).
- Is the casualty breathing?

YES

- Place the casualty in the recovery position (see p.9 for an adult; p.13 for a child; p.14 for an infant).



NO

## ARE YOU ALONE?

YES

- Is the unconsciousness due to injury, drowning, or choking, or is the casualty a child or an infant?

NO

YES

- Ask a helper to call an ambulance and to pass on details of the casualty's condition.
- Move on to STEP 5

- Call an ambulance immediately.
- Move on to STEP 5

- Move on to STEP 5
- Carry out the resuscitation sequence for 1 minute before calling an ambulance.



5

## BREATHE FOR CASUALTY

- Give two effective rescue breaths (see p.7 for an adult; p.11 for a child; p. 15 for an infant).



## ! WARNING

- If at any stage the casualty begins breathing, place him in the recovery position (see p.9 for an adult; p.13 for a child; p.14 for an infant).



6

## ASSESS FOR CIRCULATION

- Check for signs of circulation for no more than 10 seconds (see p.7 for an adult; p. 11 for a child; p. 15 for an infant).
- Are there any signs of circulation?



YES →

- Continue with rescue breaths.
- Recheck for signs of circulation after every 10 breaths for an adult or 20 breaths for a child (about 1 minute).

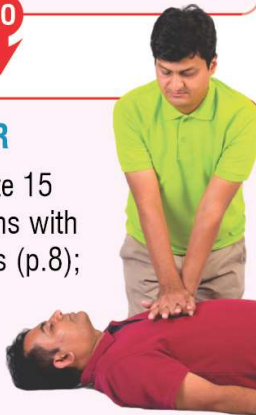


NO ↓

7

## COMMENCE CPR

- ADULT : Alternate 15 chest compressions with two rescue breaths (p.8); repeat as needed
- CHILD/INFANT : Give five compressions to one rescue breath (see p. 12 for a child; p. 15 for an infant).



- Continue CPR until emergency help takes over; the casualty moves or takes a breath; or you are too exhausted to continue.

C. P. R. - Cardio pulmonary resuscitation

## TREATMENTS FOR OTHER CONDITIONS

Anaphylactic shock....21  
Asthma attack.....19  
Broken bones.....28  
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Choking adult....16  
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Eye injury.....30

Head injury.....24  
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Severe bleeding.....22  
Shock.....20  
Spinal injury.....25  
Swallowed poisons..31



## UNCONSCIOUS ADULT

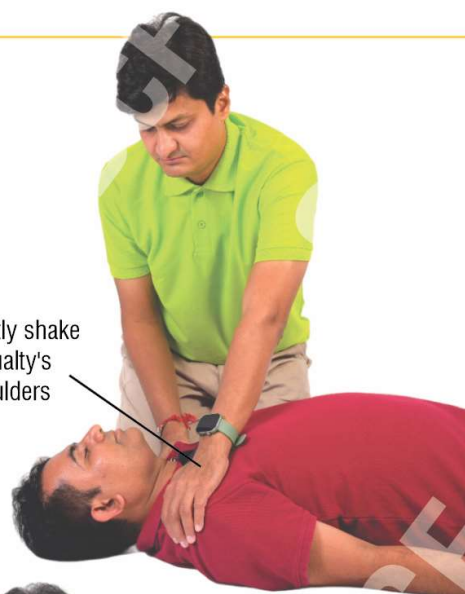
# ASSESS THE CASUALTY



### CHECK RESPONSE

- Ask a question, such as "What's happened?", or give a command, such as "Open your eyes". Speak loudly and clearly.
- Gently shake the casualty's shoulders.
- If there is a response, leave the casualty in the position found and summon help, if needed. Treat any condition found.
- If there is no response, shout for help, then proceed to step 2.

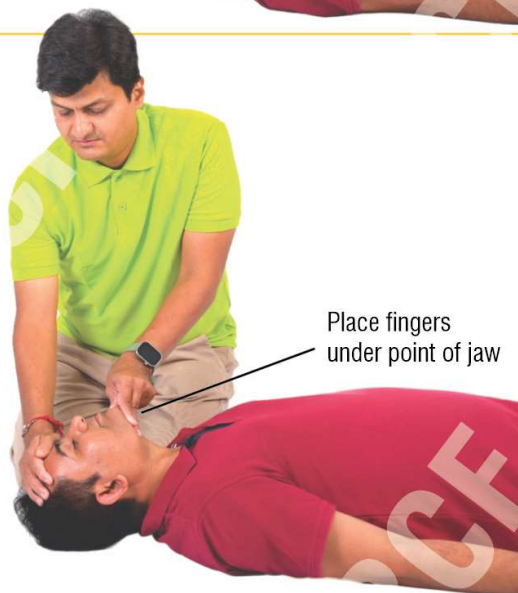
Gently shake casualty's shoulders



### OPEN AIRWAY

- Place one hand on the casualty's forehead, and gently tilt his head back.
- Pick out any obvious obstructions from the casualty's mouth. Do not do a finger sweep.
- Place the fingertips under the point of the casualty's chin. Lift the chin.
- If you suspect a neck (spinal) injury, open the airway by gently lifting the jaw but not tilting the head (jaw thrust).

Place fingers under point of jaw



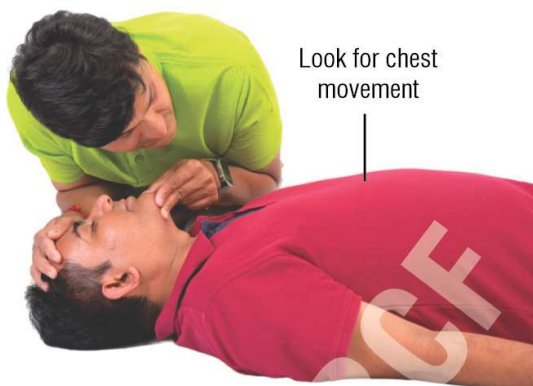
### CHECK BREATHING

- Look for chest movement, listen for sounds of breathing, and feel for breath on your cheek. Do this for no more than 10 seconds.
- If the casualty is not breathing, send a helper to DIAL 108 FOR AN AMBULANCE.

Begin rescue breathing (opposite).

- If he is breathing, check for life-threatening conditions such as severe bleeding. Place him in the recovery position (p.9).

Look for chest movement



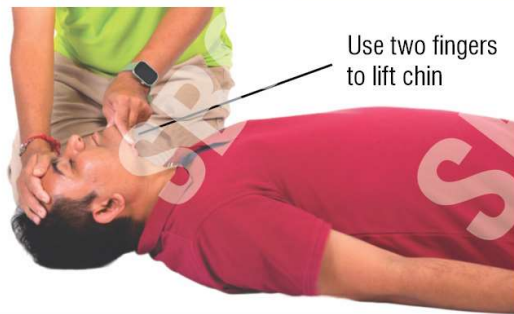
## UNCONSCIOUS ADULT

# GIVE RESCUE BREATHS

1

### MAKE SURE THAT AIRWAY IS STILL OPEN

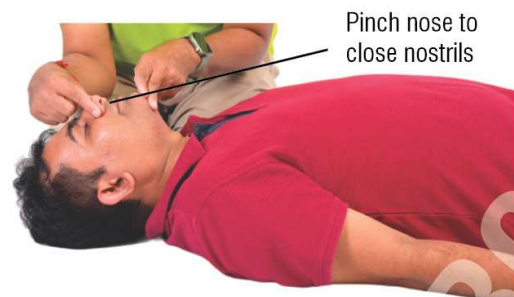
- Make sure that the casualty's head remains tilted, by keeping one hand on his forehead and two fingers of the other hand under the tip of his chin.



2

### PINCH NOSE AND OPEN MOUTH

- Use your thumb and index finger to pinch the soft part of the casualty's nose firmly.
- Make sure that his nostrils are closed to prevent air from escaping.
- Open his mouth.



3

### GIVE RESCUE BREATHS

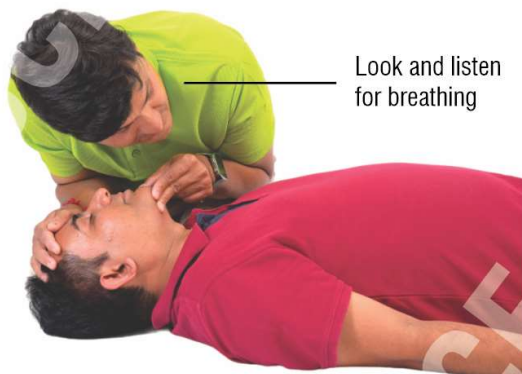
- Take a deep breath to fill your lungs with air. Place your lips around the casualty's lips, making sure that you form a good seal.
- Blow steadily into the mouth until the chest rises. This usually takes about 2 seconds. Maintaining head tilt and chin lift, take your mouth away and watch the chest fall. If the chest rises visibly and falls fully, you have given an effective breath.
- Give two effective breaths.



4

### ASSESS FOR SIGNS OF CIRCULATION

- Look, listen, and feel for signs of circulation, such as breathing, coughing, or movement, for no more than 10 seconds.
- If circulation is absent, perform CPR (p.8).
- If circulation is present, continue with rescue breaths. After every 10 breaths (about 1 minute), recheck for circulation.
- If the casualty starts breathing but remains unconscious, place him in the recovery position (p.9).





## UNCONSCIOUS ADULT COMMENCE CPR



### POSITION HANDS FOR CHEST COMPRESSIONS

• With the index and middle fingers of your lower hand, locate one of the casualty's lowermost ribs on the side nearer to you. Slide your fingertips along the rib to the point at which it meets the breastbone. Place your middle finger at this point and the index finger beside it on the breastbone.

• Place the heel of your other hand on the breastbone; slide it down to meet your index finger. This is the point at which you will apply pressure.

• Place the heel of your first hand on top of the other hand, and interlock your fingers.



Slide heel of hand down



Interlock fingers

Slide fingers to point where rib meets breastbone



### GIVE CHEST COMPRESSIONS AND RESCUE BREATHS

• Lean well over the casualty, with your arms straight. Press down vertically on the breastbone, and depress the chest by about 4-5cm (1½ - 2in).

• Compress the chest 15 times, at a rate of 100 compressions per minute.

• Tilt the head, lift the chin, and give two rescue breaths (p.7).

• Alternate 15 chest compressions with two rescue breaths.

• Continue CPR until emergency help takes over; the casualty makes a movement or takes a breath; or you are too exhausted to continue.

Press down vertically



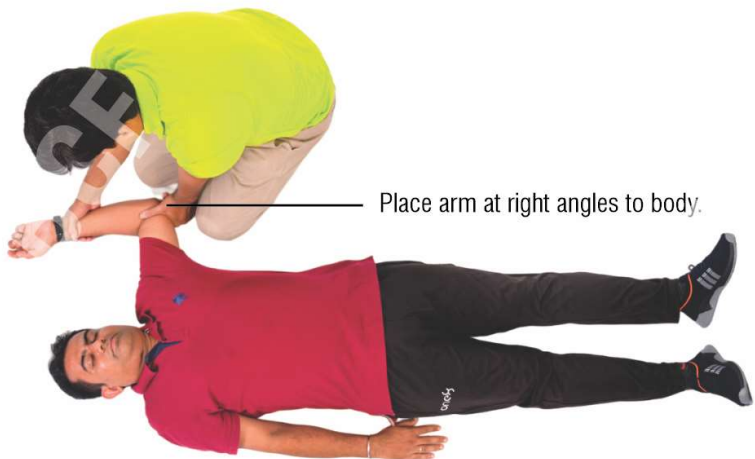


## UNCONSCIOUS ADULT RECOVERY POSITION

1

### POSITION ARM AND STRAIGHTEN LEGS

- Kneel beside the casualty.
- Remove spectacles and any bulky objects (such as mobile phones or large bunches of keys) from the pockets. Straighten his legs.
- Place the arm nearest to you at right angles to the casualty's body, with the elbow bent and the palm facing upwards.



2

### POSITION FAR ARM, HAND AND KNEE

- Bring the arm farthest from you across the casualty's chest and hold the back of his hand against the cheek nearest to you.
- Using your other hand, grasp the far leg just above the knee and pull it up until the foot is flat on the floor.



3

### ROLL CASUALTY TOWARDS YOU

- Keeping the casualty's hand pressed against his cheek, pull on the far leg and roll him towards you and on to his side.
- Adjust the upper leg so that both the hip and knee are bent at right angles.
- Tilt the head back to ensure that the airway remains open.



4

### DIAL 108 FOR AN AMBULANCE, IF NOT ALREADY DONE

- Ideally, ask a helper to make the call while you wait with the casualty.
- Monitor and record vital signs - level of response, pulse, and breathing.

## UNCONSCIOUS CHILD (1-7 YEARS) ASSESS THE CHILD

### 1 CHECK RESPONSE

- Ask the child a question, such as "Can you hear me?". Speak loudly and clearly.
- Gently tap her on the shoulder.
- If there is a response, leave the child in the position found and summon help, if needed. Treat any condition found.
- If there is no response, shout for help, then proceed to step 2.



### 2 OPEN AIRWAY

- Place one hand on the child's forehead. Gently tilt the head back.
- Using your fingertips, pick out any obvious obstructions from the child's mouth. Do not do a finger sweep.
- Place the fingertips under the point of the child's chin. Lift the chin.



### 3 CHECK BREATHING

- Look, listen, and feel for breathing: look for chest movement, listen for sounds of breathing, and feel for breath on your cheek. Do this for no more than 10 seconds.
- If the child is not breathing, send a helper to DIAL 108 FOR AN AMBULANCE. Begin rescue breathing (opposite).
- If she is breathing, check for life-threatening conditions such as severe bleeding. Place the child in the recovery position (p.13).





## UNCONSCIOUS CHILD (1-7 YEARS) GIVE RESCUE BREATHS



### MAKE SURE THAT AIRWAY IS STILL OPEN

- Make sure that the child's head remains tilted, by keeping one hand on her forehead and two fingers of the other hand under her chin.

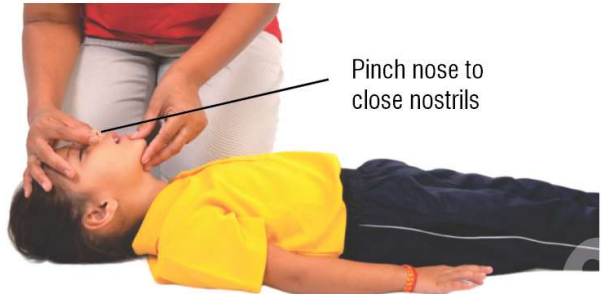


Use two fingers to lift chin



### PINCH NOSE AND OPEN MOUTH

- Use your thumb and index finger to pinch the soft part of the child's nose firmly. Make sure that her nostrils are closed to prevent air from escaping.
- Open the child's mouth.



Pinch nose to close nostrils



### GIVE RESCUE BREATHS

- Take a deep breath to fill your lungs with air. Place your lips around the child's lips, making sure that you form an airtight seal.
- Blow steadily into the mouth until the chest rises. Maintaining head tilt and chin lift, take your mouth away and watch the chest fall. If the chest rises visibly and falls fully, you have given an effective breath.
- Give two effective rescue breaths.



Maintain chin lift while giving rescue breath



### ASSESS FOR SIGNS OF CIRCULATION

- Look, listen, and feel for signs of circulation, such as breathing, coughing, or movement, for no more than 10 seconds.
- If circulation is absent, perform CPR (p. 12) for 1 minute, then DIAL 108 FOR AN AMBULANCE.
- If circulation is present, give 20 rescue breaths in 1 minute, then DIAL 108 FOR AN AMBULANCE.
- If the child starts breathing but remains unconscious, place her in the recovery position (p. 13).



Look and listen for breathing



## COMMENCE CPR

1

### POSITION HANDS FOR CHEST COMPRESSIONS

• With the index and middle fingers of your lower hand, locate one of the child's lowermost ribs on the side nearest to you. Slide your fingertips along the rib to the point at which it meets the breastbone. Place your middle finger at this point and the index finger beside it on the breastbone.

• Place the heel of your other hand on the breastbone; slide it down to meet your index finger. This is the point at which you will apply pressure.



Positioning Hand

Slide fingers to point where rib meets breastbone

2

### GIVE CHEST COMPRESSIONS AND RESCUE BREATHS

• Use the heel of only one hand to apply pressure. Lift your fingers to ensure that you do not apply pressure to the child's ribs.

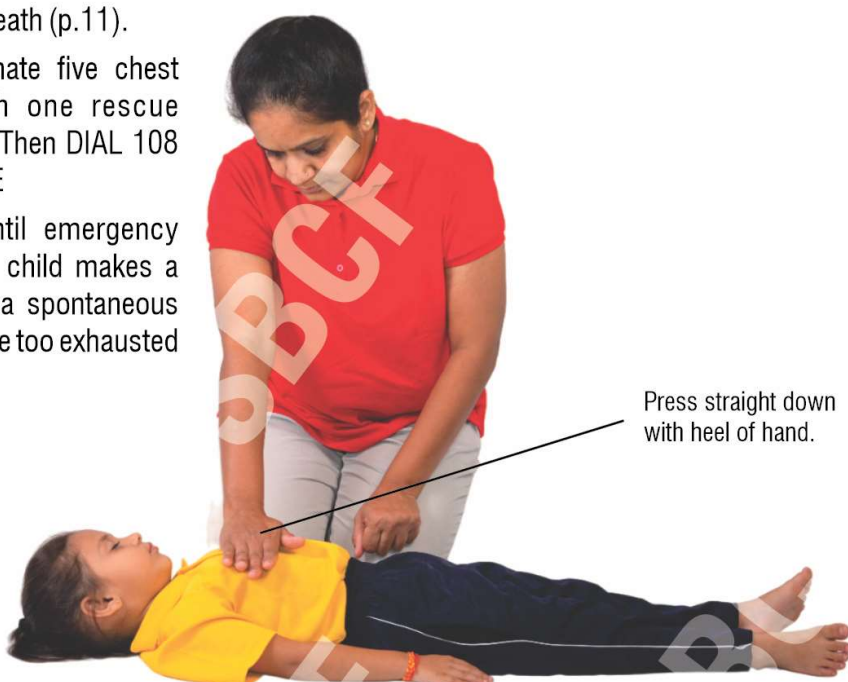
• Lean well over the child, with your arm straight. Press down vertically on the breastbone, and depress the chest by one-third of its depth.

• Compress the chest five times, at a rate of 100 compressions per minute.

• Give one rescue breath (p.11).

• Continue to alternate five chest compressions with one rescue breath for 1 minute. Then DIAL 108 FOR AN AMBULANCE

• Continue CPR until emergency help takes over; the child makes a movement or takes a spontaneous breath; or you become too exhausted to continue.



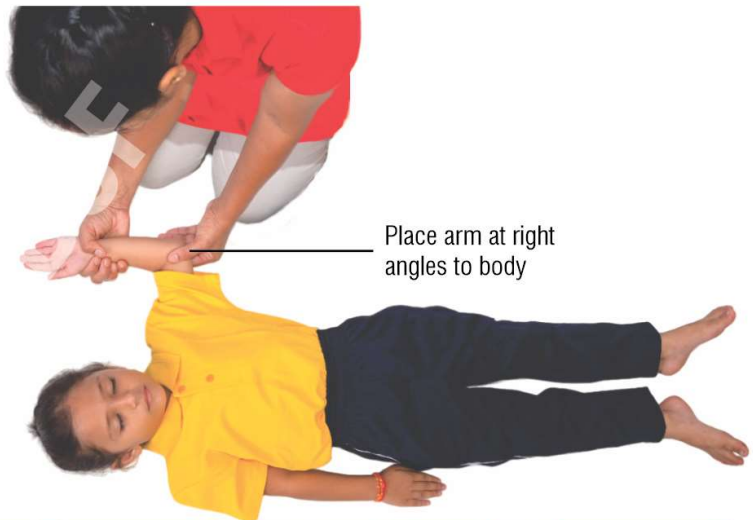
Press straight down with heel of hand.

## UNCONSCIOUS CHILD (1-7 YEARS) RECOVERY POSITION

1

### POSITION ARM AND STRAIGHTEN LEGS

- Kneel beside the casualty.
- Remove spectacles and any bulky objects from the pockets.
- Straighten her legs.
- Place the arm nearest to you at right angles to the child's body, with the elbow bent and the palm facing upwards.



2

### POSITION FAR ARM, HAND, AND KNEE

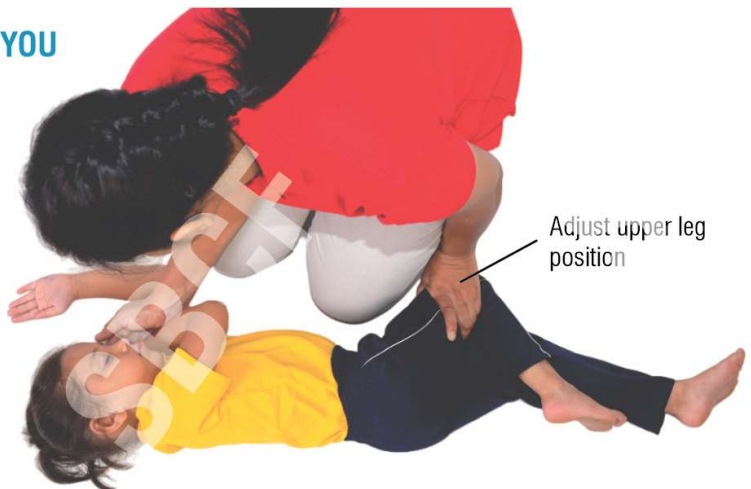
- Bring the arm farthest from you across the child's chest.
- Hold the back of her hand against the cheek nearest to you.
- Using your other hand, grasp the far leg just above the knee and pull it up until the foot is flat on the floor.



3

### ROLL CHILD TOWARDS YOU

- Keeping the child's hand pressed against her cheek, pull on the far leg and roll her towards you and on to her side.
- Adjust the child's upper leg so that both the hip and the knee are bent at right angles.
- Tilt her head back to ensure that the airway remains open.



4

### DIAL 108 FOR AN AMBULANCE, IF NOT ALREADY DONE

- Monitor and record vital signs - level of response, pulse, and breathing.



## UNCONSCIOUS INFANT (UNDER 1 YEAR)

### ASSESS THE INFANT

#### 1 CHECK RESPONSE

- Gently tap or flick the sole of the infant's foot. Never shake an infant.
- If there is a response, take the baby with you to summon help if needed.
- If no response, shout for help; go to step 2.



#### 2 OPEN AIRWAY

- Place one hand on the infant's forehead, and very gently tilt the head back.
- Using your fingertips, pick out any obvious obstructions. Do not do a finger sweep.
- Place one fingertip under the point of the infant's chin. Lift the chin.



#### 3 CHECK BREATHING

- Look for chest movement, listen for sounds of breathing, and feel for breath on your cheek. Do this for no more than 10 seconds.
- If the infant is not breathing, send a helper to DIAL 108 FOR AN AMBULANCE Begin rescue breathing (opposite).
- If the infant is breathing, check for injuries and hold in the recovery position (below).



## UNCONSCIOUS INFANT (UNDER 1 YEAR)

### RECOVERY POSITION

- Cradle the infant in your arms, with his head tilted downwards to prevent him from choking on his tongue or inhaling vomit.
- Monitor and record vital signs - level of response, pulse, and breathing - until medical help arrives.





## UNCONSCIOUS INFANT (UNDER 1 YEAR) GIVE RESCUE BREATHS



### GIVE RESCUE BREATHS

- Make sure that the airway remains open, by keeping the infant's head tilted back and the chin lifted.
- Take a deep breath. Place your lips around the infant's mouth and nose. Blow steadily until the chest rises. Take your mouth away and watch the chest fall. Give two effective breaths.



### ASSESS FOR SIGNS OF CIRCULATION

- Look, listen, and feel for signs of circulation, such as breathing, coughing, or movement, for no more than 10 seconds.
- If circulation is absent, perform CPR (below) for 1 minute, then DIAL 108 FOR AN AMBULANCE
- If circulation is present, give 20 rescue breaths in 1 minute, then DIAL 108 FOR AN AMBULANCE



## UNCONSCIOUS INFANT (UNDER 1 YEAR), COMMENCE CPR



### POSITION FINGERS FOR CHEST COMPRESSIONS

- Place your index and middle fingertips one finger's breadth below an imaginary line drawn between the infant's nipples.

Place fingertips  
on lower  
breastbone



### GIVE CHEST COMPRESSIONS AND RESCUE BREATHS

- Press down vertically on the chest, depressing it by one-third of its depth. Do this five times, at a rate of 100 compressions a minute.
- Give one rescue breath. Alternate five chest compressions with one rescue breath. Continue CPR until emergency help takes over; the infant makes a movement or takes a breath; or you become too exhausted to continue.



# CHOKING ADULT

## RECOGNITION

### Partial obstruction

- Difficulty in speaking and breathing.
- Coughing and distress.

### Complete obstruction

- Inability to speak, breathe, or cough.
- Eventual loss of consciousness.

## PRECAUTIONS

- If the casualty loses consciousness, give rescue breaths and chest compressions (pp.7-8).
- Do not do a finger sweep of the mouth.

## ACTION

GIVE UP TO FIVE  
BACK SLAPS  
CHECK MOUTH

GIVE UP TO FIVE  
ABDOMINAL  
THRUSTS  
CHECK MOUTH

REPEAT SEQUENCE  
THREE TIMES THEN  
CALL AMBULANCE

REPEAT SEQUENCE  
UNTIL HELP ARRIVES

1

## GIVE UP TO FIVE BACK SLAPS

- Encourage the casualty to cough to try to remove the obstruction.
- If the casualty is beginning to struggle, bend her forwards.
- Give up to five sharp slaps between the shoulder blades with one hand. Check his mouth.
- If choking persists, proceed to step 2.



2

## HOLD CASUALTY FROM BEHIND

- Stand behind the casualty.
- Put both arms around her, and put one fist between her navel and the bottom of her breastbone.



3

## GIVE UP TO FIVE ABDOMINAL THRUSTS

- Grasp your fist with your other hand, and pull sharply inwards and upwards up to five times.
- If the obstruction is still not cleared recheck the mouth for any object and remove it if possible.



4

## REPEAT ENTIRE SEQUENCE

- Continue the sequence until help arrives; the obstruction is cleared; or the casualty becomes unconscious (see PRECAUTIONS, left).
- Repeat steps 1-3 until the obstruction clears. If after three cycles it still has not cleared, DIAL 108 FOR AN AMBULANCE



# CHOKING CHILD (1-7 YEARS)

## RECOGNITION

### Partial obstruction

- Difficulty in speaking and breathing.
- Coughing and distress.

### Complete obstruction

- Inability to speak, breathe, or cough.
- Eventual loss of consciousness.

## PRECAUTIONS

- If the child loses consciousness, give rescue breaths and chest compressions (pp.11-12).
- Do not do a finger sweep of the mouth.

## ACTION

GIVE UP TO FIVE  
BACK SLAPS  
CHECK MOUTH



GIVE UP TO FIVE  
CHEST THRUSTS  
CHECK MOUTH



GIVE UP TO FIVE  
ABDOMINAL  
THRUSTS  
CHECK MOUTH



REPEAT SEQUENCE  
THREE TIMES THEN  
CALL AMBULANCE



REPEAT SEQUENCE  
UNTIL HELP ARRIVES

1

## GIVE UP TO FIVE BACK SLAPS

- Encourage the child to cough. If the child is beginning to struggle, bend him forwards.
- Give up to five sharp slaps between his shoulder blades using the heel of your hand. Check his mouth.
- If choking persists, proceed to step 2.



2

## GIVE UP TO FIVE CHEST THRUSTS

- Stand or kneel behind the child. Make a fist and place it against the lower half of his breastbone.
- Grasp your fist and pull sharply inwards and upwards up to five times, at a rate of about one chest thrust every 3 seconds. Check the child's mouth.
- If choking persists, proceed to step 3.



3

## GIVE UP TO FIVE ABDOMINAL THRUSTS

- Stand behind the child with both arms around the upper abdomen. Make a fist, and place it between the child's navel and the bottom of his breastbone.
- Grasp your fist with your hand. Pull sharply inwards and upwards up to five times. Check the child's mouth.
- If choking persists, proceed to step 4.



4

## REPEAT ENTIRE SEQUENCE

- Repeat steps 1-3 until the obstruction clears.
- If after three cycles the obstruction still has not cleared, DIAL 108 FOR AN AMBULANCE
- Continue the sequence until help arrives; the obstruction is cleared from the airway; or the child becomes unconscious (see PRECAUTIONS, left).

# CHOKING INFANT (UNDER 1 YEAR)

## RECOGNITION

- Difficulty in breathing.
- Flushed face and neck.
- Strange noises or no sound.

Later:

- Grey-blue skin.

## PRECAUTIONS

- If the infant loses consciousness, give rescue breaths and chest compressions (p. 15).
- Do not do a finger sweep of the mouth.
- Do not use abdominal thrusts.

## ACTION

GIVE UP TO FIVE  
BACK SLAPS  
CHECK MOUTH



GIVE UP TO FIVE  
CHEST THRUSTS  
CHECK MOUTH



REPEAT SEQUENCE  
THREE TIMES THEN  
CALL AMBULANCE



REPEAT SEQUENCE  
UNTIL HELP ARRIVES

1

## GIVE UP TO FIVE BACK SLAPS

- Check the infant's mouth, but do not do a finger sweep as you may make the obstruction worse.
- Lay the infant face down along your forearm, with his head low, and supporting his body and head.
- Give up to five back slaps between the shoulder blades. If choking persists, proceed to step 2.



2

## CHECK INFANT'S MOUTH

- Turn the infant face up along your other forearm.
- Use your fingertips to remove any obvious obstructions.
- If choking persists, proceed to step 3.



3

## GIVE UP TO FIVE CHEST THRUSTS

- Place two fingertips on the lower half of the infant's breastbone, one finger's breadth below the nipples.
- Give up to five sharp thrusts inwards and towards the head at rate of one every 3 seconds.
- Check the mouth again.
- If choking persists, proceed to step 4.



4

## REPEAT ENTIRE SEQUENCE

- Repeat steps 1-3 three times.
- If the obstruction still does not clear, take the infant with you to DIAL 108 FOR AN AMBULANCE.
- Continue the sequence until help arrives; the obstruction is cleared from the airway; or the infant becomes unconscious (see PRECAUTIONS, left).



# ASTHMA ATTACK

## RECOGNITION

- Difficulty in breathing.
- There may be:
- Wheezing.
  - Difficulty in speaking.
  - Grey-blue skin.
  - Exhaustion and possible loss of consciousness.

## PRECAUTIONS

- Do not lay the casualty down.
- Do not use a preventer inhaler.
- If the attack is severe, or if the inhaler has no effect after 5 minutes, or if the casualty is getting worse DIAL 108 FOR AN AMBULANCE
- If the casualty loses consciousness, open the airway and check breathing (p.4). Be prepared to give rescue breaths and chest compressions if needed.

## ACTION

ALLOW CASUALTY  
TO USE RELIEVER  
INHALER



MAKE CASUALTY  
COMFORTABLE



ENCOURAGE  
CASUALTY TO  
BREATHE SLOWLY



### MAKE CASUALTY COMFORTABLE

- Keep calm and reassure the casualty.
- Help him into the position that he finds most comfortable; sitting slightly forwards and supporting the upper body by leaning the arms on a firm surface is usually best.



### ALLOW CASUALTY TO USE RELIEVER INHALER

- Help the casualty to find his reliever inhaler (it is usually blue).
- Encourage the casualty to use the inhaler; it should take effect within minutes.



### ENCOURAGE CASUALTY TO BREATHE SLOWLY

- If the attack does not ease within 3 minutes, encourage the casualty to take another dose from his inhaler and to breathe slowly and deeply.
- Tell the casualty to inform his doctor of the attack if it is severe or if it is his first attack.
- If the attack is severe, if the inhaler has no effect after 5 minutes, or if the casualty is getting worse, DIAL 108 FOR AN AMBULANCE



# SHOCK

## RECOGNITION

- Rapid pulse.
- Pale, cold, clammy skin.
- Sweating.

*Later:*

- Grey-blue skin, especially inside lips.
- Weakness and giddiness.
- Nausea or thirst.
- Rapid, shallow breathing.
- Weak pulse.

*Eventually:*

- Restlessness.
- Gasping for air.
- Unconsciousness.

## PRECAUTIONS

- Do not leave the casualty unattended, except to call an ambulance.
- Do not let the casualty smoke, eat, drink, or move.

## ACTION

HELP CASUALTY TO LIE DOWN

↓  
LOOSEN TIGHT CLOTHING

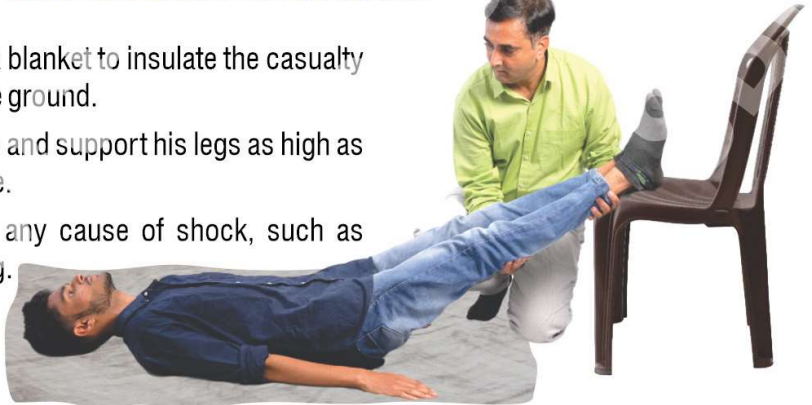
↓  
CALL AMBULANCE

↓  
MONITOR CASUALTY

1

## HELP CASUALTY TO LIE DOWN

- Use a blanket to insulate the casualty from the ground.
- Raise and support his legs as high as possible.
- Treat any cause of shock, such as bleeding.



2

## LOOSEN TIGHT CLOTHING

- Undo anything that constricts his neck, chest and waist.
- Cover him with a blanket.



3

## 3 DIAL 108 FOR AN AMBULANCE

- If possible, send a helper to call an ambulance.
- The caller should give the controller details about the cause of shock, if known.



4

## MONITOR BREATHING, PULSE, AND RESPONSE

- Monitor and record vital signs - level of response, pulse, and breathing.
- If the casualty becomes unconscious, open the airway and check breathing (p.4). Be ready to give rescue breaths and chest compressions.





# ANAPHYLACTIC SHOCK

## RECOGNITION

- Anxiety.
- Red, blotchy skin.
- Swelling of tongue and throat.
- Puffiness around eyes.
- Impaired breathing, possibly with wheezing and gasping for air.
- Signs of shock.

## PRECAUTIONS

- Check to see if the casualty is carrying an auto-injector or a syringe of epinephrine (adrenaline). If necessary, assist the casualty to use it. It can save his life when given promptly.
- If the casualty loses consciousness, open the airway and check breathing (p.4). If he is breathing, place him in the recovery position. Be ready to give rescue breaths and chest compressions if needed.

## ACTION

CALL AMBULANCE



HELP TO RELIEVE  
SYMPTOMS



MONITOR CASUALTY

1

## DIAL 108 FOR AN AMBULANCE

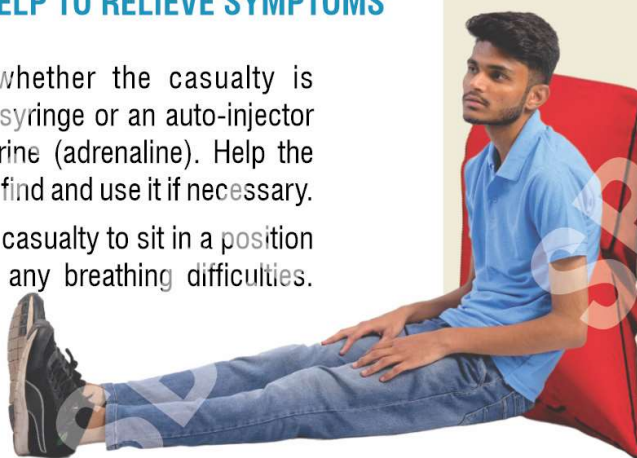
- Pass on as much information as possible about the cause of the allergy.



2

## HELP TO RELIEVE SYMPTOMS

- Check whether the casualty is carrying a syringe or an auto-injector of epinephrine (adrenaline). Help the casualty to find and use it if necessary.
- Help the casualty to sit in a position that eases any breathing difficulties.



3

## MONITOR CASUALTY

- Monitor and record vital signs - level of response, pulse, and breathing until help arrives.



# SEVERE BLEEDING

## PRECAUTIONS

- Do not apply a tourniquet.
- If there is an embedded object in the wound, apply pressure on either side of the wound, and pad around it before bandaging.
- Wear gloves, if available, to protect against infection.
- If the casualty loses consciousness, open the airway and check breathing (p.4). If she is breathing, place her in the recovery position. Be ready to give rescue breaths and chest compressions if needed.

## ACTION

APPLY PRESSURE  
TO WOUND



RAISE AND SUPPORT  
INJURED PART



BANDAGE WOUND



CALL AMBULANCE



TREAT FOR SHOCK  
AND MONITOR  
CASUALTY

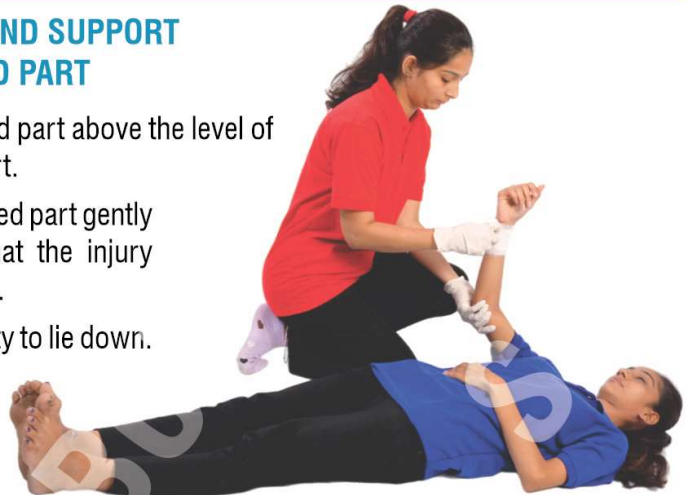
## 1 APPLY PRESSURE TO WOUND

- Put on gloves if available. Remove or cut any clothing over the wound.
- Place a sterile dressing or non-fluffy pad over the wound. Apply firm pressure with your fingers or the palm of your hand.



## 2 RAISE AND SUPPORT INJURED PART

- Raise the injured part above the level of the casualty's heart.
- Handle the injured part gently if you suspect that the injury involves a fracture.
- Help the casualty to lie down.



## 3 BANDAGE WOUND

- Apply a sterile dressing over the pad, and bandage firmly in place.
- Bandage another pad on top if blood seeps through. If blood seeps through the second pad, remove all dressings and apply a fresh one, ensuring that it exerts pressure on the bleeding area.
- Check the circulation beyond the bandages at intervals; loosen them if necessary.



Secure bandage firmly

## 4 DIAL 108 FOR AN AMBULANCE

- Give details of the site of the injury and the extent of the bleeding when you telephone.

## 5 TREAT FOR SHOCK; MONITOR CASUALTY

- Treat for shock (p.20). Monitor and record vital signs -level of response, pulse, and breathing.



# HEART ATTACK

## RECOGNITION

There may be:

- Vice-like chest pain, spreading to one or both arms.
- Breathlessness.
- Discomfort, like indigestion, in upper abdomen.
- Sudden faintness.
- Sudden collapse.
- Sense of impending doom.
- Ashen skin and blueness at lips.
- Rapid, then weakening, pulse.
- Profuse sweating.

## PRECAUTIONS

- Do not give fluids.
- If the casualty loses consciousness, open the airway and check breathing (p.4). If he is breathing, be ready to give rescue breaths and chest compressions if needed.

## ACTION

MAKE CASUALTY COMFORTABLE



CALL AMBULANCE



GIVE CASUALTY ASPIRIN



MONITOR CASUALTY



### MAKE CASUALTY COMFORTABLE

- Help the casualty into a half-sitting position.
- Support his head, shoulders, and knees.
- Reassure the casualty.



### DIAL 108 FOR AN AMBULANCE

- Tell the controller that you suspect a heart attack.
- Call the casualty's doctor as well, if he asks you to do so.



### GIVE CASUALTY MEDICATION

- If the casualty is conscious: give one tablet of aspirin to be chewed slowly.
- If the casualty is carrying tablets or a puffer aerosol for angina, allow him to administer it himself. Help him if necessary.



### MONITOR CASUALTY

- Encourage the casualty to rest. Keep any bystanders at a distance.
- Monitor and record vital signs - level of response, pulse, and breathing - until help arrives.



# HEAD INJURY

## RECOGNITION

There may be:

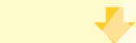
- Head wound.
- Impaired consciousness

## PRECAUTIONS

- Wear gloves, if available, to protect against infection.
- If the casualty loses consciousness, open the airway and check breathing (p.4). If he is breathing, place him in the recovery position. Be ready to give rescue breaths and chest compressions if needed.
- If the bleeding does not stop, reapply pressure and add a second pad.
- Always suspect the possibility of a neck (spinal) injury (opposite).

## ACTION

CONTROL BLEEDING



SECURE DRESSING WITH BANDAGE



HELP CASUALTY TO LIE DOWN



CALL AMBULANCE

1

## CONTROL BLEEDING

- Put on disposable gloves if available.
- Replace any displaced skin flaps over the wound.
- Place a sterile dressing or a clean, non-fluffy pad over the wound and apply firm, direct pressure with your hand.



2

## SECURE DRESSING WITH BANDAGE

- Secure the dressing over the wound with a roller bandage.



3

## HELP CASUALTY TO LIE DOWN

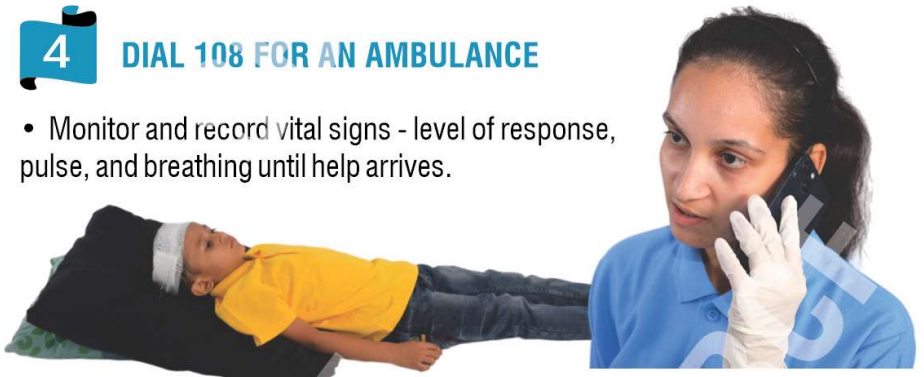
- Ensure that his head and shoulders are slightly raised.
- Make sure that he is comfortable.



4

## DIAL 108 FOR AN AMBULANCE

- Monitor and record vital signs - level of response, pulse, and breathing until help arrives.





# SPINAL INJURY

## RECOGNITION

- Pain in neck or back.
- A step or twist in the curve of the spine.
- Tenderness over the spine.

*There may be:*

- Weakness or loss of movement in limbs.
- Loss of sensation, or abnormal sensation.
- Loss of bladder and/or bowel control.
- Difficulty breathing.

## PRECAUTIONS

- Do not move the casualty unless he is in danger.
- If the casualty loses consciousness, open the airway by gently lifting the jaw but not tilting the head; check breathing (p.4). Place him in the recovery position only if the airway cannot be maintained. Be ready to give rescue breaths and chest compressions if needed.

## ACTION

STEADY AND  
SUPPORT HEAD

CALL AMBULANCE

1

## STEADY AND SUPPORT HEAD

- Reassure the casualty and tell her not to move.
- Keep the head, neck, and spine aligned by placing your hands on the sides of the head to hold the head still.



2

## SUPPORT CASUALTY'S NECK

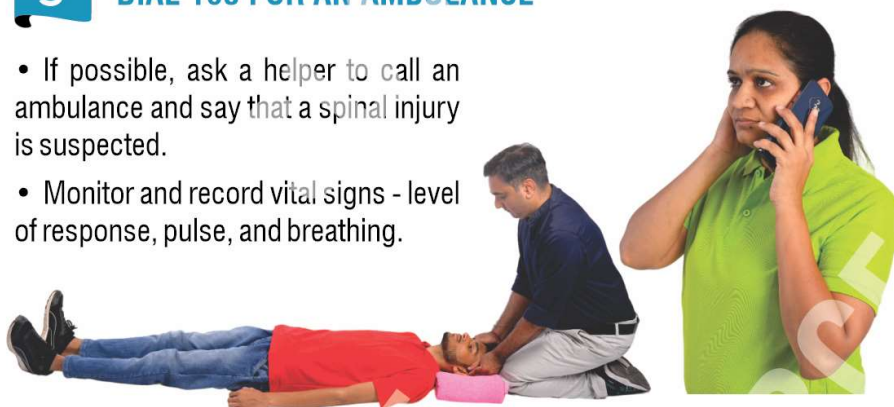
- Ask a helper to place rolled towels or other padding around the casualty's neck and shoulders.
- Keep holding his head throughout, until medical help arrives.



3

## DIAL 108 FOR AN AMBULANCE

- If possible, ask a helper to call an ambulance and say that a spinal injury is suspected.
- Monitor and record vital signs - level of response, pulse, and breathing.



# SEIZURES IN ADULTS

## RECOGNITION

- Sudden loss of consciousness.
- Rigidity and arching of the back.
- Convulsive movements.
- Muscle relaxation.
- Regaining of consciousness.
- Grey-blue tinge to skin.

## PRECAUTIONS

- Do not use force to restrain the casualty.
- If the casualty is unconscious for more than 10 minutes, is having repeated seizures, or it is his first seizure, DIAL 108 FOR AN AMBULANCE. Note the time when the seizure starts and the duration of the seizure.

## ACTION

PROTECT CASUALTY

↓  
PROTECT HEAD AND  
LOOSEN TIGHT  
CLOTHING

↓  
PLACE CASUALTY  
IN RECOVERY  
POSITION

↓  
MONITOR CASUALTY

1

## PROTECT CASUALTY

- Try to ease his fall.
- Talk to him calmly and reassuringly.
- Clear away any potentially dangerous objects to prevent injury to the casualty.
- Ask bystanders to keep clear.



2

## PROTECT HEAD AND LOOSEN TIGHT CLOTHING

- If possible, cushion the casualty's head with soft material until the seizures cease.
- Undo any tight clothing around the casualty's neck.



3

## PLACE CASUALTY IN RECOVERY POSITION

- Once the seizures have stopped, open the airway and check breathing (p.6); then place the casualty in the recovery position (p.9).
- Monitor and record vital signs - level of response, pulse, and breathing.





# SEIZURES IN CHILDREN

## RECOGNITION

- Violent muscle twitching, clenched fists, and arched back.

*There may be:*

- Fever
- Twitching of the face
- Breath-holding
- Drooling at the mouth
- Loss of, or impaired, consciousness

## PRECAUTIONS

- Do not let the child become chilled.
- If the child loses consciousness, open the airway and check breathing (p.10, p.14). Be ready to give rescue breaths and chest compressions if needed (p.11-12, 15)

## ACTION

PROTECT CHILD FROM INJURY



COOL CHILD



SPONGE WITH TEPID WATER



PUT CHILD IN RECOVERY POSITION



CALL AMBULANCE;  
MONITOR CHILD

1

## PROTECT CHILD FROM INJURY

- Clear away any nearby objects
- Surround the child with soft padding.



2

## COOL CHILD

- Remove his clothing.
- Ensure a good supply of cool air.



3

## SPONGE WITH TEPID WATER

- Start at his head and work down.



4

## PUT CHILD IN RECOVERY POSITION

- Once the seizures have stopped, open the airway and check breathing (p.10, p.14), then put the child in the recovery position (p.13,p.14).



5

## DIAL 108 FOR AN AMBULANCE AND MONITOR CHILD

- Monitor and record vital signs - level of response, pulse, and breathing - until help arrives.

# BROKEN BONES

## RECOGNITION

- Distortion, swelling, and bruising at the injury site.
- Pain and difficulty in moving the injured part.

*There may be:*

- Bending, twisting, or shortening of a limb.
- A wound, possibly with bone ends protruding.

## PRECAUTIONS

- Do not attempt to bandage the injury if medical assistance is on its way.
- Do not attempt to move an injured limb unnecessarily.
- Do not allow a casualty with a suspected fracture to eat, drink, or smoke.

## ACTION

STEADY AND  
SUPPORT INJURED  
PART

↓  
PROTECT INJURY  
WITH PADDING

↓  
TAKE OR SEND  
CASUALTY TO  
HOSPITAL

1

## STEADY AND SUPPORT INJURED PART

- Help the casualty to support the affected part, above and below the injury, in the most comfortable position.



2

## PROTECT INJURY WITH PADDING

- Place padding, such as towels or cushions, around the affected part, and support it in position.
- If there is an open wound, cover it with a large, sterile dressing or a clean, non-fluffy pad and bandage it in place.



3

## TAKE OR SEND CASUALTY TO HOSPITAL

- Call an ambulance if necessary.
- Treat the casualty for shock (p.20).
- Monitor and record vital signs - level of response, pulse, and breathing.





# BURNS

## RECOGNITION

- Reddened skin.
- Pain in the area of the burn.
- Swelling and blistering of the skin.

## PRECAUTIONS

- Do not apply lotions, ointment, or fat to a burn.
- Do not touch the burn or burst any blisters.
- Do not remove anything sticking to the burn.
- If the burn is to the face, do not cover it. Keep cooling with water until help arrives.
- If the burn is caused by chemicals, cool for at least 20 minutes.

## ACTION

COOL BURN



REMOVE ANY  
CONSTRICTIONS



COVER BURN



TAKE OR SEND  
CASUALTY TO  
HOSPITAL

1

## COOL BURN

- Make the casualty comfortable.
- Pour cold liquid on the burn for at least 10 minutes.
- Watch for signs of smoke inhalation, such as difficulty breathing.



2

## REMOVE ANY CONSTRICTIONS

- Put on disposable gloves if available.
- Carefully remove any clothing or jewellery from the area before it starts to swell. However, do not try to remove any clothing that is sticking to the burn.



3

## COVER BURN

- Cover the burn and the surrounding area with a sterile dressing, clean non-fluffy material, cling film, or a plastic bag.
- Reassure the casualty.



4

## TAKE OR SEND CASUALTY TO HOSPITAL

- Call an ambulance if necessary.
- Treat the casualty for shock (p.20).
- Monitor and record vital signs - level of response, pulse, and breathing.



# EYE INJURY

## RECOGNITION

- Intense pain in the affected eye.
- Spasm of the eyelids.

*There may also be:*

- A visible wound.
- A bloodshot eye, even if wound is not visible.
- Partial or total loss of vision.
- Leakage of blood or clear fluid from the injured eye.

## PRECAUTIONS

- Do not touch the eye or any contact lens in it, and do not allow the casualty to rub the eye.
- Do not try to remove any object embedded in the eye.
- If it will be some time before medical aid is available, bandage an eye pad in place over the injured eye.

## ACTION

SUPPORT  
CASUALTY'S HEAD

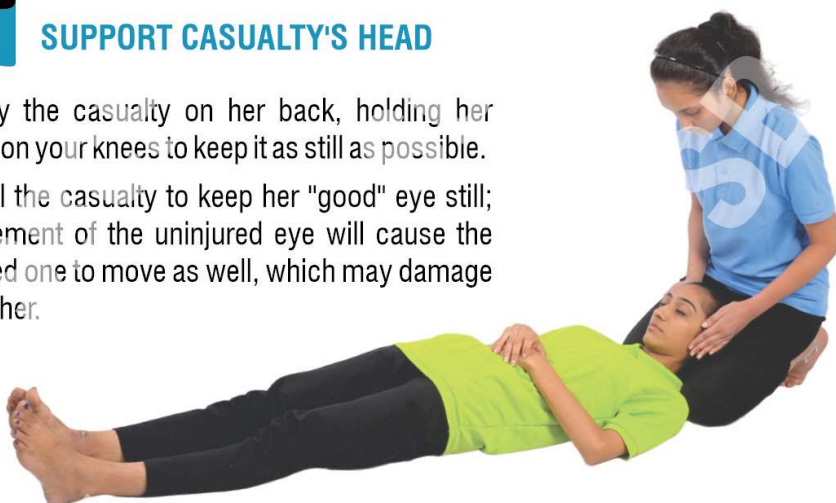
GIVE EYE DRESSING TO CASUALTY

TAKE OR SEND  
CASUALTY TO  
HOSPITAL

1

## SUPPORT CASUALTY'S HEAD

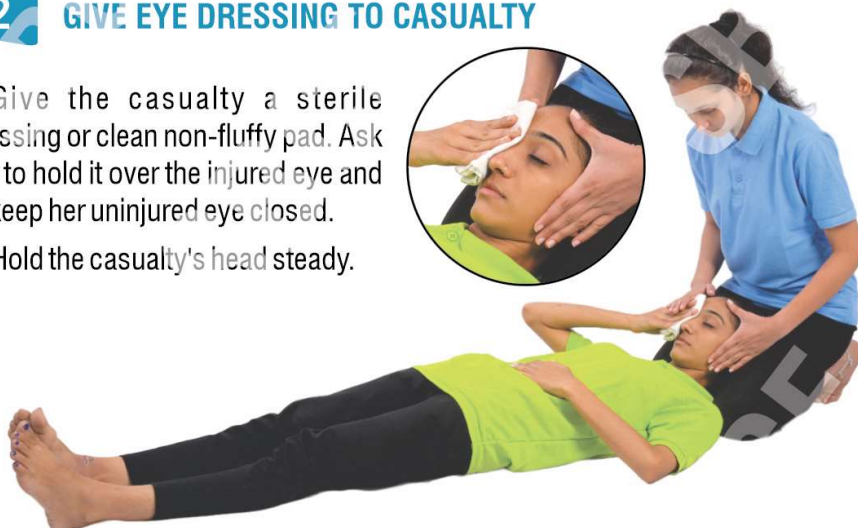
- Lay the casualty on her back, holding her head on your knees to keep it as still as possible.
- Tell the casualty to keep her "good" eye still; movement of the uninjured eye will cause the injured one to move as well, which may damage it further.



2

## GIVE EYE DRESSING TO CASUALTY

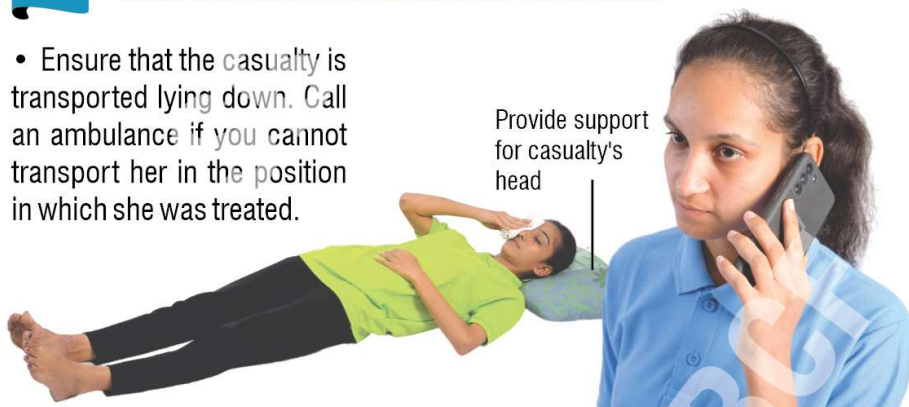
- Give the casualty a sterile dressing or clean non-fluffy pad. Ask her to hold it over the injured eye and to keep her uninjured eye closed.
- Hold the casualty's head steady.



3

## TAKE OR SEND CASUALTY TO HOSPITAL

- Ensure that the casualty is transported lying down. Call an ambulance if you cannot transport her in the position in which she was treated.





# SWALLOWED POISONS

## RECOGNITION

- Vomiting that may be bloodstained.
- Impaired consciousness.
- Empty bottles and containers nearby.
- History of ingestion/exposure.
- Pain or burning sensation.

## PRECAUTIONS

- Do not attempt to induce vomiting.
- If the casualty loses consciousness, make sure that there is no vomit or other matter in the mouth. Open the airway and check breathing (p.4). Be ready to give rescue breaths and chest compressions if needed.
- When giving rescue breaths, use a face shield or pocket mask for protection if there are chemicals on the casualty's mouth.

## ACTION

CHECK WHAT  
CASUALTY HAS  
SWALLOWED



CALL AMBULANCE



MONITOR CASUALTY



## CHECK WHAT CASUALTY HAS SWALLOWED

- If the casualty is conscious, ask what she has swallowed and reassure her.

Reassure casualty as you find out what she swallowed



## DIAL 108 FOR AN AMBULANCE

- Give as much information as possible about the swallowed poison. This information will help doctors to give the casualty the appropriate treatment.
- Monitor and record vital signs - level of response, pulse, and breathing - until help arrives.



## IF CASUALTY'S LIPS ARE BURNT

- If the swallowed substance has burnt the casualty's lips, give her frequent sips of cold water or milk.

Give casualty cool, soothing drink such as milk



# BLS Training Camp (Basic Life Support)

BLS (Basic Life Support) is the mainstay in the treatment of any emergency and that is why it is very important that more and more people of the society are trained in BLS.

Dr. Shivani Bhatt Charitable Foundation (SBCF) organizes BLS training camps from time to time in collaboration with Shri Krishna Hospital, Karamsad and Indian Society of Critical Care Medicine (ISCCM).



In BLS training camps, at a time about 100 people are provided individual (intuitive-knowledge) training on mannequins. This training is given by renowned doctors of Anand-Karamsad area. Every person who takes the training of BLS is provided a separate participation / course completion certificate-card by the organization.



SBCF has so far organized more than 30 free training camps and has provided training of BLS to more than 3000 people.



If you or any service-oriented organization is interested in organizing such a camp for this socially useful work, please feel free to contact us.



**Dr. Shivani Bhatt**  
Charitable foundation  
*We're living her dreams...*

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*We're living her dreams...*

Dr. Shivani Bhatt  
Charitable foundation



STUTI



SMS - BUS



STOP



SHINE-AIDING COLORS



SMILE



SOUL



## Dr. Shivani Bhatt Charitable foundation

*We're living her dreams...*

- SHABD** : Shivani Book Donation
- BLS** : Basic Life Support Program (Jeevan Sanjivani)
- SHODH** : Shivani Organ Donation Help
- SAHELI** : Detection & treatment of anaemia in school girls
- SHINE** : Shivani Initiation for Eye health for school children
  - : Aiding Colors : Detection of color vision deficiency in school children
- SMILE** : Shivani Memorial Initiative for Life Empowerment
- SMS** : Shivani Mobile School
- SOUL** : Shivani Outreach programme for Underprivileged
- STOP** : Shivani Thalassemia Outreach Programme
- STUTI** : Shivani Teachers Understanding Training Initiative
  - : Observership in USA Promoting Quality Education.

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### EMERGENCY HELP LINE NUMBERS

- |                      |                               |
|----------------------|-------------------------------|
| ● Police : 100, 112  | ● Blood Bank : 1910           |
| ● Fire Station : 101 | ● Child Help Line : 1098      |
| ● Ambulance : 108    | ● Women Help Line : 181, 1091 |