

Module 3

Bleeds Burns and Wounds



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Burns

Burns to the skin can be life threatening and require immediate treatment

Types of Burns:

- Dry burns – caused by flames and hot objects
- Wet Burns – caused by hot liquids or steam
- Radiation – caused by over exposure of the skin to the sun
- Cold Burns – caused by exposure to extreme cold, causing frost bite
- Chemical
- Electrical

Superficial burns (first degree)

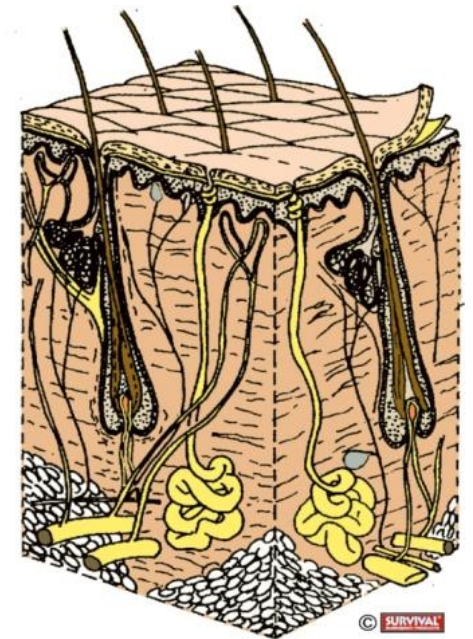
- Red and painful

Partial thickness burn (second degree)

- Severe pain, redness, **blistering**

Deep/full thickness burn (third degree)

- Charred or translucent, may be painless



In the event of a burn injury....

the aim is to:

- *Cool* the burnt area – run under cool running water for 20 minutes or more
- Cover the burnt area with non-stick dressing
- Minimise the risk of infection
- Minimise the shock process
- Warm the patient
- Seek medical assistance and monitor

Chemical Burns: it is important to refer to SDS, remove all clothing affected and follow the above steps.



Chemical Burn to the eye

- Refer to chemical SDS
- Position affected eye down
- Call 000 ASAP
- Irrigate for 20-30 minutes
- Do not wash *irritant* into uninjured eye
- Reassure and manage shock
- Apply dressing over the affected eye



Do not...

- Do not - touch a burn injury
- Do not - prick or break blisters
- Do not - use ice to cool a burn
- Do not - apply ointments/lotions
- Do not - peel off clothing stuck to the skin
- Do not - use adhesive dressing/cotton wool



Bleeding

- Can it be life threatening?
- What can we do?



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Blood Cells

Red – produced to help transport more oxygen to cells

White – Prevent infection by attacking micro-organisms

Platelets – Stop blood loss through clotting

Plasma – Straw coloured liquid that is 90% water, that helps transport the above.



Triage –

- Breathing
- Bleeding
- Burns
- Breaks

Bleeding

- **Arterial bleeding** – Bright red and spurting
- **Venous bleeding** – Darker in colour and oozing from site
- **Capillary damage** – Abrasions where skin has been scraped, blood sits on surface
- **Internal bleeding** – Symptoms include
 - Signs of shock
 - Pale
 - Cold and clammy skin
 - Anxiety
 - Pain
 - Restlessness
 - Tenderness and swelling





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Basic Treatment of Bleeding

- Rest & Restrict movement – Rest casualty in order to lower heart rate
- Immobilize the part
- Direct pressure – Apply pressure over the wound with sterile dressing and firm bandage

Tourniquets should only be used for life-threatening bleeding from a limb, where the bleeding cannot be controlled by direct pressure and only if trained to do so.

Head Wounds

Scalp wounds bleed profusely, even when it is minor.

- Use PPE
- Apply direct pressure to wound site
- Sit upright to reduce swelling
- if unconscious, Recovery Position and seek urgent medical assistance.



Amputation

- Rest & Restrict movement – Rest casualty in order to lower heart rate
- Immobilize the part
- Direct pressure – Apply pressure over the wound with sterile dressing and firm bandage
- Place part in airtight bag
- Float in iced water
- Transport with casualty



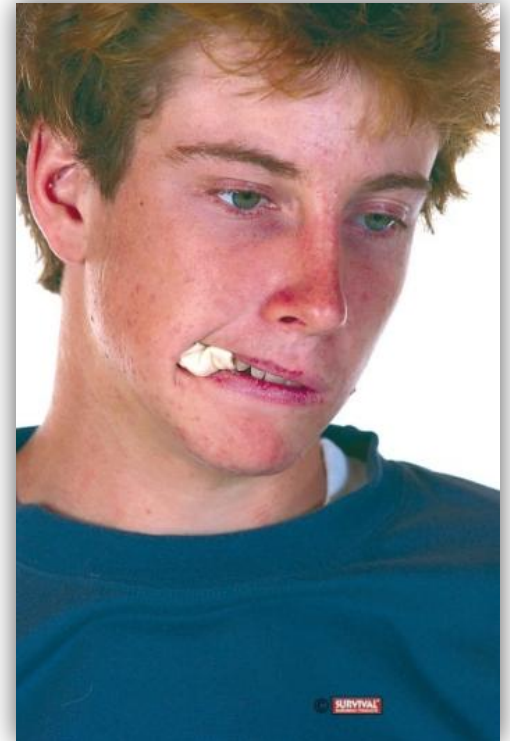
Nose Bleeds

- Sit casualty up, leaning forward for 10 minutes
- Pinch soft part of nostrils
- Apply a cold compress to forehead or back of neck
- Seek medical assistance if bleeding continues for more than 20 minutes



Tooth knocked out

- Sit casualty upright, head forward
 - Control bleeding promptly
 - Replace tooth in its original position in the mouth if possible.
 - Spit casualty's blood and saliva into cup with tooth, or preserve in milk.
 - Seek dental advise ASAP
- **Do not** place the tooth in the mouth of a drowsy or unconscious person



Bandaging



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Embedded objects –



If there is an obvious embedded object causing bleeding, use pressure around the object.

- Do not remove the embedded object because it may be plugging the wound and restricting bleeding.
- Apply padding around or on each side of the protruding object, with pressure over the padding.
- Seek urgent medical attention.

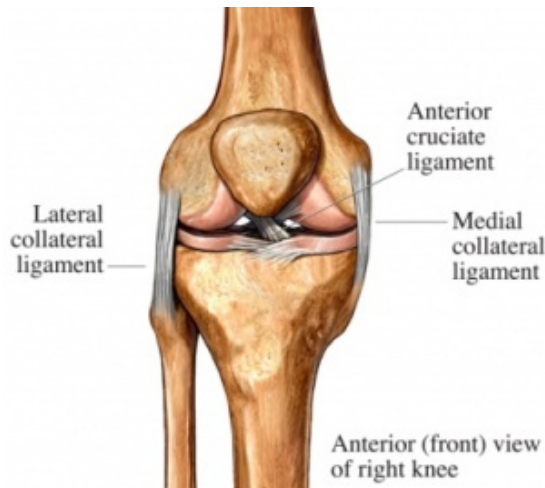
Soft Tissue Injuries

Sprain Overstretched or torn ligament

Strain Overstretched or torn muscle or tendon

Fracture A crack or break in a bone

Dislocation A joint is displaced



Sprains and Strains

- R** • Rest
- I** • Ice – apply ice on top of bandage
- C** • Compress – apply compression bandage
- E** • Elevate
- R** • Refer/Report



Slings

Three major immobilisation techniques

- **Forearm sling** – Fractured forearm and wrist
 - Aims to keep the forearm horizontal and evenly supported from the elbows to the knuckles
 - Always check for signs of circulation in injured person's fingers
- **Elevated arm sling** – Fractured hand, collar bone and dislocated shoulder
 - Breaks in smaller bones such as those in hands must be immobilised and elevated
 - This sling should capture hand and support it in an elevated position
- **Collar and cuff sling** – Fractured upper arm
 - Due to natural movement of the upper areas, immobilisation is difficult to gain
 - Easy to set to comfortable height

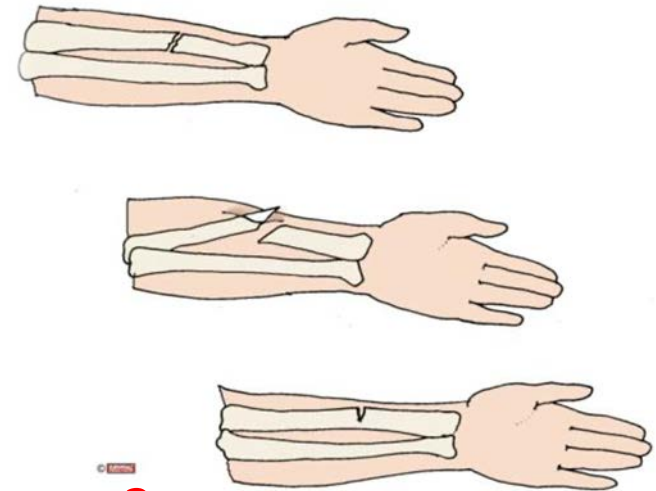
Fractures

Fractures are generally classified as

- Closed Overlying skin unbroken
- Open Open wound at fracture site
- Complicated Damaged organs/blood vessels

Signs and symptoms

- Shock
- Pain at or near the site
- Deformity
- Swelling
- Loss of power to the limb



How would you treat an open fracture?
How would you treat a closed fracture?

Management

- Conduct Primary and Secondary Assessment
- Follow DRSABCD
- Call 000
- Avoid moving conscious person unnecessarily
- Unconscious person to be placed in the recovery position
- Loosen tight clothing
- Support head, neck, shoulders
- Rest, Reassure, Monitor



Airway management takes priority over any other injury.

Head Injuries

A blow to the head may cause an injury to the scalp, skull, brain, eyes, ears or spine and can result in Concussion.



Signs & Symptoms:

Headache	Bleeding or clear fluid from ear, nose or mouth
Nausea or Vomiting	Blurred Vision
Unconsciousness	Confusion/disorientations



Management:

If Conscious:

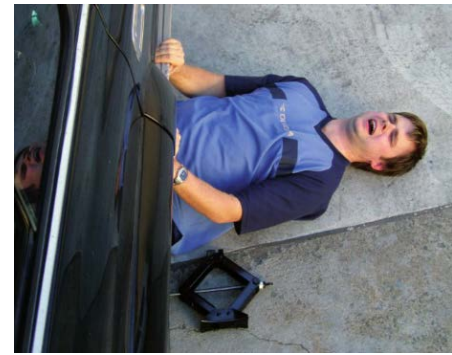
- Follow Basic Life Support Flow Chart
- Support and immobilize the head and neck
- If bleeding or clear fluid from the nose or ear, lay or sit in a comfortable position, towards injured side
- Seek urgent medical help (call 000) and reassure patient

If unconscious

- Check Airways, follow DRSABCD
- Check and control bleeding and cover wounds
- Check more thoroughly for possible spinal injury
- Ensure the airway is clear of vomit/fluid which may block the airway, turn into Recovery Position
- Seek urgent medical assistance (call 000)

Note: Any head injury sustained should be assessed by a health care professional.

Crush Injury Syndrome



- When part of the body is crushed by a heavy object eg. a car, falling timber or prolonged pressure due to body weight of an unconscious person, there is always a serious risk of death.
- All crushing forces must be removed immediately after the incident if physically possible.
- Should there be a delay in releasing a crush force, a complication known as “**Crush Syndrome**” may develop.
- Crush syndrome results from disruption of the body’s chemistry and can result in kidney, heart and other problems. The likelihood of developing acute crush syndrome is directly related to the compression time, therefore crushed persons should be released as quickly as possible, irrespective of how long they have been trapped.

Potential spinal injury

Airways takes precedence over a suspected spinal injury!

History is a prime indicator of any potential spinal injury

History

- A fall from heights (including standing height – elderly)
- Diving into shallow water
- Vehicle accidents
- Sporting incidents

Signs & Symptoms

- Altered sensations
- Irregular bumps
- Difficulty breathing

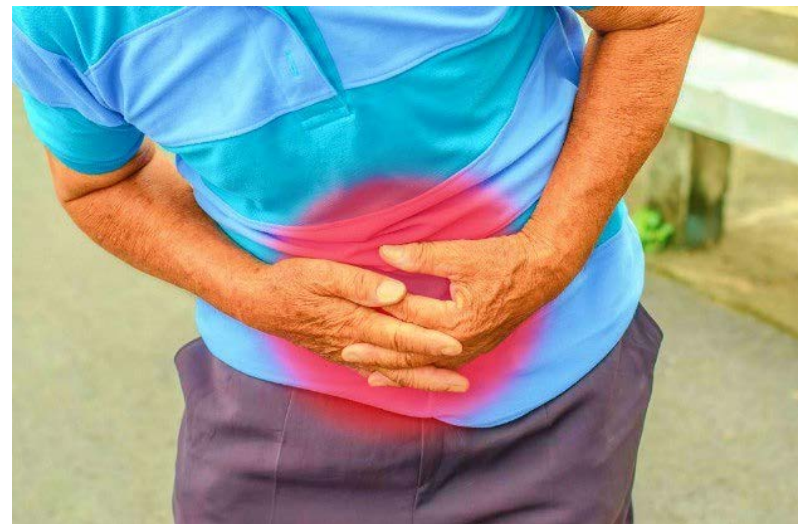


Abdominal Injuries

Abdominal pain is pain felt anywhere from below your ribs to your pelvis.. The abdomen houses many organs, including your stomach, liver, pancreas, small and large bowel, and reproductive organs.

When to seek medical help:

- Severe pain
- Fever and sweats
- Blood in bowel motion or urine
- Pain and vomiting blood
- Pale and clammy





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Forearm sling

Fractured forearm / wrist





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Elevated arm sling

Fractured hand or upper arm / collar bone /
dislocated shoulder



Collar and cuff sling

Fractured upper arm, shoulder and collar bone



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Forearm Sling - Lower Arm Fracture



Elevated Sling- Upper Arm Fracture, Collar Bone, Dislocated Shoulder



Collar and Cuff Sling - Upper Arm Fracture



Bleeding - Embedded Object



Pressure bandage on the bite site



Pressure bandage the length of the limb from the fingertips



Immobilise the limb and rest the casualty until medical help arrives

Pressure Immobilisation
Snake Bite