

So here we are again with my **3rd blog on medical emergencies**. Thank you for the feedback that I received from you as regards emergencies as I was sat in the corner covering and participating in the Manchester Open. If you have any questions about any medical problems/my blog, please come and chat with me. I'll be at Guildford in January



So, let's stick to basics, please. Whenever you approach any medical emergency always use the mnemonic D.R.C.A.B.C.D.E.

Keep it simple

- D **Danger**, never approach a situation that will present a danger to yourself, e.g. A Terrorist with a knife or gun, even if people have been injured-you don't want to become another casualty. DON'T RUSH - THINK, ACT.
- R **Response**, shout and shake the casualty. We need to know quickly, are they alive or dead. There are only 2 reasons why a casualty will not respond 1/ Deeply unconscious or 2/ Dead.
- C **Catastrophic Bleeding**. If the casualty is catastrophically bleeding, you will need to apply gloves (remember above danger to yourself) and arrest (stop) the bleeding either by indirect pressure or direct pressure.
- A **Airway**, the biggest cause of Airway obstruction is the patients tongue. NEVER put your fingers in a patient's mouth. Chin lift/head tilt in a non-trauma patient or jaw thrust on a trauma patient.
- B **Breathing**. Look, listen, and feel if the patient is breathing, if they are not breathing normally, e.g., Adults 12-20 breaths per minute (look at their breathing rate over 15 seconds and times the answer by 4 - will give you their breathing rate in a minute), you will need to get the de-fibrillator and call 999.
- C **Circulation**. If the patient is breathing normally, THEY WILL HAVE A CIRCULATION. An easy way to find this out (rather than trying to find a pulse-which can be tricky sometimes) provided that the patient is not hypothermic is ask if you could put your finger on their forehead for 5 seconds, remove and the colour will come back in 2 seconds-EASY.

- D **Disability.** If the patient has no problems with their 'D/R/C/A/B/C's then you can get down to what their problems may be, e.g., Chest pain, fractured leg, headache etc. If you listen carefully to the patient, they will inadvertently tell you what's wrong with them.
- E **Expose and examine.** With the patient's permission & try and take them somewhere, if you can, private and quiet, look at the area of the body that is causing them the issue.



Thank you and stay healthy. Please visit my webpage as I provide the necessary, 1 day emergency First Aid at Work courses, needed for the qualification of Fencing Coaches.

www.evexiatraining.co.uk

