

CHAPTER 6

UNCONSCIOUSNESS

Introduction

1. Unconsciousness is the result of an interference with the functions of the brain. This can be caused by many things—illness, disease, alcohol, poisons and, the most common, head injuries.
2. There are various states of unconsciousness which your casualty may reach or through which he may pass, and you must make a note of them all in order to brief the medical personnel. These are:—
 - a. Responds normally to questions and conversation.
 - b. Only answers direct questions.
 - c. Responds only vaguely to questions.
 - d. Obeys commands.
 - e. Only responds to pain.
 - f. No response at all.

Aim

3. To find out the cause of unconsciousness and level of response; to treat it as quickly as possible and to seek immediate medical aid.

Treatment

4. CHECK THAT THE CASUALTY IS BREATHING, IF NOT, VENTILATE. IF HE IS BREATHING: Place him in the RECOVERY POSITION (Fig 6). This position stops the tongue from falling back, causing choking. Loosen any tight clothing around his neck, chest and waist.
5. If he stops breathing, begin artificial ventilation at once.
6. Never:
 - a. Give an unconscious casualty anything by mouth.
 - b. Leave an unconscious person by himself.

DROWNING

Treatment

7. A half-drowned man may seem to be dead. He may not be breathing. You may not be able to feel his pulse. But, unless he is quite stiff, you must try to revive him, however hopeless it may appear:
 - a. Waste no time. Every second counts.
 - b. Start artificial ventilation. If within your depth you may be able to begin ventilation whilst the casualty is still in the water. You may have to continue

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artificial ventilation for a long time; try to keep the casualty warm. Meanwhile send for medical aid and remember that all casualties rescued from drowning should be sent to hospital.

POISONING

Poisons

8. Some poisons, for instance an overdose of sleeping tablets, cause unconsciousness. Some, like strong acids or alkalis, burn the stomach and intestines. In these circumstances you may see burns round the mouth, and there is a pain in the chest and region of the stomach.

Treatment

9. a. If at all possible get the casualty to a doctor quickly.
- b. If he is conscious and has swallowed an acid or caustic alkali, give him plenty of water or milk to drink. With all other poisons get to medical aid at once. If unconscious, maintain an open airway and place in the Recovery position.
- c. If he is unconscious, do not try to give anything by the mouth. If his breathing has stopped, start artificial ventilation immediately.

ELECTRIC SHOCK

Treatment

10. An electric shock may kill a man. He may become unconscious and stop breathing. Where the live wire touches him, he may be burnt. To remove the casualty from a live wire, act as follows:

- a. If you cannot switch off the current, *insulate yourself first*.
- b. If possible, stand on some dry rubber, dry lino, dry bricks, dry wood, or dry straw.
- c. You *must* protect your hands. Use a folded newspaper, dry clothes or a rubber raincoat or groundsheet and pull him away from the current.
- d. If you cannot do this, then try and push him away from the current with a stick—but *do not* use anything made of metal or you will get a shock too.
- e. Once clear, if he is not breathing, quickly start artificial ventilation. Keep this up even if he seems dead. It may take many hours to get him round. After recovery, treat for shock. Treat burns in the usual way.

LIGHTNING

Treatment of People Struck by Lightning

11. Treat as for electric shock but remember other injuries may be present.

STRANGULATION OR SUFFOCATION

Treatment

12. People who have been strangled or suffocated go blue in the face. They may froth at the mouth. The veins in the head and neck will stand out. The eyes may be bloodshot.

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13. Remove the cause, such as a cord round the neck. Look inside the mouth, remove false teeth and pull the tongue forward. Give artificial ventilation. Treat for shock.

CHOKING

Treatment

14. If a man swallows a piece of food or a foreign body and it goes down the wrong way, it may stick in the entrance to his windpipe and choke him. Children sometimes swallow boiled sweets and choke in this way.

15. Quickly bend the casualty forward, and give three or four sharp blows with the heel of your hand between his shoulder blades. The best thing to do is to lay the casualty over the seat of a chair. If a child, lift him up by his heels—the marble or sweet should fall out of the windpipe.

CARBON MONOXIDE POISONING

Treatment

16. The casualty's face may be bright red, and he may have stopped breathing. Get him into the fresh air and start artificial ventilation at once. If he is breathing, but unconscious, place in the Recovery position.

NOTE: A respirator does not protect you from carbon monoxide. Do not enter a gas-filled area unless you are assisted.

1. The purpose of this report is to provide a detailed description of the work done during the period from 1/1/68 to 12/31/68. The work was done in the laboratory of the Department of Chemistry, University of California, San Diego.

1. INTRODUCTION

1.1. Summary

The work reported here was done in the laboratory of the Department of Chemistry, University of California, San Diego. The work was done during the period from 1/1/68 to 12/31/68. The work was done in the laboratory of the Department of Chemistry, University of California, San Diego.

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2. EXPERIMENTAL PROCEDURE

2.1. Materials

The materials used in this work were of the highest quality available. The work was done in the laboratory of the Department of Chemistry, University of California, San Diego.

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