

Hillwalkers Adventure Skills Badge – First Aid requirements

Revision

First Aid is

The **IMMEDIATE TEMPORARY CARE** of the **INJURED** and **ILL**

The Aim is to

PRSERVE life; **PRE**VENT the condition worsening, **Promote** recovery

(The 3 P's)

Systematic Approach

Assess the situation – don't become the next casualty

Breathing – are they breathing?

Circulation – is the heart beating? Is there bleeding?

Deformity – bleeding, bruising, swelling, loss of function, deformity

Emotion – it's a patient not a dummy

Treating Cuts - C.A.R.E.

Check the wound – (gloves) clean it if necessary but do not take any embedded object out

Apply direct pressure; you might have to hold the sides together, you might need a ring bandage

Raise the limb; makes it harder for the heart to pump the blood to the cut

Ensure the Patient

Fractures – broken or cracked bones

Presentation – History of a fall

Swelling, Bruising, Pain, Loss of function, Tenderness

Deformity (check against other limb) +/- bleeding

Treatment

Stop the bleeding

Reduce the pain (comfortable position and support)

Prevent further injury

Ensure the patient

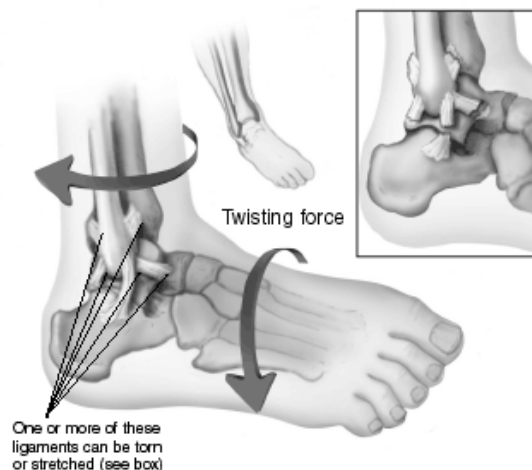
Evacuate to primary care

Sprains & Strains

A sprained ankle is the most common type of soft tissue injury. Soft tissue means any tissue in your body that isn't bone. Each year, around six out of every 1,000 people in England go to their GP or hospital accident and emergency department with a sprained ankle.

A minor sprain is when a ligament is stretched or partially torn. In severe sprains the ligament is completely torn. Sometimes the end of the bone to which a ligament is attached can crack.

The most common type of ankle sprain is when your foot turns inwards, overstretching the ligaments on the outside of your ankle. This is called an inversion sprain.



Half of all ankle sprains happen during sport. They are especially common in sports that involve running and jumping, landing from a jump, fast changes in direction or lots of stop-starts (such as football, basketball and volleyball).

Other common causes of ankle sprains include:

- **walking on an irregular surface! Like a mountain side**
- your foot slipping off the edge of a kerb
- twisting your ankle while climbing stairs
- losing your balance wearing high-heels

You are more likely to sprain your ankle if it has happened before.

Treatment **R.I.C.E**

Rest for at least 48 -72 hours

Ice (not directly wrap in a towel don't want to give the patient cold burns) 10mins/ hr for 6hrs

Compression Bandage to prevent swelling

Elevation to reduce swelling

See a doctor if pain and swelling persists more than two weeks

HYPOTHERMIA

Avoid by proper planning & preparation, adequate equipment, taking care and attention on the mountains, eating well

Treatment

Prevent further heat loss -

Strip off wet clothing and replace with dry

Bivvy bag

Sleeping bag

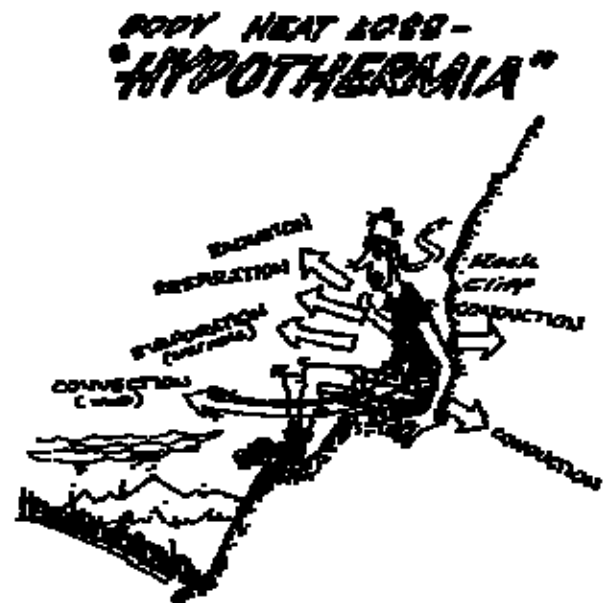
Shared body heat

No direct heat i.e. hot water, rubbing

Ensure

Seek medical attention

No alcohol, tea or coffee



**WIND AND WETNESS
TAKE AWAY BODY HEAT FASTER
THAN IT CAN BE PRODUCED.**

37 Celsius Normal Body Temperature

35 Shivering; Patient looks and feels cold

34 Change in personality, withdrawn, depressed

33 Shivering stops, drowsy, lowered consciousness

31 Progresses quickly to unconsciousness

30 Fixed dilated pupils

29 Pulse irregular

24 Death

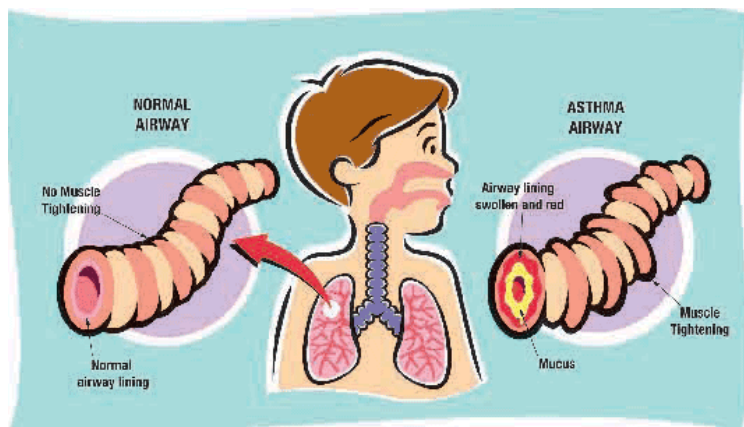
Dehydration (heat exhaustion)

Presentation	Feeling unwell – headache, dizziness, nausea, cramps Weak Moist Skin (perspiration) Normal Temperature
Treatment	Remove to cool area Give fluids (don't forget salt loss!) Remove any layers of clothing <i>Beware can progress to Heatstroke</i>

Heatstroke

Presentation	Confusion / unconsciousness Skin hot and dry (perspiration inadequate or ceased) High Temperature
Treatment	Reduce temperature Remove patient to a cool area Bathe in tepid water (cold will shock patient) Fan casualty Seek medical attention If unconscious put patient into the safe airway position

Asthma



Asthma is a lung complaint where the tubes bringing fresh oxygenated air to the blood constricted tightly and become blocked. The casualty finds it difficult both to expel the air from which the oxygen has been removed and to get fresh air into the lungs. An attack can be brought on because of an allergy such as to house dust mite, exercise, cold air 'shocking' the tubes or for other reasons

Presentation	Difficulty breathing – especially out Wheezing Distress and anxiety Difficulty speaking Blueness of skin (cyanosis) History
Treatment	Reassure and calm the patient Sit them down and lean them forward slightly Fresh air Help casualty use their inhaler Help casualty use secondary breathing muscles If no response to treatment seek medical help