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First aid step 3

Arnica Antifungal Cream Topical Treatment Exercise Strip Cold Pain Treatment First Aid Packs Heartburn Health care Drugs Hemorrhoids Sleep Inhalation Creams Kinesiology Strip Lace Kit Men's Magnetic Mosquito Bite Soothing Motion Relief Disease For Adults Define Job Assistance A Written Tool to Guide Job Performance In Real Time (When Needed). Some job assistance for additional support for sample performance is written by employees. For example, if a specific function is part of the job description, but it is not performed on a daily basis, a job assistance can be accessed that provides information on how to do the job with ultimate success. Job assistance includes information such as check lists, completed sample forms, and how to direction. This information is actually a refresher and can also be considered a cookbook (step-by-step instruction) type of career tool. Review job descriptions and standards. You may choose those specific job responsibilities that are less done. For example, performance appraisals may be performed once a year. So, since this doesn't work much of the time, there may be a need for a refresher when it comes time to prepare assessments. Job assistance provides detailed instructions on how to complete the assessment with completed sample assessment forms and step-by-step instructions can be very useful. Use many occupational aid examples such as prepared document samples, spreadsheets and checklists. For example, if an employee has to back up a computer every quarter, there may be a step-by-step checklist with all the information necessary for a successful backup. Checklists should be very clear to avoid any confusion. Plan the development of job assistance to obtain optimal use and performance. It may be important to bring in subject experts (people who are top performers with outstanding skills and experience) to determine which job assistance is most needed. Also determine what format job assistance will take (checklists, step-by-step instructions, spreadsheets and document samples). Other decisions are format (paper or software) and who will manage the job assistance project. Do a pilot (roll out the app to a selected group for a certain period of time) to ensure job assistance is written in clear, fast and easy to use. Check job assistance at the end of the time dedicated to making any changes and improvements before major going live (roll out job donations to all appropriate employees). Removing all errors and bugs in job assistance before publication can ensure a more successful project (see checklist for effective job AIDS design). Tips include the right people to support and drive the job assistance program, and subject experts and editors to review the material. Remember to update any changes made to job assistance. Don't use job support instead of training. Don't count on job assistance being an all-for-performance treatment. International Publishing, Ltd.First Aid can be applied in situations such as hypothermia, poisonings and bodily harm. Learn more about how and when to use first aid. The First Aid Agency can significantly affect a victim's chances of recovering from an emergency. First aid, for the most part, should be administered only while waiting for medical assistance to arrive and is not considered an alternative to trained medical care. In this article, you will learn the basics of first aid. You will learn breathing techniques such as CPR and breathing rescue as well as Heimlich maneuvers. You will learn to treat body, eye, mouth and head injuries. You will also learn what to do in cases of hypothermia, frostbite and heat-related diseases. In most cases, the first aid directions presented in this article are applicable to infants, children and adults. You will learn what supplies you may need in case of an emergency and when you call EMS or poison control center.This information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. The contents of the victim assessment are the first step in administering first aid. Before you know what kind of care you need to take, you first need to determine exactly what the patient is wrong with. Follow these steps to assess the victim: approach the victim, and tell the victim it is not moving. Identify yourself, and ask if you can help. If the victim says yes, ask what happened, whether the victim has trouble breathing and if an where they are in pain. Based on the answers, determine if ems should be called. If you are unsure, contact EMS. If the victim is choking, look at the strangulation. Check the victim's head, neck, arms, legs, chest and stomach for injuries. Following bleeding, bruising, swelling, or other obvious damage. Feel as best as you can for any bumps or irregularities on the arms or legs, but do not touch or move any area that is painful. Be sure to tell the victim what you want to do before doing so. Check the victim's arms and legs for any irregularities, and do not touch any area that causes the victim pain. If you doubt your neck or back Do not move the victim or allow the victim to move (see back injury or neck). If no back or neck injuries are suspected, resting the victim in a position that is comfortable for them. If the victim is bleeding, control the bleeding (see bleeding). Monitor the victim's breathing, and stay with them until ems arrives. Unconscious victim assessment: Approach the victim, gently tap the victim's shoulder, and ask if they are ok. If the victim responds, go to the steps for a conscious victim. If no answer and victim is an adult, call for EMS. If the victim is a child, take care for a minute before contacting EMS (see ABCs). If someone else is close, call them for EMS. Check the airway, breathing, and circulation (see ABCs). Check and take care of bleeding (see bleeding). If the back or neck injury is suspected, see back or neck injuries. If no back or neck injuries are suspected, put the victim in a recovery position:The first step in putting the victim in a recovery position is to put the victim's distant arm on top of his head. - Extend the victim's arm that is farther away from you above the victim's head. - Position the victim's other arm across the chest.-Bend the victim's closer leg on the knee.-Support the victim's back with one hand and squeeze on the victim's knee with the other as you roll the victim away from you on your side.-If the victim vomits, wear gloves and use your fingers to clear the victim's mouth. If the victim is having a seizure, place your fingers in the mouth. Monitor breathing, see shock (see shock), and wait for EMS. To learn more about first aid and emergency care, see: How CPR Works How Emergency Rooms Work This information is only for informational purposes. It is not intended to provide medical advice. 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Put one hand on the back of the victim's neck and the other in the thigh, and gently roll the victim over onto the back. If you suspect a back or neck injury. Help others to hold the victim's head, neck, and back par as you roll the victim over. Ask others for help if you can't roll the victim by yourself. Open the victim's airway using a head tilt (even if you suspect back or neck injury):Use a head slope to open the airway.-Knee next to the victim, place one of your hands on the victim's forehead, and gently tilt the victim's head backwards.-Place your other fingers on the bony part of the victim's chin -- not on the throat.-Gently lift the chin straight without the mouth being closed. Check breathing and circulation with the victim's airway open, look, listen, and feel for breathing for 5-10 seconds by placing your cheek near the victim's mouth and watching the chest go up and fall. Check for signs of breathing. Check for signs of circulation such as movement, moaning or coughing. If the victim is not breathing but has signs of circulation, go to the breathing rescue. If the victim is not breathing and has no signs of circulation, go to CPR. Save breathing if adults stop breathing but still have signs of circulation, call for EMS, then start breathing rescue. If the baby or baby stops breathing but has signs of circulation, perform rescue breathing for 2 minutes before calling for EMS. Then resume breathing. Emergency treatment, baby: Cover the nose and mouth of the babies with the mouth and give two short puffs. Put your mouth on the baby's nose and mouth. 2. Give me a gentle puff. If it's not an air exchange, change the baby's head and work again. Look, listen, and feel breathable and circulate (see ABCs) for more than 10 seconds. If the victim remains unconscious and-if there are signs of circulation but no breathing, continue to take 1 breath every 5 seconds for the child and 1 gentle puff every 3 seconds for the baby.-If there is no breathing or no sign of circulation, go to CPR. Emergency treatment, child or adult: Look, listen and feel breathable. Pinch the victim's nose with your fingers, and he put your mouth on their mouths. 2 full and slow breaths, each lasting 1 to 1.5 seconds. After each breath, pull your mouth aside and let the victim's lungs fall out. If there's no air exchange, change the victim's head and work again. Look, listen, and feel breathable and circulate (see ABCs) for more than 10 seconds. If the victim remains unconscious and-if there are signs of circulation but no breathing, continue to take 1 breath every 5 seconds for adults -- if there is no breathing or no sign of circulation, go to CPR. To learn more about first aid and emergency care, see:How CPR works how WorkThis emergency rooms have information only for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, practice or use of medication that From reading or following the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Advertising if an adult is not breathing and has no signs of circulation, call for EMS if it is not done in the future. Then start CPR. If the baby or baby is not breathing and has no signs of circulation, give CPR for 2 minutes before contacting EMS (if this has not been done before). Then resume CPR. Child or adult: Put your hand on the middle of the breast bone between the nipples. Use heels only one hand for one child, and put the other hand on the baby's forehead. For adults, they place another hand above the hand that is placed on the breast bone. Put your hand on the middle of the breast bone between the nipples. Align your shoulder(s) above your hand(s) and straighten your elbow(s), using the weight of your upper body to perform chest compressions. Use your upper body weight to help you compress. Perform 30 compressions at a rate of 100 per minute. Counting loudly at a steady and fast pace to achieve this -child rate: use one hand to compress the chest, compress the chest 1-1.5 inches per load.-Adults: use both hands to compress the chest, compression the chest 1.5-2 inches each time. Pin the victim's nose, place your mouth on the victim's mouth and take 2 breaths for an adult or child as the victim's head is back. Repeat the steps 4-5 five times. This should take about 2 minutes. Check again for signs of circulation and breathing. If the victim does not have signs of circulation and does not begin breathing, continue CPR until the signs of circulation and the victim's breathing return or until the EMS arrives. Baby: Place two of your fingers just below the nipple line on the breast bone. Use only two fingers when using CPR with a baby. Put another hand on the baby's front to keep the head back and airway open. Using your two fingers, giving 30 chest compressions, compression the chest about .5 to 1 inch each time. Hold one hand on the baby's head to keep the airway open. Cover the baby's mouth and nose with the baby's mouth and nose with the baby's head back and take two gentle breaths. Repeat the 3-4 steps about four more times, which should take about 2 minutes. Check again for signs of circulation and breathing. If the baby does not have signs of circulation and does not begin breathing, continue CPR until the EMS arrives. To learn more about first aid and emergency care, see:How CPR Works How WorkHow Emergency Rooms Have Your Lungs WorkThis Information only for informational purposes. It is not intended to provide medical advice. Not Consumer Guide Editors (R), International, Ltd, the author and not the publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug leading to reading or seeking information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Allergic advertising reactions can be mild, but severe allergies that cause anaphylaxis may require first aid. Causes: A rapid, severe, or anaphylaxis allergic reaction may occur when a person who is highly sensitive to a particular substance, such as insect venom, comes into contact with it. Symptoms: May include swollen lips, tongue, or ears; Unrest or unrest; Urethroid; Ringing or ringing in the ear; sneezing; coughing; difficulty breathing; Nausea or vomiting; dizziness; loss of bowel or bladder control; Seizures; Cold, oyster skin; Un answerable. Without immediate medical treatment, the victim may die. Emergency treatment calls for EMS at the first allergic reaction symptom. Monitor ABCs (see ABCs). Help a responsive victim use his emergency epinephrine kit. The victim lie down and cover them gently with blankets if a short breath occurs, the victim will sit down. For more information on first aid and emergency care, see:This information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. First aid advertising for back and neck injuries can significantly prevent patients from suffering paralysis or loss of movement. Causes: Any severe trauma, fall, or other accident may lead to damage to the neck, back, or spinal cord. Symptoms: Unconscious, difficulty breathing, pain, swelling, loss of sensation, or paralysis emergency treatment seeking medical assistance immediately. Call for EMS. Until the EMS arrives: Do not move the victim unless it is absolutely necessary to save the victim's life. Do not bend or twist the victim's neck or body. Handling is very important. Check the victim's breathing if the breathing stops, the airway opens (look at the ABCs) and start breathing the rescue (look at the rescue breathing). If the victim must be transferred to perform rescue breathing or to clean the vomit mouth, the register will help keep the victim's head, trunk, and legs in straight line as you turn the victim. Maintain the position where the victim was found, even if the neck or back is bent, and motionless head, neck, shoulders, and torso:-roll up towels, blankets, jackets, or clothes, and place around the head, neck, shoulders, and torso. Never moves the victim -- if the victim is slippery on his back or side, slide the thin roll of the fabric behind the neck without moving the head or neck. Keep the fabric rolls in place with heavy equipment or your hands.-Keep the material rolls in place with hands or around with towels, blankets, stones, or bricks. Monitor the victim's airway and breathe until the EMS arrives. To learn more about first aid and emergency care, see: How WorkHow CPR emergency rooms work out how MRI WorkThis information is only for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any course of treatment, the reader should seek advice from their doctor or other healthcare provider. Bee bite ads generally cause local pain, irritation, and swelling. But in a prone victim, a vertebral bite can lead to a serious allergic reaction, called anaphylaxis, within minutes. Allergic reaction symptoms: swollen lips, tongue, or ears; Unrest or unrest; Urethre; Ringing or ringing in the ear; sneezing; coughing; difficulty breathing; Nausea or vomiting; dizziness; loss of bladder or bowel control; Seizures; Cold, oyster, pale skin; Un answerable. If the victim shows any of these symptoms, call for EMS, and see an allergic reaction. Treatment for bite without allergic reaction: Carefully remove stinger by flipping it with your thumb and finger or scratching it with a credit card edge. Don't press stinger. Wash the area gently with soap and water. Apply the ice pack wrapped in clean cloth to the bite area. Place the bite area lower than the heart level to slow spread the venom. Bite -- Animal bites or HumanAny that penetrate the skin can introduce infectious organisms into the victim's bloodstream. Symptoms: Bleeding, Dental Symptoms Torn skin, redness, swelling, pain call emergency treatment for EMS or transporting the victim to the emergency room. As long as medical assistance is not available: If the bleeding is severe, see bleeding, externally. Otherwise you can allow holes to bleed to help remove bacteria. Rinse the puncture wound with soap and water, and rinse for 10 minutes. Don't clean the wounds bleeding heavily. Apply sterile dressing or clean fabric, and safe with bandages. If the bite of an animal is unknown, call animal control or police, so the animal can be caught and examined for hari. Don't attempt to catch your own animal. See for shock (see shock). For more information on first aid and emergency care, see: This information is for informational purposes only. 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Emergency treatment:Seek urgent medical attention for severe bleeding, reduce that over deep skin, cut with ragged edges, cut with deeply embedded soil, impaled objects, or amputations. Call for EMS or transport the victim to the emergency room. As long as medical assistance is available:Direct pressure control bleeding--Cover the wound with a sterile dressing or clean cloth, diaper, or sanitary napkin.-Put your glove on the dressing, and press lightly.-Continue pressing until the bleeding stops.-Do not remove the dressing. If soaked through, add more material, and continue pressing--if no broken bones are suspected, raise the wound above the heart level. Don't move the limb if you think it's broken.The height of the area above the heart doesn't make it look broken. If the bleeding does not slow down after 5 minutes, the victim lay down, continues to put direct pressure on the wound, and apply pressure to the pressure point between the wound and the heart:-For wounds on the arms, press on the artery of the arms: use your fingers to apply pressure to the inner side of the victim's upper arm, between elbow and shoulder, in the groove between the muscles.-For wounds on the legs, . In the femur artery in the groin: Use the heel of the hand to apply pressure in the middle of the tibia where the thigh meets the groin.-release the pressure point stops as soon as the bleeding stops. When bleeding is controlled, secure the main dressing with bandages. See for shock (see shock). To recover the disconnected part: wrap the cut-off part with dry gas; Do not immerse yourself in water or other liquid. Place the wrapped appendage in a sealed plastic bag or container. Place the bag or container above the ice bed -- they don't sink. Send with the victim, or transport immediately to the emergency room. Pressure points: Can occur after direct trauma or crushing damage to the chest, abdomen, or trunk or can be caused by illness-related damage to an internal organ, as in bleeding woundsSymptoms: bright red blood coughing up; Bright or dark red blood in vomiting; Vomiting that looks like coffee ground; Bright red blood or darkened substance in the stool; Stiff, swollen, or bruised abdomen; weak, fast, irregular breathing treats the victim's breathing check. If breathing stops, see rescue breathing. Check the victim's breathing and watch the shock while waiting for ems. Immediately seek medical help. Call for EMS. Until the EMS arrives:Keep the victim on your side or sit if easier for the victim, and cover gently with blankets. See for shock (see shock). It doesn't feed or drink. To learn more about first aid and emergency care, see: How emergency rooms work how blood works this information is only for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Advertising while some burns can be easily treated at home, serious burns require urgent medical care and first aid. Causes: Contact with extreme heat, chemicals, electricity, or radiation (including sunlight) for emergency treatment, you must first determine the degree of burn: first degree: red skin or discoloration, mild swelling and second-degree pain: deeper burns, red skin and blistering, more severe swelling and third-degree pain: white or burnt skin (black), layers of skin gone, no pain, first-degree and second-degree burn bleeding: Don't burn blisters. Don't push the burn area. Do not use anti-digestive sprays, continuous, butter, or other home remedies. Remove clothes and jewelry. Immersed the burnt area in cool water (not ice) for at least 10 minutes. Apply clean towels soaked in cold water for facial burns. Cover the burnt area loosely with clean gas or cloth. Seek medical care for burns on the face, genitals, hands, or legs. Grade III, chemical, or electrical burns: Contact reaches for EMS!Until EMS: do not remove fragments of skin or blisters burst. Do not apply anti-digestive sprays, flamboyants, butter, or other home remedies. Don't remove the sticky particles of clothing, but be sure all the clothes are turned off. Take the thingy clothes and jewellery. If the burn is from a chemical, take the contaminated clothes and place the victim under a cool shower for at least 5 minutes. Check the airway, breathing, and circulation (see ABCs). If breathing stops, see rescue breathing. If there are no signs of circulation, look at CPR. Cool burnt area with clean and cool water. However, due to the risk of hypothermia or shock, do not cool more than 20 percent of an adult's body or 10 percent of a child's body at the same time. Cover the burnt area gently with a non-adhesive dressing sterilized or clean, dry towel. Raise the burned area above the heart level. If the burn is on the face, keep the victim sitting. See for shock (see shock). For more information on first aid and emergency care, see: This information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. A fracture is a fracture or crack in the bone that can be caused by an accident, fall, or impact. Symptoms include an oral sound as bone break, bone outted from the skin, recognisable bone deformity, abnormal bone movement, feeling grating during movement, pain and tenderness, difficulty moving or using the damaged part, swelling, and discoloration. The vessel refers to stretched or torn tendons, ligaments, and blood vessels around a joint and can be caused by an accident, fall or impact. Symptoms of sprains include pain, tenderness, swelling, and discoloration in the common area. Muscle strain refers to a stretched or torn muscle. It can be caused by excessive physical effort or inappropriate disconnection during activity. Symptoms include pain, stiffness, and possibly swelling in the affected area. Sometimes it's hard to tell the difference between a fracture and a sprain or strain until an X-ray is done. If you can't say, treat it as a fracture. Fracture: Seek medical care immediately. Calls for EMS, or transporting the victim to the emergency room after sedation damaged the area. Wait for ems and do not attempt to transport the victim if you suspect a head, back, or neck injury; If there is a visible deformation of the bone: Suspect back or neck injuries if the victim is unconscious or has a head injury, neck pain, or pain in the arms or legs. If the neck or back injury is suspected, it does not move the victim unless necessary to save the victim's life. See back or neck injuries. Sedless and bone support affected is found in the position. Don't try to push. The bone returns to the body or let the victim move or use the affected area. Control any bleeding through direct pressure, but do not raise the affected area. Look at the bleeding, the outside. If the bone is being thrown out, cover with clean cloth after controlling the bleeding. See for shock (see shock). Don't tell the victim anything to eat or drink. Unmoved the injured area, and if there are no open wounds, apply the ice pack wrapped in clean cloth. Broken bone motionless: Check the sensation, heat, and color of your toes or toes under the suspected break. Place an empty splint under the dubious break area:Use belts or neckties to connect the splint to the arm but not attached at the top of the break board.-Use board, rolling newspaper or magazines, broomsticks, or rolled blankets for splints.-Wrap the splint in fabrics or towels for padding.-Connect the splint to the limbs using necklaces, fabrics, belts, or ropes. Don't connect directly over the break. Re-examine often for feeling, warmth, and coloring. If fingers or fingers turn blue or swollen, the connection becomes loose. For an arm or shoulder injury, put the ached arm in the sling, with the hand above the elbow surface. Attach the arm to the victim's body by wrapping the towel or cloth over the sling and around the

upper arm and chest; Tie the towel or cloth under the victim's opposite arm. Create a sling for arm injuries using any fabric you can find. Sprain or strain: Have a sacrifice rest, with the affected area gone up. Keep the affected area up and keep the victim at rest. Apply cold compressed or ice packs wrapped in fabric to the affected area. Use an ice pack or cold compress to combat pain and swelling. Consult your doctor for more than 2 days if the pain or swelling persists. For more information on first aid and emergency care, see:This information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. In mild cases, frostbite can be treated simply by heating the contaminated area. But serious cases of frostbite require immediate first aid. Causes: Frostbite is freezing the skin and possibly underlying tissues. It is caused by exposure to cold and humid conditions and often affects the face, ears, hands, and feet. Symptoms: Grayish white or yellow areas of the skin, burning or itching sensations, red and swollen skin, skin hard to touch, shiny To the skin, blisters, pain, numbness. Immediately seek medical care. Call for EMS, or transport the victim to the emergency room. As long as medical assistance is available: do not rub or massage the affected area. Do not overcrowd with hot water or high heat from the fireplace or stove again. Don't let the victim walk or use frozen digits. Don't break blisters, don't let the glacial area touch the exposed skin. Warm areas are damaged by placing them against the victim's body or body, using gloves, clothing, or blankets to keep the frozen area exposed from the direct touch of each skin. The victim is inside the house, removing wet clothes, and bringing in any clothes or jewellery in the affected area. Check for hypothermia (look at hypothermia). Immersed the glacial area in lukewarm (102-106 degreesF), not warm, water. If lukewarm water is not available, cover the area with warm towels or blankets. Take the area out of the water, or take the covers off when the skin flows. Place a clean cloth between damaged fingers or fingers if possible, but do not separate the figures if the skin sticks together. Keep the glacial skin separate. Give the victim hot, non-alcoholic, non-caffeinated drinks, and make sure the victim is kept warm. For more information on first aid and emergency care, see:How to treat frostbite how emergency rooms work this information only for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Head injuries can appear minor at first, but can sometimes prove much more severe later. That's why the correct first aid for head injuries is fantastic. Symptoms: mass, incision, bruising, or dent in the scalp; pain; unconsciousness; drowsiness; confusion; blood or fluid draining from the nose, ears, or mouth; vomiting; seizures; staining under the eyes; Unequal pupils, difficulty breathing or speech, paralysis, unrest. Emergency treatment calls for EMS for all but minor cuts and scratches. Suspected back or neck injury if the victim cannot move limbs or figures or have neck or back pain. (See back or neck injury.) Monitor airways, breathing, and circulatory symptoms (see ABCs), and shock check (see shock). Continue to tell the victims whether the victim does not move or allow the victim to move. Don't tell the victim anything to eat or drink. Control bleeding (see bleeding external) but don't push Dent in the skull, remove the impaled object, (see impaled object), or clean the deep scalp wound. Just clean the minor wounds with soap and water. For more information on first aid and emergency care, see: This information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. There are two main types of heat emergencies that require first aid: heat exhaustion: heat exhaustion can be caused by exposure to hot and humid environments. Symptoms include wet, trimmed, shellfish skin; heavy sweating; Normal or lower-than-normal body temperature; Dizziness; headaches; Nausea; vomiting; muscle cramps; Fainting. Left untreated, may progress to hitting the heat. Hitting the heat: Hitting the heat is a life-threatening emergency marked by very high body temperatures that result from excessive placement to heat. Symptoms include high body temperature, possibly above 106 degrees Fahrenheit; Red, warm, dry skin; Lack of sweating; diagonals are twiling; fast pulses (more than 100 beats per minute); confusion or unconsciousness. Without immediate medical attention, the victim may die. Heat exhaustion moves the victim into the shade or into the cooler area. Loosen the victim's clothes, and rest the victim with a foot up. Use fan or air conditioning to cool the victim. Apply wet towels or ice packs wrapped in fabric to the skin. Give the victim a sip of cold water or a sports drink -- one or two glasses every 15 minutes for 1 hour. If the victim vomits, stop offering drinks, and call for EMS. Call for EMS if the victim does not recover within 1/2 hours or refuse drinks. Heat impact: Call for EMS. victim dressed . the victim , lie down . If the victim vomits, roll them towards you, and make sure their airway is clear. Wrap the victim in cool, wet towels, and place ice packs wrapped in cloth in areas of abundant blood supply -- neck, armpits, groin. See for shock (see shock) and monitor ABCs (see ABCs). To learn more about first aid and emergency care, see: What causes heat stroke? How workThis emergency rooms have information only for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications, Ltd., author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug, which is derived from reading or following the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Hypothermia occurs when the body's core temperature goes dangerously low. This can be caused by prolonged exposure to cold, especially when it's wet or windy. Without residual treatment, it can be fatal. Symptoms: Cold skin, chills, numbness, changes in alertness levels, speech slurry emergency treatment moves the victim to a warmer or out-of-the-wind area. If the victim is unconscious, call for EMS, and check for breathing. If breathing stops, see rescue breathing, rest the victim . Take the wet clothes. Wrap the victim in blankets or dry clothes. If the victim is conscious and able to drink, give warm, non-alcohol, non-caffeine liquid. If the victim does not recover within minutes or gets worse, call for EMS. Monitor ABCs (see ABCs) until EMS arrives. To learn more about first aid and emergency care, see:How CPR works how emergency rooms work this information is only for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. An impaled object can be a frightening and false intimidating event. Follow these steps to help the victim of an impaled object: emergency treatment immediately seeks medical help. Call for EMS. Until the EMS arrives: Do not move or remove the impaled object. Do not remove the victim who is impaled in the fixed object unless the victim's life is in immediate danger. If you should remove the victim from the life-threatening situation, do so slowly, then control the bleeding (see bleeding external). Check the victim for shock (see shock). Cut or tear clothes from around the wound without moving the object. If the object is long, help the victim to the most comfortable position. Tear clothes from around the object. Wrap the bulking bandage around the object, and anchor it with bandages or cloth strips to keep it from moving. Use heavy wraps to keep the object from moving. Keep the victim from moving to learn more about first aid and care, see:How CPR Works How Emergency Rooms WorkThis information is solely for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. There are different types of mouth injuries. Follow these steps to administer first aid to the victim of oral injury: Emergency TreatmentCheck for more serious head injuries (see head injury). Do not let the victim sit with his head forward to allow blood to drain. Bleeding control-lip: Places a rolled dressing between the lips and gum. Hold the second dressing against the outside lip.-Tongue: Press both sides of the tongue with gas or clean cloth without preventing the victim from breathing.-Gums and mouth roof: Use direct pressure with gas or clean cloth.-Tooth: Put direct pressure on the tooth or socket with gas or clean cloth, or bite the victim on the gas or cloth placed on the tooth or socket. Don't wash the mouth repeatedly because this may prevent clotting. Do not allow the victim to swallow blood because this may cause vomiting. If the bleeding doesn't stop or the wound needs more care, take the victim to the emergency room or memphis dentist. If the tooth is broken or knocked out, take the tooth or the nakotted pieces, put them in the milk and pass it on with the victim. To learn more about first aid and emergency care, see:How CPR WorksHow Works WorkThis Emergency Rooms Information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. A person can be poisoned from a number of sources in different ways. Because the cause may be unclear, proper first aid is essential. Causes: Toxins can enter the body Inhale, swallow, absorb, or inject. The most common sources of poisoning include cleaning supplies; cosmetics; plants; Drugs, such as painkillers, gases and vapors, such as gasoline, and pesticides. Symptoms: Depending on the toxin, symptoms may include rapid or difficult breathing; ringing in the ear; Nausea; over-stimulating; Unconsciously, it burns on the lips, mouth and tongue; Abnormal skin color; Seizure. Check for emergency breathing treatment. If stopped, see rescue breathing. Look for the container of swallowed matter, and try to determine what and how much the victim swallowed and when. If the victim is unconscious, call for EMS. If the victim is sober, call the Poison Control Center at 800-222-1222. Be prepared to read the sticker on the container to emergency personnel and show how much was swallowed and when. Handy poison bottle when contacted for help. Follow the instructions of emergency personnel. It doesn't say anything to eat or drink. The antidote does not show or induce vomiting unless guided to do so by emergency personnel. Until the EMS arrives: place the victim in the recovery position. If the victim vomits, clean the mouth. Take the container from the substance consumed to the EMS. To learn more about first aid and emergency care, see:How CPR WorksHow Works WorkThis Emergency Rooms Information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Seizures may occur due to impaired electrical activity in the brain. The disorder can be the result of head injury, epilepsy, poisoning, electric shock, drug quitting, brain tumor, bite from a poisonous insect or snake, or high fever (especially in young children). Symptoms: Short crying. Rigid muscles; Jerking, stirring; lack of temporary breathing; eyes rolling upwards; blueish color on the face and lips; Drooping or clapping in the mouth; Un answerable, confusion and drowsiness after the seizure of emergency treatment ease the victim to the floor, and put them on your side. Remove any objects that the victim may strike, or move the victim away from dangerous areas, but do not interfere with the victim's movements or harnesses. Don't try to open the victim. Place fingers or objects in the victim's mouth. Stay with the victim until the seizure is over. Check for breathing. If breathing stops, see rescue breathing. Don't tell the victim anything to eat or drink. If you don't know if the victim has a history of seizures, apply for EMS if the seizure lasts more than 5 minutes, or the victim has more than one seizure. If you know the victim has a history of seizures and the current seizure is not uncommon, it stops within 5 minutes and additional seizures do not follow the victim transporting to the emergency room. If the seizure is caused by high fever, the victim's body is spongy with logram water before being transported. You don't put the victim in the water. To learn more about first aid and emergency care, see:How CPR works how WorkThis emergency rooms have information only for informational purposes. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Shock is a life-threatening condition in which vital functions of the body are threatened by lack of adequate blood or oxygen flow to tissues. Shock is one of the primary consequences you are trying to avoid when administering first aid. Symptoms: pale or blueish skin, lips, and finger nails; wet, oyster skin; Weakness; Weak, fast pulses (more than 100 beats per minute); Increased breathing rate; irregular breathing; Dilated pupil; Possible unconscious in extreme conditions. Emergency treatment opens the specific victim's airway, using crooked head chillfett to open the airway, even if the back, neck, or head injury is suspected (see ABCs). Immediately seek medical help. Call for EMS. Until the EMS arrives: If the back, neck, or suspected head injury does not move the victim (see back or neck injury). If without a suspected back, neck, or head injury, the victim's face lay down and the foot height is about 12 inches. Don't put the victim in a position that is uncomfortable. Transfer the victim to a comfortable position only if there are no back and neck injuries. Loosen any tight clothing. Look for injuries, and control any bleeding (see bleeding, external). Cover the victim gently with a blanket. Don't tell the victim anything to eat or drink. If the victim vomits, roll On your side and clean the victim's mouth. Put an unswymed victim or stroke victim in recovery Position.To Learn more about first aid and emergency care, see:How CPR Works How WorkABOUT Emergency Rooms Author: Linda Mutchner RN, BSN, CRNI, OCN: Has been CPR instructor for more than 25 years and first aid instructor for more than 20 years . Educate new parents, life guards, teachers, and other healthcare professionals. Linda has also been a nurse for more than 32 years, and has a certificate of injection and oncology nursing. Linda is a co-owner of a company that trains CPR, first aid, IV, safety, HIPPA, OSHA, and oncology training. This information is for informational purposes only. It is not intended to provide medical advice. Neither editors of Consumer Guide (R), International Publications Ltd, author nor publisher are responsible for any possible consequences of any treatment, procedure, exercise, diet modification, action or use of the drug that leads to the reading or follow-up of the information contained in this information. The dissemination of this information does not constitute a medical practice, and this information does not replace the advice of a doctor or other healthcare provider. Before doing any treatment period, the reader should seek advice from your doctor or other healthcare provider. Provider.

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