First Priority

There are three life-threatening conditions (sometimes referred to as the "killers") that always get first priority: obstructed airway, excessive bleeding, and shock.

As the name “killers” implies, anytime a victim presents one of these conditions, it requires immediate attention.

Important!

Life-saving techniques require indepth instruction and supervised practice to enable you to do them correctly.

Protect Yourself

Reminder: Always protect yourself. Whenever you perform disaster medical operations, remember to:

- Work with a buddy.
- Do a good sizeup.
- Wear safety equipment (gloves, goggles, mask, helmet, and boots).
- Wear latex gloves.
- Change or sterilize gloves between patients.
- Avoid high-risk situations such as hazardous materials.

Obstructed Airway

In an unconscious or semiconscious victim—especially one lying on his or her back—the tongue may relax and block the airway. The tongue is the most common airway obstruction.

A victim who does not appear to be breathing must be attended to immediately. If an airway obstruction is suspected, you will need to attempt to open the airway to restore breathing.

Opening the Airway

To open the airway of a victim who appears to be unconscious, look, listen, and feel for air exchange by performing the steps below:

1. Shake the victim and shout, “Can you hear me?”
2. If the person does not respond, place your palm on the victim’s forehead.
3. Place two fingers of the other hand under the victim’s chin and lift the jaw while tilting the head back slightly.
4. Place your ear over the victim's mouth and your hand on the victim’s stomach and look at the victim’s chest.
5. Look for chest rise.
6. Listen for breathing and feel for abdominal movement.

Two Tries, Then Move On To Help Others

In a disaster setting with many people needing help, your mission is to do the greatest good for the greatest number of people. You can't spend unlimited time trying to revive one victim.

- If breathing is not restored on the first try using the Head-Tilt/Chin-Lift method, try once more using the same technique.
- If breathing cannot be restored on the second try, move on to the next victim whom you may be able to help. Unfortunately, when there are many more victims than helpers, CPR is too labor intensive.

Maintaining the Airway

If breathing is restored after one or two tries, the airway must be maintained in an open position with the head tilt. Options for maintaining an open airway when you go to help others include:

- Having a volunteer hold the head in place.
- Placing soft objects under the victim's shoulders to slightly elevate the shoulders and keep the airway open.

Excessive Bleeding

The second life-threatening condition is excessive bleeding. If not controlled, excessive bleeding will result in:

- **Weakness.** Uncontrolled bleeding initially causes weakness.
- **Shock.** If bleeding is not controlled, the victim will go into shock within a short period of time.
- **Death.** An adult has about 5 liters of blood. Losing 1 liter can result in death.

Types of Bleeding

There are three types of bleeding depending on the type of vessel that is injured. The type of bleeding can usually be identified by how the blood flows:

Type of Bleeding	Description
Arterial	Spurting: Arteries transport blood under high pressure. Bleeding from an artery is bright red blood that spurts with every heartbeat.
Venous	Steady Flow: Veins carry blood under low pressure. Bleeding from a vein is a steady flow of darker blood.
Capillary	Oozing: Capillaries also carry blood under low pressure. Bleeding from capillaries oozes.

Controlling Bleeding

Three main methods are used to control bleeding:

- Direct pressure on the wound
- Elevation
- Pressure points

Direct pressure combined with elevation will control most bleeding.

Using Direct Pressure To Control Bleeding

Use these steps to control bleeding using direct pressure:

- **Step 1:** Put a clean dressing over the wound and press firmly.
- **Step 2:** Use a pressure bandage, such as a triangle bandage, to maintain pressure on the dressing.
- **Step 3:** Tie the ends of the bandage with a bow over the wound instead of a knot. The bow allows the bandage to be loosened later to reduce the pressure if the extremity becomes numb or turns blue and to check the wound for infection. Then, the bandage can be retied, saving time and supplies.

Using Elevation To Control Bleeding

Elevation is used in combination with direct pressure to control bleeding. To use this method:

- Elevate the wound above the level of the heart to help stop the bleeding.
- Try to find a position that the victim can maintain with comfort.
- If necessary, prop the limb up with nearby objects.

After Pressure and Elevation, Keep Checking

Direct pressure and elevation can take 5 to 7 minutes to completely stop the bleeding. Using a dressing and pressure bandage to maintain the pressure on the wound allows you to move on to the next victim. That doesn't mean you're done, however.

CERT members need to continue assessing the victim's status. If the victim's limb is turning blue or becoming numb below the bandage, the bandage should be loosened and retied over the wound with less pressure.

Using Pressure Points To Control Arterial Bleeding

A pressure point is where a major artery to an arm or leg crosses over a bone. By pressing firmly on a pressure point, you can slow or stop the flow of blood to the bleeding arm or leg.

Shock

The third life-threatening condition is shock, a disorder resulting from ineffective circulation of blood. Remaining in shock will lead to the death of:

- Cells.
- Tissues.
- Entire organs.

The body can compensate for blood loss and initially may mask the symptoms of shock. Therefore it is very important to evaluate patients for shock and to monitor their conditions continually.

Recognizing Shock

A victim may display one or more signs of shock. Several shock symptoms are fairly easy to identify. They include:

- Rapid, shallow breathing.
- Capillary refill of greater than 2 seconds.
- Failure to respond to a simple command, such as “Squeeze my hand.”

Signs of Shock: Rapid Breathing

A victim whose breathing is rapid and shallow could be in shock. The person’s breathing will sound like panting and will be more than 30 breaths per minute.

Signs of Shock: Slow Capillary Refill

A second sign of shock is slow capillary refill. In a person experiencing shock, the capillaries take longer than 2 seconds to refill and return the skin to normal color. The blanch test, as this technique is called, is used to check capillary refill time.

Signs of Shock: Failure to Respond

A third sign of shock is the victim's failure to follow simple commands. Shock can make a traumatized person appear:

- Restless, nervous, or agitated.
- Confused or dazed.
- Unaware of his or her surroundings.

Holding the person's hand and giving a simple command, such as "Squeeze my hand," is a good way to check a person's ability to respond.

Treating for Shock

If there is any reason to suspect shock, you should treat it immediately.

To treat shock:

1. Position the victim lying down, feet elevated 6-10 inches above the heart.
2. Maintain an open airway.
3. Control obvious bleeding.
4. Maintain body temperature.
5. Avoid rough or excessive handling.
6. Don't give food or water initially because of possible nausea.

Lesson Summary

- Conditions that always get priority are obstructed airway, excessive bleeding, and shock.
- Use the Head-Tilt/Chin-Lift method to open the airway.
- Use direct pressure and elevation, then pressure points, as needed, to control bleeding.
- Keep shock victims warm and quiet, maintain body temperature, keep the feet elevated 6-10 inches above the heart, and maintain an open airway.

Treatment of these life-threatening conditions often occurs during the triage process.
