Abdomen
An injury to the abdomen can be an open or closed wound. Even with a closed wound the rupture of an organ can cause serious internal bleeding (Pg 13, 14), which results in shock (Pg 14). With an open injury, abdominal organs sometimes protrude through the wound.

FIRST AID
• Call ☎
• Place casualty on their back with pillow under head and shoulders and support under bent knees.
• If unconscious, place in recovery position, legs elevated if possible.
• Cover exposed bowel with moist non-stick dressing, plastic cling wrap or aluminium foil.
• Secure with surgical tape or bandage (not tightly).
• Rest and reassure.
• Monitor vital signs (Pg 37, 40).
• Elevate legs if shock develops (Pg 14).
• DO NOT push bowel back into abdominal cavity.
• DO NOT apply direct pressure to the wound.
• DO NOT touch bowel with your fingers (may cause spasm).
• DO NOT give food or drink (this may delay surgery for wound repair).

Eye
Types of eye injuries:
• Burns
• Foreign bodies
• Penetrating injury
• Direct blow

Burns:
Chemical - acids, caustic soda, lime
UV - Welder’s flash, snow blindness (the eyes are red and feel gritty hours later)
Heat - flames or radiant heat

Contact Lenses:
• DO NOT remove if the surface of eye is badly damaged
• Casualty should remove own lenses
• Lenses may initially protect the eye but if a chemical or foreign body tracks under the lens, severe injury may occur.

FIRST AID
• IRRIGATE with cool running water or sterile eye (saline) solution for 20-30 mins.
• Flush from the inside to the outside of eye.
• Irrigate under the eyelids.
• Lightly pad affected eye(s).
• Seek urgent medical assistance.
• If chemical burn, DO NOT waste time looking for neutralizing agent. (alkaline burn is worse than acid burn).

Foreign body: Grit, dust, metal particles, insects, eyelashes

FIRST AID
• Gently irrigate eye to wash out object – use sterile eye (saline) solution or gentle water pressure from hose/tap.
• If this fails, and the particle is on white of eye or eyelid, gently lift particle off using a moistened cotton bud or the corner of a clean handkerchief.
• If still unsuccessful, cover the eye with a clean pad ensuring no pressure is placed over injured eye.
• Seek medical aid.
• DO NOT allow casualty to rub eye.

Penetrating Injury:

FIRST AID
• Lay the casualty flat
• Reassure
• Place padding around the object.
• Call ☎
• Place a paper cup over the object to stabilize it.
• Tape or bandage to hold in place.
• Advise casualty to avoid moving unaffected eye, because this will cause movement of injured eye.
• Cover the unaffected eye, but remove if casualty becomes anxious.
• DO NOT remove embedded object.
• DO NOT apply pressure over the object.

Direct Blow: Any direct blow to the eye such as a fist or squash ball can cause fracture of the eye socket or retinal detachment.

FIRST AID
• Rest and Reassure
• Place padding over eye
• Secure with tape or bandage
• Ask casualty to limit eye movement
• Seek urgent medical aid
**Head Injury**

Blood or fluid from the ear may indicate a ruptured eardrum or skull fracture:
- Position casualty injured side down to allow free drainage of fluid from the ear.
- **DO NOT** plug or bandage ear.

**SIGNS & SYMPTOMS**
- Headache or giddiness
- Nausea or vomiting
- Drowsy or irritable
- Slurred speech
- Blurred vision
- Confused or disorientated.
- Loss of memory
- Swelling and bruising around eyes
- Bleeding into corner of eyes
- Bruising behind ears
- Straw coloured fluid or bleeding from nose or ear.
- Loss of power in limbs.
- Loss of co-ordination.
- Seizure
- Unequal pupils
- Losses consciousness, even briefly.

**Cerebral Compression:** Brain swelling or bleeding within the skull shows deteriorating signs and symptoms (above). This is a serious brain injury and could be life threatening.

**Concussion:** “Brain Shake” is a temporary loss or altered state of consciousness followed by complete recovery. Subsequent decline (see signs and symptoms above) suggests a more serious brain injury.

**Airway management takes priority over any other injuries.**

- **ALL cases of unconsciousness, even if casualty was unconscious only briefly, must be assessed by a doctor.**
- **If casually didn’t lose consciousness, but later develops any of the following signs and symptoms (below), urgent medical advice must be sought.**
- **Monitor all casualties closely for the first 8 hrs after a head injury.**
- **All head injuries should be suspected as a spinal injury until proven otherwise.**

**CONSCIOUS:**
- Support casualty’s head as best as possible.
- Reassurance, especially if confused.
- If blood or fluid coming from ear or nostril, loosely cover with a dressing (do not plug).
- Control bleeding and cover wounds (Pg 12).
- **DO NOT** give anything to eat or drink.
- **DO NOT** give aspirin for headache (may cause bleeding within skull).
- Prepare for possible vomit – locate bowl, towel.
- Seek urgent medical aid.

**UNCONSCIOUS:**
- Recovery position with head & neck support.
- **Call 911**
- Monitor Vital Signs every 5-10mins (Pg 37, 40).
- Control bleeding and cover wounds.
- Support/stabilize head and neck.
- Keep warm with a blanket.
- Prepare for possible vomit.

**Spinal Injury**

The key to managing a spinal cord injury: **Protect airway & Minimise spinal movement**

**Conscious:**
- **SIGNS & SYMPTOMS**
  - Pain in neck or back.
  - Pins and needles in any part of body.
  - Numbness or weakness.
  - Unable to move legs or arms.
  - Uncontrolled penile erection.
  - Onset of shock (Pg 14).

**FIRST AID**
- **Prevent further injury by AVOIDING movement of patient - leave this to the experts.**
- **Advise casualty to remain still.**
- **Call 911**
- Support the head and neck.
- Reassure casualty.
- **Maintain body temperature.**

**Quick Check**
- Can you wriggle your fingers and toes for me?
- Can you make a fist?
- Can you shrug your shoulders?
- Can you pull your toes up towards you and point them away?
- Do you have pins and needles anywhere?
- Can you feel me touch your hands/feet?
- NB. If the casualty has neck or back pain-treat as a spinal injury. The pain may be due to an unstable vertebral fracture which may result in spinal cord damage if handled incorrectly.

**Suspect spinal injury with:** motor vehicle accidents, motor bike and cyclists, diving, falls from a height, minor falls in the elderly and sports injuries such as rugby and horse riding.

**Unconscious:**
Any person found unconscious is potentially spinal injured until proven otherwise - turn casualty onto their side and maintain an open airway. REMEMBER, airway management takes priority over spinal injury.

**Helmet Removal:** Helmets could be preventing further spinal or head injuries. If a full-face (motorcycle) helmet is impeding proper airway management in an unconscious casualty and/or you intend to perform CPR, the helmet needs to be removed carefully. Otherwise leave helmet removal to the experts.

**FIRST AID**
- Recovery position with head & neck support
- **Call 911**
- Monitor Vital Signs every 5-10mins (Pg 37, 40)
- Control bleeding and cover wounds
- Support/ stabilize head and neck
- **Keep warm with a blanket.**
- Prepare for possible vomit