

Module 2 The Unconscious Victim

Unit 1: The Primary Survey- DRAB

If you ever find yourself in an emergency where someone is ill or injured, then you will need to perform a **primary survey**.

The primary survey is a quick way to assess a collapsed victim. It can easily be remembered by the letters **DRAB**.

If you ever find yourself in an emergency, then all you need to remember is **DRAB** and you will be able to systematically assess your patient and decide what to do.

D: Danger

Check to see if there are any dangers to yourself or the casualty (think back to module one). Try and make the scene as safe as possible, remember **YOU** are the most important person.

If the area is too dangerous then **stay back** and call the emergency services.

R: Response

Attempt to wake the person up by **shouting** in both ears and **gently shaking** the shoulders.

If you do not get a response, then the person is **unconscious**. So, what exactly does this mean?

“complete or near-complete lack of responsiveness”

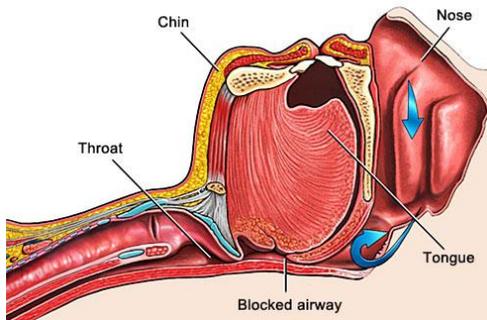
“unaware of both self and external surroundings”

The difference between being asleep and being unconsciousness is that an unconscious person will **not wake up**.

A key principle is that being unconsciousness is a **medical emergency** which requires immediate first aid intervention.

When someone goes unconscious, they lose muscle tone. This means they go all 'floppy' – like a rag doll.

The tongue (a muscle) can **block their airway** when it loses muscle tone. This is known colloquially as “swallowing your own tongue”.



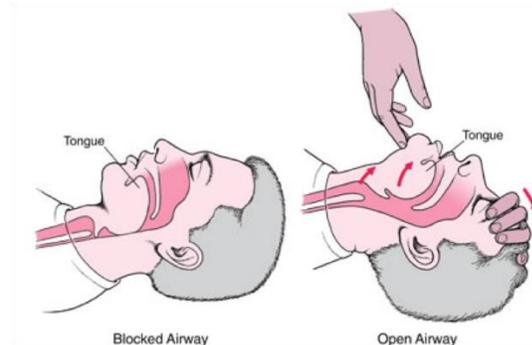
In addition, loss of control over their stomach muscles can cause stomach contents (vomit) to travel back up to the throat which can also block the airway.

A variety of medical conditions and traumatic injuries can cause someone to become unconscious. However, at this stage do not worry too much about trying to find out why they are unconscious, your immediate aim is to open their **airway**.

A: Airway

The airway is a series of tubes which carries air from your mouth & nose to your lungs. It can become blocked by the tongue and regurgitation of stomach contents. This will stop the victim from breathing and can quickly cause death.

You need to open the airway by **tilting the head backwards and lifting the chin** with two fingers as demonstrated in the picture below.



B: Breathing

Keep your hands on the person's head & chin. Place your cheek above their mouth and look at their chest.

Look, listen and feel for regular breathing for up to **10 seconds**.

You are assessing for **normal** breathing. The occasional gasping or snoring sound is not regular breathing and should be treated as no breathing.

Once you have assessed whether the victim is breathing normally you can perform the appropriate first aid treatment.

Unit 2: The Recovery Position

If a victim is **unconscious** but **breathing normally** then you should place them into the **recovery position** to protect their airway.

The recovery position involves rolling the casualty onto their **side** with their head tilted back. By doing this, the tongue is kept clear of the airway and any vomit can drain and not obstruct the casualty's airway.

The photo below demonstrates an example of the recovery position.



How to Place a Victim into the Recovery Position

1. Kneel by the victim's waist
2. Place the hand closest to you at a right angle (so it looks like the victim is 'waving')
3. Grasp the hand furthest to you, place the back of their hand against their cheek closest to you
4. Lift the leg furthest away from you at the knee and place their foot on the floor

5. Using their knee as a lever, pull the person onto their side
6. Ensure their head is still tilted back and they are on their side

Once the victim is in the recovery position you should **call for an ambulance/EMS** if this hasn't already been done. In addition, remember to recheck the victim's breathing at regular intervals until further medical help arrives.

Suspected neck or back injuries

If you suspect the victim may have sustained a neck or a back injury, then moving them could worsen the injury. However, it is vital to maintain the victim's airway so that they do not suffocate. If the victim's airway is clear and there is no evidence of vomiting, then keeping the victim still is advised until EMS arrive.

However, if you are unable to maintain their airway then the victim will need to be moved carefully into the recovery position. If additional rescuers are available, one person can support the victim's head to minimize excessive movement.

Unit 3: Introduction to CPR

If the casualty is not breathing, you should immediately **call an ambulance/activate EMS** and commence **cardiopulmonary resuscitation (CPR)**. We will now look at CPR in more detail.

How does CPR work?

All the cells in your body require **oxygen** to survive. They also require a good supply of nutrients and the rapid removal of waste products. Oxygen and nutrients are carried around the body in your blood, which is pumped by your heart.

In your lungs, oxygen enters your bloodstream and carbon dioxide (a waste product) is removed in a process known as gas exchange.

A “cardiac arrest” is when your heart stops beating. This is not the same as a “heart attack”, although a heart attack may lead to a cardiac arrest. There are numerous causes of cardiac arrests, including:

- A disturbance in the heart rhythm (arrhythmia)
- Drugs/poisoning
- Heart disease / a heart attack
- Traumatic injury / blood loss
- Anaphylaxis
- Breathing problems – eg Choking / Asthma attack

If a cardiac arrest occurs, blood will stop circulating around the body. Breathing will also cease as well though it may not stop completely for several minutes.

Without a supply of oxygen, the cells in the body start to die. Brain cells are incredibly sensitive, after about **4 – 5 minutes** of no oxygen brain cells will begin dying leading to brain damage and death.

The purpose of CPR is to keep oxygenated blood flowing through the body to keep the vital organs alive. CPR itself will not restart someone’s heart; it just keeps them alive until a **defibrillator arrives**. A defibrillator is a device which delivers an electrical shock to the heart to restart it. We won’t cover

using a defibrillator in this course as we have a separate training course on using an Automated External Defibrillator.

Unit 4: The Chain of Survival

Victims of a cardiac arrest require **prompt CPR** and **early use of a defibrillator** to give them the best chance of survival. These steps make up a chain known as **The Chain of Survival**. The 'links of the chain are as follows:

Early recognition and call for help

Early contact should be made to the emergency services after a cardiac arrest is recognized. In addition, serious conditions which may lead to a cardiac arrest (e.g: a heart attack) should be recognized and emergency medical help called for promptly.

Early CPR

Cardiopulmonary resuscitation (CPR) should be commenced immediately after a cardiac arrest has occurred (ie, the patient has stopped breathing). Anyone can perform CPR, and ideally, there should be no interruption in CPR before the ambulance arrives.

Early Defibrillation

A defibrillator is an electrical device which delivers a shock to the heart to correct any abnormal electrical activity which has caused the cardiac arrest.

Post-resuscitation Care

Appropriate advanced post-resuscitation care in a hospital is essential to improving long-term survival for the patient. This care should be accessed as quickly as possible after the cardiac arrest has occurred.



Unit 5: Performing Adult CPR

CPR should be commenced as soon as possible once EMS has been activated. You do not need to check for a pulse, as this wastes valuable time. If a public defibrillator (AED) is available, then it should be sent for immediately.

Untrained and lay rescuers are now advised to perform chest compression only (“Hands Only”) CPR

Performing Chest Compressions

Once you have found a victim isn’t breathing normally, you should start CPR by administering **30 chest compressions**. Chest compressions are the **most important** component of high-quality CPR.

To perform high-quality chest compressions, follow these steps:

1. Kneel by the side of the victim
2. Place the heel of one hand in the center of the victim’s chest
3. Place the heel of your other hand on top of the first hand
4. Interlock the fingers of your hands and ensure that pressure is not applied to the victim’s ribs. Do not apply any pressure over the upper abdomen or the bottom end of the sternum
5. Position yourself vertically above the victim’s chest and, with your arms straight, press down on the sternum approximately **5 – 6 cm**
6. After each compression, release all the pressure on the chest without losing contact between your hands and the sternum
7. Repeat at a rate of **100 – 120 chest compressions** per minute
8. Each compression and release should take an equal amount of time

If trained, you can attempt two rescue breaths after every 30 chest compressions.

Tilt the victims’ head backwards, make a seal over their mouth and blow in for approximately one second. Do not over inflate the victim’s lungs as this could cause vomiting.

If you are not performing rescue breaths, then continue with **chest compressions** (this is known as ‘hands-only CPR’) alone.

Proper Techniques for Chest Compressions.



When to Stop CPR

Only stop CPR if:

- The casualty shows signs of life: coughing, breathing etc.
- You are asked to stop by a healthcare professional (ambulance crew etc.)
- You become too exhausted to continue
- The situation suddenly becomes too dangerous

Ideally, you should only carry out CPR for only **2 minutes** before swapping with someone else. This is to ensure that the chest compressions remain effective

Unit 6: Common CPR Mistakes

High-quality CPR is vital to ensure a victim of cardiac arrest has the best possible chance of survival. CPR is a practical skill, and surprisingly easy to make mistakes when performing. You should avoid performing these common CPR mistakes:

Inadequate chest compression depth

Chest compressions need to be at least 5cm (2inches) deep to be effective. A common mistake made during CPR is performing shallow, ineffective chest compressions. Often people underestimate the force required to compress an adult victim's chest. In addition, some people are worried about causing harm to the victim (for example, rib fractures).

Shallow chest compressions will not provide enough force to pump blood around the victim's body. Therefore, the brain will be starved of vital oxygen and a defibrillator is less likely to work when it is deployed.

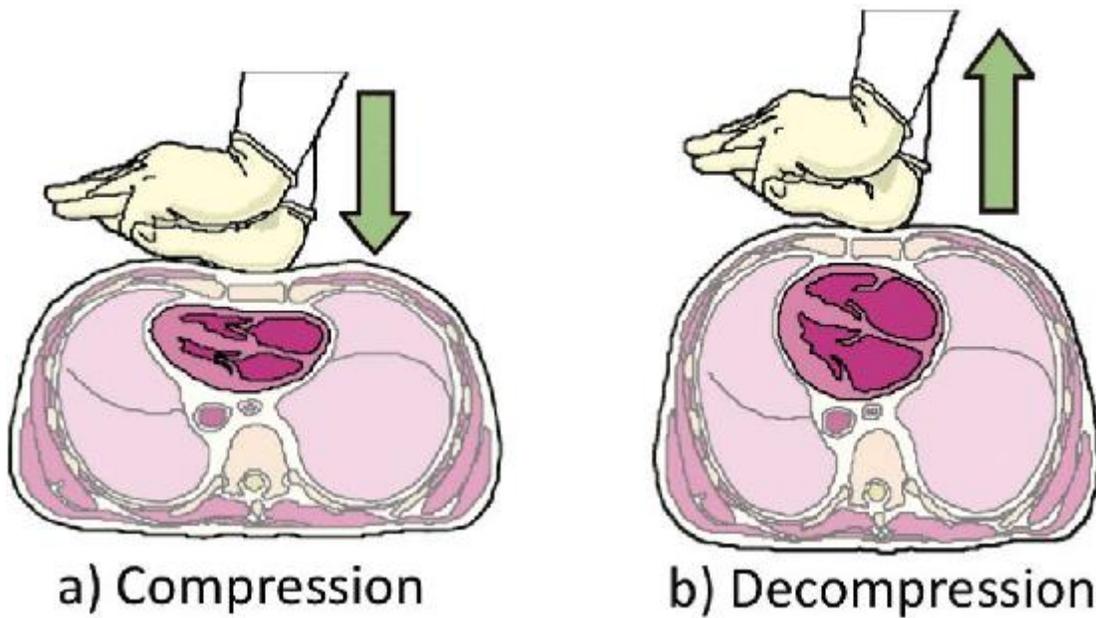
It is **common** for ribs to be broken during CPR. One study found the prevalence of rib fractures in adult victims who received CPR was **over 80**. The rescuer may feel ribs break when they deliver chest compressions. This can be an unpleasant experience for the rescuer, but it is important to continue to deliver **high-quality chest compressions**.

Too slow or too fast chest compressions

Chest compressions should be given at a speed of around 100 – 120 a minute. Slow chest compressions are less likely to be effective, and fast chest compressions may not be deep enough to push blood around the body.

Leaning on the victim's chest

Each chest compression should involve compressing the chest to a minimum of 5cm, followed by a full release of the chest wall. This is important to allow the heart to fill with blood. A common mistake new rescuer make is to 'lean' on the victim's chest, especially when they become tired. This means there is not a complete release of the chest wall after each compression, reducing the effectiveness of the CPR.



Over-inflating the victim's lungs

If trained and willing, rescue breaths can be performed to provide oxygen to a victim. However, it is important not to over-inflate the victim's lungs. Over inflating the lungs will cause air to enter the stomach and increase the risk of the victim vomiting and blocking their airway. Therefore, each rescue breath should only last approximately **one second**.

End of Module 2 Quiz

Module 2 quiz

Question #1: What does the term "unconsciousness" mean?

- a) A person is asleep
- b) A person who is feeling drowsy
- c) A person with a head injury
- d) A person who does not wake up and is not aware of themselves/surroundings

Question #2: What is the first thing you should do if you find someone collapsed?

- a) Check for danger
- b) See if they wake up
- c) Check for breathing
- d) Check their pulse

Question #3: What does DRAB stand for?

- a) Danger, Recognition, Airway, Breathing
- b) Danger, Response, Airway, Breathing
- c) Danger, Response, Airway burns, Bleeding
- d) Danger, Response, Airway, Broken bones

Question #4: How should you open someone's airway?

- a) Do nothing - you shouldn't move them
- b) Move the head to one side
- c) Tilt the head back and lift the chin
- d) Lift the chin

Question #5: If an unconscious casualty is breathing, they must be rolled into the recovery position

- a) True
- b) False

Question #6: What does 'CPR' stand for?

- a) Cardiopulmonary Resuscitation
- b) Cardiopulmonary Recovery
- c) Cardiopulmonary Revival
- d) Check pulse resuscitate