

BLEEDING, SHOCK

- First Aid -

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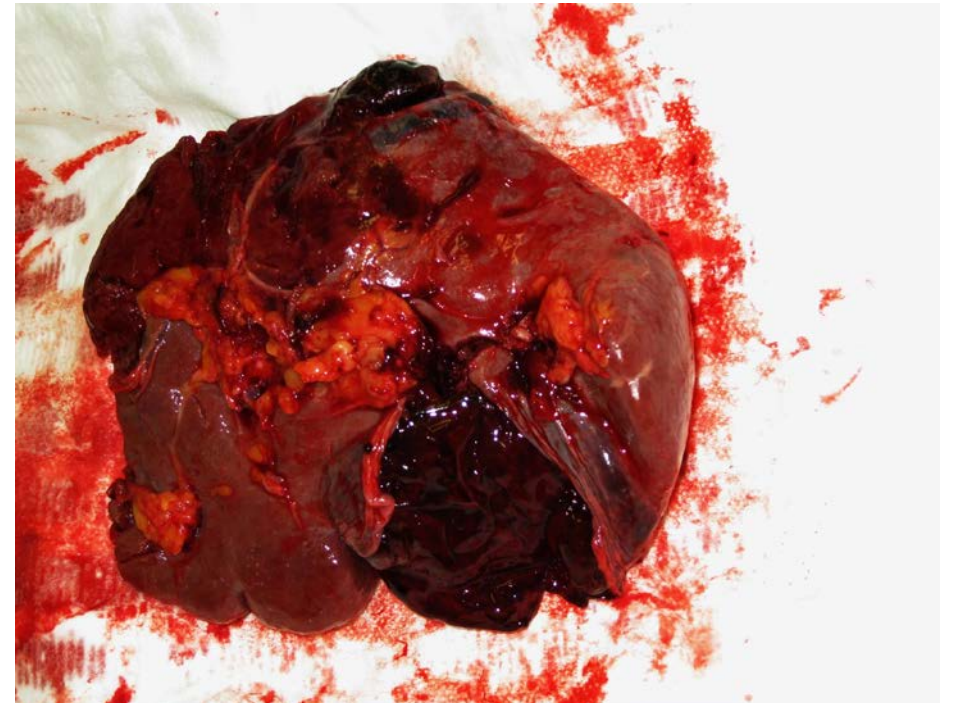
BLEEDING

- Type



- Localization

- A) External
- B) Internal !!!



Amount of blood loss

- 10-15 % small blood loss (500 – 700ml) – not dangerous for adults
- 15-30 % medium blood loss (700 – 1500 ml) - leads to centralisation of circulation, increased activation of compensative mechanism, symptoms of shock appear
- >30% of total blood volume - severe blood loss (>>1500ml), shock symptoms

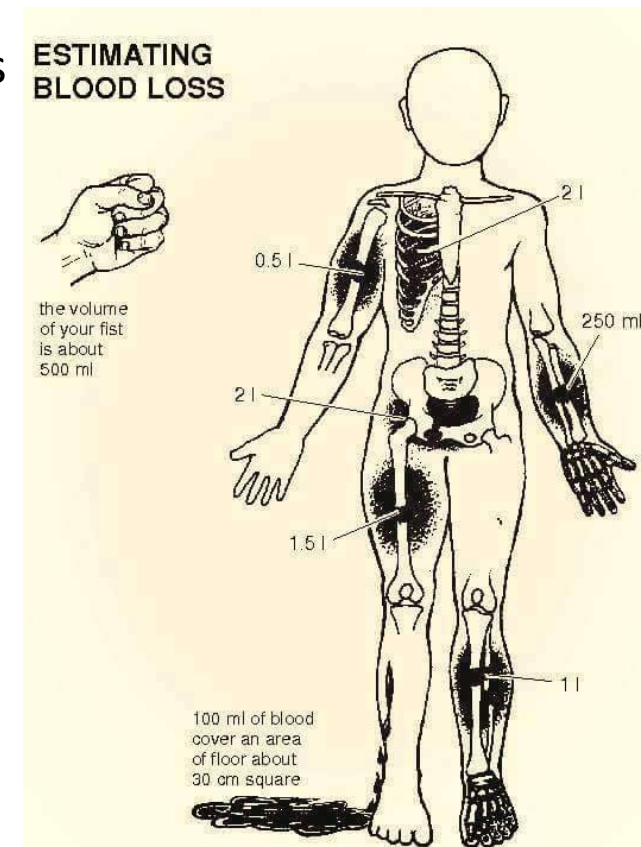
Examples:

!!! Body cavities can contain all the blood!!!!

-> humans can bleed out without shedding a single drop of blood !!!

Importance of knowledge of shock symptoms and causes!!

Always think of the mechanism of the injury!



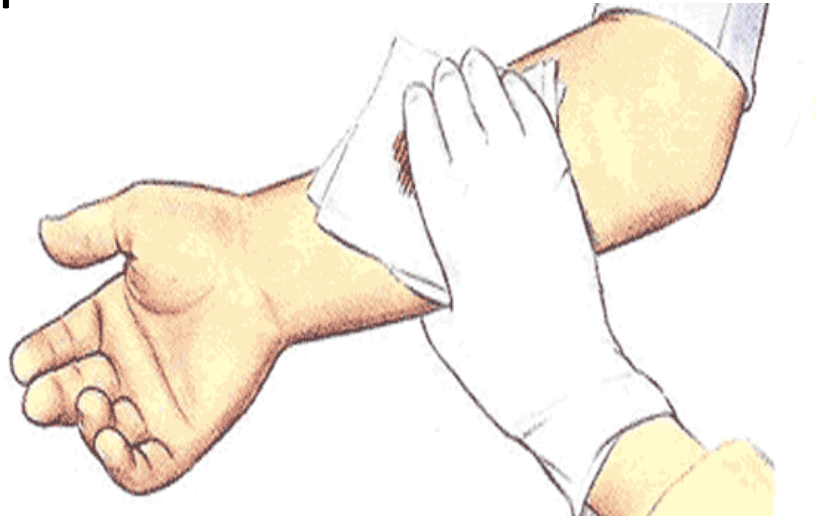
How to stop capillary bleeding



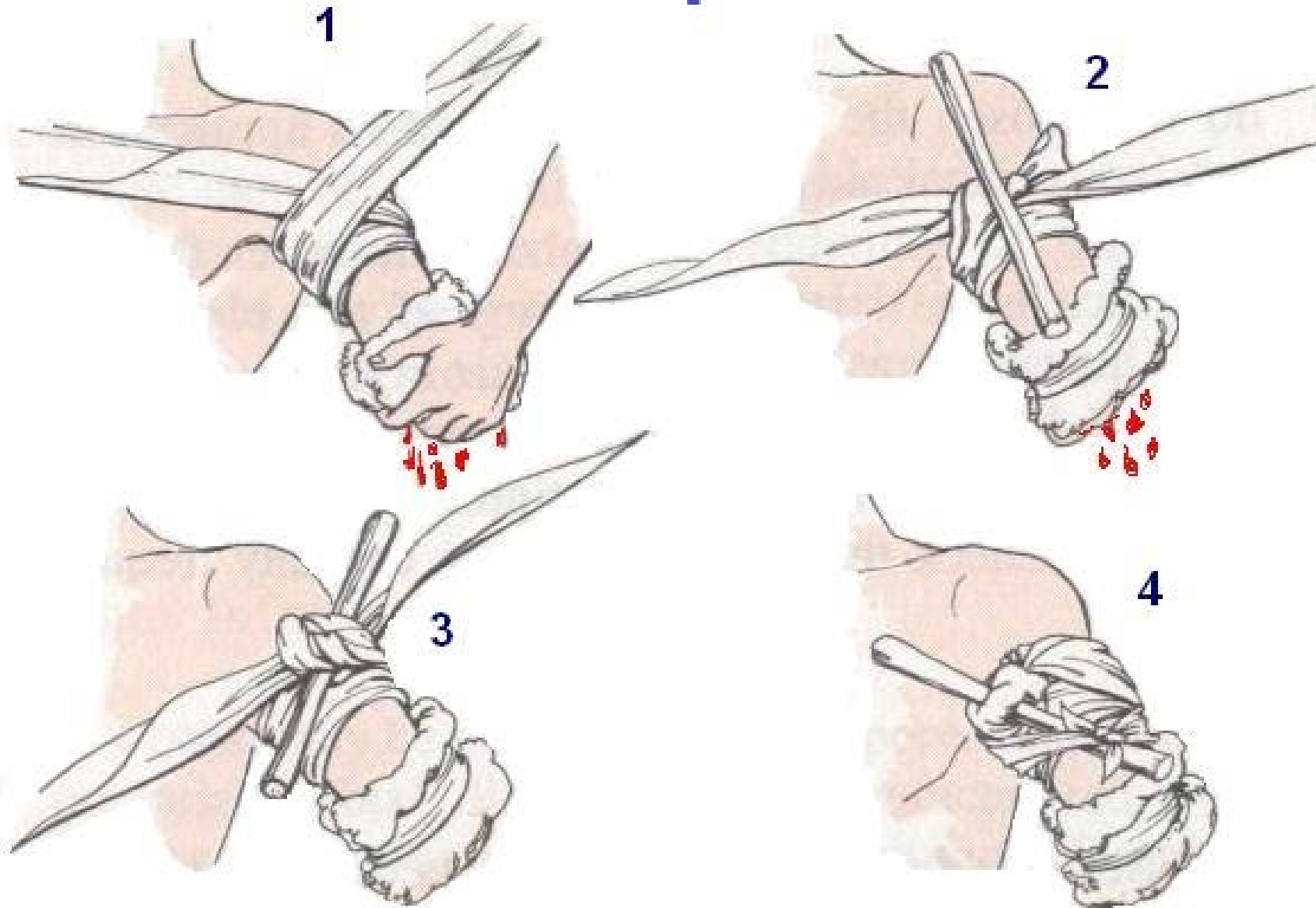
How to stop severe bleeding

- A) Pressure dressing
- B) Direct pressure
- C) Tourniquet

<https://www.facebook.com/watch/?v=2624301604380934>



Tourniquet





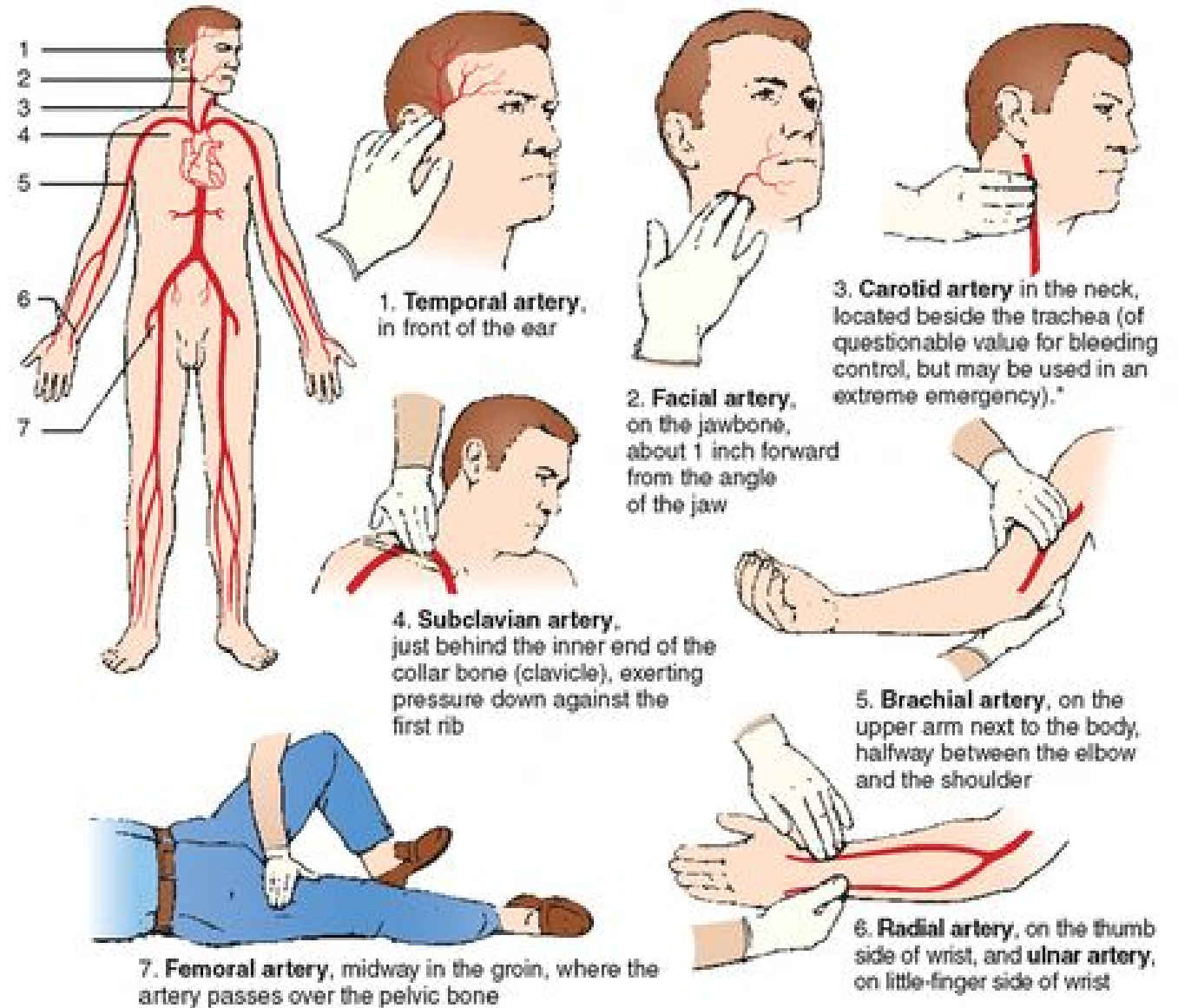
- Use a method that works best for a given situation
- Do not remove objects from the wound – might relieve compression and worsen the bleeding
- Tourniquet – new 2021 guidelines: do not remove it even after 20-30 minutes have passed, leave it to the healthcare professionals. Apply 5-7 cm above the wound, not as advised before (1/3 length of humerus or femur no matter where the injury was)

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- Apply direct manual pressure for the initial control of severe, lifethreatening external bleeding.
- Consider the use of a haemostatic dressing when applying direct manual pressure for severe, life-threatening bleeding. Apply the haemostatic dressing directly to the bleeding injury and then apply direct manual pressure to the dressing.
- A pressure dressing may be useful once bleeding is controlled to maintain haemostasis but should not be used in lieu of direct manual pressure for uncontrolled bleeding.
- Use of pressure points or cold therapy is not recommended for the control of life-threatening bleeding.

Pressure points

- NOT suitable for major bleeding



*Note: Do not apply pressure to both sides of the neck at the same time. This would cut off the blood supply to the brain.



SHOCK

„Generalised failure of perfusion of metabolic active parts of circulation“

Easier => generalised failure of organ perfusion 😊

Even easier => **failure of blood circulation**

=> Blood circulation doesn't bring the tissues (organs) enough oxygen -> tissues suffer from lack of oxygen/energy and that leads to their failure -> death

How can the circulation fail?

HOW DOES THE SHOCK LOOK LIKE?

- **Brain:** nausea, anxiety, aggression, restlessness, thirst, dizziness, degrees of unconsciousness – somnolency to coma
- **Skin:** cold, pale, cyanotic (blue), cold sweat
- **Breathing:** dyspnea, shallow and fast breathing, then slow breathing, danger → CAVE obstruction
- **Circulation:** weak and fast pulse, low blood pressure, prolonged capillary return
- **Digestion:** decreased or ceased bowel movement!
- **Kidneys:** decreased urinary production
- **Another:** coagulopathy, symptoms typical for shock, etc.



SHAKING



SWEATING



ANXIOUS



DIZZINESS



FAST HEARTBEAT IMPAIRED VISION



**WEAKNESS,
FATIGUE**



HEADACHE

FIRST AID – HOW TO TREAT SHOCK?

- Shock cannot be treated in the conditions of first aid
- The knowledge of **causes and symptoms** is very important
- It's important to slow down the shock
- ASAP hospital care

In general:

a) SLOW DOWN THE CAUSE

b) SLOW DOWN THE CONSEQUENCES

=> Airways-Breathing-Circulation

HOW TO DO THE FIRST AID?

- Call emergency
- Evaluate ABC, if CPR needed, perform CPR
- Maintain verbal contact with the victim
- Stop bleeding
- Avoid unnecessary movement of the victim
- Supine position, elevation of lower extremities, sitting when dyspnoic
- Avoid losing of temperature
- Care of other wounds (fractures, burns etc)
- Nothing per os

Antishock position?

Place individuals with shock into the supine (lying-on-back) position. Where there is no evidence of trauma first aid, providers might consider the use of passive leg raising as a temporising measure while awaiting more advanced emergency medical care.

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