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819-977-0241 **EASTMAIN** 

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# CREE MEDICAL BUSH KIT

عوان حالاً الله



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# SAFETY TIPS

# **General**

- Risk assessment
  - What type of terrain?
  - What type of activities (motorized, firearms)?
- Emergency plan
  - What type of injuries can occur?
  - What equipment should I bring?
  - What will be my communication method (how can I get help)?
- Prepare appropriate equipment in relation to my risk assessment and emergency plan

# **Water safety**

- Don't go alone on a lake or a river
  - Assess ice thickness before going on it
  - If you have no other choice, make sure to brush up on self-rescue
- Always bring safety gear
  - Wear life jacket when going on a boat or canoe
  - Safety rope/safety kit (inspect and pack well)
  - Extra paddle
- Be aware of the weather conditions and water temperature
- Never exceed the weight capacity of your boat

# Firearm safety

- Firearms should always be unloaded when not in use
- ▶ Always keep the muzzle pointed in a safe direction
- ► Treat all firearms as if they were loaded
- ► Keep trigger finger outside of the guard and off the trigger until you are ready to fire
- Be certain of your target, your line of fire, and what lies beyond your target
- ► Ensure proper maintenance of your firearm
- ▶ Use only the correct ammunition for your firearm
- ▶ Unload and ground the firearm before going over an obstacle. Recover the firearm once the obstacle has been crossed
- ► Make yourself visible
- Position firearm properly on your shoulder to avoid bruising or injury
- ► Use ear plugs

# **Propane safety**

- Regularly inspect the installation to detect any leak
- ► Ensure proper ventilation if using propane tank inside
- ► Keep away from heat/fire



# CONTENTS OF 8 THE BUSH KIT

CODE	MEDICATION	AMOUNT
Green 1	Acetaminophen (Tylenol) 80mg/mL	1 bottle
Green 2	Acetaminophen (Tylenol) 160mg/5mL	2 bottle
Green 3	Acetaminophen 325mg	30 tabs
Green 4	Amoxicillin (Novamoxin) suspension 250mg/5mL	2 bottle
Green 5	Amoxicillin (Novamoxin) 500mg capsules	20 caps
Green 6	Amoxicillin-clavunalate (Clavulin) 875/125 per tab	28 tabs
Green 7	Artificial Tears (Tear plus)	1 bottle
Red 8	Aspirin 80mg chewable	5 tabs
Red 9	Azithromycine suspension 40mg/mL 15mL	1 bottle
Red 10	Azithromycine 250mg	6 tabs
Pink 11	Cephalexin (Keflex) suspension (250mg/5ml - powder)	2 bottle
Pink 12	Cefadroxil (Duricef) 500mg	14 tabs
Yellow 13	Clotrimazole (Clotrimaderm) 20g	1 tube
Red 14	Dexamethasone 25mg/5mL (with blunt needle)	1 vial
Blue 15	Dimenhydrinate 25mg suppository	10 supp.
Blue 16	Dimenhydrinate 50mg tabs	25 tabs
Green 17	Diphenhydramine (Benadryl) 25mg tabs	24 tabs

CODE	MEDICATION	AMOUNT
Green 18	Diphenhydramine (Benadryl) 6,25mg/5 mL	1 bottle
Yellow 19	Fluconazole 50mg	3 tabs
Red 20	Glucose gel (Insta glucose)	1 tube
Blue 21	Hydration salts (Gastrolyte) 4.9 g/small bag	20 small bag
Pink 22	Hydrocortisone cream (Cortate) 1% 15g	1 tube
Blue 23	TUMS	1 box
Green 24	lbuprofen (Advil-Motrin) 100mg/5 mL	2 bottle
Green 25	lbuprofen (Advil-Motrin) 200mg tabs	50 tabs
Blue 26	Loperamide (Imodium ) 2mg tabs	20 tabs
Green 27	Loratadine (Claritin) 10mg tabs	12 tabs
Red 28	Nitroglycerine spray 0,4mg/dose	1 bottle
Pink 29	Polymyxin B - bacitracin (Polytopic - Polysporin)	1 tube
Green 30	Polymyxin B - gramicidin eye/ear drop (Optimycin/Polysporin)	1 bottle
Pink 31	Povidone-iodine (Proviodine) (115mL)	1 bottle
Yellow 32	Sulfamethoxazole and trimethoprim (Bactrim DS) 800-160	14 tabs
Red 33	Salbutamol (Ventolin) 100mcg/dose inhaler	1 aerosol
Green 34	Xylomethazoline 0,1% nasal spray	1 bottle

ITEM	SIZE	QUANTITY	ITEM	SIZE	QUANTITY
Abdominal pad	8"x 10"	3	Scissors cut everything	7.5"	1
Hypafix	10cm wide	1m	Rectal glass thermometer	r	1
Skin closure strips	0.25 x 3"	6	Non-sterile Gauze Roll	4" (10m)	2
Adhesive bandage	3/4" x 3"	20	Non-sterile Gauze Roll	2" (10m)	6
Triangular bandage		2	Adhesive bandage	8cm x 5m/25cm R	Roll 1
Cotton tipped applicators	3"	2	Swabstick impregnated		
Elastic support bandage	3"	1	with 0.5% Chlorexidine		10
Non-Sterile gauze pads	4" x 4"	50	Syringe for wound irrigat	ion 20 mL	1
(Non Woven)			Tongue depressor (non-st	terile)	10
Non-sterile gloves	S/M/L/XL	2 pairs of each	Tempa-Dot thermometer		10
Non-adhered dressing (steri	<b>le)</b> 3/4" x 3"	3	Tweezers	6"	1
Oral glass thermometer		1	Form: Calling sheet		5



### Take care of the Bush Kit

- Order your Bush Kit 1 month before your departure in the bush
- ▶ Pick up the Bush Kit 1 week before going in the bush, review the content of the kit and sign the proper form
- ► Keep the Bush Kit locked and safe (out of reach of children)
- Keep the Bush Kit in a dry place at room temperature (avoid freezing)
- ► Maintain skills (training, reviewing manual)

# Communication with the nurse

 Communicate with the nurse by VHF radio, cell phone, satellite phone or bush radio

# Give medication, first-aid care and follow-up

- ▶ Recognize common problems and emergency situations
- Act as a resource person for health problems of people in the camp
- ▶ Put in place strategies at camp to prevent illness or injury
- ► Follow prescribed treatments correctly to give safe and proper care to the sick or injured person
- Always wash hands before taking things out of the Kit
- ▶ Give only medications that are ordered by the nurse
- Read the color label carefully. All medications have a color label. If no label, do not use
- Use clean and dry supplies. If they are dirty or have been wet, do not use them



Deal with health problems while at the camp

ROLE OF THE BUSH KIT REPRESENTATIVE



# What to do

- Count heart beats over a full minute
- ► Check if it is regular
- ► Infant to preschool:
  - Use the inside of the elbow (brachial)
- Preschool to adult:
  - If they can talk, use the wrist to check pulse
  - If they cannot talk, use the carotid (neck)

If no pulse for more than 10 seconds and the person is unconscious, see CPR (p.18-19)

# Call for help / Defibrillator



### NORMAL HEART RATE BY AGE GROUP (BEATS PER MINUTE)

Infant (neonate28 days)	100-205
Infant (1 month -1 year)	100-190
Toddler (1-2 years)	98-140
Preschool (3-5 years)	80-120
School-age (6-12 years)	75-118
<b>Teenager-adult</b> (13-99 years)	60-100

- Pulse is too fast or too slow
  - Adult more than 110 or less than 50
  - Infant/Neonate appears lethargic and less than 90
- Pulse is not regular

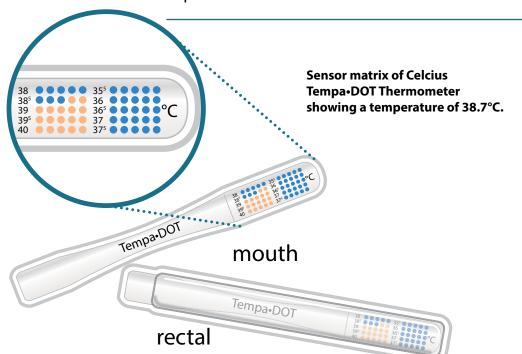
# TAKING 14 **TEMPERATURE**

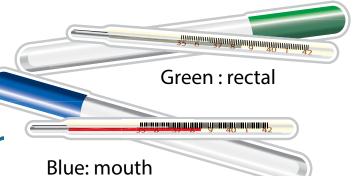
### How to read an alcohol thermometer

- ► Turn the thermometer until you see the silver line
- ► Look for the point where the silver line stops
- ▶ Read the nearest number: that is the temperature

# How to read a Temp-a-DOT thermometer

- ▶ The last dot is the measured temperature
- ▶ Look at the number on the left side of the last line of dots
- ► Add 0.1 for each dot past that number





### TEMPERATURE READINGS **Normal** 35-37 38-39 **Fever**

40-42

**High fever** 

### **Procedure**

- Clean the thermometer with soap and warm water before and after each use
- ► Shake it hard with a snap of the wrist until it reads less than 36°C

# **Baby or child**

- ▶ Put lubricant or Vaseline on the tip of the thermometer
- ► Lay the baby on his belly
- ► Insert thermometer in the baby's rectum (bum) about 1 inch (3 cm)
- ► Hold the baby and the thermometer
- ► Leave it in place for 3 minutes
- Read and note the number

# Over 5 years old

- ► Ideal temperature measurement is rectal
- ▶ If rectal temperature isn't possible:
  - Put thermometer in the mouth, under the tongue
  - Keep mouth shut
  - Leave it in place for 3 minutes
  - Read and note the number





**DO NOT** leave the baby alone with the thermometer in their mouth or rectum

**DO NOT** let the baby play with the thermometer. It is made of glass and may break

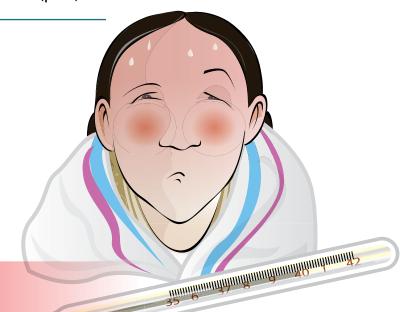


# **Key questions**

- ▶ What is the temperature?
- ► What did you give? (Tylenol, Motrin?)
- ► Do they eat normally?
- ► Do they drink normally?
- ► Do they sleep normally?
- ▶ Do they act normally?
- ▶ Do they vomit? (p.81)
- ▶ Do they have pain? Where?
- ▶ Do they have an ear ache?
- ▶ Do they have a cough?
- ▶ Do they pee less often or more often than usual?
- ▶ Do they have diarrhea? (p. 81)

### What to do

- ► Treat fever with acetaminophen (Tylenol) and/or Ibuprophen (Advil/Motrin) if available.
- ► Maintain hydration (p.82)



- Baby is less than 3 months old
- ▶ Fever is over 39°C for more than 24 hours even with medication
- Baby is sick, vomiting, having diarrhea, etc.
- Medication does not reduce the fever
- Child behaves differently
- Not better after 2 days of treatment

# **Symptoms**

- Decreased level of consciousness, confusion
- Signs of low blood sugar
  - Shaky, dizzy, sweaty, pale, weak
- Signs of high blood sugar
  - Pee a lot, very thirsty, tired without working, trouble with vision

# **Key questions**

- ▶ Did they take insulin today?
  - Type, time, quantity
- Do they take diabetes pills today?
  - Name of the pill, time, quantity
- Did they eat today?
- Are they sick (for example: diarrhea or vomiting)?
- Does sugar help?

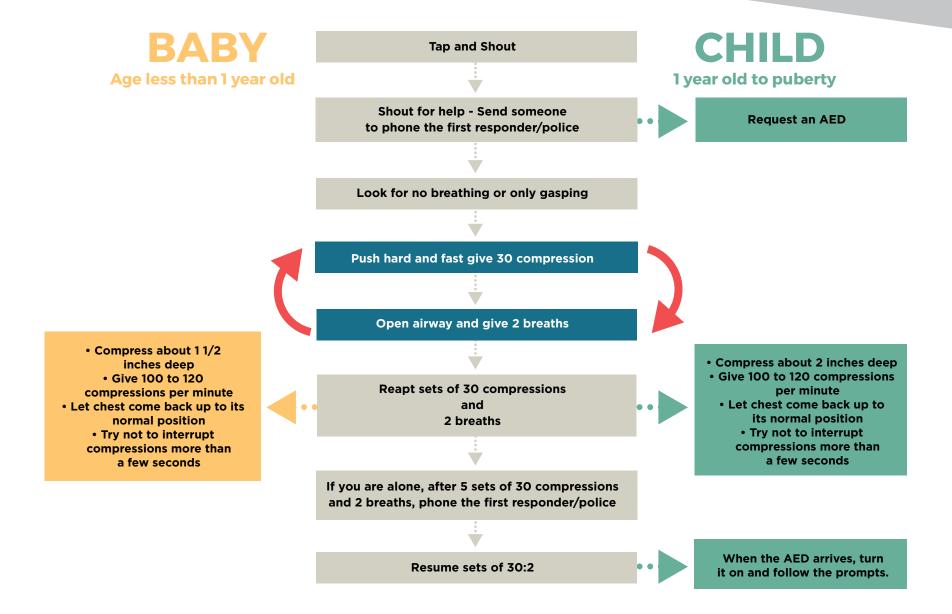
# What to do

- ► Wash your hands
- Check blood sugar
  - Open the device
  - Put strip in the device
  - Prick the side of the finger
  - Apply blood drop on the strip
  - Wait for the result
- ► If less than 4.0, give sugar
  - Conscious: Juice or sugar tube (InstaGlucose, Red 21)
  - Unconscious: put InstaGlucose or honey inside the mouth on gums and cheeks.
  - Recheck blood sugar every 5 minutes x 3



- Sugar is less than 4.0 and sugar must be given
- Blood sugar much higher than usual, on more than two readings

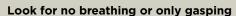
# BABY AND CHILD CPR





### **Tap and Shout**

Shout for help
Send someone to phone the first responder/police
and get an AED





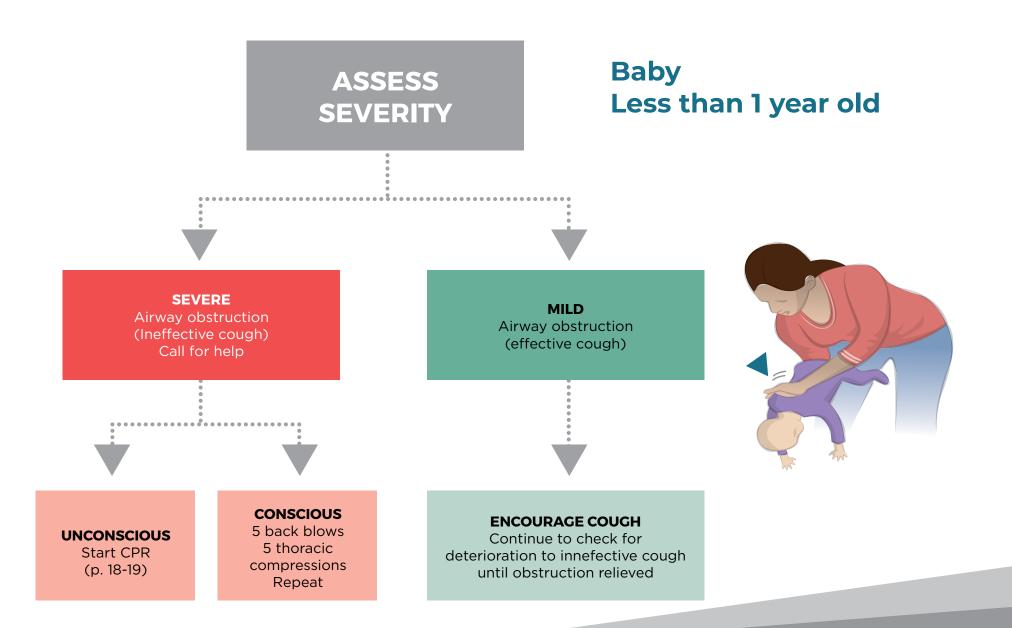
### Open airway and give 2 breaths

Reapt sets of 30 compressions and 2 breaths

When AED arrives, turn it on and follow the prompts

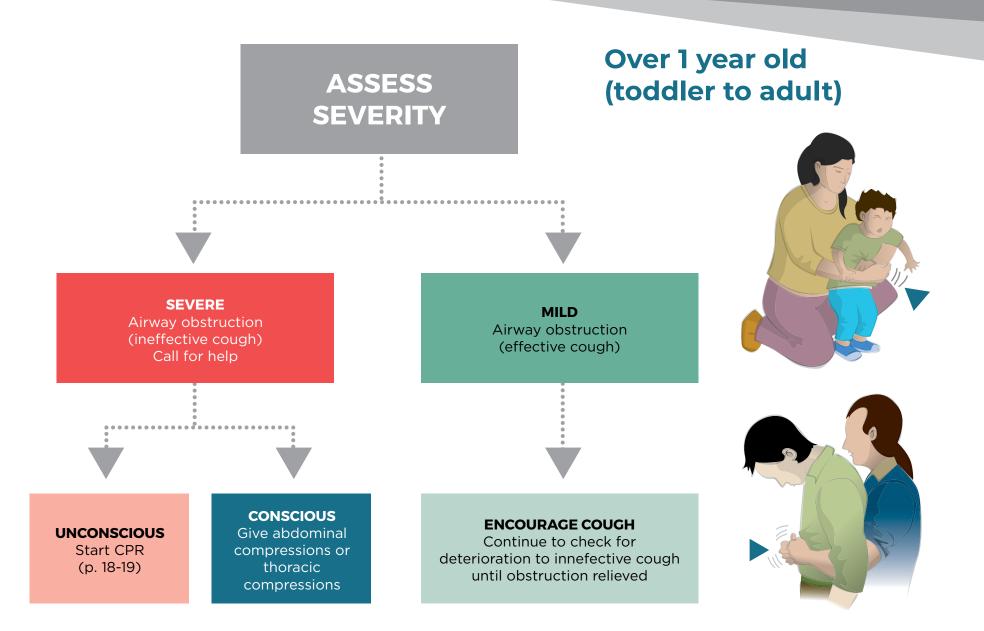


COMPONENTS	ADULTS AND ADOLESCENTS	CHILDREN AGE: 1 YEAR TO PUBERTY	INFANTS, AGE LESS THAN 1 YEAR
Scene safety	Make su	re the environment is safe for rescuers	and victim
Recognition of cardiac arrest	No bı	Check for responsiveness reathing or only gasping (ie, no normal br	eathing)
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR. Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available.	Follow steps for adults a <b>Unwi</b> Leave the victim to activate emerge Return to the child or infant	airway obstruction suspected and adolescents on the left  tnessed ency response system and get the AED and resume CPR; use the AED it is available
Compression-ventilation ratio	<b>1 or 2 rescuers</b> : 30:2	•	uer: 30:2 uers: 15:2
Compression rate		100-120/min	
Compression depth	Between 2 inches (5 cm) - 2 1/2 inches (6 cm)	One third of chest About 2 inches (5 cm)	One third of chest About 1 1/2 inches (4 cm)
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastboe (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 rescuers 2 thumb-encircling hands in the center of the chest, just below the nipple line
Chest recoil	Allow chest to return to normal position after each compression; do not lean on the chest after each cor		n on the chest after each compession
Minimizing interruptions	Limit interruptions in chest compressions to less than 10 seconds		aan 10 seconds



# CHOKING/AIRWAY **OBSTRUCTION 21**

# AIRWAY 22 **OBSTRUCTION**





# PREPARING AND 24 GIVING MEDICATION

# **Right medication**

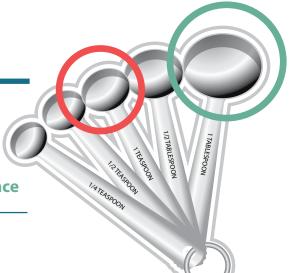
- ▶ Make sure you select the right medication bottle
  - Use the color and number provided to spot the right medication
  - Read the label
  - Pay attention to the concentration of the same medication (ex.: acetaminophen 80mg/mL vs 160mg/5mL)



Giving the wrong medication may make the person sicker.

# **Right dose**

- ▶ Make sure you give the exact amount ordered by the Nurse
- ► There is a difference between: **teaspoon** and tablespoon  $15mL = \frac{1}{2}$  ounce 5<sub>m</sub>L



### Right route: Before giving medication, make sure it is the right way. The wrong way could make the person sicker

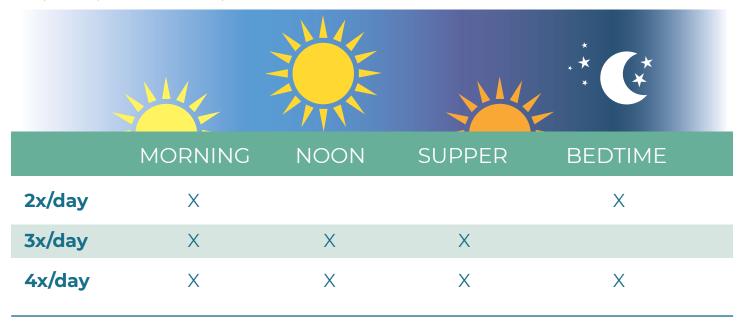
BY MOUTH	▶ Pill	<ul> <li>Can be cut in half: cut along the line</li> <li>Can be crushed and mixed in jam, food or juice for person that has trouble swallowing</li> </ul>
	► Capsule	Cannot be opened or cut in half. Call the nurse for more information
	► Liquid	• Teaspoon or tablespoon give the exact amount (dose) ordered by the nurse or as directed on the bottle
		Syringe     be careful not to have air bubbles because this will give the wrong amount (dose)
	► Powder	<ul> <li>Use for children's antibiotic: 1- boil water for 5 minutes and let it cool down</li> <li>2- measure the right amount of water with the syringe and add to the powder</li> <li>3- shake well to mix</li> </ul>
IN THE EAR	► Liquid	Fill the dropper to the stop line or the amount specified by the nurse     Do not touch the ear with the dropper
IN THE EYE	► Liquid	Use dropper from bottle to give the appropriate dose (number of drops)     Do not touch the eye with the dropper

# PREPARING AND GIVING MEDICATION 25

# PREPARING AND 26 GIVING MEDICATION

# **Right time**

- ▶ Before giving medication, make sure that it is given at the right time of the day
- ▶ Medication should be given about the same time every day
- ▶ If you forget one time, carry on with the next dose



# **Right person**

▶ Before giving medication, make sure you are giving it to the right person. Giving medication to the wrong person could make them sick.





# **Symptoms**

Person found with lower level of consciousness, confused or drowsy

# **Key questions**

- ▶ Did they hit their head?
- ► How long did the condition last? Seconds? Minutes? Hours?
- ▶ Did they take medication, alcohol or drugs?
- Did they have seizures?
- ► How were they feeling in the last few days?
- ▶ Do they have diabetes? Heart problem? Kidney disease? Epilepsy?



# **Observations**

- Call for help
- Check for pulse and breathing
- How fast are their breaths?
- Is there any unusual smell from their mouth?
- Any signs of injury to the head or body?
- ▶ Are they opening their eyes? Speaking? Moving their arms and legs?
- ▶ Did they lose urine (incontinence)?

### What to do

- ► Try to wake them up (talk to them, trapezius pinch)
- ► Check for pulse. If absent, start CPR (p.18-19)
- ► Check for normal breathing. If absent, open the airways and/ or start CPR (p. 18-19)
- ► Check blood sugar level. If glucose less than 4, refer to p. 18
- ▶ Put them in the recovery position
- Do not leave them alone

# Always call the nurse!

# Always call the nurse!

# **Symptoms**

- Person fainting or feeling like they are going to faint
- Person feeling like everything around them is moving
- Person having a seizure

# **Key questions**

- ► How long did it last (seconds, minutes, hours, all day)?
- ▶ Did they fall? Did they hit their head?
- Did they pass out?
- ▶ Do they have a headache?
- Can they walk in a straight line?
- Can they hear you?
- Can they talk normally?
- Do they have blurry vision?
- ▶ What color is their face: normal, pale, red?
- Did they take any drugs, alcohol?

# What to do

- Call for help
- Protect them from injuries
- Check for pulse
- Assist breathing, if needed
- Check blood sugar, if possible

Let them breath fresh air

Do not leave them alone



# **Symptoms**

- Symptoms of low blood sugar are:
  - Feeling weak, tired, sweaty, shaky
  - Slurred speech
  - · Nervous, irritable
  - Confused, fast heartbeat

# **Key questions**

- Do they take insulin?
- Any change in their medication or insulin lately?
- ► How did they eat or drink today?

### **Observations**

► Blood sugar is below 4.0 or much lower than usual

### What to do

- Drink half a cup of juice
  OR
- ► Take one tablespoon of sugar or honey
- ▶ STOP giving insulin or diabetes medication until the sugar becomes normal

# If unconscious

- ▶ Rub honey or sugar inside the person's cheek
- ▶ See p. 29
- Call nurse right away



- Low sugar happens two days in a row or more
- ► Low sugar continues even with treatment
- ► The person has low consciousness or has seizures (p. 29-30)

- Asymmetrical face (see image)
- ► Weakness of one side of the body
- ► Trouble speaking

# **Key questions**

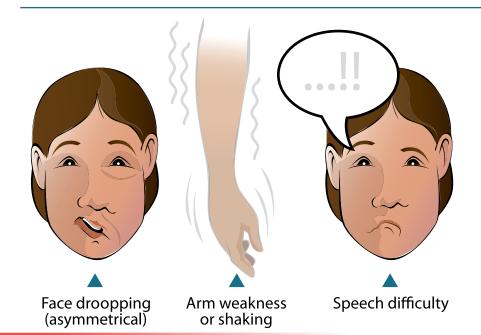
- ▶ Did they hit their head?
- ▶ Do they take medication?
- Do they have a headache?
- Did they have seizures?

### **Observations**

- ► Are they awake? Are they confused?
- ▶ Is the face symmetrical or not? (see image)
- ▶ Is the speech different or difficult to understand?
- ► Can they raise their arms? Can they walk?
- Weakness or numbness in face/arm/leg?

# What to do

- ► Check the blood sugar level
- ▶ DO NOT give them medication until they speak with the nurse
- ▶ DO NOT give them food or water until you speak with the nurse
- ► Make sure they are well seated and cannot fall (Keep them sitting / lying 45° on back)



# Always call the nurse!

Anytime you suspect a stroke, even if the symptoms have improved

# **Symptoms**

- Serious injury to the head or neck
- Motor vehicle accident

# **Key questions**

- ▶ Did they lose consciousness?
- Severe headache?
- Vomited multiple times?
- Any tingling in the arms and legs?
- Do they take blood thinners?

# **Observations**

- ► Are they awake? Check for responsiveness (Lower Level of Consciousness p. 29)
- ► Are they opening their eyes? Speaking?
- ► Feeling/moving their arms and legs?

### What to do

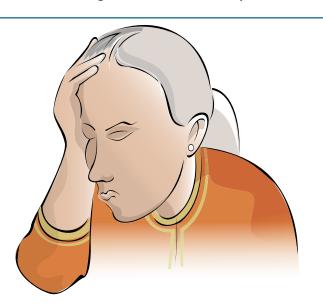
- ▶ Do not move the patient's neck
- Keep the head in position found by placing towels, blanket or clothes on both sides of the head
- ▶ If transport is necessary, use log roll / immobilization techniques (p. 53). The person's head should stay in line with their body
- ▶ If any bleeding or wound, stop the bleeding (p. 44) and start wound care (p. 45)



Always call the nurse!

# **Key questions**

- Where does it hurt? (neck / forehead / around the eyes / top of head / side of head)
- ► Do they have fever? (how high?)
- ▶ Did they vomit?
- ► Do they have cold symptoms? (hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ▶ Do they see well? Any double or blurry vision?
- ▶ Did they hit their head?
- ▶ Do they have trouble staying awake?
- ► Do they have an earache?
- ▶ Do they cough?
- ▶ Do they have pain moving their neck?
- ▶ Did they ever have a headache like this before?
- ▶ Does the headache get worse when they move?



### What to do

- Rest
- Drink water
- ► Treat the pain with Ibuprofen (Motrin<sup>™</sup>) or Acetaminophen (Tylenol<sup>™</sup>)

- Fever
- Vomiting
- Lower level of consciousness consciousness, seizure (p. 29-30)
- Very severe headache
- **▶** Change in vision
- Started after a head injury (p. 34)
- Signs of stroke (p. 32)

# **Key questions**

- ▶ Where is the pain? (right, left, centre)
- ▶ What is the pain like? (burning, stabbing, pressure, squeezing)
- ▶ Did the pain come slowly or suddenly?
- ▶ What were they doing when it started? Working? Resting?
- ▶ Do they feel dizzy?
- ▶ Is the pain going to the left arm? Jaw? Anywhere else?
- ▶ Is the pain worse when lying down?
- Do they have a cold (now or recently)?
- ▶ Do they cough?
- ▶ Do they spit? What color? Any blood in the spit?
- Are they short of breath?
- Do they have blue lips?
- Do they have fever?
- ▶ Did they vomit?
- Do they sweat?
- Do they have swwollen legs?
- Did they lose consciousness?
- ▶ Do they eat and drink normally?

### What to do

- ▶ Make them rest in a comfortable position
- ► Take the pulse, temperature, and count the respiration (breathing) over one minute



Always call the nurse!

# COUGH - DIFFICULTY BREATHING

# **Key questions**

- ► Are they short of breath?
- ▶ Do they have blue lips?
- ▶ Do they spit? What color?
- ▶ Is there any blood in their spit?
- ▶ Do their breathing make a different sound?
- ► Do they have fever?
- ► Are they known for this problem (ex: asthma)?
- ▶ Do they have chills / sweat?
- ▶ Did they vomit?
- Do they have cold symptoms? (hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ▶ Do they have chest pain?
- ► Do they drink normally?
- ▶ Do they eat normally?
- Do they pee normally?
- ▶ Do they have swollen legs?

### What to do

- ► Make them sit in a comfortable position
- ► Take their temperature, pulse, count the breathing over one minute
- Treat the fever with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ Boil some water nearby (for steam)
- ▶ If the person has diabetes check blood sugar more often
- ▶ Drink a lot of water or tea to stay hydrated
- ► Gargle with salt and water

- Difficulty breathing
- Chest pain (p. 35)
- Coughing up blood
- Fever
- Getting worse

## **Symptoms**

Person found in the water or rescued from the water

# **Key questions**

- ▶ When was the last time the person was seen?
- ▶ How long have they been in the water?
- Did they take medication, alcohol or drugs?

## **Observations**

- Are they awake? (p. 29)
- Are they breathing?
- Do they have a pulse?
- Are they shivering, shaking?
- Check their temperature

### What to do

#### In the water

- ▶ Do not put your own life at risk
- ▶ If still awake, throw them a stick, rope or other object so they can get out of the water themselves
- ▶ If not awake, get them out of the water if you are able

#### Out of the water

- ► Check for pulse. If absent, start CPR (p. 18-19)
- ► Check for normal breathing. If absent, open the airways and/or start CPR (p. 18-19)
- ▶ If lower level of consciousness (p. 29), put them in the recovery position
- ▶ Rewarm them. Treat hypothermia if needed (p. 38-39)



# Always call the nurse!

# Always call the nurse!

# **Symptoms**

Body temperature is less than35 degrees Celsius

# **Key questions**

- Are they awake?
- Are they confused?
- Are they shivering?

## What to do

- ▶ Bring them to a warm environment
- ▶ Remove wet clothes and give warm dry clothes
- ► Place warm bottles or blankets in the armpits, in groin area and on stomach. Be careful not to burn the skin
- ▶ If they are awake, give them something warm to drink
- ▶ If they are unconscious, see "Lower level of consciousness" (p. 29)
- ▶ If they are not breathing or do not have a pulse, start CPR (p. 18-19)

### **Observations**

- ► Shivering?
- ▶ Body temperature? Take temperature from the rectum (p. 14-15)



 Exposure to toxic product or medication in large quantity

## **Key questions**

- What is the name of the medication or chemical?
- ► How much did they take?
- At what time did it happen?
- Are they depressed or suicidal, now or in the past?



### What to do

- ► Keep the medication bottle or product container for reference (label)
- ► Spit out the medication/product
- ▶ Do not force vomiting
- ▶ If chemical still in the mouth, rinse with large amount of water

#### Poison on the skin:

- ▶ Remove any contaminated clothing using gloves
- Rinse with water the skin for 15 to 20 minutes

#### Poison in the eye:

- ► Gently flush the eye with cool water for at least 15 minutes **Inhaled poison:**
- ▶ Get the person to breathe fresh air as soon as possible
- ► After the event, store the medication or chemical in a safe place so nobody else gets hurt

Always call the nurse!

# Always call the nurse!

### **Event**

 Contact with specific food or medication or insect, such as bee

## The person has

- ▶ Difficulty breathing, itchy throat, cough
- Swollen lips, drooling
- Fainting, chest pain, fast heartbeat
- ► Itchy rash, lumpy patches, hives
- Vomiting, diarrhea, severe abdominal pain

## **Key questions**

- Any difficulty breathing?
- Is there any swelling?
- ▶ Where is the swelling? (face, lips, tongue, other?)
- What caused the reaction?
- Do they have a rash?
- Where is the rash?
- Is it in one spot or spread out?
- Any medication taken recently?
- ► Any fish, shellfish, nuts, insects, other particular/unusual food?

### What to do

- Stop the suspected cause (food, medication)
- Give Epinephrine (Epipen)
- Lay them down and lift up their legs





- ▶ Bleeding after getting cut or hit
- For nosebleed (p. 63)

# **Key questions**

- ▶ Do they take a blood thinner? (Aspirin, Coumadin, Eliquis, Pradaxa, Xarelto, etc.)
- ▶ Where is the cut?
- What is the size of the cut?
- How deep is the cut?
- ► How many dressings have been used to stop the bleeding?
- ► How full were the dressings (25%, 50%, 75%, 100%)?
- ▶ Do they have chest pain, difficulty breathing, or feel like they will faint?

### What to do

- ▶ Look for a foreign object in the wound (p. 45)
- ▶ If there is a foreign object, place the dressing around the object
- Press directly on the wound with the dressing
- ▶ If the dressing if full of blood:
  - Apply more dressing over the first dressing
  - Do not remove the first dressing
- Lift up the limb:
  - If leg, lie the person down if possible
  - If scalp, sit the person up
- If still bleeding:
  - Call the nurse
  - Apply tourniquet (p. 44)
- ▶ When bleeding has stopped, measure the wound and refer to wound care (p. 45)



# Call nurse if

Bleeding doesn't stop easily or can not be controlled within 15 minutes

# SEVERE BLEEDING 44 TOURNIQUET

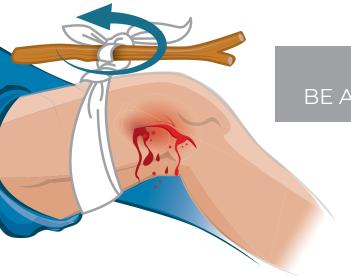
### **Events**

- ▶ Bleeding from a limb (arm or leg) that can't be stopped by direct pressure only
- Life threatening bleeding
- Part of the limb is missing (amputation)
- ► Blood is spurting out

#### Apply 2-4 inches above the wound

### What to do

- ► Keep pressure on the wound
- ► Keep arm or leg as high as possible (higher than the heart)
- Apply tourniquet on bare skin (cut or remove clothing)
- Apply tourniquet 2-4 inch above the wound (2-4 fingers above)
- ► Tighten until no pulse is felt on the wrist or foot
- If bleeding doesn't stop after application of one tourniquet, apply a second tourniquet 2-4 inch above the first tourniquet
- Note the time tourniquet was applied
- DO NOT remove the tourniquet



TOURNIQUET SHOULD ONLY BE APPLIED TO TREAT LIMB INJURIES

Always call the nurse!

- Cut with sharp object
- Scraped skin

### What to do

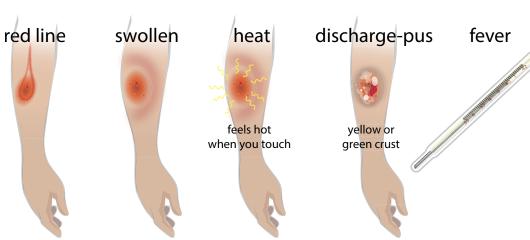
- Wash your hands
- Stop the bleeding (p. 43)
- Check if they are able to move the limb and feel gentle touch past the wound
- Clean the wound very well
  - Use drinkable water and soap
  - Remove all dirt, dust or anything else from the wound
- ► Apply antibiotic ointment
- Cover the wound with a dry dressing and keep it clean
- Change the dressing once a day or when it becomes wet or dirty
- Watch for signs of infection
- Consult nurse upon return to community (to check need for tetanus vaccine)

# Signs of infection

- Redness around the wound
- Swelling
- Increased warmth (heat)
- Pus, discharge
- Fever

DO NOT break or pop the blisters unless told otherwise by nurse DO NOT scratch itchy skin

### SIGNS OF INFECTION



- Signs of infection
- Wound doesn't heal

# OBJECT INSIDE WOUND

### **Events**

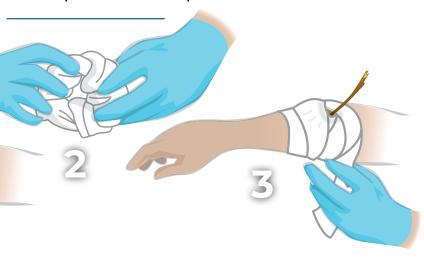
 Something gets stuck in body, like a knife or tree branch

## **Key questions**

- ► How deep is the object or the cut?
- Are they bleeding?
- ► How many dressings used to stop the bleeding?
- ► How full were the dressings (25%, 50%, 75%, 100%)?
- Do they have chest pain, difficulty breathing, or feel like they will faint?

### What to do

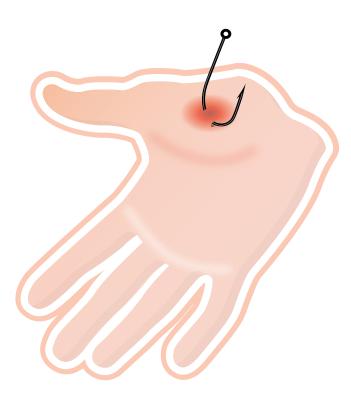
- ► Leave the object in place (will help decrease bleeding)
- Stabilize the object:
  - Place large dressings around the object. Use rolls side by side (image 1) or make a donut with dressings (image 2).
  - Hold in place by wrapping with bandages (image 3)
- Transport back to camp



**DO NOT remove the object** 

Always call the nurse!

► Fish hook accidentally gets stuck in skin



## What to do

- ▶ Push the hook through the skin until the point appears
- ► Cut off the barb (sharp end) with clippers
- Remove the hook from the wound
- ► Start wound care (p. 45)

# Call nurse if

- Unable to remove hook
- ► Need guidance to remove hook
- Fish hook in the eye or face

DO NOT attempt to remove a fish hook from the face or eye

# EYE INJURY 48 OBJECT IN THE EYE

### **Events**

- Dust in the eye
- ▶ Dirt may lie under the eyelid causing pain
- Feeling something in the eye
- Pain, tears, redness

# Call nurse if

- Object is stuck in or on the eyeball
- Object is sharp
- Severe pain
- ► Tried and failed to remove the object
- ▶ Pain, redness or still feeling the object more than 24 hours after the event

### What to do

- Wash your hands with soap and water
- Remove any contact lens
- Using a drinking cup, pour drinkable water into the eyes, trying to flush out the object
- ▶ If you see the object and it seems easily removable, try to remove with wet Q-tip
- ▶ If you don't see the object,
  - Look under lower eyelid by pulling on it and asking them to look up, right, left
  - Look under upper eyelid by pulling and lifting it up and asking them to look down, right, left

DO NOT try to remove an object that seems to be stuck in the eyeball DO NOT keep trying if it is not working DO NOT rub the eye. It may injure the eyeball



# Always call the nurse!

### **Events**

Chemical in the eye (ex: acid, bleach, cleaning fluid, gasoline, fire starter, etc.)

# **Key questions**

- ▶ What type of product got in the eye?
- ► How much time passed between the event and when the eye was flushed?
- ► How long was the eye flushed for?

## **Observations**

- ▶ Pain in the eye
- Eye may not be red

### What to do

- Hold the eyelids open
- ► Flush eye with water for more than 15 minutes
  - Use drinkable water in a cup
  - Pour water in the affected eye or just above the nose if both eyes are affected
  - If no water available, use other drinkable liquid (milk, cooled tea, etc.) without any delay until someone can get water

DO NOT rub the eye; it may injure the eyeball DO NOT use eyedrops



# FRACTURE: ARM, LEG, WRIST, ANKLE

### **Observations**

- ► Check if the person has sensation past the fracture
- ► Check if you can feel a pulse past the fracture
- Check the color of the skin past the fracture

### What to do

- ▶ Leave the limb in the same position you found it, if possible
- ► Prevent the limb from moving with a splint (for example SAM splint). You can apply a piece of wood, board or anything hard, and hold it in place by wrapping a bandage or towel around the limb
- ► Treat the pain with Ibuprofen (Motrin<sup>™</sup>) or Acetaminophen (Tylenol<sup>™</sup>)
- If there is an open wound, cover the wound with sterile dressing

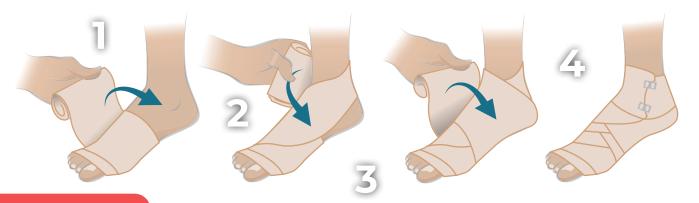


Always call the nurse!

► Twisted or over-stretched joint

### What to do

- ▶ Apply an ice pack or ice wrapped in clothing for 10-15 minutes every hour for the first 2 days
- ▶ If no ice available, soak injured part in cold water
- ► Rest the muscle/joint for 48-72 hours
- ▶ Apply an elastic wrap/bandage to prevent swelling, but not too tight. Be careful not to stop blood flow
- ► Keep the limb elevated (raised up)
- ► Treat the pain with Ibuprofen (Motrin) and/or Acetaminophen (Tylenol)



# Call nurse if

- **Cannot move the limb**
- Cannot put any weight on the injury
- The joint does not appear normal
- The bone is not straight
- The injured area is cool, pale or numb

# SPRAINS AND MUSCLE PAIN 51

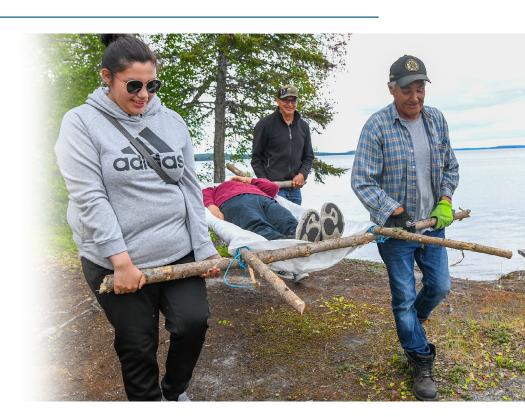
# TRANSPORTATION OF INJURED OR SICK PEOPLE

## **General Rules**

- Check if the person has multiple injuries
- ► Large wounds and/or broken bones must be kept from moving (p. 50)
- ▶ Move the injured person as little as possible
- Any injured parts must be immobilized / supported during movement
- If you suspect a neck or back injury, move the person very carefully:
  - All body parts (head-back-legs) must be supported and lifted gently, and the person's head should stay in line with their body
- ► Planning is essential:
  - Determine the best place to transport the victim before starting to move the person
- Make sure that the travel route is free from any obstacle or danger

# Different moving techniques

- ► Log roll (single vs multiple rescuers)
- ► Recovery position
- ► Towing a person (direct vs using a blanket)
- Body elevation and movement
- Improvised stretcher



# When you are alone





TRANSPORTATION OF INJURED OR SICK PEOPLE 53

# TRANSPORTATION OF INJURED OR SICK PEOPLE

## RECOVERY POSITION











# Need to move the person



# When you are 2 or more rescuers



TRANSPORTATION OF INJURED OR SICK PEOPLE 55

# TRANSPORTATION OF INJURED OR SICK PEOPLE





# MENTAL HEALTH PROBLEM

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- Feeling sad, anxious, distressed
- Ideas about hurting themselves or other people

# **Key questions**

- ▶ Do they want to harm themselves or others?
- ► How was their mood/spirit lately?
- Any bad news received recently?
- ▶ Did they ever see a doctor for mental health problems?
- Did they take drugs/alcohol/medication?

# **Observations**

- Signs of self-harm (ex: cuts on arms or cigarette burns)
- Agitation, hallucinations (hearing or seeing things that nobody else does)
- Drowsiness, confusion

### What to do

- Make sure they have no access to firearms, knife, rope or medication, or other dangerous items
- ▶ Reassure them
- ► Do not leave them alone. Ask for a family member to look after the person

- Hallucinations/hearing voices
- ► They want to harm themselves or others



- Fever and recent cold
- ▶ Baby who cries a lot and pulls their ear
- Pain in the ear or signs of infection (pus, discharge)

# **Key questions**

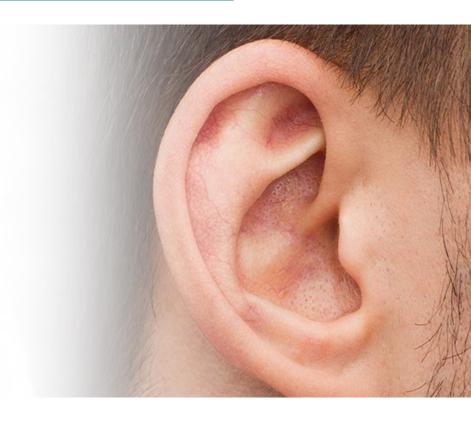
- ▶ Do they have fever or chills?
- Do they have cold symptoms? (hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ► Any trauma to the head or to the ear?
- ▶ Do they have a headache?
- ▶ Do they eat, drink, sleep normally?
- Did they put any object in their ear? (small toy, rock, food, battery, etc.)
- ► Any itchiness?
- ► Any pus/liquid coming out of the ear?

# Call nurse if

- **▶** Pain is severe
- Pus coming out of the ear
- ► Ear pain and child is less than 2 years old
- ► Fever lasts longer than 2 days
- ▶ There is an object in the ear that cannot be removed
- ► There is a sharp object or a battery in the ear

## **Observations**

- ► Fever?
- ► Do they look well?
- ► Any pus or object in the ear?
- ► Any redness in the ear or around?
- Pain when pulling gently on the ear?

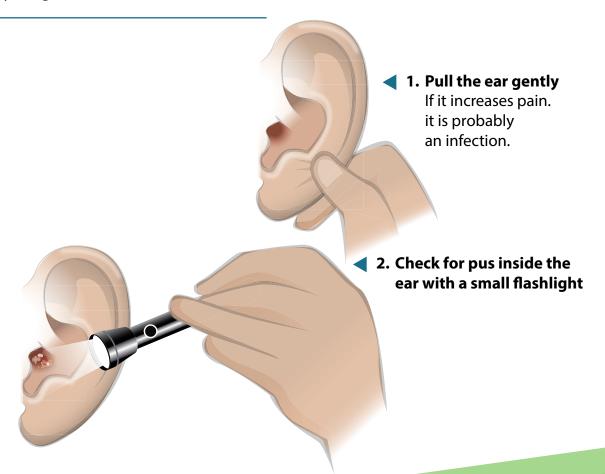


## What to do

- ► Treat the pain and fever with Ibuprofen (Motrin<sup>™</sup>) or Acetaminophen (Tylenol™)
- ▶ Do not put anything in the ear

# If an insect got inside the ear

► Apply some lukewarm water in the ear or 5 drops of mineral oil or vegetable oil.



▶ Pain, redness in the eye or change in vision

# **Key questions**

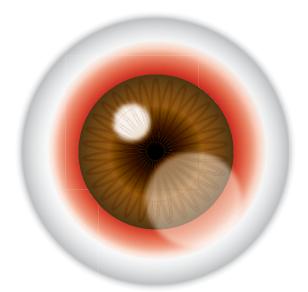
- Any object in the eye (p. 48)?
- Loss of vision or seeing double?
- ► Pain in the eye?
- ► Pain when moving the eye?
- Pain looking at the light?
- ► Head trauma?
- Can they see/read normally?

## **Observations**

- ► Does the eye look normal?
- ▶ Is the eye pink/red? One or both eyes?
- Discharge/pus coming from the eye?

### What to do

- ▶ If contact lenses, remove and throw away
- ► Maintain good hand hygiene
- Apply artificial tears in the eye
- ▶ If there are crusts, apply warm compress to the eye for 10 minutes and remove the crusts
- ▶ If they have diabetes, check blood sugar



- ▶ Pain in the eye
- Fever
- Change in vision
- Not better after 2 days of self-treatment

# **Key questions**

- ▶ What was happening when the nosebleed started?
- ▶ Did they take any blood thinners (Aspirin, Coumadin, Eliquis, Pradax, Xarelto, etc.)?
- ► For how long has the nose been bleeding?
- Any trauma to the nose?
- Do they have chest pain, difficulty breathing or feel like they will faint?

### **Observations**

- ► Any blood clots? If so, how big are they?
- Any trauma to the face or nose (ex: bruising, swelling, cuts)?

### What to do

Ask them to blow their nose

#### THEN:

- ▶ Pinch the nose hard with two fingers for 10-15 minutes
- Sitting position, slightly bent forward
- ▶ **Do not** put anything in the nose unless instructed by the nurse



- Person takes a blood thinner
- Nosebleed does not stop after 15 minutes of applying pressure
- Person vomits a lot of blood
- Person feels dizzy, faints, or has chest pain
- Nose appears pushed to one side/broken

Stuffy nose

# **Key questions**

- Congestion in one or both nostrils?
- Cough? Fever?
- ▶ Pain in the face, headache or toothache?
- Pain when touching the face?
- ► Any trauma to the nose/face?
- ▶ Bad smell coming from the nostrils?

### **Observations**

- Green/yellow discharge?
- Any object inside the nose? (small toy, rock, food, battery)

## What to do

- ► Treat the fever if present (p. 16)
- Maintain good hand hygiene
- Rest
- Increase hydration
- ▶ If an object is stuck inside the nose:
  - If visible and easily accessible, pull gently on it using tweezers
  - If object is not coming out, or if it is going further inside, STOP
- ► Ask the person to:
- 1. Put a little salt water in their hand and sniff it into their nose.
- **2.** Breathing steam from hot water:
  - · Sit down with a bucket of hot water in front of them
  - Place a sheet over their head and cover the bucket so that they breathe in the water vapor (steam) as it rises
  - Breathe the water vapor for 15 minutes
  - Repeat several times a day

For children and babies:

Boil some water nearby (for vapor).

- Cannot remove an object stuck in the nose
- Getting worse
- Fever for more than 2 days



Exposure to pollen, grass, dust

## **Symptoms**

► Blocked nose, teary eyes, cough

# **Key questions**

- What caused the reaction?
- ► Any other symptoms? (ex. rash, difficulty breathing, swelling, vomiting, diarrhea, etc.)

## What to do

- ► Avoid the suspected cause if possible
- Avoid rubbing eyes or nose
- May apply cool compress to the eyes to relieve itchiness
- ▶ Benadryl or Reactin may help if available
- Clean the nose a few times a day (p. 64)
- ► See p. 41 for information on Severe allergic (anaphylactic) reaction



- Recent dental surgery
- ► Tooth falling out

# **Key questions**

- ► Do they have fever?
- Does pain get worse with cold drinks or when eating?
- ▶ Is there a hole in the tooth?
- Do they have difficulty swallowing?

## **Observations**

- ► Fever?
- Swelling of the face?
- ► Any loose teeth?
- ► Tooth with cavity (black part, hole)?
- ▶ Broken tooth?
- ► Able to open the mouth?

### What to do

- Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- Mouthwash / gargle with salt water four times a day
- ▶ Brush your teeth:
  - · Clean the hole in the tooth wall
  - Remove all pieces of food from the hole
- See a dentist when going back to the community
- Avoid foods and drinks that are cold/hot/sweet

- Fever
- Swelling or redness in the face
- Person cannot open their mouth
- Difficulty breathing
- Gum is red, swollen or white spots appear around the tooth



## **Key questions**

- ► Having symptoms of cold? Runny nose?
- Pain when swallowing?
- Difficulty breathing?
- ► Fever?
- Anybody else around is also sick?
- Any rash?

## **Observations**

- ▶ Look inside the mouth, do you see any mass?
- White on the sides or at the back of the throat?
- Mass in the neck area?
- Drooling? Unable to swallow saliva/water?
- Difficulty breathing?
- ► Rash on the body?
- ▶ Difficulty opening the mouth?

# Call nurse if

- Fever for more than 48h
- Severe throat pain
- Difficulty breathing
- Drooling / cannot swallow saliva
- Appears in distress

### What to do

- Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- Avoid sharing objects that touch the mouth
- Maintain good hand hygiene
- Encourage hydration, rest
- Gargle with salt water



## May cause

- ► Mild fever for 2-3 days
- ► Headache, body ache
- ► Runny nose, stuffy nose
- ► Cough
- ► Sore throat

## What to do

- ▶ Drink a lot of water or tea
- Rest
- ► Treat the pain with Ibuprofen (Motrin<sup>™</sup>) or Acetaminophen (Tylenol<sup>™</sup>)
- ▶ Take cough syrup or 1 teaspoon of honey. If known diabetes, check blood sugar
- ► Gargle with salt and water
- Cover your mouth when you cough or sneeze
- ► Maintain good hand hygiene

- Fever for more than 2 days
- Getting worse
- **▶** Person known to have breathing problems



# **Key questions**

- Where is the rash?
- Do they have
  - Pain / burning?
  - Itchiness?
  - Fever?
- ▶ Did they change something?
  - New food, soap?
- What were they doing before the rash appeared?
  - Sun exposure?
  - Medication/food? (see allergic reaction p. 41)

## **Observations**

- Red skin? Tenderness? Fever?
- Rash: What color? Flat or bumps? Crusts? Blisters? Hives? Pus/discharge?

### What to do

- Diaper rash:
  - Keep diaper area dry. Leave the baby without diaper for 20 minutes 4 times a day
  - Use larger diaper
  - Apply zinc-based cream (Zynaderm) if available
- ► Allergic / contact rash:
  - · Wash with mild soap and water
  - Avoid scratching
  - Apply cool compresses
- Apply oatmeal compress:
  - Boil oatmeal. Keep the water and let it cool
  - Soak a clean cloth (compress) in the oatmeal water
  - Apply the compress to the skin for 15 minutes
  - Dry the skin with a clean cloth
  - · Leave open to air
  - Take anti-itch medication (Benadryl) if available

- Fever
- Bubbles on the skin
- Rash involves eyes, mouth or genital area
- Rash is all over the body
- Wound is oozing, pus/discharge
- ▶ Not better after 2-3 days of self-treatment

Skin is red, swollen, hot, painful

# **Key questions**

- Any abscess, discharge, pus?
- Is the person diabetic?
- ► Fever?

### What to do

- ► Clean the area with soap and water
  - If abscess, put a warm compress over it
  - If you can see pus leaking, can gently press to let pus come out
  - If the skin is open, cover with a sterile dressing
  - Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)

- **▶** Fever
- ► Redness/swelling/pain are getting worse
- Lump is bigger than an egg
- ► They have diabetes, cancer, or their immune system is weak



# INGROWN TOENAIL

### **Events**

▶ The edge of a toenail grows into the skin

# **Key questions**

- ► Any trauma?
- ► Pus?
- ► Redness?
- Swelling?
- ► Fever?
- Do they have diabetes?

## What to do

- Soak the feet in warm water and soap for 15 to 20 minutes three times a day
- ▶ Do not cut the toenail any shorter than it is
- ► If possible, lift the edge of the nail and place cotton, dental floss or a splint underneath
- ► Put antibiotic ointment on the tender area and bandage the toe if available
- Wear shoes that fit properly (avoid tight shoes)
- ► Treat the pain with Ibuprofen (Motrin) and/or Acetaminohen (Tylenol)

- ► Not better after 2 days of self-treatment
- Fever
- **▶** The person has diabetes



#### **Events**

Contact with plant, detergent or other chemicals, insect bites

## **Symptoms**

ltchy rash, lumpy patches, hives

# **Key questions**

- What caused the reaction?
- Where is the rash?
- Is it in one spot or spread out?
- Is there any swelling?
- ▶ Do they have swollen lips or tongue?
- Difficulty breathing?
- Any medication taken recently?
- Any fish, shellfish, nuts, other particular/unusual food?
- Potential skin irritant (chemical, bug bites)?

## What to do

- ► Avoid the suspected cause if possible
- ▶ Apply cold compresses to skin to relieve the itchiness
- Don't rub or scratch the skin
- ▶ Benadryl or Reactin may help if available

- Severe anaphylaxis reaction (p. 41)
- Swelling of the lips or tongue
- Difficulty breathing
- Vomiting or diarrhea
- Fainting, chest pain
- **Drooling**
- Not better after 24 hours of self-treatment



# Call nurse if

► For all animal or human bites

## **HUMAN OR ANIMAL BITES**

# **Key questions**

- What kind of animal?
- ► Is the animal known/domestic?
- ▶ Is the animal vaccinated against rabies?
- Is the animal acting normally?

## What to do

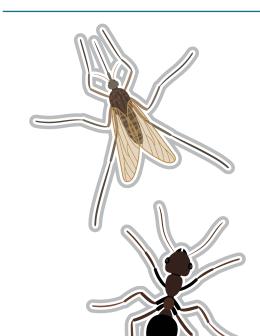
- Apply pressure and elevate the limb to stop bleeding
- ► Wash the wound very well with soap and water
- ► Apply antibiotic ointment if available

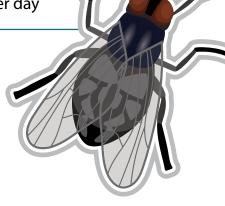


## **INSECT BITES**

### What to do

- ► Wash the insect bite with soap and water
- ▶ Boil oatmeal. Keep the water, and let it cool down
- Soak a clean cloth (compress) in the oatmeal water
- Apply the compress to the skin for 15 minutes Dry the skin with a clean cloth
- Leave open to air
- ► Repeat steps 3 to 5, up to 4 times per day





### Sunburn

- Prevent further exposure to sun (staying in the shade, wearing a hat, long sleeves, etc.)
- ► Apply sunscreen before sun exposure
- ► Apply calamine cream to sunburn area if available

#### **Events**

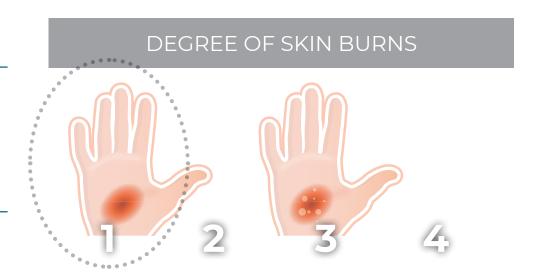
- Exposure to sun
- Exposure to chemical product, or excessive heat

# **Key questions**

- What caused the burn? (Chemical product, oil, boiling water, fire, etc.)
- ► What body part(s)? (Hand, arm, leg, trunk, face, etc.)

#### What to do

- Wash your hands with soap and water
- ► Rinse area with large amount of drinkable water
- Keep burned area clean
- Make sure the person drinks well to stay hydrated
- ► Treat the pain with Acetaminophen (Tylenol) and Ibuprofen (Motrin)



- Blisters (sign of more severe burn (p. 76)
- Signs of infection (p. 71)

# Always call the nurse!

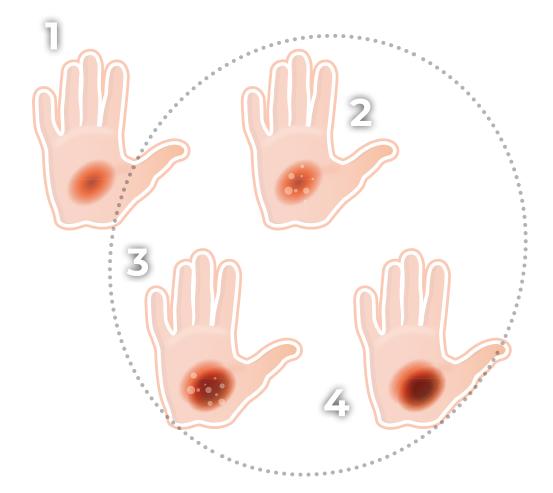
# The person has a burn with

- Blisters
- ► No feeling when you touch it

## What to do

- ► Clean your hands, wear gloves
- Rinse burn area with large amounts of drinkable water
- ► If the clothes are stuck to the burnt skin, do not take them off
- ► Apply sterile dressings to burn area
- ► Treat the pain with Acetaminophen (Tylenol) and Ibuprofen (Motrin)
- Make sure the person drinks a lot of water to stay hydrated.
   Urine should be clear or light yellow

#### DEGREE OF SKIN BURNS



## **Observations**

► Skin color: Normal? Red? Pale? Darker (purple/black)?

#### What to do

- ▶ Bring them into a warm environment
- ▶ Rewarm the injury in lukewarm water for 15 minutes
- ► Treat the pain with Ibuprofen (Motrin<sup>™</sup>) or Acetaminophen (Tylenol™)
- **Do not** walk on feet that have frostbite
- **Do not** break blisters (bubbles that have formed)

- ► There are bubbles, blisters, purple or black skin
- ► Hypothermia (p. 38-39)





# **Key questions**

- Where is the pain?
- Is the pain on/off or always there?
- What kind of pain is it? (burning, stabbing, cramping, etc.)
- When was the last stool (poo)?
- What color are the stools (if able to see)?
- Do they have fever / chills?
- Do they have diarrhea, constipation?
- Are they vomiting?
- Is it possible they could have swallowed an object (e.g.: battery)?
- Do they have pain when passing urine?
- Does she have abnormal vaginal discharge?
- Is she pregnant or might be pregnant?
- Does she have vaginal bleeding?
- Do they cough or have trouble breathing?
- Do they eat, drink, sleep normally?
- Do they act normally?

## What to do

- ▶ If minor cramps with diarrhea and vomiting, See maintaining hydration (p. 83)
- ▶ If minor cramps with constipation, see Constipation (p. 80)
- ▶ If minor cramps without diarrhea/vomiting/ constipation, eat light food, drink well, rest
- Control pain with acetaminophen (Tylenol) if needed

- Severe pain
- Trauma, accident
- Possibility of pregnancy (late period) with abdominal pain
- Swelling of the abdomen
- Pain continues for more than 48 hours



#### **Events**

▶ No stool for 3 days or 1 day more than normal habit with hard stools and abdominal discomfort

# **Key questions**

- ▶ When was the last bowel movement?
- ▶ Is there any abdominal stomach pain? (p. 79)
- Are they vomiting?
- Do they eat, drink, sleep normally?
- ▶ Do they act normally?

## What to do

- Babies under 4 months:
  - 2 to 3 teaspoons real fruit juice mixed in baby formula
  - Exercise: moving baby's leg
  - Gentle abdominal massage
  - If breastfed, think about mother's diet
- ▶ Babies from 4 months to children under 5 years old: Real fruit juice
- ► Children over 5 years to adult age:
  - Encourage walking
  - · Drink well, stay hydrated
  - Eat foods that help eliminate (whole wheat bread, fruits, beans and lentils)



- Constipation with vomiting
- Diarrhea mixed with hard stool
- ► Not better after 2 days of self-treatment

# Always call the nurse!

# **Key questions**

- ▶ Did they take any blood thinners?
- ► Do they have diarrhea?
- Is there blood inside the stools (if able to see), or just at the end on the toilet paper?
- Are there blood clots?
- ▶ Do they have hard stools / constipation?
- ► Are the stools black (if able to see)?
- ► Are the stools bright red (if able to see)?
- Do they have rectal pain when they go?
- ► Do they vomit blood?
- ▶ Do they have stomach pain? (p. 79)

## What to do

- Stay hydrated. Avoid dairy
- ► Treat constipation (p. 80) if needed



# VOMITING AND DIARRHEA

# **Key questions - vomiting**

- ► How many times a day?
- ▶ Do they have fever / chills?
- ▶ Do they have abdominal pain?
- ▶ Do they have violent vomiting?
- Are they constipated? (p. 80)
- Do they have cold symptoms? (hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ▶ Do they have a rash?
- ▶ Do they have urine problems? (p. 85)
- ▶ Do they have a headache?
- Are they teething? (babies)
- ► Are they vomiting blood?
- ▶ Does the vomit look like black coffee grounds?
- ▶ Did they hit their head?
- ▶ Did they take pills or poison?
- ▶ Do they act normally?

## What to do

Maintain hydration (see p. 83)

# **Key questions - diarrhea**

- ► How many times a day?
- ▶ Do they have blood in stools or black stools (if able to see)?
- ▶ Do they have fever or chills?
- ► How many times a day do they pee?
- ▶ Do they have saliva?
- Do they have tears when they cry? (babies)
- Are they thirsty?
- Are they hungry?
- ▶ Do they act normally?
- If they are diabetic, what is their blood sugar?



- Dehydration (not peeing, drowsy, dry lips and mouth, sunken eyes)
- ▶ Blood in the vomit or in the stools (p. 81)
- Fever
- ► Not better after 2 days of self-treatment

Start replacing lost liquid when vomiting stops. Drink small quantity slowly at first. Hydration is the priority.

D A D I E C	\	ΓEAT YET

Breastfed	Keep breastfeeding as usual	Give 2-3 ounces (60-90 mL) of Gastrolyte (blue 21) in between each feeding
Bottlefed	Stop giving formula	Give every half hour or hour, 2-3 ounces (60-90 mL) of Gastrolyte (blue 21)

#### BABIES WHO EAT SOLID FOOD

Breastfed	Keep breastfeeding. Stop giving solid food	Give 2-3 ounces (60-90 mL) of Gastrolyte (blue 21) every half hour or hour
Bottlefed	Stop giving formula and solid food	Give 2-3 ounces (60-90 mL) of Gastrolyte (blue 21) every half hour or hour

#### CHILDREN TO ADULT

- · Avoid milk and fatty food for a few days
- Progressive diet: Day 1 = liquid, Day 2 = light, Day 3 = regular
- If diarrhea: eat constipating food: white rice, white bread toast, bananas, apple sauce

# How to prepare homemade rehydration drink

- ▶ Boil 650 mL (22 ounces) of water
- Let it cool down
- ▶ Mix with 350 mL (12 ounces) of **unsweetened** orange juice
- ► Add ½ teaspoon of salt
- Shake or stir to mix well

# **How to prepare Gastrolyte**

Give 2-3 ounces (60-90 mL) of Gastrolyte every half hour or hour

- Empty contents of one Gastrolyte pouch (blue 21) into a bottle
- Add 200 mL (7 ounces) of cooled boiled water
- Shake or stir to mix well



# Always call the nurse!

## **Symptoms**

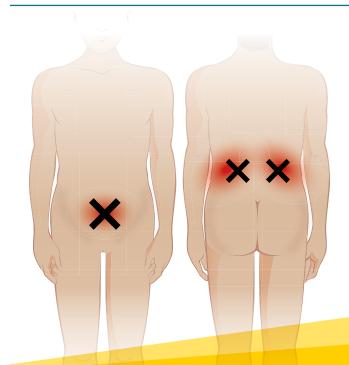
- Lower abdominal pain
- Burning sensation when peeing
- Sensation of having to pee often

## **Key questions**

- ▶ Where is the pain? Lower abdomen? Back? Side?
- Do they pee more often, less often?
- Is there blood in the urine?
- Does the urine smell bad?
- Do they pee more often at night?
- ▶ Do they vomit?
- ► Do they eat, drink normally?
- Do they sleep normally?
- ▶ Do they act normally?
- ▶ Do they have fever?

### What to do

- ► Check the temperature
- ► Treat the pain with Ibuprofen (Motrin<sup>™</sup>) or Acetaminophen (Tylenol<sup>™</sup>)
- Drink a lot of water



# **Symptoms**

- Vaginal pain, itchiness
- ► Change in color/amount/smell of vaginal discharge

# **Key questions**

- ► Antibiotic used recently?
- Unprotected sex recently?
- ► Change in soap?
- ▶ Diabetes? Is the sugar well controlled?

# **Observations**

► Change in color, smell of vaginal discharge.

#### What to do

- Proper hygiene
- Use condom during sexual activities

# Call nurse if

Not better after 2 days of self-treatment

Who is injured or sick? Name	
Date of birth Where is the camp located?	Is the person known to have:
Medications	OHeart problems ODiabetes (sugar problems) OHigh blood pressure OBreathing problems Orug allergies Other
Event	
Why are you calling?	
What happened?	
When did it start?	
What did you do?	
What did you do?	
What did you do?	fer to Cree Medical Bush Kit Manual for specific health problem):

# PREPARING AND GIVING MEDICATION

Is the person known to have:  OHeart problems  OBreathing problems
OHeart problems ODiabetes (sugar problems) OHigh blood pressure OBreathing problems ODrug allergies Other
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Event		
Why are you calling?		
What happened?		
When did it start? What did you do?		
Answers to key questions (Refer to Cree Medical Bush Kit Manual for specific health problem):		

# **ACKNOWLEDGEMENTS**

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