

## Medical and surgical emergencies

All pharmacists should be familiar with the methods used to sustain life and prevent further injury in a variety of situations. Programs for training and maintenance of skills in first aid are readily available. Pharmacists are encouraged to maintain up-to-date training in this area.

As a trained observer, a pharmacist may be in a unique position to record information for a medical practitioner. Paramedics in all states and territories are skilled in advanced life support, including administration of drugs for resuscitation and cardiac defibrillation.

### Basic life-support for a person who collapses

When someone collapses, irrespective of the apparent cause, look for and correct abnormalities in the sequence shown in [Figure F.2](#), p. 453, while awaiting the arrival of an ambulance.

Ensure that all 'rescuers' are safe from danger. If there are two or more 'rescuers' available, have one person call immediately for an ambulance before providing direct assistance to the patient.

Take standard precautions to reduce the risk of acquiring transmissible diseases (e.g. wearing gloves, using a resuscitation mask).

Stimulate the person to see if there is any response (i.e. physically rouse firmly, but not violently, and shout).

### Basic life-support technique

#### A—Airway

Inspect the mouth for foreign material and gently clear the airway by removing anything foreign and visible. Do not sweep a finger blindly about inside the mouth.

Check by looking at and feeling the chest wall for any evidence of spontaneous breathing. If there is none, tilt the head back and lift the jaw forward to open the airway. If this is ineffective, the jaw thrust manoeuvre should be used. Kneel down at the head of the person and grasp the angles of the mandible with both hands. Lift the mandible forward then, when the airway is open, rest the elbows on the surface on either side of the patient's head. Two rescuers will be required to perform ventilation when the jaw-thrust technique is used.<sup>1</sup>



#### B—Breathing

If the person is not breathing, for expired air resuscitation or mouth-to-mouth breathing, place the person on their back, open the airway, pinch the person's nostrils closed with one hand, and slightly open the mouth with the other. Breathe in, seal your mouth around the person's mouth, then breathe out, watching the chest rise as you do so. Take your mouth away, watch the chest fall, and feel the air being exhaled. For children, less volume and force are required. For infants, your mouth should cover the infant's mouth and nose. Mouth-to-mask may also be used. The breath rate recommended for expired air resuscitation only in adults and children is 12 per minute. When combined with external cardiac compression it is two breaths for every 30 compressions.<sup>2</sup>



#### C—Circulation

Check for a pulse. If the pulse is absent or cannot be confidently identified, begin external cardiac compression by placing the person on their back and depressing the lower half of the sternum 4–5 cm with the heels of both hands, at a rate of approximately 100 compressions per minute. Use the heel of one hand for children and two fingers for infants. Alternate