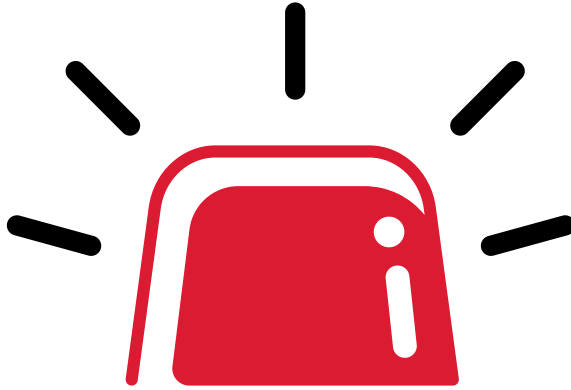




Dial 040-44-108-108



**FIRST AID**



Handbook from



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# Foreword

Accidents don't send invites. They just happen. And when they do, knowing what to do in those first few minutes can literally save a life. It's not just for doctors or paramedics. Anyone can learn it, and everyone **should**.

Whether it's helping someone who's choking, handling a seizure, or just knowing how to stop bleeding the right way, first aid gives you the confidence to act instead of panic. It's about staying calm, doing the right thing, and being the person who steps up when it counts.

First aid also helps reduce pain, prevent things from getting worse, and even speed up recovery. And let's be honest - being the one who knows what to do in a crisis?

*That's a superpower.*

*The one who knows it, a Super HERO.*

Every emergency room has witnessed multiple occasions of "if only someone did CPR on the way, if only they stopped the bleeding with simple pressure, if only....". Let's reduce such incidents together.

- Dr Naveen R Nimmala  
Group Head - Emergency & Academics



A comprehensive **stroke and cardiac care** center with 24/7 access to qualified Emergency / Critical care teams and CT | MRI | Cathlab to help us deliver rapid care.



# Index



**This content is available  
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# Heart attack & Fainting

## Identify the symptoms

1

- Chest pain or discomfort
- Pain radiating to arms, neck, jaw or back
- Shortness of breath
- Sweating (cold and clammy)
- Nausea or vomiting
- Dizziness or fainting
- Extreme fatigue or anxiety
- In women, elderly, or diabetics, symptoms may be atypical (e.g., nausea or jaw pain)

## CALL EMERGENCY MEDICAL SERVICES



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2

If urgent, arrange for immediate self transport to the nearest hospital with cardiac care.

## Posture



- Make the person sit or lie comfortably, semi-reclined
- Loosen any tight clothing and reassure the person

## Medication

If conscious, give aspirin (300mg-325mg) (preferably, disprin) to chew & swallow unless allergic or contraindicated (Stomach ulcers, blood vomit history).

Avoid taking Sorbitrate as advised by some influencers as it might lower the blood pressure in some types of heart attack.



3

## Monitor continuously

4

- Stay with the person and monitor pulse, breathing, and consciousness
- If feeling breathless, do not force them to lie down. They feel comfortable in a sitting position.

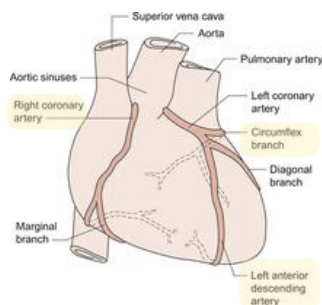
## CPR with AED if needed (Pg 32-34 for details)

5

- If unconscious and not breathing (no pulse), begin CPR while you wait for an ambulance.
- Untrained: Hands-only CPR (100-120 compressions/min)
- Trained: (30 compressions: 2 breaths)
- Use AED as soon as available and follow prompts
- Continue CPR until emergency help arrives or the person starts breathing

## Good to know

- Heart has 3 main blood vessels. One might have almost 90% blockage and be symptom free if fully resting.
- A routine Angiogram is helpful to identify these. Make it a habit to get checked once you near your fifties.



## Fainting

- When blood supply to brain decreases, one will faint and might even have seizures / unconsciousness.
- Help them lie down to prevent injury.
- If conscious, give them some ORS solution. Raise legs to pool blood towards brain.
- If the cause is low sugars, treat as guided on hypoglycemia page (12).
- If unconscious, use recovery position (shown on pg 9) and arrange transport to the hospital



# Trauma (Fractures | wounds)

## Initial assessment

1

- Ensure scene safety: fire, traffic, electrical danger!
- Do NOT move the injured person unless there's danger
- Check for consciousness, breathing, bleeding, and visible deformity.

## Bleeding control (if any)

2

- Manage wounds (before fracture handling)
- Apply pressure on bleeding site with clean cloth
- Elevate the limb if there is no fracture suspicion
- If cloth is soaked, add more layers on previous layers.
  - For nose, ear, eye injuries, don't apply pressure
- Do not apply tourniquet unless trained. If applied, loosen it occasionally and don't keep for longer periods.

## Suspect a Fracture If:

- Pain on movement
- Swelling, deformity
- Inability to bear weight
- Shortened or twisted limb
- Bone sticking out (open fracture)



## CALL EMERGENCY MEDICAL SERVICES



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3

Seek emergency medical care if:

- Bleeding is uncontrolled after 10 minutes
- Suspected fracture or internal bleeding
- Embedded object or large/deep wound
- Victim is feeling weak or unconscious

## Immobilize the Fracture

- Do NOT try to realign or push bone back
- Support the injured part in the position found
- Use a splint or padding (sticks as shown, rolled newspaper, etc.)
- Immobilize joint above and below the suspected fracture
- Tie gently with cloth, scarf, or bandage
- For suspected spine or neck injury, do not move—stabilize head and neck.



## Keep the Person Comfortable

- Help them lie down if feeling dizzy or weak
- Cover with blanket if pale, cold and have rapid pulse (These indicate they are losing blood and they need medical care).
- Reassure them to reduce anxiety
- Don't give anything to eat or drink



## Things to avoid

- Don't move limb unnecessarily
- Don't wash deep open fractures
- Don't give oral medications
- Don't ignore signs of internal injury (abdominal pain, vomiting, drowsiness)
- Don't leave the person unattended



## Transport (If Needed)

- If ambulance is delayed, use own vehicle
- Avoid twisting spine/neck during shifting (Use spine board if available.)
- Keep limb immobilized throughout



*Spine board*

# STROKE

## When to suspect

Timely recognition is important. Sudden onset of confusion, weakness, vision loss, speech difficulty, severe headache, loss of balance

1

## Identify based on symptoms



Balance



Eyes



Face



Arm



Speech



Terrible

**B E F A S T**

2

- B - Loss of balance / Unable to stand with eyes closed
- E - Vision issues - Blurry or Double vision or Unable to see
- F - Face asymmetry or numbness - One side droops or Saliva leaks from mouth corner
- A - Arm weakness - Ask to raise both arms and see if one arm drops sooner,
- S - Speech - abnormal / stuttering or unable to speak
- T - Throbbing headache - Time to call Emergency

## CALL EMERGENCY MEDICAL SERVICES



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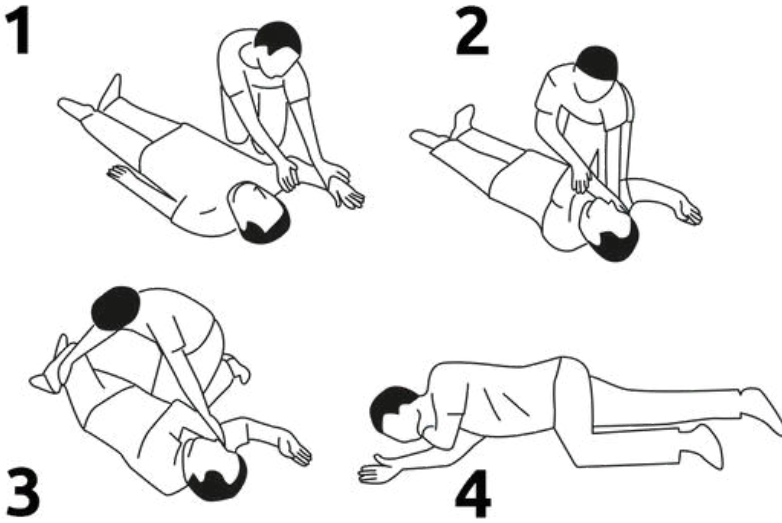
Shift to a comprehensive stroke care center (CT/MRI & Interventional Neurology access). [Like Sri Sri Holistic]

## Ensure safety

- If patient is unconscious-Lay patient in recovery position.
- If patient is conscious, keep the patient upright position or Fowler's position (semi-sitting position)
- Do Not give any food, drinks, aspirin

4

## RECOVERY Position



1. Extend victim's right hand
2. Left palm on to Right Cheek
3. Fold and grab Left knee
4. Roll the patient on to right side

## IMPORTANT to know

Once brain cells die, there is **no way to revive** them. It's important to save them on time. Results will be good if treatment is delivered **under 4.5hours** (Sooner the better). The scans and lab tests take up almost 30min to complete. So, visit the stroke center ASAP.

5

# Allergies / Anaphylaxis

## Recognize

1

Timely recognition is important. Sudden onset of rash, itching, breathing difficulty, sweating, light-headedness, speech difficulty or swelling of face should alert you

## Severity panel

### Mild allergic reaction

- Localized rash, itching, sneezing, mild swelling (e.g., lips, face).
- No respiratory or cardiovascular involvement.

### Anaphylaxis (severe allergic reaction)

- Life-threatening
- Swelling of lips/tongue/throat
- Difficulty breathing, wheeze, stridor
- Dizziness, collapse, low BP
- Vomiting, abdominal pain

## CALL EMERGENCY MEDICAL SERVICES



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## USE ADRENALINE INJECTOR (LIFE SAVING)

- Those with a possibility of recurrent episodes will be provided with Adrenaline Auto-Injector (Epipen).
- If available, use it immediately (inject at lateral thigh region IM)
- No Auto-injector? Rush to the ER



2

3

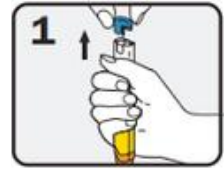
## How to use EpiPen Injector



1. Remove Blue safety cap
2. Place orange tip over thigh on a side (Clothing should not be too thick (Like pockets or seam with multiple layers).

3. Push on to the body at 90 degrees and keep it there for 10 seconds

*Demo Image shows blue cap but it should be removed.*



## POSITION AND SUPPORTIVE CARE

- Lie person flat, elevate legs if fainting
- If unconscious, keep in recovery position (shown in stroke page).
- **Remove allergen:** insect stinger, food
- **Oxygen:** If available, administer via mask
- **Positioning:** Do not sit or stand suddenly
- Antihistamines: Oral Cetirizine or Chlorpheniramine
- IV fluids: If trained personnel available

4



## TRANSPORT AND OBSERVATION

- Transport to nearest hospital.
- Observe  $\geq 6$  hours post-reaction (there is a chance of 2<sup>nd</sup> episode - biphasic reaction).
- Know what caused it and take measures to avoid it.
- Family members and Colleagues should be made aware of your allergies and EpiPen usage as a precaution.
- Consult an allergy specialist and get tested for allergy panel to know what else you are allergic to.

5

# Hypoglycemia / Low sugar

## Recognize

1

- A person with low blood sugar may suddenly appear shaky, sweaty, dizzy, anxious, irritable, or confused.
- They may have a headache, a pounding heartbeat, or intense hunger.
- If a glucometer is available, check the reading. If it's below 70 mg/dL, it's called Hypoglycemia.

## Treat with SUGAR

2



- Before you give something, make sure person is conscious enough to chew or swallow it. **DO NOT** give anything if they can't swallow.
- Give 15 Grams of Carbohydrate: Eat or drink. Avoid foods high in fat, like chocolate or cookies, as fat slows down sugar absorption. •
- Ideal to use: ◦ 4-5 glucose tablets ◦ 6-7 regular-sized jelly beans ◦ 1/2 cup of fruit juice or regular (non-diet) soda ◦ 1 tablespoon (3 teaspoons) of sugar or honey ◦ 1-2 tubes of glucose gel

## Check for response

3

- It takes time for the sugar to start working.
- Wait 15 Minutes and Re-Check Blood Sugar. If their blood sugar is still low or symptoms have not improved, repeat Step 2 up to three times. If there is still no improvement, it is time to call for emergency medical help.

## CALL EMERGENCY MEDICAL SERVICES



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4

## If Symptoms improve or Sugars rise

5

- Once blood sugar is in a safe range, prevent it from dropping again.
- Check Meal Timing: If their next meal is >30 minutes away, give them a small snack that contains a longer-acting (complex) carbohydrate to provide sustained energy.
- Good examples of stabilizing snacks include:
  - A piece of fruit
  - A glass of milk
- Do not give Diabetic medications or Insulin till you speak to a Doctor as they might lower sugar levels again

## Severe Emergency (Unconscious or Unable to Swallow)

6

- DO NOT give food or drink by mouth, as this can cause choking.
- Place the person in the recovery position (shown on stroke page).
- If a glucagon emergency kit is available and you know how to use it, administer it immediately. Glucagon is an injection or nasal spray that raises blood sugar.
- Immediately shift to the Emergency room without wasting time with home remedies which should be followed only if someone is conscious.

## Good to know

***Learn to manage Insulin dosing as per meal. if you are not taking a full meal, you must lower your dose to prevent dangerous drop in sugar levels.***



# Burns

## Ensure Safety

- Remove person from the source of the burn (fire, hot liquid, object)
- Do not endanger yourself
- Turn off electricity/gas if involved



## Cool the Burn Immediately

- Hold the burned area under cool (not cold) running water for 20 minutes (longer for chemical burns).
  - Start within first 3 hours of burn for best effect **OR** use a clean, cool, wet cloth if water not available
  - Do not use ice or ice water (can worsen tissue damage)



## Protect the Burnt area

- Remove tight clothing/jewelry near the area (only if not stuck to skin. Do not forcefully peel them)
- Cover with non-stick dressing, clean cloth, or plastic wrap
- Use cling film for large burns - Do not wrap too tightly and allow gaps to make way for tissue swelling.
- Do not apply: Oil, butter, toothpaste, turmeric, or creams

## CALL EMERGENCY MEDICAL SERVICES



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Seek medical help if:

- Burn is larger than palm of hand
- Burn involves face, hands, feet, genitals, joints
- Deep burns (white, leathery, painless)
- Signs of infection: fever, pus, swelling
- Burn from chemicals, electricity, explosion

### Things to avoid



- Don't pop blisters
- Don't apply cotton wool
- Don't cover tightly
- Don't delay seeking help for large/deep burns
- Don't use home remedies



### Reason for discouraging home remedies

Burn causes the protective layers of skin to lose their function. Any non-sterile pastes / powders can cause infection easily. They also make the cleaning of burnt area difficult for the hospital staff.

### Introspect and Learn

Try to find the reason for such an accident and take steps to avoid another episode.

It could be lack of knowledge, a leaky gas stove, a faulty electrical switch or appliance. Get them fixed. Learn to use the Fire extinguisher.

Check expiry of extinguishers and get them replaced. Know types of extinguishers and their effectiveness on different types of fire. Not all are same.



# Asthma

## Identify Symptoms

- Difficulty breathing
- Wheezing
- Tight chest
- Coughing (especially at night or early morning)
- Can't complete full sentences in 1 breath
- Rapid breathing, anxiety
- Relieved partially by inhaler

1

## Severe/Life-threatening if:

- Bluish lips
- Silent chest (no air movement)
- Very drowsy or confused
- Collapsing or unresponsive

## CALL EMERGENCY MEDICAL SERVICES



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2

## How to help

- Sit the Person Upright with a pillow on the back as support.
- Stay calm and reassure them as panicking will worsen the situation.
- Loosen tight clothing
- Keep them away from allergens or smoke

3



## Inhaler Usage

4

- Most common reliever: Salbutamol / Albuterol
- If using puffer (metered-dose inhaler): Give 1 puff every 30–60 seconds, up to 4 puffs. Use a spacer if available
- Encourage deep breathing with each puff
- If no improvement in 4 min, repeat up to 4 more puffs (total 8)

## How to use an inhaler

- Keep it vertically with mouth piece on lower aspect into the mouth.
- Push the top end and ask them to inhale deep after each push.
- Repeat as suggested above.



## While you wait for advanced help

5

- Continue Inhaler Until Help Arrives
- You may give 1 puff every 2 minutes, up to 20 puffs total, until ambulance arrives (per asthma guidelines)
- Keep them calm, upright, and monitored

## Do not do these

6



- Don't lie them flat
- Don't leave them alone
- Don't give food or drink during attack
- Don't drive to a far away hospital (Go to nearest ER).

## Good to know

If you are an asthmatic, make sure you inform others about your medications and train them on how to use an inhaler to help you when needed.

# Nose bleed

## Identify Symptoms

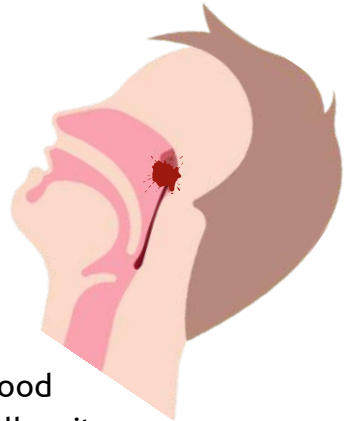
1

- Blood coming from one or both nostrils
- Can be sudden, mild, or profuse
- Common causes: dry air, nose picking, trauma, allergy, high Blood pressure.

## Initial help

2

- Sit the Person Up and Lean Forward
- Keep them sitting upright (not lying down)
- Lean slightly forward (prevents swallowing blood)
- Keep calm. Anxiety increases blood pressure & bleeding
- Use thumb and index finger to pinch just below the nasal bone
- Pinch both nostrils together
- Hold firmly for **10–15 minutes (use timer)**
- Breathe through the mouth



## Good to know

When you sit with head tilted back, blood drips into mouth, and you start to swallow it. You will never know how much blood is lost.

## Optional method

- Apply Cold Compress
- Place cold pack or cloth with ice on the bridge of the nose or back of the neck
- Helps constrict blood vessels

3

## Do NOT Do the Following



- Do not tilt head backward — may cause choking or vomiting
- Do not blow nose during or right after bleeding
- Do not stuff tissues deep inside the nose
- Do not apply aspirin or ointments unless advised by a doctor

## Rush to Emergency department if:

4

- Bleeding does not stop after 20 minutes
- Nosebleed follows head injury or trauma
- Person feels dizzy, faint, or weak
- Bleeding is very heavy or recurrent
- On blood thinners (e.g., warfarin, aspirin)
- Nosebleeds in very young children or elderly with comorbidities

## CALL EMERGENCY MEDICAL SERVICES



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## After Bleeding Stops

5

- Avoid nose blowing, picking, hot drinks, or strenuous activity for next 24 hours
- Use nasal saline spray or humidifier if dryness is the trigger
- If frequent, consult ENT specialist

# Snake Bite

## Initial management

1

- Ask the person to stay calm and still
- Panic and movement increase blood flow speed and venom spread
- Do NOT run, walk slowly or stay still and call for help

## Signs of Snakebite

2

- Visible fang marks (may be 1 or 2 puncture wounds)
- Local pain, swelling, or bruising
- Nausea, dizziness, sweating
- Difficulty breathing, blurred vision (in venomous bites)
- Not all snakebites inject venom (dry bite). Treat every bite as an emergency.



## Position and Immobilize

- Keep the bitten limb below heart level
- Do NOT move the limb
- Immobilize with a splint or sling like a fracture
- Remove tight items (rings, bangles, watches, shoes)

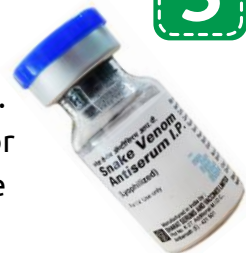
## CALL EMERGENCY MEDICAL SERVICES



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3

Ask if the hospital has anti snake venom ASV. Go to a place which has it in stock. You may or may not need it though. Not every snake bite needs anti-venom.



## Things to avoid



- Do NOT cut or suck or burn the wound (You might suck the venom which might enter you if your mouth has any invisible cuts)
- Do NOT apply ice or tie a tourniquet (tying too tight could cause problems)
- Do NOT give alcohol or herbal remedies
- Do NOT delay hospital transfer for rituals or home treatment
- Do NOT try to catch or kill the snake (Not the time for revenge and Doctors don't need to see it to treat the patient).
- Do NOT give any food or water
- Avoid pain killers as some of them can increase the risk of bleeding.



## While you are on your way to the hospital



- If possible, mark swelling with pen to track progression
- Keep note of time of bite and symptoms
- Keep victim lying down and as still as possible
- Encourage them to be calm all the time. Majority (~75%) of the snakes are non-poisonous. It's the panic that hurts them the most.

## Good to know

- There are 2 types of snake venoms.
- One affects the brain and nerves (Neurotoxic) - Muscles get paralyzed.
- Other affects the blood (Hemotoxic) - disturbs clotting leading to leakage of blood)
- Anti snake venom is only given if patient shows symptoms of envenomation. Not immediately after visiting ER.

# Drowning

It's obvious to identify when someone is drowning. Let's learn the process of helping the victim.

1

## Basics

- Ensure Your Own Safety First
- Do not jump into water unless trained in rescue
- Use a stick, rope, or float to pull the person out
- Call for help from others nearby



## After retrieval from water

- Lay them on their back on a flat surface
- If unresponsive, check for:
  - - Breathing
  - - Pulse
  - Signs of life (movement, coughing)

2



## If Not Breathing → Start CPR

Even if water is coming out of mouth/nose, start CPR immediately (See CPR page)

CPR

30 Chest Compressions

2 Breaths



## If Breathing Returns

- Place in recovery position (Shown in on Stroke page)
- Keep airway open
- Keep warm and dry with a towel or blanket
- Do not give anything to eat or drink

## CALL EMERGENCY MEDICAL SERVICES



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3

## Things to avoid

4



- Do not try to drain water by lifting legs or shaking or by pressing on stomach.
- If not breathing, Do not delay CPR to clear water from airway
- Do not give mouth-to-mouth if the person is coughing or breathing
- Do not leave victim alone even if awake



Do not press on stomach



## If person is conscious

5

- Move to a Warm, Dry Indoor Place Immediately
- Get the person out of wet clothing
- Shield from wind and cold ground
- Cover entire body, including head (hat or towel) and feet in Dry Layers [Towel / Blanket / Dry clothes /Shawl]
- Reassure the person
- Avoid unnecessary movement
- Help them rest flat or in a slight sitting position, especially if breathing is labored



## Recovery

6

- Give Warm, Sweet Fluids Only if they are:
- Fully conscious, Not vomiting and Able to swallow.
- Offer warm water, tea, or sweet drinks
- Avoid alcohol or caffeine
- No food until fully stable



# Dog bite



## Ensure Safety

- Move away from the dog
- Do not chase or attack the dog
- Identify the dog only if safe to do so (for observation later)

1

## Wound wash

**The most important step to prevent rabies and infection.**

2

- Wash the bite site with soap and running water for at least 15 minutes
- Use plenty of water
- After washing, apply antiseptic: Povidone iodine (Betadine) OR any available antiseptic solution
- Do not apply turmeric, red chili, or herbal pastes

## Control Bleeding (If Any)

If bleeding:

Apply gentle pressure with a clean cloth or bandage

Elevate the limb if safe

Do not suture or close the wound at home

3

## CALL EMERGENCY MEDICAL SERVICES



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4

- Take medical opinion even for a minor bite to know if you need any:
- Anti-rabies vaccine (ARV) - 5-dose schedule (not around the navel anymore)
- Rabies Immunoglobulin (RIG) – for category III bites
- Report even if: Dog is vaccinated

## Observe the Dog (if possible)

5

- If the dog is available, observe for 10 days
- If dog stays healthy, continue vaccine schedule unless advised
- If dog dies, escapes, or behaves abnormally - complete full treatment

## Things to avoid

6



- Don't ignore minor bites or scratches
- Don't delay washing the wound
- Don't use chili powder, lime, mud, or home remedies
- Don't skip doses of the vaccine
- Don't assume vaccinated dogs are safe.

## How we categorize a wound

7

Category	Exposure	Action
I	Licking of intact skin	No treatment
II	Nibbling, minor scratch	Wash + vaccine
III	Deep bites, bleeding, mucosa	Wash + vaccine + RIG

If you had full vaccination previously and now bitten by a dog again, you will need a booster dose. Visit the emergency. Vaccine provides slow and delayed but long-term protection. Immunoglobulins give immediate short-term protection.

*Rabies vaccination is affordable and lifesaving. Once rabies starts, there is **no cure** as of now..*

# Poisoning

## Recognize the symptoms

1

Common signs may include:

- Vomiting, nausea
- Abdominal pain
- Confusion, drowsiness
- Burning sensation in mouth or throat
- Unusual breath smell (e.g., kerosene, pesticide)
- Seizures or unconsciousness
- Breathing difficulty

## Ensure Scene safety

2

- Protect yourself - avoid touching or inhaling chemicals
- Do not enter confined spaces with chemical fumes
- Remove the person from the source (e.g., fumes, spills)
- In chemical / pesticide spillage, remove soiled clothes

## Collect important information

3

If the person is conscious, quickly gather:

- What was taken? (Name or container)
- How much?
- When?
- Was it swallowed, inhaled, injected, or spilled on skin?
- Keep the poison container / label to show to medical staff.



## CALL EMERGENCY MEDICAL SERVICES



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4

## Immediate Firstaid while you wait for advanced help

5

### If Swallowed:

- Do NOT induce vomiting
- Do NOT give anything to eat or drink
- Rinse mouth gently if conscious

### If Inhaled (e.g., carbon monoxide, pesticide):

- Move to fresh air immediately
- Loosen tight clothes
- Support breathing (start CPR if needed)

### If on Skin:

- Remove contaminated clothing
- Wash skin thoroughly with running water for 15–20 minutes

### If in Eyes:

- Rinse eyes gently but thoroughly with clean water for 15–20 minutes
- Keep the Person Safe Until Help Arrives
- Keep them lying on their side (recovery position pg-9) if drowsy or vomiting or unconscious
- If not breathing → start CPR

### Things to avoid

6



- Do not induce vomiting (especially in kerosene, acid, or alkali poisoning)
- Do not give milk or water unless advised by professionals
- Do not delay seeking medical help
- Do not wait for symptoms to get worse

***Do not be fooled by lack of symptoms. Poison will take time to act. It should be removed from the body ASAP .***

# Choking

## Recognize Choking

- When airway gets blocked by food or some object, it causes choking.
- Clutching the throat (universal sign)
- Inability to speak, cough, or breathe
- High-pitched or no sound when trying to breathe
- Cyanosis (blue lips or face)
- Panic or unconsciousness (late stage)
- Call for help( ambulance)
- If the person can cough forcefully, do not intervene yet—encourage coughing.

1



## Choking but Conscious

For Adults and Children:

- Ask: “Are you choking?” If they nod or cannot speak, act quickly.
  - Give 5 Back Blows: Stand behind the person
- Support their chest with one hand, bend them forward. Deliver 5 firm back blows between the shoulder blades.
- If not relieved → Give 5 Abdominal Thrusts (Heimlich Maneuver): Stand behind the person, Make a fist and place it above the navel
- Grasp with the other hand and give inward and upward thrusts

2



- Alternate 5 back blows and 5 abdominal thrusts
- Continue until: Object is expelled / Person starts breathing / Person becomes unconscious

### For Infants

- Lay baby face down along your forearm, support the head
- 5 back blows between shoulder blades
- Turn baby face-up and give 5 chest thrusts (2 fingers on chest, below nipple line)
- Repeat back blows and chest thrusts until object comes out or baby becomes unresponsive



### CALL EMERGENCY MEDICAL SERVICES



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3

Keep helping but ask for additional help.

### If Person Becomes Unconscious

- Start CPR: 30 chest compressions
- Check mouth for object after compressions
- Give rescue breaths only if trained and object is removed
- Continue CPR until help arrives or person revives

4

### Things to avoid



- Don't give water
- **Don't put your fingers blindly in the mouth**
- Don't delay calling for help if the person is turning blue or collapsing
- Don't hang infants upside down

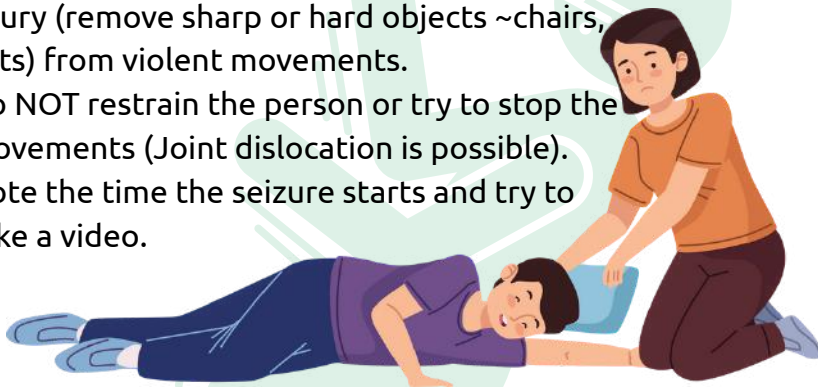
5

# Seizures / Fits

## Stay Calm and Ensure Safety

1

- Don't panic – most seizures are brief and not life-threatening. There's nothing you can do to stop them.
- Gently put them on the floor on a side (if in a chair)
- Protect the Head with cushions and loosen clothing.
- Clear the area around the person to prevent injury (remove sharp or hard objects ~chairs, cots) from violent movements.
- Do NOT restrain the person or try to stop the movements (Joint dislocation is possible).
- Note the time the seizure starts and try to take a video.



## Things to Avoid

2



- Do NOT hold them down.
- Do NOT put anything in their mouth (no spoon, fingers, food, or water).
- Do NOT try to give medicine or water until they are fully awake.
- Do NOT crowd around them.



*Holding keys or metal in someone's hand during a seizure doesn't do anything. Most seizures stop on their own within a minute no matter what you're holding or doing. It could be keys, eggs, or even dancing around them, it's just coincidence. Thinking you "fixed" it that way is a misunderstanding.*

## CALL EMERGENCY MEDICAL SERVICES if



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3

- Seizure lasts more than 5 minutes
- Person is not waking up after the seizure
- Seizure happened in water
- Person is pregnant, diabetic, or injured during the seizure
- It's their first seizure ever
- There are repeated seizures without recovery

### If seizure stops

4

- Stay with them until they are fully alert.
- They may be confused, tired, or emotional.
- Reassure them.
- Help them sit or lie down in a safe place to recover.
- Do not feed them anything immediately unless it's Hypoglycemia (low sugars) that caused the seizure. Even then, only feed as suggested in Hypoglycemia page.

### Seizures in kids - Unusual presentations

5

- Staring looks without a response your voice
- Jerking or twitching of the arms, legs, or other body parts.
- Stiffening: The child's body may become rigid.
- Loss of consciousness.
- Breathing problems: difficulty breathing or stops breathing for a short time.
- Loss of bowel or bladder control
- Seizure during fever is common and it may not continue to trouble them when they grow up. Keeping temperature under control is the key.

# Basic life support | CPR

## Scene safety

- When planning to approach an apparent unconscious person, make sure it's safe for you.
- If a building is on fire or collapsing, don't risk.
- If someone's drowning, make sure you are a good swimmer.
- In a lonely place, if you want to step outside of your vehicle, let someone know.

1



## Check response

- If they don't respond to your voice, tap firmly on shoulders and shout.
- If no response, call Emergency

### CALL EMERGENCY MEDICAL SERVICES



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2



## Check if they need CPR

- Not every unresponsive person requires CPR (Cardiopulmonary Resuscitation)
- Check pulse in front of the neck with 2 fingers as shown. Look simultaneously at chest to see breathing.
- If you don't feel a pulse within 10 seconds, consider heart has stopped and start CPR
- If trained and comfortable delivering mouth to mouth breaths, give 2 breaths after every 30 compressions.
- Re-asses pulse every 2 minutes.

3



## How to do compressions

- Kneel down next to victim
- Place dominant hand in the center of chest & interlock your fingers
- Keep your elbows straight
- Start pressing down (abt 5cm in adults, 4cm in children)
- Compress at 100-120 times/min (not more than twice a second)
- Allow chest to relax fully before next compression



## How to deliver breaths

- Take a deep breath and fill your lungs
- Open the airway (tilt the neck back unless it's a trauma case). Open the mouth, close the nose and make a seal around the mouth with your lips.
- Blow the air for 1 second and stop when you see the victim's chest rises up.



## Ratio of compressions to breaths

**In adults 30 : 2**

**In children 15 : 2**

In kids, the heart stops mostly because of oxygenation issues. So, we deliver double the breaths.

Just like how the heart should never stop, your CPR should also continue without interruptions.

## Multiple members during CPR

If there are more people, one should do compressions and other handle breath delivery and switch roles every 2 minutes

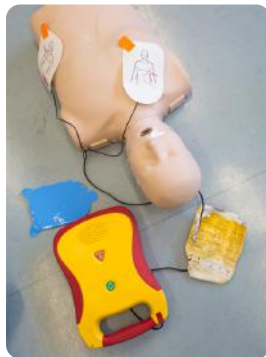
Switch at



# Automated External Defibrillator

## What is it

- It's a portable shocking device (portable form of the big one used in hospitals).
- It's designed for usage by non-medical persons. It's made available in crowded areas like bus stops, airports, flights, malls, stadiums etc.
- Be aware of "how to use" it during CPR.



## How to use it

1. Turn it on (some turn on when case is opened - image shows green button).
2. Listen to what it says. It'll ask you to attach pads on victim and connect it to the machine. (Pads on bare skin as shown - position is marked on pads).
3. Press shock button when it says. No one should touch the victim when AED starts analyzing the heart rhythm, and also when pressing the SHOCK button



- Immediately resume CPR after shocking or if AED says no shock advised and there is no pulse (Check every 2min).
- Don't turn off AED during CPR. Let it analyze every 2min.

## Some info about usage

- The shock is to stop the abnormal rhythm. If heart is good, it will restart. We don't shock the heart if rhythm is not abnormal or when there is no rhythm at all.
- If body is wet, wipe it before attaching pads. Too much hair on chest? it may not stick well. Shave it if possible.
- Touching the victim when shocking is very dangerous.

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## Emergency Care You Can Count On - Anytime, Every Time.

An emergency doesn't check the clock—and neither do we. Whether it's day or night, the quality of care you receive should never vary. At our EMERGENCY department, we're committed to delivering the highest level of care, no matter the hour.

From heart attacks and strokes to major trauma, severe asthma, COPD, or life-threatening allergic reactions—timely diagnosis and treatment can make all the difference between recovery and irreversible loss.

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Dr Nandini Mekhala  
Dr Manogna Puniparthi

*And our expert **nursing and paramedic** teams that work with us every day without whom, we won't be **complete**.*



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