MEDIC FIRST AID®
BasicPlus CPR, AED, and First Aid for Adults
Version 6.5

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Purpose of this Guide
This MEDIC FIRST AID BasicPlus Version 6.5 Student Guide is solely intended to facilitate instruction in a MEDIC FIRST AID BasicPlus CPR, AED, and First Aid training class.

Source Authority
The source authorities for treatment guidelines in the MEDIC FIRST AID Basic Training Program are:
- 2005 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care; 2005; Circulation; 112(suppl IV).
- Other sources of national training and care guidelines.

This MEDIC FIRST AID BasicPlus Version 6.5 Student Guide is revised as medical consensus guidelines change.

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Welcome to the MEDIC FIRST AID® Basic CPR and First Aid training program. The goal of this program is to help you gain the knowledge, skills, and confidence necessary to manage a medical emergency until more advanced help is available.

Emergency first aid does not require you to make complex decisions or have in-depth medical knowledge. It’s easy to learn, remember, and perform.

You will become an important part of a team of emergency medical care providers that includes firefighters, EMTs, paramedics, hospital emergency room personnel, and others.

This program will focus on your essential responsibilities as a first aid provider:

- Recognizing a medical emergency
- Making the decision to help
- Identifying hazards and ensuring personal safety
- Activating the Emergency Medical Services (EMS) system
- Providing supportive, basic first aid care

Your instructor will use short video segments, combined with this student guide, skill demonstrations, and group practices, in an effective, low-stress manner to help you learn.
Recognizing an Emergency

Real-life emergencies may not be obvious. In many cases, medical emergencies seem to be less serious than they really are. As a first aid provider, the first step in treating a medical emergency is to suspect one is occurring.

Look for Clues

Learn to recognize visual clues that may indicate a medical emergency has occurred:

- A person in an unusual location or body position, such as lying on the ground
- A person making strange sounds, movements, or gestures
- A medical alert bracelet or necklace
- A vehicle or piece of equipment in an unusual orientation or location
- Damage to or a change in the environment
- An odd gathering or small crowd of people
- A person trying to flag you down or get your attention
Deciding to Help

The most critical decision you’ll make is whether to get involved when you think a medical emergency has occurred. As you will learn, emergency first aid is based on simple, effective procedures that can be easily learned and safely applied.

Some of the common reasons why you might hesitate to help are easily overcome.

There’s too much to do
You are not alone.
- You are the first link in a progressive chain of emergency care. Your goals are to recognize an emergency, ensure everyone’s safety, activate EMS, and provide basic initial first aid care.
- Your involvement lasts only until you are relieved by responding EMS providers—in most cases, a very short period of time.

I might make it worse
Basic first aid skills are designed to do no further harm.
- You can only help. For example, when performing cardiopulmonary resuscitation, or CPR, you cannot make things worse – you can only help.

I don’t have a lot of medical knowledge
You will learn simple yet effective skills.
- You will learn basic emergency skills designed for the non-medical provider that help to stabilize patients until professional medical help can arrive.

Others have already stopped to help
Always ask if assistance is needed.
- If EMS has not arrived, assume your help is needed. Other bystanders may not have your training.

I’ll get sued if I try to help
Good Samaritan laws provide legal protection.
- All states in the United States, and many other countries, have established Good Samaritan laws to protect you if you stop to help in an emergency. These laws provide strong legal protection if you act prudently and within the scope of your training.

I need permission to help
Begin by introducing yourself and your level of training.
- Always ask a responsive patient for his consent, or permission, before helping. Everyone has the right to refuse care.
- When a patient is unresponsive, the legal concept of “implied consent” allows you to help, because it assumes an unresponsive patient would give you permission to help if he were responsive.
Once you’ve decided to help in an emergency, your first and most important concern is your own safety. Emergency scenes can be dangerous. If it is not safe for you, do not enter. Maintain your distance and call for professional help.

SETUP

The acronym SETUP can be a useful tool to help you remember the key elements of personal safety:

**Stop**
When you see someone who may need help, pause for a moment before you approach. Look for any obvious hazards. Form an initial impression of what happened.

**Environment**
Pay attention to your surroundings. Take into account any environmental barriers or dangers that could endanger you or others.

**Traffic**
Be extremely careful if you are providing first aid on or near a roadway. Each year, many people are struck and killed by motor vehicles while providing assistance.

**Unknown hazards**
This includes dangers that are not initially apparent. Keep alert for developing hazards. It may be necessary to retreat from the scene.

**Protect yourself and the patient**
The use of gloves and breathing barriers is important, because infectious diseases can be transmitted through open cuts or sores in the skin or through the mucous membranes of the mouth, nose, and eyes. The use of protective barriers will help reduce the risk of exposure to you and the patient.
Breathing — Rescue Ventilations Using a Mask

Place Mask
- Inspect the mask to make sure the one-way valve is in place.
- Place mask flat on the patient’s face, laying the top of the mask over the bridge of the patient’s nose.

Establish an Airway
- Place palm of your hand on patient’s forehead and use your thumb and forefinger to control top of the mask.
- Use thumb of hand lifting patient’s chin to control bottom of mask.
- Use head-tilt, chin-lift and bring patient’s face up into mask to create an airtight seal and establish airway.

Ventilate
- Take a normal breath and blow through the valve opening to deliver ventilation.
- Breath should be 1 second in length and have sufficient volume to create a visible rise of the patient’s chest.

Allow for Exhalation
- Remove your mouth and let the patient completely exhale.
- Take a fresh breath for the next ventilation.
Initial Assessment

Approach Patient
- Pause. Use SETUP to identify any hazards.
- Look for mechanism of serious injury.
- Introduce yourself and your level of training. If needed, tap and shout.
- Activate EMS.

Assess Airway
- If patient is unresponsive, establish an open airway using head-tilt, chin-lift.
- Inspect patient’s mouth.
- If foreign material is visible in the mouth, remove it.

Assess Breathing
- Look for chest rise and fall, listen for sounds of breathing, and feel for exhaled air. Assess no longer than 10 seconds.
- Do not confuse infrequent sighing or gasping with normal breathing. Consider breathing to be absent.
- If breathing is absent, perform CPR.

Assess Circulation
- If patient is breathing, maintain airway and scan for signs of serious bleeding.
- Assess patient’s tissue color and skin temperature for signs of shock.
- Assess tissue color in patients with darker skin by looking at their lips or fingernail beds.
Pain, Severe Pressure, or Discomfort in Chest

**Recognize**
- Chest pain, pressure, or discomfort are the most common symptoms associated with serious heart problems.
- Other signs and symptoms include light-headedness; shortness of breath; nausea; or pale, cool, clammy skin.
- Other serious conditions can also cause chest pain.

**Activate EMS**
- Activate EMS immediately.
- Comfort patient and keep him as calm as possible.

**Position of Comfort**
- Allow patient to find the most comfortable position in which to breathe.
- Be prepared to provide any indicated care as determined by Ongoing Assessment.
- Provide emergency oxygen if available and you are trained to use it.
Swollen, Painful, Deformed Limb

**Recognize**
- Consider the mechanism involved when assessing the severity of the limb injury.
- Encourage patient to avoid moving the injured limb.

**Fill the Gaps**
- If available, use padding, such as a blanket or coat, to fill any gaps beneath the extremity.

**Provide Manual Stabilization**
- Use your hands to help support the limb until EMS arrives.
- Splint the injured limb with the gentle support of your hands.
- EMS can provide more efficient and effective resources for splinting.
Amputation

An amputation occurs when a body part, typically part of an arm or leg, is partially or totally detached from the body.

Physical Assessment (DOTS)
Look and feel for:
- Obvious deformity to the body part
- Bleeding wound

Patient History (SAMPLE)
Ask about:
- Mechanism of injury
- Pain

Care for the Patient
- Control bleeding with direct pressure.
- Activate EMS without delay.
- Treat for possible shock.
- Once bleeding has been controlled, locate the amputated part.
- If partially detached, immobilize with a bulky dressing. Do not remove a partial amputation.
- If completely amputated, wrap part in dry, clean or sterile dressing and place in a dry plastic bag. Put bag in a larger bag or container of ice and water.
- Manage shock.
- Provide emergency oxygen if it is available and you are trained to use it.

Additional Considerations
- Do not soak amputated part in water.
- Do not put amputated part directly on ice or allow it to freeze.
- Seek professional medical aid as soon as possible to increase chance for successful reattachment.
- Do not waste time looking for body part. It can be sent in separately.
- Avoid handling loose teeth by the root ends. Rinse them with clean water, store in milk, and see a dentist as quickly as possible.
Bites and Stings

Early supportive care for poisonous bites and stings can improve the overall outcome for the patient. Early identification of the marine animal, spider, snake, or insect involved can help professional medical care providers decide on the most appropriate advanced treatments.

Physical Assessment (DOTS)
Look and feel for:
- Obvious bites or stings to the skin
- Tenderness, swelling
- Breathing difficulty, wheezing

Patient History (SAMPLE)
Ask about:
- History of recent bite or sting
- History of allergic reaction to bites or stings

Care for the Patient
- Make sure it is safe for you to approach.
- Activate EMS if you suspect a severe allergic reaction. Perform Ongoing Assessment and provide any indicated care.
- Keep the patient still and at rest in a position of comfort. Immobilize the affected body part. Remove jewelry before local swelling begins.
- Wash affected area with mild soap and water.
- A patient may carry medication to counteract an allergic reaction. Assist the patient in taking the prescribed medication.

Additional Considerations
- Consider snake bites to be poisonous until proven otherwise. If safe to do so, try to determine the size and coloration of the snake. If the snake has been killed, turn it over to EMS to be identified.
- The use of ice or a cold pack on an insect sting may be helpful and may provide some pain relief to the patient. Do not apply cold therapy to snakebites.
- Do not cut or suck on a snakebite wound.
- The use of a constricting band in the treatment of snakebites and some marine animal bites varies among geographic areas. Consult local authority on the use of a constricting band.
- When providing initial care for a bee sting, scrape stinger off skin surface with the edge of a credit card or similar device. Do not pinch the protruding part of the stinger which contains the venom sac.
Injuries to the Eyes

The eyeball is a complex organ that provides us with sight. Injuries to the eyes can threaten the ability to see.

Physical Assessment (DOTS)
Look and feel for:
- Obvious eye injury
- Redness, watery look to eyes

Patient History (SAMPLE)
Ask about:
- Mechanism of injury
- Pain
- History of eye problems

Care for the Patient
- Do not remove impaled objects imbedded in the eye.
- Small foreign bodies that are irritating the eyes can be flushed out with running water or a sterile saline eyewash solution.
- If any objects remain in the eye, do not attempt to remove them. Cover both of the patient’s eyes with loose dressings.
- If chemicals are splashed into the eyes, flush continuously with water for at least 15-20 minutes.
- Cover both eyes with moist, loose dressings when heat burns occur to an eye.
- Seek professional medical attention for all eye injuries.

Additional Considerations
- Never apply pressure to an injured eye. The eyeball is filled with a jelly-like fluid that cannot be replaced.
- Cover both eyes, even if only one is injured, to prevent eye movement. Eyes move together and both must be covered to prevent movement of the affected eye.
- When flushing an eye, pour the fluid from the inside edge of the eye outward over the affected eye in order to prevent contamination of the unaffected eye.
- Covering both eyes can be frightening to the patient. Provide emotional support to help reduce patient anxiety.
Injuries to the Head

When there is an injury to the head, the possibility exists that there is also injury to the brain. Injury to the brain can result in swelling and pressure inside the skull that can rapidly lead to serious, life-threatening conditions.

Physical Assessment (DOTS)

Look and feel for:
- Diminished level of responsiveness
- Obvious wounds or deformity to scalp, skull, or face
- Bloody or clear fluid draining from nose and/or ears
- Bruising around eyes or ears
- Shallow, irregular, or absent breathing
- Combative behavior

Patient History (SAMPLE)

Ask about:
- Mechanism of injury
- Nausea, vomiting
- Pain

Care for the Patient

- Activate EMS for any significant findings.
- Consider possible injury to the neck and manually stabilize the head.
- Do not try to stop the flow of blood or clear fluid from the ears or nose.
- Closely monitor the level of responsiveness and be prepared to manage the patient’s airway.
- Provide any indicated care as determined by Ongoing Assessment.
- Be alert for vomiting.
- Provide emergency oxygen if available and you are trained to use it.

Additional Considerations

- Scalp wounds may bleed heavily due to the presence of a large number of blood vessels. Control bleeding with gentle direct pressure.
**Glossary**

**ABCs** – An acronym to remind first aid providers of the priorities of emergency care: Airway, Breathing, and Circulation.

**Abdominal Thrust** – Thrusts administered to the abdomen of a responsive, choking patient to force air in the lungs to dislodge an object blocking a patient's airway.

**Airway** – The passageway between mouth and lungs that allows life-sustaining oxygen into the body.

**Altered Level of Responsiveness** – A significant change in a person's normal mental status, which may indicate a serious medical problem.

**Arterial Bleeding** – A wound to an artery, which is characterized by bright-red, oxygen-rich blood spurting from the wound.

**Automated External Defibrillator (AED)** – A portable device that automatically assesses for life-threatening heart rhythms and provides corrective treatment through adhesive pads on a patient's chest.

**Cardiopulmonary Resuscitation (CPR)** – A combination of rescue ventilations and chest compressions performed on a patient experiencing cardiac arrest.

**Chain of Survival** – A concept of four interdependent links (early access to EMS, early CPR, early defibrillation, and early advanced care) that outlines the most effective response to sudden cardiac arrest.

**Chest Compression** – Pressing down on a patient's chest in a rhythmic motion to simulate the pumping action of the heart to keep blood circulating to the internal organs.

**Chest Thrust** – Thrusts administered on the breastbone of a responsive, choking patient to force air in the lungs to dislodge an object stuck in the patient's airway.

**Circles of Care** – A graphic representation of the priorities of life-supporting care, including airway, breathing, and circulation.

**Compression-Only CPR** – An alternative to conventional (compressions and ventilations) CPR in which the immediate use of continuous chest compressions are provided for a witnessed sudden collapse of an adult who is unresponsive and not breathing (or breathing inadequately).

**Defibrillation** – The process of passing an electrical shock through the heart to restore a normal pumping rhythm.

**Diabetes** – A complex condition involving deficiency in the production of insulin, which can lead to life-threatening problems if not managed properly. A diabetic emergency is often characterized by an altered level of responsiveness.

**Direct Injury** – An injury characterized by external force acting directly on the part of the body that sustains the injury.

**Direct Pressure** – The act of applying pressure directly on an open wound to help slow bleeding.

**DOTS** – Acronym used to help with physical assessment: Deformities, Open wounds, Tenderness, Swelling.

**EMT** – Emergency Medical Technician; a medical professional trained to respond to emergency situations, including transporting seriously ill or injured patients to medical facilities.

**Emergency First Aid** – Basic, life-supporting actions, such as CPR and rescue ventilations, that may help sustain a patient's life until more advanced medical help arrives.

**Emergency Medical Services (EMS)** – A system of emergency care responders that a first aid provider can activate in an emergency, usually by calling an emergency number.

**Emergency Oxygen** – A portable medical oxygen delivery system that provides an appropriate level of additional oxygen for seriously ill or injured patients.

**Emergency Response Plan** – Site-specific emergency plan that may include use of in-house emergency response teams.

**First Aid Provider** – A bystander trained to provide essential first aid care in an emergency situation. The first aid provider is often the first emergency care giver on the scene and plays a critical role in patient survival.

**Good Samaritan Law** – A law enacted in most states to legally protect first aid providers if they stop to help in an emergency and act prudently, within the scope of their training.

**Head-tilt, Chin-lift** – A technique involving tilting the patient’s head back and lifting the patient’s chin for the purpose of opening the patient’s airway by lifting the base of the tongue away from the back of the throat.
Glossary

**Heart Attack** – The death of a part of the heart due to an obstruction in a coronary artery. It is usually characterized by chest pain, shortness of breath, clamminess, anxiety, and nausea.

**Implied Consent** – A legal term referring to the legitimate assumption that an unresponsive person would give permission to perform life-saving care for him if he were responsive.

**Indirect Injury** – An injury characterized by external force acting on a different part of the body than the part that sustains the injury. A shoulder injury resulting from a fall onto an outstretched hand is an example.

**Initial Patient Impression** – A basic sense of what occurred in an emergency situation to determine how to proceed with patient assessment.

**Internal Bleeding** – A condition in which an injury causes bleeding inside the body. Though the skin is intact, blood vessels have broken and are leaking blood into the body tissues. If the injury is substantial enough and it goes untreated, it can lead to shock and become a potentially life-threatening problem.

**Look, Listen, and Feel** – A phrase that indicates what needs to be done to assess for breathing: look for chest rise, listen for breathing, feel for air from the patient’s mouth.

**Manual Stabilization** – The act of supporting and keeping still an injured limb or the head and neck with your hands.

**Mechanism of Injury** – The process by which external force results in injury.

**Ongoing Assessment** – The act of continuing to assess the patient’s condition until more advanced medical help arrives.

**Protective Barrier** – Anything that helps reduce the risk of exposure to potentially infectious body fluids. Some examples of effective protective barriers include latex (or non-latex) gloves, and ventilation shields and masks.

**Recovery Position** – The position in which an unresponsive breathing patient is placed to drain fluids from his mouth and keep the tissue of the tongue from blocking the airway; on his side with head slightly forward.

**Rescue Ventilation** – An exhaled breath given to a patient who is not breathing to keep oxygen flow to the lungs.

**SAMPLE** – Acronym used to help with Patient History: Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading to problem.

**Seizure** – An over-firing of neurons in the brain that leads to sudden, involuntary contractions of the patient’s muscles, also called convulsions.

**SETUP** – An acronym that a first aid provider can use as a device to remember the steps involved in assuring her own safety in an emergency situation. The letters stand for Stop, Environment, Traffic, Unknown hazards, and Protect yourself and the patient.

**Shock** – A potentially life-threatening condition of inadequate blood flow to the body’s tissues. It can be characterized by restlessness, anxiety, cold and clammy skin, and/or an altered level of responsiveness.

**Sign** – An objective finding as observed by the first aid provider indicating an illness or injury is present. Examples include rash, fever, lack of breathing, and pale tissue color.

**Stroke** – Brain damage caused by an obstruction in a blood vessel in the brain. A stroke is often characterized by loss of motor control and speech, as well as an altered level of responsiveness.

**Sudden Cardiac Arrest** – The sudden loss of the heart’s ability to circulate blood. Most frequently caused by ventricular fibrillation, it is a leading cause of death. It is characterized by a sudden collapse with lack of responsiveness.

**Symptom** – A subjective experience as reported by the patient indicating an illness or injury. Examples include pain, shortness of breath, dizziness, and numbness.

**Unresponsive** – A condition in which the patient is unconscious and does not regain consciousness when addressed or tapped by the first aid provider.

**Ventricular Fibrillation** – A chaotic, quivering heart rhythm that interferes with the heart’s ability to pump blood.

**Ventilation Mask** – A protective barrier device used to prevent contact with potentially infectious body fluids while performing rescue ventilations on a patient. The mask fits over the mouth and nose of the patient and includes a breathing valve for the first aid provider to safely administer rescue ventilations.

**Ventilation Shield** – A protective barrier device used to prevent contact with potentially infectious body fluids while performing rescue ventilations on a patient. The shield consists of a flat square of malleable plastic with either a hard-plastic breathing valve or a filter.
Putting It All Together

If the patient is responsive and there are no immediate problems with Airway, Breathing, or Circulation, consider if the patient is ill or injured.

If at any time a patient becomes unresponsive, gently lower the patient to the ground. Perform Initial Assessment and carry out any indicated care.

Responsive III
Are Warning Signs Present?
- Altered Level of Responsiveness
- Pain, Severe Pressure, or Discomfort in Chest
- Breathing Difficulty, Shortness of Breath
- Severe Abdominal Pain

Yes
- Activate EMS
- Support and Encourage
- Provide Ongoing Assessment and Care
- Turn Over to EMS

No

Responsive Injured
Mechanism for Injury?
- Exposure to Physical Forces or Energy Resulting in Injury

Yes
- Activate EMS
- Stabilize Affected Part
- Provide Ongoing Assessment and Care
- Turn Over to EMS

No
- MINOR
- MAJOR

Perform Physical Assessment (DOTS)\(^1\) and Obtain History (SAMPLE)\(^2\)
- Provide Specific Care for any Found or Suspected Illness or Injury
- Encourage Consultation with EMS/Healthcare Provider

1. DOTS – Acronym used to help with Physical Assessment: Deformities, Open wounds, Tenderness, Swelling.
2. SAMPLE – Acronym used to help with Patient History: Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading to problem.
MEDIC FIRST AID®
BasicPlus CPR, AED, and First Aid for Adults

This program will help you gain the knowledge, skills, and confidence necessary to manage a medical emergency using CPR, an automated external defibrillator (AED), and first aid until more advanced help is available.

BasicPlus CPR, AED, and First Aid for Adults will focus on your essential responsibilities as a first aid provider, including:

- Recognizing a medical emergency
- Making the decision to help
- Identifying hazards and ensuring personal safety
- Activating the Emergency Medical Services (EMS) system
- Providing supportive, basic, first aid care

In addition to BasicPlus CPR, AED, and First Aid for Adults, the following programs are also available:

- Basic CPR and First Aid for Adults
- Pediatric CPR, AED, and First Aid for Children, Infants, and Adults
- CarePlus™ CPR and AED for Adults, Children, and Infants
- Bloodborne Pathogens in the Workplace
- Oxygen First Aid for Emergencies
- Emergency Care First Aid
- Child/Infant CPR and AED Supplement

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