Grade 10 Sample Lesson Plan: Unit 5 – Disaster Day

SOLs

- 10.3 i Practice administration of emergency care.

Objectives/Goals

- Students will demonstrate the steps of first aid and CPR skills.
- Students will determine the value of applying a thoughtful decision-making process in health- related situations.
- Students will demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- Students will use skills for communicating effectively with family, peers and others to enhance health.
- Students will demonstrate how to ask for consent to help in an emergency and offer assistance to enhance the health of self and others.

Materials

- Disaster Day Rubric (Print out for all stations)
- Disaster Day Scripts for Stations (Print out for each station)
- Google Assessment: Hands Only vs. Regular CPR https://docs.google.com/forms/d/e/1FAIpQLSdAtX025IQU6s5JBoVt_3U0LpnOfjenD8--_J2As6v7KJ8-M9g/viewform
    - Hands Only vs. Regular CPR Handout
- Disaster Day Station Setup Diagram

First Aid Materials:

- Epi pen trainer
- Adult CPR Manikin
    - CPR Shields
    - Garden knee pad (protect the knees)
- Baby CPR Manikin

Disposable Supplies Needed:

- Gloves

- Rolling Gauze
- Gauze
- CPR Plastic Shields

Misc. Supplies:

- Empty aspirin bottle prop for (heart attack station)
- Soda or any sugary drink (diabetes emergency)
- Magazines (splinting)
- Sweater/Jacket (splinting)
- Timer (online timer)

Procedure

The chart below identifies the steps for this unit's lesson plan

- **Google Assessment: Hands Only vs. Regular CPR https://docs.google.com/forms/d/e/1FAIpQLSdAtX025IQU6s5JBoVt_3U0LpnOfjenD8--J2As6v7KJ8-M9g/viewform**
    - **Hands Only vs. Regular CPR Handout**
- **Disaster Day Station Setup Diagram**

First Aid Materials:
- Epipen trainer
- Adult CPR Manikin
    - CPR Shields
    - Garden knee pad (protect the knees)
- Baby CPR Manikin

Disposable Supplies Needed:
- Gloves
- Rolling Gauze
- Gauze
- CPR Plastic Shields

Misc. Supplies:
- **Empty aspirin bottle prop for (heart attack station)**
- **Soda or any sugary drink (diabetes emergency)**
- **Magazines (splinting)**
- **Sweater/Jacket (splinting)**
- **Timer (online timer)**

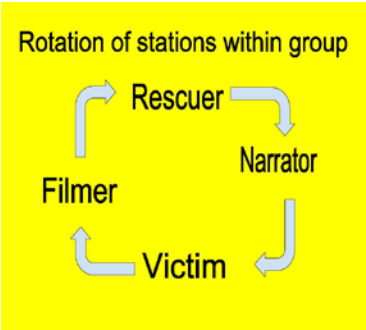
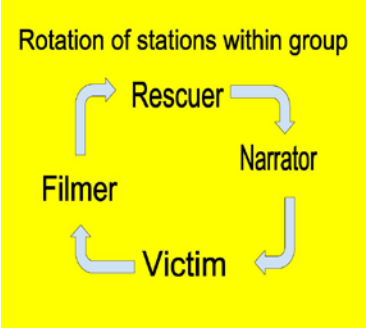
Procedure:

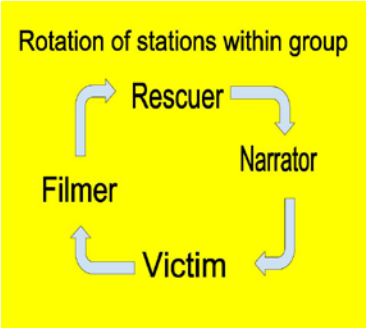
Steps:	**Actions:**	**Suggestions:**
Step 1	**Below are sets of instructions and video examples of each. Students will read each link on the left, then watch each link on the right. Students will use this knowledge to rehearse the new skill with a partner.** Written Instruction: Finding the Problem Video Example: Video	**Practice of all the first aid skills 60-70 mins.** **Entire class can practice at same time with display of video to all.** +

<table>
<tr>
<td></td>
<td>
<table>
<tr><td>Glove Removal</td><td>Video</td></tr>
<tr><td>Epipen Injection</td><td>Video</td></tr>
<tr><td>Diabetes Emergency</td><td>Video</td></tr>
<tr><td>Stroke</td><td>Video
(Remind students the emergency number is 911)</td></tr>
<tr><td>Heart Attack</td><td>Video
Interactive Heart</td></tr>
<tr><td>Splinting</td><td>Video</td></tr>
<tr><td>Bleeding You Can See</td><td></td></tr>
<tr><td>Choking Adult</td><td>Video</td></tr>
<tr><td>Choking Baby
(optional: Need Manikin)</td><td>Video</td></tr>
<tr><td>Hands Only CPR</td><td>Video</td></tr>
<tr><td>Regular CPR</td><td>Video Animation</td></tr>
</table>
</td>
<td>Disaster Day Lesson Stations 70-90 mins</td>
</tr>
<tr>
<td>Step 2</td>
<td>Before Disaster Day Stations Start, organize students in teams of 4. Each team must have a device to film at each first aid station.

Popular Apps
<table>
<tr><td>iPhone</td><td>imovie-Google Drive or Youtube
Kinemaster
Viva Video
Flipagram</td></tr>
<tr><td>Android</td><td>Kinemaster</td></tr>
</table>
</td>
<td>Ask each group how they will film their first aid skills. What app will they use? How will they get the video to a URL?

If students use their own device for the activity make sure they</td>
</tr>
</table>

	<table><tr><td></td><td>• **Viva Video** • **Flipagram**</td></tr></tr></table> 	download an app that takes video and can edit. Final product should be a URL.
Step 3	**Set-up** **Depends on your physical space. See Disaster Day Set-up handout.** • 10-12 stations ○ Each station should have: • Printed script • Disaster Day rubric • Materials for each station	(Add or omit skills based on equipment and time in one class period. Each rotation will take about 3-5 mins)
Step 4	Remind students in their teams of 4 the rotation: 	
Step 5	Say: "Today we are going to demonstrate our first aid skills by reenacting first aid emergencies in a disaster day. At each station you will have the *disaster day script* and the *rubric*	Remind students that the teacher will say rotate. They must rotate

	with first aid steps (actions). You will film at each station. Keep your videos under the specified time for each station (this is included in the script at each station). You will rotate in a specific order (this is important). Show class how you want them to rotate to all stations. Explain to class it is like miniature golf. If one team gets out of order it backs up the rest of the teams. If they don't know where to rotate, they should ask. Each person will also rotate roles for each first aid emergency (see figure 1). Stand up if you are going to be the rescuer first. Stand up if you are going to be the victim. Stand up if you are going to be the narrator of the first aid steps. Stand up if you are going to start off filming. Your team will get 5 minutes at each station. As we get the hang of it we can speed it up. Do not rotate until I say rotate."  Figure 1	in order. Go around and ask each filmer how they will edit/mash their videos together and get their phone to a URL to turn in for the assignment. #Stations for easy rotation.
Step 6	Walk around and assist groups. If there is a CPR station you will assist them by facilitating the CPR emergency and steps.	
Step 7	After rotating to all the stations, each group will edit/mash all their videos into one video and upload to a tech tool that will give them a URL link.	
Step 8	Students will turn in their video URL links inside your schools Learning Management System.	
Observations:	**Common mistakes students make** **Choking Baby:** ● Students do not angle the choking baby face downward at 45* when delivering 5 back blows. Students forget	

	to support the face with their hand. ○ **Skill Cue:** Support the face and angle the baby 45 degrees downward. Remember they are choking. Use gravity to your advantage. **Hands Only CPR and Regular CPR:** ● Students bend their elbows. ○ **Skill Cue:** Keep your elbows straight ● Students do not get their bodies directly over the manikin (they tend to sit back on their heels). Position student over the victim. ○ **Skill Cue**: Come closer to the manikin. Get your body directly over the manikin.	
Additional Ideas:	● Have students peer grade each other by using the disaster day rubric. ● Students can share their videos with their families.	

Assessments, References, & Sources

- **Google [Assessment: Hands Only vs. Regular CPR]**
- **Disaster Day Rubric**

Sources:

- **https://www.onlineaha.org/system/scidea/learning_resources/72/original/First-Aid-Skills-Summary.pdf**

Written Sources:

Finding the Problem ● https://www.onlineaha.org/system/scidea/learning_resources/72/original/First-Aid-Skills-Summary.pdf
Glove Removal ● https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf
Epipen Injection ● http://www.mylan.com/en/news/feature-stories/epipen-resource-center ● https://drive.google.com/file/d/149CnxspddptVDWFvbY-JOrZcI8nfCYo4/view?usp=sharing

Stroke • http://www.strokeassociation.org/STROKEORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms_UCM_308528_SubHomePage.jsp
Heart Attack • http://www.heart.org/HEARTORG/Conditions/911-Warnings-Signs-of-a-Heart-Attack_UCM_305346_SubHomePage.jsp
Splinting • https://www.health.harvard.edu/pain/emergencies-and-first-aid-how-to-splint-a-fracture
Bleeding You Can See • https://www.webmd.com/first-aid/bleeding-cuts-wounds
Choking Adult • https://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637
Hands Only CPR • https://cpr.heart.org/AHAECC/CPRAndECC/Programs/HandsOnlyCPR/UCM_473196_Hands-Only-CPR.jsp
Regular CPR • https://docs.google.com/document/d/1pnGbwMaHOPDYyvWorJOKSpG5qYw8qvlCpnrbF0dEgXc/edit?usp=sharing • http://depts.washington.edu/learncpr/quickcpr.html

Video Sources:

First Aid Skill Step:	Video Sources:
Finding the Problem	Video • https://www.youtube.com/watch?v=v4IhH2jldvs
Glove Removal	Video • https://www.youtube.com/watch?v=dyLEd9cng5U
Epipen Injection	Video • https://www.youtube.com/watch?v=-3tJtp_nnzs
Diabetes Emergency	Video • https://www.youtube.com/watch?v=ASqdE2sqHgM&disable_polymer=true

Stroke	Video: ● https://www.youtube.com/watch?v=PhH9a0kIwmk (Remind students the emergency number is 911)
Heart Attack	Video ● https://www.profirstaid.com/training_video/heart-attacks Interactive Heart ● https://watchlearnlive.heart.org/CVML_Player.php?moduleSelect=hrtatk
Splinting	Video ● https://www.youtube.com/watch?v=mKZSI8VKG_s
Choking Adult	Video ● https://www.youtube.com/watch?v=mJj16dCSm-Q&list=PLJm0SqPXlgNHXqDywFuGG_QjMZRutrd_4&index=11
Choking Baby (optional: Need Manikin)	Video ● https://www.youtube.com/watch?v=Gq1LEJ7JqkY&list=PLJm0SqPXlgNHXqDywFuGG_QjMZRutrd_4&index=12
Hands Only CPR	Video ● https://www.youtube.com/watch?v=O_49wMpdews&disable_polymer=true
Regular CPR	Animation ● http://depts.washington.edu/learncpr/quickcpr.html

Kimberly Ohara-Borowski M.Ed. Ocean View High School

Handout

The next page includes a handout for the lesson. The handout is designed for print use only.

Disaster Day Rubric

Choking Baby

- Baby, baby are you ok?
- Call 911 and get the AED
- 5 back thrusts
- (baby should be angled 45 degrees towards ground)
- Checks in mouth for object, if baby is still not breathing
- 5 Chest compressions on table with 2 fingers victim begins to breath

Choking Adult (Heimlich Maneuver)

- Are you choking?
- Can I help you? (Consent)
- If choking victim says yes
- Make a fist in one hand
  - Position it slightly above person's navel.
- Grasp the first with other hand.
- Perform thrusts until blockage is dislodged.

Finding the Problem

- Check to see if the scene is safe
- Are you ok? or Can I help you?
- Calls 911 and get the AED
- Checks for breathing, bleeding, broken bones
- Says, "I am checking for medical ID jewelry."
- Stays with the person until help arrives. Be prepared to give CPR if needed

Epi-Pen

- Are you ok? Can I help you?
- Call 911 and get the AED
- Takes blue cap off, injects pen in thigh
- Let's medicine go in for 10 seconds & massages area
- Notes time of injection

Glove Removal

- Rolls one glove off and rolls glove in hand (never touching bare skin with outside of glove)
- 2 fingers rolls second glove off without touching the outside of the glove
- Disposes glove in a biohazard waste
- Washes hands

Splinting

- Supports injured area with a solid object
- Supports above and below injury

- Watch Hands Only Video **& Review, *Hands Only Versus Regular CPR* (Doc)**

  Steps:
  - Sees adult collapse
  - Call 911

Diabetes Emergency

- Are you ok? Can I help you?
- Are you diabetic?
- Give person something with sugar
- Stays with victim be prepared to give CPR if needed

Heart Attack

- Checks the scene
- Are you ok? Can I help you?
- Signs: Upper body discomfort, shortness of breath, cold sweat, nausea, lightheadedness
- Call 911 and get the AED
- Gets victim in comfortable place & gives aspirin (if not allergic)
- Stays with the person until help arrives. Be prepared to give CPR if needed

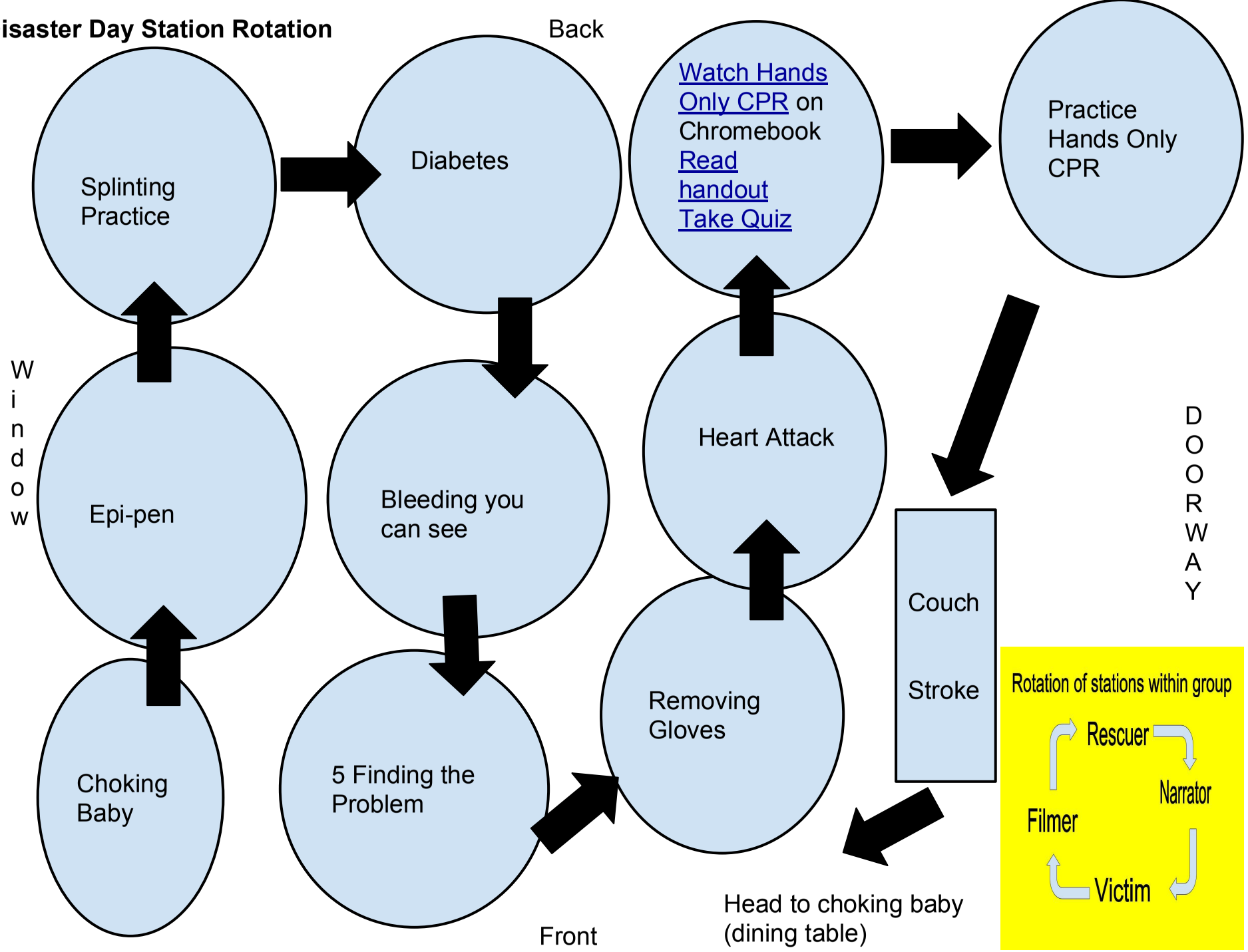
Bleeding you Can See

- Are you ok?
- Can I help you?
- Puts on gloves or says, "I'm wearing gloves"
- Applies pressure to bleeding area with gauze
  - Never removes gauze (this would pull off clot) only adds
- Uses entire rolling gauze to apply pressure to stop the bleeding

Stroke

- Checks the scene
- Are you ok? Can I help you?
- Signs: F=Face Drooping A=Arm Weakness S=Speech Difficulty T=Time to Call 911
- Call 911 and get the AED
- Gets victim in comfortable place
- Stays with the person until help arrives. Be prepared to give CPR if needed

Disaster Day Station Rotation



BABY CHOKING

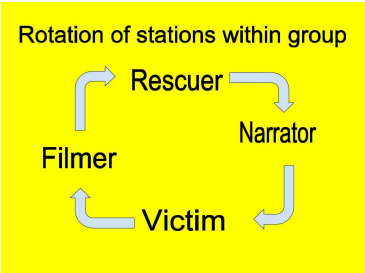
Your baby sister is choking on a piece of candy. Show us what you would do in a real situation.
(Video must be under 10 secs)

ADULT CHOKING

You and your best friend are eating at your favorite restaurant when you realize they might be choking. They can't talk and are giving you the universal choking sign with their hands.
(Video must be under 10 secs)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Bystander & Narrator-Describes each first aid step/ Pretends to call 911 (if needed)

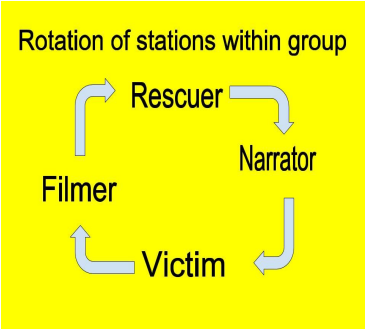


ALLERGIC REACTION

Your friend is allergic to peanuts and is starting to slur in their speech. There is an epi-pen in their backpack/purse. Show us what you would do in a real situation. Follow the epi-pen rubric provided.
(Video must be under 10 secs)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Bystander & Narrator-Describes each first aid step/ Pretends to call 911 (if needed)



SPLINTING PRACTICE

You chose one injury to splint and bandage:

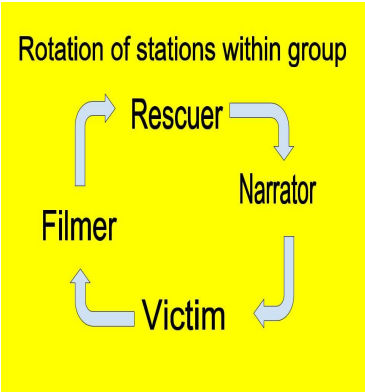
- radius/ulna “forearm”
- finger
- lower leg
- ankle
- clavicle “collar bone”

Hint: When splinting make sure to support with something solid above and below the sprained or broken bone.

(Keep video under 20 seconds)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Bystander & Narrator-Describes each first aid step/ Pretends to call 911 (if needed)

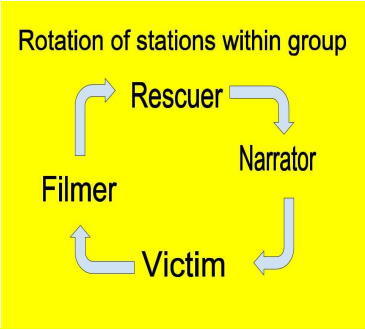


BLEEDING YOU CAN SEE

Choose one part of the body to bleed (no neck). Show us what you would do in an actual emergency. Use the rubric provided.
(Video must be under 15 secs)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Bystander & Narrator-Describes each first aid step/ Pretends to call 911 (if needed)



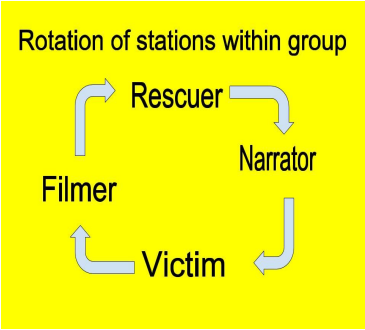
FINDING THE PROBLEM

You are at a birthday party when your friend suddenly collapses. **Show us what you would do in an actual emergency.**

(Video must be under 10 secs)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Narrator-Describes each first aid step/ Pretends to call 911 & AED (if needed).



HANDS ONLY CPR

Your friend suddenly collapses right in front of you. **Show us what you would do in an actual emergency.** Perform hands only CPR following the steps below.

(Do not film at this station. Everyone practices or take turns)

STEPS OF HANDS ONLY

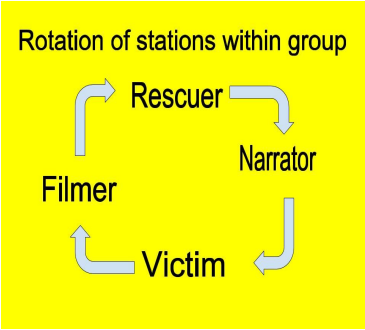
1. Call 911
2. Push hard & fast in the middle of the chest

HEART ATTACK

Your grandfather/grandmother is experiencing pain in the chest, nausea and shortness of breath. Do what you would do in an actual emergency? CPR is not needed at the time.
(Video must be under 10 seconds)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Bystander & Narrator-Describes each first aid step/ Pretends to call 911



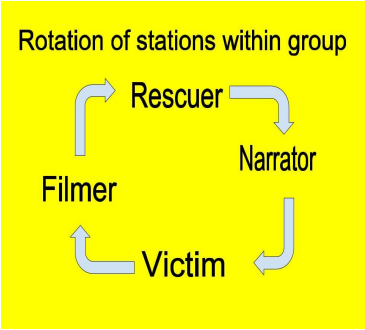
Stroke

Your grandfather/grandmother is experiencing numbness in the face and arms, nausea and intense headache. Do what you would do in an actual emergency? CPR is not needed at the time.

(Video must be under 10 seconds)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Bystander & Narrator-Describes each first aid step/ Pretends to call 911



Watch Hands only CPR again before you practice!

STEPS OF HANDS ONLY

3. Call 911
4. Push hard & fast in the middle of the chest

Remember: Hands only CPR is only for an adult who collapses right in front of you.

Diabetes:

Your friend hasn't eaten all day and you know they have diabetes. They start to show signs of low blood sugar:

- confused, hungry/thirsty/weak, sleepy or sweaty, and possible seizure

Show what you would do to help someone with low blood sugar.

Keep video under (8 seconds)

Each Group Member

- Director- Filmer & uploader
- Injured Victim
- Rescuer
- Bystander & Narrator-Describes each first aid step/ Pretends to call 911

Adult you see collapse **How do you define an adult?** ● **Pubic hair under arms** ● **Facial hair** ● **Breast buds**	**Adult you did not see collapse**	**Children/ Infant/Babies** Usually have good hearts. Their heart stops over time due to lack of oxygen. **Children/infant/babies:** ● Choke ● Suffocate ● Drown They need the CPR where you breath in the mouth (they need oxygen) **NEVER perform Hands-Only CPR on a child, infant, baby**
Hands only CPR 1.Call 911 2.Push hard in the middle of the chest	Regular CPR 30 compressions & 2 breaths	Regular CPR 30 compressions & 2 breaths

HEART ATTACK WARNING SIGNS

Learn more about heart attack

If these signs are present CALL 911

Dial 911 Fast

Heart attack and stroke are life and death emergencies — every second counts. If you see or have any of the listed symptoms, immediately call 911 or your emergency response number. Not all these signs occur in every heart attack or stroke. Sometimes they go away and return. If some occur, get help fast! Today heart attack and stroke victims can benefit from new medications and treatments unavailable to patients in years past. For example, clot busting drugs can stop some heart attacks and strokes in progress, reducing disability and saving lives. But to be effective, these drugs must be given relatively quickly after heart attack or stroke symptoms first appear. So again, don't delay — get help right away!

More about heart attack

Some heart attacks are sudden and intense — the "movie heart attack," where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help.

Immediately call 911 or your emergency response number so an ambulance (ideally with advanced life support) can be sent for you. As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain. Learn more about heart attack symptoms in women.

Learn the signs, but remember this: Even if you're not sure it's a heart attack, have it

More about stroke

Immediately call 911 or the Emergency Medical Services (EMS) number so an ambulance can be sent. Also, check the time so you'll know when the first symptoms appeared. A clotbusting drug called tissue plasminogen activator (tPA) may improve the chances of getting better but only if you get them help right away.

A TIA or transient ischemic attack is a "warning stroke" or "ministroke" that produces stroke like symptoms. TIA symptoms usually only last a few minutes but, if left untreated, people who have TIAs have a high risk of stroke. Recognizing and treating TIAs can reduce the risk of a major stroke.

Beyond F.A.S.T. – Other Symptoms You Should Know

More about cardiac arrest

If these signs of cardiac arrest are present, tell someone to call 911 or your emergency response number and get an AED (if one is available) and you begin CPR immediately.

If you are alone with an adult who has these signs of cardiac arrest, call 911 and get an AED (if one is available) before you begin CPR.

Use an AED as soon as it arrives.

For more information, visit our cardiac arrest website.

Hands Only CPR

Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

DISCOMFORT IN OTHER AREAS OF THE UPPER BODY

CHEST DISCOMFORT

SHORTNESS OF BREATH

OTHER SIGNS

CONDITIONS SUPPORT PROFESSIONAL RESEARCH EDUCATOR CPR & ECC

Share

STROKE WARNING SIGNS

Learn more about stroke

Face Drooping Does one side of the face droop or is it numb? Ask the person to smile.

Arm Weakness Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

Speech Difficulty Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?

Time to call 911 If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

Spot a stroke F.A.S.T.:

Search

CARDIAC ARREST WARNING SIGNS

Learn more about cardiac arrest

No response to tapping on shoulders.

NO NORMAL BREATHING

SUDDEN LOSS OF RESPONSIVENESS

checked out (tell a doctor about your symptoms). Minutes matter! Fast action can save lives — maybe your own. Call 911 or your emergency response number.

Calling 911 is almost always the fastest way to get lifesaving treatment. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too. It is best to call EMS for rapid transport to the emergency room.

Learn more about heart attack.

HandsOnly CPR can be as effective as CPR with breaths. Watch the demo video and learn how to save a life in 60 seconds.

*All health/medical information on this website has been reviewed and approved by the American Heart Association, based on scientific research and American Heart Association guidelines. Use this link for more information on our content editorial process.

About Us

About the AHA/ASA 201617 Annual Report AHA Financial Information Careers SHOP Latest Heart and Stroke News AHA/ASA Media Newsroom Global Programs

RSS

Privacy Policy | Copyright | Ethics Policy | Conflict of Interest Policy | Linking Policy | Diversity | Careers | Suppliers & Providers | Accessibility Statement ©2018 American Heart Association, Inc. All rights reserved. Unauthorized use prohibited. The American Heart Association is a qualified 501(c)(3) taxexempt organization.

*Red Dress TM DHHS, Go Red TM AHA ; National Wear Red Day® is a registered trademark.

This site complies with the HONcode standard for trustworthy health information:

verify here.

Sudden numbness or weakness of the leg Sudden confusion or trouble understanding Sudden trouble seeing in one or both eyes Sudden trouble walking, dizziness, loss of balance or coordination Sudden severe headache with no known cause

Learn more about stroke warning signs.

Our Causes

Go Red For Women Go Red Por Tu Corazón Healthy Living EmPOWERED to Serve

The Warning Signs

Online Communities

Heart and Stroke Encyclopedia

Volunteer

Our Sites

American Heart Association American Stroke Association My Life Check Professional Heart Daily Scientific Sessions Stroke Conference You're The Cure Global Programs eBooks

Contact Us Address

7272 Greenville Ave. Dallas, TX 75231 Customer Service 1800AHAUSA1 18002428721 1888474VIVE Search By State

How to use an EpiPen® (epinephrine injection, USP) Auto-Injector

Mylan®

1 PREPARE

Remove the Auto-Injector from the clear carrier tube.

Flip open the yellow cap of your EpiPen® or the green cap of your EpiPen Jr® carrier tube. Tip and slide the auto-injector out of the carrier tube.

Hold the auto-injector in your fist with the orange tip pointing downward.

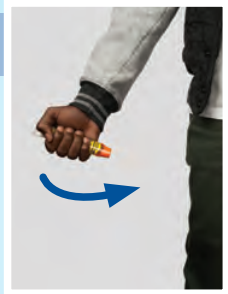
Blue to the sky, orange to the thigh®.

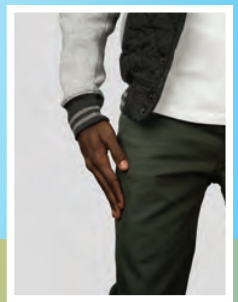
With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.

NEVER-SEE-NEEDLE® helps with protection. Protects against needle exposure before and after use.

NOTE:
- The needle comes out of the orange tip.
- To avoid an accidental injection, never put your thumb, fingers or hand over the orange tip. If an accidental injection happens, get medical help right away.

2 ADMINISTER





If you are administering to a young child, hold the leg firmly in place while administering an injection.

Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.

Swing and push the auto-injector firmly until it "clicks." The click signals that the injection has started.

Hold firmly in place for 3 seconds (count slowly 1, 2, 3).

Remove the auto-injector from the thigh. The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it.

Massage the injection area for 10 seconds.

3 GET EMERGENCY MEDICAL HELP RIGHT AWAY

You may need further medical attention.
If symptoms continue or recur, you may need to use a second EpiPen® or EpiPen Jr® Auto-Injector.

INDICATIONS

EpiPen® (epinephrine injection, USP) 0.3 mg or EpiPen Jr® (epinephrine injection, USP) 0.15 mg Auto-Injectors are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions. EpiPen® or EpiPen Jr® are intended for immediate administration as emergency supportive therapy only. Seek immediate emergency medical help right away.

IMPORTANT SAFETY INFORMATION

Use EpiPen® or EpiPen Jr® Auto-Injectors right away when you have an allergic emergency (anaphylaxis). **Get emergency medical help right away.** You may need further medical attention. Only a healthcare professional should give additional doses of epinephrine if you need more than two injections for a single anaphylactic episode. EpiPen® or EpiPen Jr® should **only** be injected into the middle of your outer thigh (upper leg), through clothing if necessary. Do not inject into your veins, buttocks, fingers, toes, hands or feet. Hold the leg of young children firmly in place before and during injection to prevent injuries. In case of accidental injection, please seek immediate medical treatment.

Not actual patient.
Please see additional Important Safety Information and Indications on the back.
Please see accompanying Full Prescribing Information and Patient Information.

Every EpiPen 2-Pak® (epinephrine injection, USP) and Mylan's Authorized Generic For EpiPen Two-Pack comes with an **EpiPen® Trainer**

Practice with your Trainer repeatedly to become familiar with it.

The EpiPen® Auto-Injector and Mylan's Authorized Generic For EpiPen®

or

Always have access to two Auto-Injectors in all the places you may need them because some people require a second dose. More than two sequential doses should be administered only under direct medical supervision.

Identify the EpiPen® Trainer by:

Label

The EpiPen® Trainer is clearly labeled TRAINER or TRAINING DEVICE.

Color

The EpiPen® Trainer is shaded grey

EpiPen® and Mylan's Authorized Generic For EpiPen® are yellow

EpiPen Jr® and Mylan's Authorized Generic For EpiPen Jr® are green

No Window or Liquid

Reset after each use

The EpiPen® Trainer

or

The grey EpiPen® Trainer contains no medicine and no needle, and SHOULD NOT BE USED during an anaphylactic reaction.

Visit **epipen.com** to watch our *How to Use* video and more.

IMPORTANT SAFETY INFORMATION (Continued)

Rarely, patients who have used EpiPen® or EpiPen Jr® may develop an infection at the injection site within a few days. Some of these infections can be serious. Call your healthcare professional right away if you have any of the following at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Tell your healthcare professional about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, high blood pressure or heart problems, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Be sure to also tell your healthcare professional all the medicines you take, especially medicines for asthma. **If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you use EpiPen® or EpiPen Jr®.**

Common side effects include fast, irregular or "pounding" heartbeat, sweating, nausea or vomiting, breathing problems, paleness, dizziness, weakness, shakiness, headache, feelings of over excitement, nervousness or anxiety. These side effects usually go away quickly if you lie down and rest. **Tell your healthcare professional if you have any side effect that bothers you or that does not go away.**

Please see accompanying Full Prescribing Information and Patient Information.

For additional information, please contact us at 800-395-3376.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088

EpiPen®, EpiPen Jr®, EpiPen 2-Pak®, EpiPen Jr 2-Pak®, Never-See-Needle®, and the Mylan logo are registered trademarks of Mylan Inc.
Blue to the sky, orange to the thigh® is a registered trademark of Mylan Specialty L.P. EPI-2018-0079

Mylan
Better Health for a Better World®

The Mylan Better Health for a Better World logo is a registered trademark of Mylan Inc.

Regular CPR Steps: Adult, Child, Infant

Quick Assessment

1. Check to see if the scene is safe
2. Checks for responsiveness
3. Shouts for help. **Call 911**
4. Checks breathing

CAB: C=Compressions A=Airway B=Breathing

Compressions:

- Performs 30 compressions

Compressions:

Adult Compressions:

- 2 hands compressions

Child Compressions:

- One hand compressions

Infant compressions:

- 2 fingers just below nipple line

Adult & Child Compression Depth:

- 2 inches

Infant Compression Depth:

- Compression depth: 1.5 inches

Breaths:

- 2 Breaths in less than 10 seconds
- Watching for visible chest rise

Continue CAB:

- 30 Compressions
- 2 Breaths
- Until help arrives

Standards taken from the American Heart Association

CPR Guide

American Heart Association. | CPR & First Aid

Hands-Only CPR vs. CPR with breaths

HANDS-ONLY™ CPR

CALL 911

PUSH HARD AND FAST IN THE CENTER OF THE CHEST

Public awareness campaign to get more people to act when they encounter a cardiac arrest. Starting point to get more people to learn CPR.

Will not meet requirements if you need CPR for your job.

CPR Training

COMPRESSIONS + BREATHS

Offered through online or in-person classes. Provides more in-depth training with an instructor, including CPR with breaths and choking relief.

Often necessary for people who need CPR training for work.

How does it work?

Chest compressions are good for the *first few minutes* someone is in cardiac arrest pushing remaining oxygen through body to keep vital organs alive. Buys time until someone with more skills can provide help.

CPR with breaths combines chest compressions and breaths, providing additional oxygen to circulate throughout the body.

Who can I use it on?

Adults and teens.

Anyone who is in cardiac arrest, including: adults and teens, infants and children, and any victims of drowning, drug overdose, collapse due to breathing problems or prolonged cardiac arrest.

How do I learn?

Go to

heart.org/handsonlycpr

to learn the steps of Hands-Only CPR.

Go to

heart.org/cpr

and click on FIND A COURSE to find a class online or near you.

©2014 American Heart Association. 02/14 DS6410

LEARN CPR You Can Do It!

CPR IN THREE SIMPLE STEPS

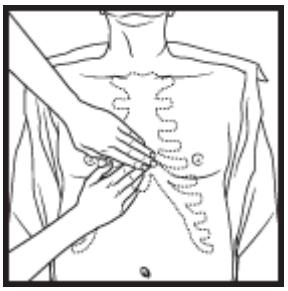
(Please try to attend a CPR training course)

CLICK HERE FOR A VIDEO DEMONSTRATION

1. CALL

Check the victim for unresponsiveness. If the person is not responsive and not breathing or not breathing normally. Call 911 and return to the victim. If possible bring the phone next to the person and place on speaker mode. In most locations the emergency dispatcher can assist you with CPR instructions.

2. PUMP



If the victim is still not breathing normally, coughing or moving, begin chest compressions. Push down in the center of the chest 2-2.4 inches 30 times. Pump hard and fast at the rate of 100-120/minute, faster than once per second.

3. BLOW

Tilt the head back and lift the chin. Pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.

CONTINUE WITH 30 PUMPS AND 2 BREATHS UNTIL HELP ARRIVES

NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.

What complications can occur?

What about checking for a pulse?

DO YOU WANT TO TAKE THESE INSTRUCTIONS WITH YOU?
CLICK HERE FOR A PRINTABLE CPR POCKET GUIDE

RETURN TO MAIN MENU

SPOT A STROKE F.A.S.T.

It could save a life, possibly yours.

Last year, nearly 800,000 people had a stroke. You can help prevent, beat and treat stroke by thinking F.A.S.T. These simple letters can help you recognize the signs of a stroke and get help right away.

FACE DROOPING — Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?

ARM WEAKNESS — Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

SPEECH DIFFICULTY — Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like "The sky is blue." Is the sentence repeated correctly?

TIME TO CALL 9-1-1 — If someone shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get the person to the hospital immediately. Check the time so you'll know when the first symptoms appeared.

OTHER SYMPTOMS YOU SHOULD KNOW: Sudden numbness or weakness of the leg, sudden confusion or trouble understanding, sudden trouble seeing in one or both eyes, sudden trouble walking, dizziness, loss of balance or loss of coordination, and/or sudden severe headache with no known cause.

To help you remember F.A.S.T., download this free mobile application for your phone today.

American Heart Association | American Stroke Association
life is why™

Together to End Stroke™

Local Sponsor

Frontier COMMUNICATIONS

FRAUD ALERT
Email solicitations to register for an "Africa USA Forum"
X

Use the letters in "fast" to spot stroke signs and know when to call 9-1-1.

F

FACE DROOPING

Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven or lopsided?

A

ARM WEAKNESS

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

S

SPEECH DIFFICULTY

Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like "The sky is blue." Is the person able to correctly repeat the words?

T

TIME TO CALL 9-1-1

If someone shows any of these symptoms, even if the symptoms go away, call 9-1-1 and say, "I think this is a stroke" to help get the person to the hospital immediately. Time is important! Don't delay, and also note the time when the first symptoms appeared. Emergency responders will want to know.

Sometimes other symptoms appear, separately, in combination or with F.A.S.T. signs.

01 Sudden confusion, trouble speaking or understanding speech.

02 Sudden numbness or weakness of face, arm or leg. Especially on one side of the body.

03 Sudden trouble seeing in one or Both eyes.

04 Sudden trouble walking, dizziness, loss of balance or coordination.

05 Sudden severe headache with no known cause.

If someone shows any of these symptoms, call 9-1-1 or emergency medical services immediately.

Nationally sponsored by
Medtronic

After Calling 911:

Receiving timely stroke treatment is an important strep to recovery. Learn why:

- Why Getting Quick Stroke Treatment is Important
- "Let's Talk About Stroke" patient sheets: Stroke Diagnosis (PDF)
- Transient Ischemic Attacks are mini strokes, but a major warning sign. Learn more.

Talk to Your Doctor to Create a Plan

The Life After Stroke Journey

Every stroke recovery is different. Read our Life After Stroke resources to help you navigate the milestones to recovery.

About Us
About the AHA/ASA
ASA's 20th Anniversary Progress Report
2016-17 Annual Report
AHA Financial Information
Careers
SHOP
Latest Heart and Stroke News
AHA/ASA Media Newsroom
Global Programs

Our Causes
EmPOWERED to Serve
Go Red For Women
Go Red Por Tu Corazón
Healthy Living

The Warning Signs

Online Communities

Volunteer

Our Sites
American Stroke Association
American Heart Association
My Life Check
Stroke Conference
Scientific Sessions
Professional Heart Daily
You're The Cure
Global Programs

Contact Us
Address
7272 Greenville Ave.
Dallas, TX 75231
Customer Service
1-888-4-STROKE
1-888-478-7653
1-888-474-VIVE
RSS

Warning Signs | About Stroke | Life After Stroke | Stroke Connection Magazine | Professionals | Power to End Stroke | Giving | Media | Advocate | Volunteer | Donate
Privacy Policy | Copyright & DMCA Info | Ethics Policy | Conflict of Interest Policy | Linking Policy | Diversity | Careers | Suppliers & Providers | Accessibility Statement
©2018 American Heart Association, Inc. All rights reserved. Unauthorized use prohibited.
The American Heart Association is a qualified 501(c)(3) tax-exempt organization.

Warning Signs of a Heart Attack

Share Like 12K Tweet G+ Share 9.2K Updated:Jan 11,2018

Don't wait to get help if you experience any of these heart attack warning signs. Although some heart attacks are sudden and intense, most start slowly, with mild pain or discomfort. Pay attention to your body — and call 911 if you feel:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath** with or without chest discomfort.
- **Other signs** may include breaking out in a cold sweat, nausea or lightheadedness.

Download our heart attack warning signs infographic.

Symptoms Vary Between Men and Women

As with men, women's most common heart attack symptom is **chest pain or discomfort**. But women are somewhat more likely than men to experience some of the other common symptoms, particularly **shortness of breath, nausea/vomiting, and back or jaw pain**. Learn about the **warning signs of heart attack in women**.

Heart Attack

- Home
- About Heart Attacks
  - Acute Coronary Syndrome (ACS)
  - Heart Attack vs. Cardiac Arrest
  - Coronary Artery Dissection: Not Just a Heart Attack
- Warning Signs of a Heart Attack
  - Heart Attack Symptoms in Women
  - "Can you recognize a heart attack?" Quiz
- Understand Your Risks to Prevent a Heart Attack
- Diagnosing a Heart Attack
- Treatment of a Heart Attack
- Life After a Heart Attack
  - Lifestyle Changes
  - Recovery FAQs
- Heart Attack Tools & Resources
- Support Network

Heart Attack Tools & Resources

- My Cardiac Coach
- What Is a Heart Attack?
- How Will I Recover?
- Discharge Worksheet | Spanish
- 5 Ways To Lower Your Risk of a Second Heart Attack | Spanish
- Cardiac Rehab Referral Card | Spanish
- Heart Attack Warning Signs: Patient sheet | Infographic | Quiz

Subscribe to Heart Insight magazine and monthly e-newsletter

HeartInsight.

Our digital magazine delivers helpful articles and the latest news on keeping your heart healthy. Sign up today!

Email:*

State: Please Select

Zip Code:

By clicking submit below you agree to the Terms and Conditions and Privacy Policy

Submit

Our Sponsor

AstraZeneca is a proud inaugural sponsor of the American Heart Association's Guideline Transformation and Optimization Initiative.
Learn more about AstraZeneca.

Popular Articles

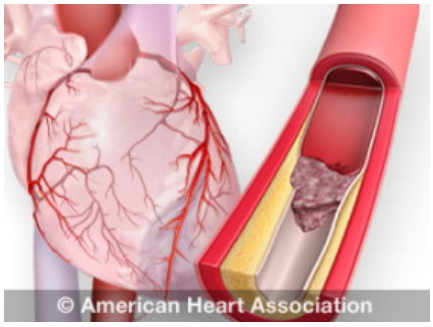
1 Understanding Blood Pressure Readings
2 Sodium and Salt
3 Heart Attack Symptoms in Women
4 Warning Signs of a Heart Attack
5 How to Eat Healthy
6 What are the Symptoms of High Blood Pressure?
7 All About Heart Rate (Pulse)
8 Low Blood Pressure - When Blood Pressure Is Too Low
9 Tachycardia | Fast Heart Rate
10 Angina (Chest Pain)

Act Fast

Learn the signs, but remember this: Even if you're not sure it's a heart attack, have it checked out. Minutes matter! Fast action can save lives — maybe your own. Don't wait - call 911 or your emergency response number.

Call 911

Calling 911 is almost always the fastest way to get lifesaving treatment. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too. It is best to call EMS for rapid transport to the emergency room.



Watch an animation of a heart attack.

More information:

- **Heart Attack Symptoms in Women**
- **Angina (Chest Pain)**
- **Angina in Women**
- **Heart Attack Warning Signs (downloadable PDF)** English | Spanish
- **Stroke Warning Signs**
- **Cardiac Arrest Warning Signs**

This content was last reviewed June 2016.

*All health/medical information on this website has been reviewed and approved by the American Heart Association, based on scientific research and American Heart Association guidelines. Use this link for more information on our content editorial process.

Volunteer

Privacy Policy | Copyright | Ethics Policy | Conflict of Interest Policy | Linking Policy | Diversity | Careers | Suppliers & Providers | Accessibility Statement
©2018 American Heart Association, Inc. All rights reserved. Unauthorized use prohibited.
The American Heart Association is a qualified 501(c)(3) tax-exempt organization.

*Red Dress ™ DHHS, Go Red ™ AHA ; National Wear Red Day® is a registered trademark.

This site complies with the HONcode standard for trustworthy health information:

verify here.

WebMD

Bleeding Cuts or Wounds

CALL 911 IF:

- Bleeding is severe
- You suspect internal bleeding
- There is an abdominal or chest wound
- Bleeding can't be stopped after 10 minutes of firm and steady pressure
- Blood spurts out of wound

1. Stop Bleeding

- Apply direct pressure on the cut or wound with a clean cloth, tissue, or piece of gauze until bleeding stops.
- If blood soaks through the material, don't remove it. Put more cloth or gauze on top of it and continue to apply pressure.
- If the wound is on the arm or leg, raise limb above the heart, if possible, to help slow bleeding.
- Wash your hands again after giving first aid and before cleaning and dressing the wound.
- Do not apply a tourniquet unless the bleeding is severe and not stopped with direct pressure.

2. Clean Cut or Wound

- Gently clean with soap and warm water. Try to rinse soap out of wound to prevent irritation.
- Don't use hydrogen peroxide or iodine, which can damage tissue.

3. Protect the Wound

- Apply antibiotic cream to reduce risk of infection and cover with a sterile bandage.
- Change the bandage daily to keep the wound clean and dry.

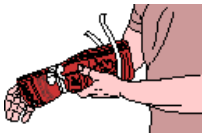
4. When to Call a Doctor

- The wound is deep or the edges are jagged or gaping open.
- The wound is on the person's face.

- The wound has dirt or debris that won't come out.
- The wound shows signs of infection, such as redness, tenderness, or a thick discharge, or if the person runs a fever.
- The area around the wound feels numb.
- Red streaks form around the wound.
- The wound is a result of an animal or human bite.
- The person has a puncture wound or deep cut and hasn't had a tetanus shot in the past five years, or anyone who hasn't had a tetanus shot in the past 10 years.

Emergencies and First Aid - How to Splint a Fracture

How to Splint a Fracture



Updated: February 14, 2017 Published: September, 2005

For a lower arm or wrist fracture (left), carefully place a folded newspaper, magazine, or heavy piece of clothing under the arm. Tie it in place with pieces of cloth. A lower leg or ankle fracture (right) can be splinted similarly, with a bulky garment or blanket wrapped and secured around the limb.

A person with a hip or pelvis fracture should not be moved. If the person must be moved, the legs should be strapped together (with a towel or blanket in between them) and the person gently placed on a board, as for a back injury.

© 2010 - 2018 Harvard University. All rights reserved.

HANDS-ONLY CPR

Nationally Supported by Anthem Foundation

(/AHAECC/CPRAndECC/Programs/HandsOnlyCPR/UCM_473196_Hands-Only-CPR.jsp)

LEARN MORE (HTTP://CPR.HEART.ORG/AHAECC/CPRANDECC/PROGRAMS/HANDSONLYCPR/UCM_475604_CPR-LEARN-MORE.JSP)

MULTIMEDIA (HTTP://CPR.HEART.ORG/AHAECC/CPRANDECC/PROGRAMS/HANDSONLYCPR/UCM_475516_HANDS-ONLY-CPR-TRAINING-VIDEOS-AND-PLAYLIST.JSP)

MOBILE TOUR (HTTP://CPR.HEART.ORG/AHAECC/CPRANDECC/PROGRAMS/HANDSONLYCPR/UCM_475587_HANDS-ONLY-CPR-MOBILE-TOUR.JSP)

SURVIVOR STORIES (HTTP://CPR.HEART.ORG/AHAECC/CPRANDECC/PROGRAMS/HANDSONLYCPR/UCM_475453_HANDS-ONLY-CPR-SURVIVOR-STORIES.JSP)

TRAINING KIOSKS (HTTP://CPR.HEART.ORG/AHAECC/CPRANDECC/PROGRAMS/HANDSONLYCPR/UCM_491195_HANDS-ONLY-CPR-TRAINING-KIOSKS.JSP)

CONTACT US (HTTP://CPR.HEART.ORG/AHAECC/CPRANDECC/PROGRAMS/HANDSONLYCPR/UCM_475511_CONTACT-THE-AHA-ABOUT-HANDS-ONLY-CPR.JSP)

2 STEPS TO SAVE A LIFE

Hands-Only CPR (Cardiopulmonary Resuscitation) is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult suddenly collapse in an "out-of-hospital" setting (such as at home, at work or in a park). It consists of two easy steps:

1. **Call 9-1-1 (or send someone to do that).**
2. **Push hard and fast in the center of the chest.**

When you call 911, you need to stay on the phone until the 911 dispatcher (operator) tells you to hang up. The dispatcher will ask you about the emergency. They will also ask for details like your location. It is important to be specific, especially if you're calling from a mobile phone as that is not associated with a fixed location or address. Remember that answering the dispatcher's questions will not delay the arrival of help.

CPR Resources

2017 Hands-Only CPR vs. CPR with Breaths (PDF opens new window) (/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_495656.pdf)

2017 Hands-Only CPR Fact Sheet (PDF opens new window) (/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_493890.pdf)

Take a Minute to Save a Life! (PDF opens new window) (/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_494019.pdf)

Frequently Asked Questions

Read about HOCPR Frequently Asked Questions (PDF opens new window) (/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_494175.pdf)

Programs

CPR In Schools (/AHAECC/CPRAndECC/Programs/CPRInSchools/UCM_473194_CPR-In-Schools.jsp)

Hands-Only CPR (/AHAECC/CPRAndECC/Programs/HandsOnlyCPR/UCM_473196_Hands-Only-CPR.jsp)

Community CPR Tracker (/AHAECC/CPRAndECC/Programs/CommunityCPRTracker/UCM_480186_Community-CPR-Tracker.jsp)

AED Implementation (/AHAECC/CPRAndECC/Programs/AEDImplementation/UCM_473198_AED-Implementation.jsp)

OSHA and AHA Alliance (/AHAECC/CPRAndECC/Programs/OSHAandAHAAlliance/UCM_473199_OSHA-and-AHA-Alliance.jsp)

Be The Beat (/AHAECC/CPRAndECC/Programs/BeTheBeat/UCM_473195_Be-The-Beat.jsp)

Recursos para hispanohablantes en EE UU (/AHAECC/CPRAndECC/Programs/RecursosparahispanohablantesenEEUU/UCM_476471_Recursos-para-hispanohablantes-en-EE-UU.jsp)

CPR & AED Awareness Week (/AHAECC/CPRAndECC/Programs/CPRAEDAwarenessWeek/UCM_475579_CPR-and-AED-Awareness-Week.jsp)

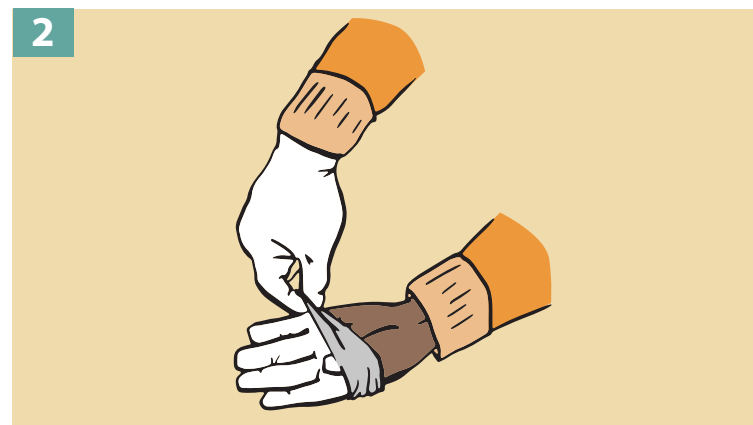
How to Remove Gloves

To protect yourself, use the following steps to take off gloves

1

With both hands gloved, grasp the outside of one glove at the top of your wrist, being careful not to touch your bare skin.

2

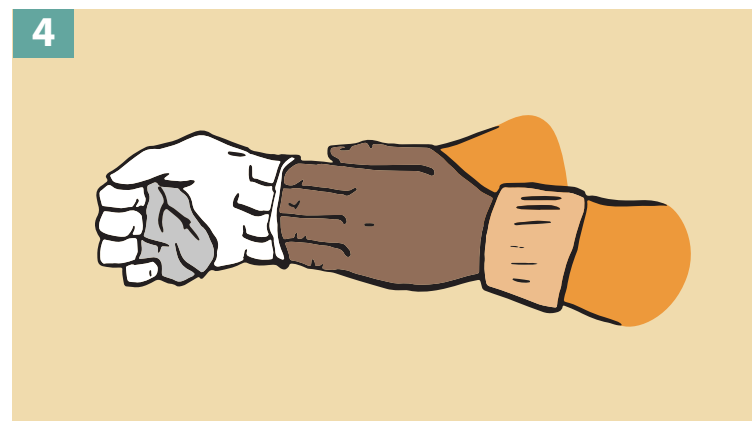


Peel off this first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out.

3

Hold the glove you just removed in your gloved hand.

4



With your ungloved hand, peel off the second glove by inserting your fingers inside the glove at the top of your wrist.

5

Turn the second glove inside out while tilting it away from your body, leaving the first glove inside the second.

6

Dispose of the gloves safely. Do not reuse the gloves.

7

Clean your hands immediately after removing gloves and before touching any objects or surfaces.

Adapted from Workers' Compensation Board of B.C.

MAYO CLINIC

First aid

Choking: First aid

Choking: First aid

A step-by-step guide explaining what to do in a choking emergency.

By Mayo Clinic Staff

Choking occurs when a foreign object lodges in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, give first aid as quickly as possible.

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Squeaky sounds when trying to breathe
- Cough, which may either be weak or forceful
- Skin, lips and nails turning blue or dusky
- Skin that is flushed, then turns pale or bluish in color
- Loss of consciousness

If the person is able to cough forcefully, the person should keep coughing. If the person is choking and can't talk, cry or laugh forcefully, the American Red Cross recommends a "five-and-five" approach to delivering first aid:

- **Give 5 back blows.** Stand to the side and just behind a choking adult. For a child, kneel down behind. Place one arm across the person's chest for support. Bend the person over at the waist so that the upper body is parallel with the ground. Deliver five separate back blows between the person's shoulder blades with the heel of your hand.
- **Give 5 abdominal thrusts.** Perform five abdominal thrusts (also known as the Heimlich maneuver).
- **Alternate between 5 blows and 5 thrusts** until the blockage is dislodged.

The American Heart Association doesn't teach the back blow technique, only the abdominal thrust procedures. It's OK not to use back blows if you haven't learned the technique. Both approaches are acceptable.

To perform abdominal thrusts (Heimlich maneuver) on someone else:

- **Stand behind the person.** Place one foot slightly in front of the other for balance. Wrap your arms around the waist. Tip the person forward slightly. If a child is choking, kneel down behind the child.
- **Make a fist with one hand.** Position it slightly above the person's navel.
- **Grasp the fist with the other hand.** Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
- **Perform between six and 10 abdominal thrusts** until the blockage is dislodged.

If you're the only rescuer, perform back blows and abdominal thrusts before calling 911 or your local emergency number for help. If another person is available, have that person call for help while you perform first aid.

If the person becomes unconscious, perform standard cardiopulmonary resuscitation (CPR) with chest compressions and rescue breaths.

To perform abdominal thrusts (Heimlich maneuver) on yourself:

First, if you're alone and choking, call 911 or your local emergency number immediately. Then, although you'll be unable to effectively deliver back blows to yourself, you can still perform abdominal thrusts to dislodge the item.

- **Place a fist** slightly above your navel.
- **Grasp your fist** with the other hand and bend over a hard surface — a countertop or chair will do.
- **Shove your fist** inward and upward.

To clear the airway of a pregnant woman or obese person:

- **Position your hands a little bit higher** than with a normal Heimlich maneuver, at the base of the breastbone, just above the joining of the lowest ribs.
- **Proceed as with the Heimlich maneuver,** pressing hard into the chest, with a quick thrust.
- **Repeat** until the food or other blockage is dislodged. If the person becomes unconscious, follow the next steps.

To clear the airway of an unconscious person:

- **Lower the person** on his or her back onto the floor, arms to the side.
- **Clear the airway.** If a blockage is visible at the back of the throat or high in the throat, reach a finger into the mouth and sweep out the cause of the blockage. Don't try a finger sweep if you can't see the object. Be careful not to push the food or object deeper into the airway, which can happen easily in young children.

- **Begin CPR** if the object remains lodged and the person doesn't respond after you take the above measures. The chest compressions used in CPR may dislodge the object. Remember to recheck the mouth periodically.

To clear the airway of a choking infant younger than age 1:

- **Assume a seated position and hold the infant facedown** on your forearm, which is resting on your thigh. Support the infant's head and neck with your hand, and place the head lower than the trunk.
- **Thump the infant gently but firmly** five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object. Keep your fingers pointed up to avoid hitting the infant in the back of the head.
- **Turn the infant faceup on your forearm,** resting on your thigh with the head lower than the trunk if the infant still isn't breathing. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions. Press down about 1 1/2 inches, and let the chest rise again in between each compression.
- **Repeat the back blows and chest thrusts** if breathing doesn't resume. Call for emergency medical help.
- **Begin infant CPR** if one of these techniques opens the airway but the infant doesn't resume breathing.

If the child is older than age 1 and conscious, give abdominal thrusts only. Be careful not to use too much force to avoid damaging ribs or internal organs.

To prepare yourself for these situations, learn the Heimlich maneuver and CPR in a certified first-aid training course.

1. Choking (Heimlich maneuver). American College of Emergency Physicians. http://www.emergencycareforyou.org/Content.aspx?id=2136. Accessed Aug. 2, 2017.
2. First Aid/CPR/AED Participant's Manual. American Red Cross. http://www.redcross.org/participantmaterials. Accessed Aug. 2, 2017.
3. Airway establishment and control. Merck Manual Professional Version. http://www.merckmanuals.com/professional/critical_care_medicine/respiratory_arrest/airway_establishment_and_control.html?qt=Airway establishment&sc=&alt=sh#top. Accessed Aug. 2, 2017.
4. Tintinalli JE, et al. Resuscitation of children. In: Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed. New York, N.Y.: The McGraw Hill Companies; 2016. http://accessmedicine.mhmedical.com. Accessed Aug. 2, 2017.
5. Kleinman ME, et al. Part 5: Adult basic life support and cardiopulmonary resuscitation quality — 2015 American Heart Association guidelines update for cardiopulmonary resuscitation and emergency cardiovascular care. Circulation. 2015;132(suppl):S414.
6. Claypool DW (expert opinion). Mayo Clinic, Rochester, Minn. Aug. 14, 2017.

Oct. 12, 2017

Original article: http://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

Terms and Conditions
Privacy Policy
Notice of Privacy Practices
Notice of Nondiscrimination
Manage Cookies

Mayo Clinic is a not-for-profit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy
Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2018 Mayo Foundation for Medical Education and Research (MFMER). All rights reserved.