First Aid

The Evidence

Systematic reviews are conducted by the International Liaison Committee on Resuscitation First Aid Task Force.

These studies are translated to make evidence-based guidelines for North American first aid providers.

Recommendations for First Aid Providers

**Stroke**
Activate emergency services for possible stroke when assessing an individual with any of the following:

- Facial droop
- Weakness in one arm or one side
- Speech disturbance

**Chest Pain**
Activate emergency services for non-traumatic chest pain, and encourage alert adults to:

- Chew and swallow 160 to 325 mg aspirin unless allergic to aspirin or advised not to take it by healthcare provider

**Bleeding**
For treatment of life-threatening bleeding, perform the following:

- Apply a tourniquet ASAP to a life-threatening extremity bleeding or to bleeding that cannot be controlled with direct pressure.
- Apply direct pressure (with hemostatic dressing) if a tourniquet cannot be used, or until a tourniquet is available.

**Hyperthermia**
Cold-water, whole-body immersion is most effective at treating people with hyperthermia or heatstroke.

Initiate ASAP, and continue until a temperature of ≤39°C (102.2°F) is reached or until symptoms resolve.

Ice packs, cold showers, and fanning may also be used.

**Hypoglycemia**
Give oral glucose to adults and children with suspected hypoglycemia.

Activate emergency services if symptoms worsen or if they don’t resolve within 10 minutes.

**Tooth Avulsion**
If emergency replantation is not available, transport the tooth in a balanced salt solution or wrapped in cling film.

Cow’s milk or saliva may also be considered. Don’t store in tap water.