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Sanju Sira



First Aid

Manual for Nurses

■ Third Edition ■

Nursing Knowledge Tree
An Initiative of CBS

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Preface to the Third Edition

The much improved third edition of this *First Aid Manual for Nurses* shows the popularity of this manual. Plenty of efforts have been made to make it a special edition. The book is designed to teach students in a very simple manner how to handle the first aid emergencies that may arise all of a sudden and anywhere. Valuable information has been added to this edition and most of the additions are intended to offer practical guidance to the students.

Beyond these additions, considerable improvements both in the content and the organization of the text have been made. This third edition includes the latest emergency procedures, and attractive colored illustrations, which make this book highly valuable, and easily understandable.

The best part of the book is that it is beneficial not only for the nursing students for their first aid training but also for the general readers who can use it to enhance their knowledge. The book incorporates all the topics enlisted by the INC. It has a wide coverage of scientific concepts on selected topics related to our day-to-day life. The approach of the book is in fact activity-based which provides clarity to the concepts, besides it includes those emergency situations, which may arise during students' learning process.

This book has seen the light of day because of the hard work of development team, the valuable efforts of editorial team, who worked day and night on tight deadlines to bring the book close to the shape I dreamt of.

I aspire that this book will serve its purpose of simplifying the concepts and fundamentals of first aid for all the students. I sincerely hope you all will enjoy reading this book as much as I have enjoyed revising it.

As there is always the scope of improvement, I warmly welcome the meaningful comments and suggestions from readers to make this manual more informative.

Sanju Sira

Preface to the Second Edition

Unpleasant though it may be, the fact remains that accidents happen. If an accident happens, one cannot be a helpless witness, since simply standing by can potentially worsen the situation. This is why it is important to have at least a basic knowledge of first aid. **First aid** is the assistance, given to any person suffering from a sudden illness or injury. The first aid can be provided to preserve life, prevent the condition from worsening, and/or promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available. While everyone can benefit from first aid training, it may be a more necessary requirement for nurses.

With this intention, it gives me immense pleasure to present the book, *First Aid Manual for Nurses, 2nd edition* with new updates as per the need and wants of nurses. The book includes all topics as enlisted by the INC. It has been written in a simple language and an interactive manner to make it more useful for the readers. This time we have converted whole book in fully colored layout for real-time visualization of the images/photographs. Diagrams and images have been selected cautiously to complement the text well and enhance reading experience with a good retention of facts.

I aspire that this book will serve its purpose of simplifying the concepts and fundamentals of first aid for all the nursing students. I sincerely hope you enjoy reading this book as much as I have enjoyed writing it.

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Sanju Sira

Special Features of the Book

STEPS TO DO

- 1 Recognize the type of emergency
- 2 Check the scene
- 3 Call EMS system
- 4 Check the victim
- 5 Give first aid

This feature helps you in following vital steps at the time of emergency.

This feature makes the readers aware of precautionary measures taken during emergency.

Caution

- Don't Forget to wash your hands to avoid cross infection
- Use Sterilize dressing
- Apply compression for hemostasis



Basic Rules before Applying Dressing

The basic rules before applying dressing are given as follows (Fig. 3.3):

- ➔ Thoroughly wash your hands.
- ➔ Avoid touching the wound or any part of the dressing that will come in the contact of the wound.
- ➔ Do not cough, sneeze or talk over the wound or dressing.

This is highly valuable feature which adds value to the chapters.

This special feature gives additional information in case of emergency.

Note

If a barrel bandage is not available, it can be made of handkerchief, necktie or scarf. This is tied around the jaw to immobilize it. The bandage should be tied in such a manner that it can be easily removed in case of vomiting.



Figures in the book help clarify the concepts.

Fold a pillow around ankle and tie it in place

Elastic bandage holding "U" shaped cloth underneath pillow

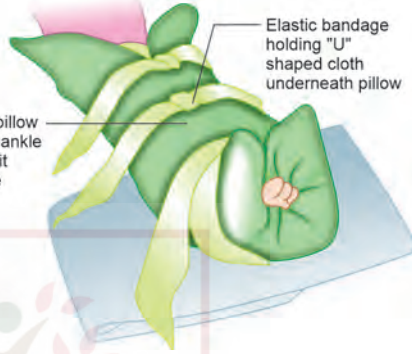


Fig. 5.10: Splinting of ankle and foot

TABLE 2.1: Contents of Small First Aid Kit (6" × 3½ × 2½)

Items	Quantity
Adhesive bandages	2
Roller bandages of all sizes	2 each
Cotton wool	1 pack
Sterile small dressing (burn dressing)	1
Small scissors	1
Betadine ointment	1
Hand sanitizer	1
First aid dressing: small, medium and large	

Tables are included to supplement the text matter.

Contents

<i>Contributor and Reviewers' List</i>	<i>iii</i>
<i>Preface to the Third Edition</i>	<i>vii</i>
<i>Preface to the Second Edition</i>	<i>viii</i>
<i>Special Features of the Book</i>	<i>xiii</i>

Unit I Introduction and Basics of First Aid 1–7

1. Introduction	3
-----------------------	---

Unit II Procedures and Techniques in First Aid 9–81

2. First Aid Kit	11
3. Dressing	17
4. Bandages	21
5. Splints and Slings	40
6. Transportation of the Injured	51
7. Stretchers	59
8. Basic Life Support	64

Unit III First Aid in Emergencies 83–211

9. First Aid Assessment: Primary and Secondary Survey	85
10. Asphyxia	95
11. Drowning	98
12. Heart Attack	101
13. Shock	103
14. Fainting	105
15. Wound	108
16. Hemorrhage/Bleeding	116
17. Injuries to the Bones, Joints and Muscles	127
18. Hanging/Throttling/Strangulation	143
19. Falls	145
20. Burns	147
21. Poisoning	156
22. Bites and Stings	168
23. Foreign Body in the Eye	179



24. Foreign Body in the Nose.....	181
25. Foreign Body in the Mouth.....	183
26. Foreign Body in the Ear.....	189
27. Frostbite	191
28. Heat Exhaustion and Heatstroke.....	195
29. Abdominal Injuries.....	199
30. Chest Injuries.....	202
31. Crush Injuries.....	206
32. Sprain and Strain.....	209

Unit IV Community Emergencies and Resources 213–254

33. Disaster Preparedness or Disaster Management.....	215
34. Fire or Wildfires.....	217
35. Explosions (Nuclear Warfare, Atom Bombs, Hydrogen Bombs).....	219
36. Flood.....	223
37. Earthquake	226
38. Tsunami	228
39. First Aid in COVID-19-Related Emergencies.....	230
40. Famine.....	235
41. Role of Nurse in Disaster Management	237
42. Psychological First Aid.....	239
43. Rehabilitation.....	242
44. Voluntary Health Organizations.....	243

<i>Index</i>	255
--------------------	-----

UNIT

I

Introduction and Basics of First Aid

Unit Outline

- ➔ Introduction



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1

Introduction



This book is designed to save lives. It is that simple, whether on the job, in your home, or in community. Knowing first aid allows you to help someone who is injured or suddenly ill until help arrives or the person seeks a health care provider.

Most first aid is reasonably simple and at times does not require ample training or equipment but can be dealt with the basic first aid kit. Properly applied first aid may mean the difference between life and death, rapid recovery and long hospitalization or temporary disability and permanent injury. First aid involves more than doing things for others, it also includes the things that people can do for themselves.

DEFINITION OF FIRST AID

First aid is an emergency care and treatment of a sick or injured person before more advanced medical assistance in the form of the emergency medical services (EMS) arrives.

AIMS OF FIRST AID

- To preserve life.
- To prevent the worsening of one's medical condition.
- To promote recovery.
- To help to ensure safe transportation to the nearest health care facility.

CONCEPT OF FIRST AID

First aid is the immediate help given to a victim of injury or sudden illness by a bystander until appropriate medical help arrives or the victim is seen by a health care provider. A few definitions of first aid are:

- First aid is the assistance given to any person suffering a sudden illness or injury with care provided to preserve life, prevent the condition from worsening and/or promote recovery.



- First aid can be defined as the emergency treatment of illness or injury in order to maintain life, to ease pain and to prevent deterioration of patient's condition until professional medical help can be obtained.
- First aid is provision of initial care for an illness or injury. It is usually performed by nonexperts (or sometimes by experts in case of emergency) but trained personnel to a sick or injured person until definitive medical treatment can be accessed.

However, once the first-aider has started giving first aid, he/she is legally bound to remain with the victim until an EMS arrives. Another concern is taking the victim's consent. Usually the consent is clear-cut and always a "yes" as an injured person would never refuse any help. But in case a person is injured but has refused helping in such a situation, a call is made to the police so that the injured person is shifted to a safe custody.

PHILOSOPHY OF FIRST AID

The essential factors to survival and recovery from disease and injury in the prehospital situation are prompt and effective preservation of the body's primary functions:

- Airway
- Breathing
- Circulation
- Bleeding control

According to medical studies, the most major contribution to excellent outcomes for victims in the prehospital context is effective support of these core activities.

GOLDEN RULES OF FIRST AID

The golden rules of first aid are described under the following two headings:

1. What to Do

- Do first things first quickly, quietly without fuss or panic.
- Tactfully reassure the casualty as this will lessen anxiety.
- Avoid crowd as fresh air is essential.
- Give artificial respiration if breathing has stopped as every second counts, e.g., airway, breathing and circulation (ABC) of emergency.
- Stop any bleeding (pressing pressure points).
- Guard against or treat for shock.



- Do not move the casualty unnecessarily but handle the casualty gently.
- Do not remove the clothes of the casualty unnecessarily.
- Do not do too much instead do the minimum that is essential to save life and prevent the condition from worsening.
- Give comfortable position to the casualty.
- Arrange for the removal of the casualty.

2. What Not to Do

- Do not let the casualty see his own injury.
- Do not leave the casualty alone except to get help.
- Do not assume the casualty obvious injuries are the only one.

FIRST-AIDER

A first-aider is a person, who is trained and authorized in providing first aid. Certification in providing first aid is issued by St. John Ambulance Association and the Indian Red Cross Society to the candidates who have attended theoretical and practical course and have cleared the professional examinations.

Responsibilities of a First-Aider

First-aider should save lives by providing immediate medical attention and treatment to persons who are sick or injured.

- Protect the unconscious.
- Prevent a casualty's condition from becoming worse.
- Promote the recovery of the casualty.

CONCEPT OF EMERGENCY

Rapid industrialization and urbanization is the cause of various accidents and emergencies. When an accident takes place, the first thing in everyone's mind is to help the victim.

First aid is the skill of applying common sense in such a way that the victim's life is saved, recovery begins and complications are prevented until professional medical help arrives.



The concept of emergencies includes actions to be taken in all emergencies including injury or illness. These steps are as follows:

STEPS TO DO

- 1 Recognize the type of emergency
- 2 Check the scene
- 3 Call EMS system
- 4 Check the victim
- 5 Give first aid
- 6 Seek medical attention

Recognize the Type of Emergency

It is very important to recognize the type of emergency that has occurred, e.g., bleeding, poisoning, electrocution, accidents, etc. in order to manage and provide timely first aid to the victim.

Check the Scene

When an emergency has occurred, before blindly helping the victim, check the scene for your safety. If the scene is dangerous then do not approach rather call for help instead of becoming a victim yourself. A quick check is to be made for the following:

- Downed electrical wires
- Chemical spillage
- Fumes
- Smokes and flames
- Risk of explosions
- Building collapse
- Personal violence

Once the scene is safe, go and help the victim until medical help arrives.

Call EMS Number

The EMS number is to be dialed once a life-threatening injury or illness is recognized, always call EMS number when:

- The victim is unresponsive.
- The victim is bleeding.



- The victim is experiencing a life-threatening condition like choking, critical burns, spinal cord injury, poisoning, unresponsive, etc.
- In case of imminent childbirth.
- In case of suicidal attempt.
- All those situations, in which moving a victim could worsen his/her condition.
- In all cases, where you are in doubt whether it is an emergency situation.

Check the Victim

Check the victim closely, observe keenly within seconds for the life-threatening conditions requiring immediate first aid.

Give First Aid

Once the first-aider has checked the scene and condition of the victim, and feels safe, he/she can immediately give the first aid to the victim as per the type of emergency. The act should be time-saving, prompt and skillful. The first-aider is not supposed to give any kind of medication to the victim, e.g., aspirin because of risk of bleeding, allergic reaction or some other untoward complications. However, if the victim is aware of the medication and needs it in that circumstance, first-aider can assist the victim. *Nursing Knowledge Tree*

Above all in life-threatening situations requiring immediate first aid follow ABC of first aid explained in later chapters.

Seek Medical Attention

After providing first aid, do not leave the victim alone or if recovered even then advise him or her to seek medical care.



INTRODUCTION

A chest injury is an injury that occurs in the chest wall or the bones, skin, fats, and muscles surrounding your lungs, including the ribs and sternum. It can also occur in any of the organs found inside the chest.

Chest trauma can result in fractures, lung or heart contusions, and rib bruising due to wall injury. It can compromise breathing, resulting in hypoxia. Hypoxia is a disease in which the body as a whole (generalized hypoxia) or a specific part of the body (tissue hypoxia) is deprived of sufficient oxygen. A chest injury that goes untreated can cause one or both lungs to collapse, putting pressure on the heart and resulting in cardiac arrest.

TYPES

- **Closed:** The skin is intact and air does not enter the chest cavity through the chest wall. For example: a rib injury.
- **Open:** The chest wall has been penetrated by a foreign object. For example: pneumothorax, penetrating chest wound.

CAUSES

- Blunt trauma
- Crush injuries
- Penetrating objects

FIRST AID FOR VARIOUS TYPES OF CHEST INJURIES

Rib Injuries

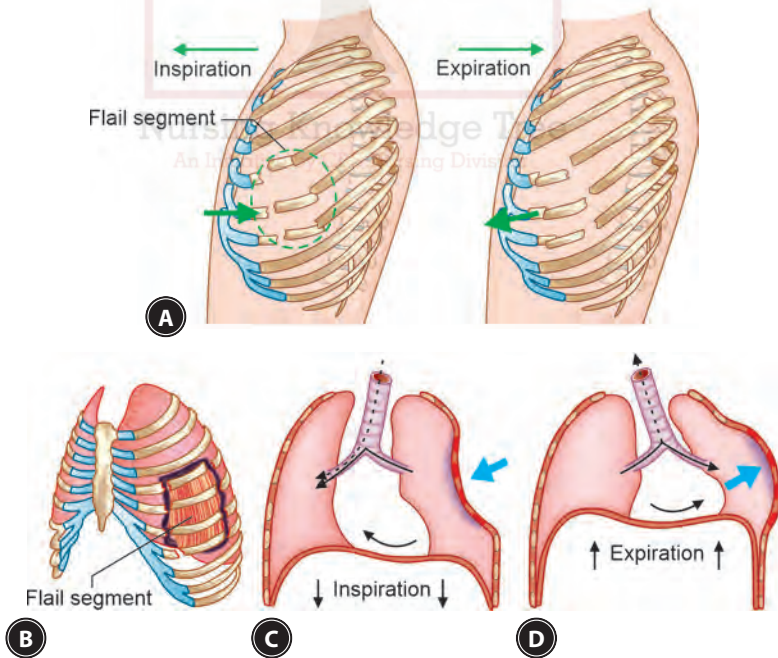
- A direct impact to the chest from a hit or a fall, or a crush injury, might fracture one or more ribs.
- The casualty's respiration may be substantially hampered if there is a wound over the fracture or if a broken rib pierces a lung.
- An injury to the chest can result in a "**flail chest**" injury, in which a section of cracked ribs separates from the rest of the chest wall (Figs 30.1A to D).



- When the casualty inhales, the separated portion moves within, and when he exhales, it moves outward. This is known as “**paradoxical**” breathing.
- Lower rib fractures can induce internal bleeding and injury to internal organs including the liver and spleen.

Signs and Symptoms

- Trouble breathing
- Shallow breathing
- Tenderness at site of injury
- Deformity and bruising of chest
- Pain upon movement/deep breathing/coughing
- Dusky or blue lips or nail beds
- Crackling feeling upon touching victim’s skin
- Assess for the signs of internal bleeding such as coughing up of bright red frothy blood.



Figs 30.1A to D: Flail chest and its pathophysiology



STEPS TO DO

- 1 Assist the casualty to a seat and ask him to support the damaged side's arm; assist him if necessary. Put the arm on the affected side in a sling for added support.
- 2 Place large amounts of padding over the flail area.
- 3 Monitor and observe the victim for any breathing problems.
- 4 Arrange for the casualty to be taken or sent to the hospital.

Caution

- Do not allow the casualty to eat or drink because an anesthetic may be needed.
- If the victim loses consciousness, place him on the ground, backward, with his airway open. Start CPR with chest compressions if he is not breathing. If he needs to be placed in the recovery posture, do it on his wounded side so that the lung on the uninjured side can fully function.

Penetrating Chest Wound

- If a sharp item penetrates the chest wall, the organs in the chest and upper abdomen may be severely damaged, leading to shock.
- Lungs are especially vulnerable to injury, either from internal damage or wounds that perforate the two-layered membrane (pleura) that surrounds and protects each lung.
- **Pneumothorax** occurs when air enters between the membranes and exerts pressure on the lung, causing the lung to collapse (Fig. 30.2).
- The pressure around the wounded lung may build up to the point where it affects the unaffected lung, leaving the victim breathless.
- This pressure buildup in a tension pneumothorax may prevent the heart from adequately filling with blood, limiting circulation and causing shock.
- Sometimes, blood collects in the pleural cavity (**a hemothorax**) and puts pressure on the lungs.

Signs and Symptoms

- Difficult and painful breathing
- Cyanosis of skin and lips (gray or bluish coloration)
- Clammy, pale skin
- Breathing is fast and shallow.
- Asymmetrical movement of chest as the injured side may not rise.

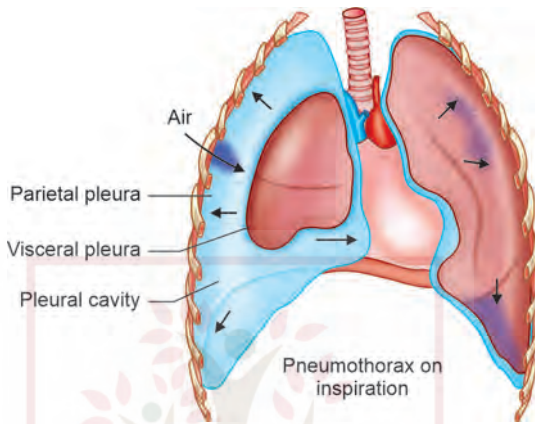


Fig. 30.2: Pneumothorax—the presence of air in the pleural cavity

If there is a sucking chest wound:

- Sound of air being drawn into the wound along with bubbling blood.
- Crackling feeling to the skin around the wound due to air entry.
- Neck veins are becoming more visible.
- Blood is gushing from the wound.

STEPS TO DO

- 1 Assist the victim in taking a seat. Encourage him to lean toward the wounded side of his body and cover the wound with his palm.
- 2 Wrap a plastic bag or foil around the wound and the surrounding region.
- 3 Only tape the plastic covering on three sides to prevent air from getting in but not out.
- 4 If the victim loses consciousness, check their breathing and open the airway.
- 5 If required, perform cardiopulmonary resuscitation (CPR). If they are breathing, put them in the recovery position, with the wounded lung on the bottom. This will assist protect the healthy lung.
- 6 Call for emergency help. While waiting for help, continue to support the casualty in the same position as long as he remains conscious.
- 7 Until emergency help arrives, monitor and record the casualty's vital signs—level of reaction, respiration and pulse.

First Aid in COVID-19-Related Emergencies



INTRODUCTION

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The novel coronavirus (COVID-19) is a highly infectious virus that originated in Wuhan, China's Hubei province. The virus spreads quickly, resulting in pneumonia deaths all across the world.

The majority of those infected with the virus will have mild to moderate respiratory symptoms and will recover without the need for medical attention. Some, on the other hand, will become critically unwell and require medical assistance. Serious sickness is more likely to strike the elderly and those with underlying medical disorders such as cardiovascular disease, diabetes, chronic respiratory disease, or cancer. COVID-19 can make anyone sick and cause them to get very ill or die at any age.

SIGNS AND SYMPTOMS

- **Asymptomatic cases:** Individuals who test positive for SARS-CoV-2 using a virologic test [i.e., a nucleic acid amplification test (NAAT) or an antigen test] but do not show symptoms compatible with COVID-19 are considered asymptomatic or presymptomatic.
- **Mild illness:** Individuals who experience any of the COVID-19 signs and symptoms (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but do not have shortness of breath, dyspnea, or abnormal chest images are considered to have a mild illness.
- **Moderate illness:** Individuals with moderate illness have an oxygen saturation (SpO_2) of $\geq 94\%$ on room air at sea level and show indications of lower respiratory disease during clinical examination or imaging.
- **Severe illness:** Individuals with a SpO_2 of $< 94\%$ on room air at sea level, a PaO_2/FiO_2 ratio of 300 mm Hg, a respiratory rate of > 30 breaths/min, or lung infiltrates of $> 50\%$ are considered to be suffering from severe illness.



- Critical illness: Individuals with respiratory failure, septic shock, and/or multiple organ dysfunction are considered to be in critical condition.

Watch for Red Flags

- Breathing problems
- Chest discomfort or pressure that persists
- New confusion
- Inability to get out of bed or stay awake
- Skin, lips, and nail beds that are pale, gray, or blue in hue, depending on skin tone

FIRST AID MANAGEMENT DURING COVID-19

First aid management begins from the point of appearance of symptoms such as fever, sore throat, malaise, etc. In some patients, symptoms do not appear, in that case testing positive on RT-PCR test is an indication to initiate preliminary management.

Caution

First aid management should only be done in mild to moderate cases. Severe cases should be immediately taken to the hospital for further management.

Patients with moderate COVID-19 who have been suspected or confirmed are isolated to disrupt or suppress the transmission cycle. Mild instances can usually be treated at home. Treatment guidelines given by the Ministry of Health and Family Welfare (MoHFW), Government of India are as follows:

STEPS TO DO

- 1 Physical distancing, indoor mask use, and strict hand hygiene are required for those in home isolation, COVID-19 care centers, or other similarly classified rural facilities.
- 2 Fever and cough symptoms are treated symptomatically. To maintain hydration, patients are advised to drink plenty of water on a regular basis.
- 3 Patients can gargle with warm water or inhale steam several times per day.
- 4 Take your temperature and check your oxygen saturation two to four times a day (with a SpO₂ probe on your fingers).



- 5 Maintain contact with your treating physician and report any changes in your clinical state as soon as possible.
- 6 Seek medical attention/care if: the patient develops difficulty in breathing, high-grade fever/or severe cough, especially if it lasts more than 5 days, age greater than 60 years, underlying noncommunicable diseases such as cardiovascular disease, hypertension, and coronary artery disease (CAD), diabetes mellitus (DM) and other immunocompromised states, chronic lung/kidney/liver disease, cerebrovascular diseases, and obesity.
- 7 Drug treatment for mild cases:
 - Tablet paracetamol—650 mg paracetamol four times a day if fever $>100^{\circ}\text{F}$.
 - If symptoms last longer than 7 days (persistent fever, increasing cough, etc.), consult the doctor about low-dose oral steroids.

Proning for Self-Management of Dyspnea during Home Isolation

Proning is the procedure of moving a patient from their back to their abdomen (stomach) with precise, safe motions so that they are lying face down.

Proning is a medically recognized position that helps with breathing and oxygenation.

It is especially helpful in COVID-19 individuals who have trouble breathing, especially during home isolation.

Importance of Proning

- Prone positioning enhances ventilation and makes breathing easier by keeping alveolar units open.
- Only when the patient has difficulty breathing and the SpO_2 drops below 94 is it necessary to pronate (<94).
- During home isolation, it is critical to keep an eye on SpO_2 , as well as other vital signs including temperature, blood pressure, and blood sugar.
- Missing out on hypoxia (compromised oxygen circulation) may lead to worsening of complications.
- Timely proning and maintaining good ventilation could save many lives.



Fig. 39.1: Positioning of pillow

Self-Proning

STEPS TO DO

- 1 **Positioning of pillow (Fig. 39.1):**
 - One pillow beneath the chin.
 - One or two pillows should be placed beneath the chest and through the upper thighs.
 - Two pillows are placed beneath the shins.
- 2 **For self-proning (Fig. 39.2):**
 - 4–5 pillows are required.
 - Altering lying position on a regular basis every 30 minutes.

Caution

- After a meal, avoid proning for an hour.
- Maintain pronation for only as long as it is bearable.
- As long as it is comfortable, one can prone for up to 16 hours each day, in many cycles.
- Pillows can be adjusted gently for comfort and to change pressure locations.
- Keep a close eye on any pressure sores or injuries, especially those that occur around bony prominences.

- 3 **Nonself-pronating patients (in emergency):**
 - Pull the patient to one side of the bed with a flat sheet.
 - Wrap the flat sheet around the arm that will be dragged through the hole (the side you are turning toward).



- A second flat sheet is tucked under the patient and placed on the bed. As you turn the patient, this sheet will pull through.
- Turn the patient over and position the patient prone using the sheet. The arm and sheet will drag the bed across the room.
- Pull the patient to the center of the room. Remove the sheet that was used to arrange the patient in the supine position and throw it away. Lines and tubes should be straightened.

Improve lung oxygenation by lying in prone position

If the oximeter reading shows SpO₂ levels below 94%, patients in home care are advised to lie prone on their stomachs. this will improve breathing and increase oxygen saturation



1. Begin by lying in prone position on a flat bed for 30 minutes to 2 hours



2. Switch to lying on your right side for 30 minutes to 2 hours



3. Switch to 30 minutes to 2 hours of sitting up (30–60 degree)

Keep monitoring your oxygen levels after switching between positions. if oxygen levels drop below SpO₂ 92%, consult a doctor and seek hospital care immediately.



4. Switch to lying on your left side for 30 minutes to 2 hours



5. Switch to semi-prone position for 30 minutes to 2 hours



6. Return to prone position for 30 minutes to 2 hours. repeat cycle

Fig. 39.2: Self-proning (home care tips)

First Aid

Manual for Nurses

Salient Features

- The book has been written in adherence to INC syllabus
- The book has been designed with fully-colored illustrations throughout for real-time visualization
- The book covers topics in-depth not only from the casualty but also from the day-to-day life experiences at work, home, school, road side, etc., which are found to be of great use for the nursing students as well as for the common people
- Simple language and step-wise presentation of the procedures will certainly enhance the readability of this book
- Supportive illustrations have been provided along with most of the topics to help the students correlate the concepts and techniques of First Aid well
- Important points have been highlighted in separate boxes to help readers focus more on them
- Cautions in First Aid procedures have been added at the respective places for providing good clinical practices in real-time situations
- The book includes simple steps to understand basic life support, which if learnt properly, can save many precious lives
- Last but not least, the book also puts emphasis on system-wise emergencies along with disaster management and preparedness.

About the Author

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