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RESUSCITATION FROM ELECTRICAL SHOCK, GAS ASPHYXIATION AND DROWNING





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ENGINEERING EXTENSION DEPARTMENT IOWA STATE COLLEGE AMES, IOWA

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RESUSCITATION by the Prone Pressure Method

RECOMMENDED BY

NATIONAL ELECTRIC LIGHT ASSOCIATION

29 WEST THIRTY-NINTH STREET, NEW YORK

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Follow These Instructions Even if Victim Appears Dead

Electrical Shock Quickly release victim from current, being careful to avoid receiving a shock. Use any dry non-conductor (rubber gloves, clothing, rope, board) to move either the victim or the conductor. Beware of using metal or any moist material. If necessary shut off the current.

Gas Asphyxiation Quickly remove victim from gas atmosphere into fresh air

gas atmosphere into fresh air and place on ground or other hard surface. In gas asphilyxiation cases the assistance of a doctor with an apparatus to remove carbon monoxid from the blood, is very important. Do not neglect resuscitation while waiting for the doctor.

Follow These Instructions Even if Victim Appears Dead

Drowning Quickly remove victim from water and place on ground or other hard surface. If possible have head slightly lower than rest of body so that water and other liquids will drain away from victim.

INSTANTLY ATTEND TO THE VICTIM'S BREATHING

- 1. As soon as the victim is clear rapidly feel with your finger in his mouth and throat and remove any foreign body (tobacco, false teeth, etc.) If mouth is tight shut, pay no more attention to it until later. Do not stop to loosen the patient's clothing, but immediately begin actual resusitation. Every moment of delay is serious. Proceed as follows:
- (a) Lay the patient on his belly, one arm directly extended overhead, the other bent at elbow and with face to one side, resting on the hand or forearm, so that nose and mouth are free for breathing (see Fig. 1).
- (b) Kneel straddling the patient's hips with knees just below the patient's hip bones or opening of pants pockets; place the palms of your hands

on the small of the back, with fingers spread over the lowest ribs, the little finger just touching the lowest rib, the thumb alongside of your fingers; tips of fingers just out of your sight, as in Fig. 1.

- (c) While counting one, two, and with arms held straight, swing forward slowly so that the weight of your body is gradually, but not violently brought to bear upon the patient. (See Fig. 2.) This act should take from two to three seconds.
- (d) While counting three, immediately swing backward so as to remove the pressure, thus returning to the position shown in Fig. 3.
- (e) While counting four, five-rest.
- (f) Repeat deliberately twelve to fifteen times a minute the swinging forward and backward—a complete respiration in four or five seconds. Time with your breathing.
- (g) As soon as this artificial respiration has

been started, and while it is being continued, an assistant should loosen any tight clothing about the patient's neck, chest or waist. Keep patient warm.

- 2. Continue resuscitation (if necessary four hours or longer) without interruption, until natural breathing is restored, or until a physician declares rigor mortis (stiffening of the body) has set in. If natural breathing stops after being restored, use resuscitation again.
- 3. Do not give any liquid by mouth until the patient is fully conscious. Place ammonia near the nose, determining safe distance by first trying how near it may be held to your own.
- 4. Give the patient fresh air, but keep him warm. When patient revives keep him lying down and do not raise him. If doctor has not arrived, give patient one teaspoonful of aromatic spirits

been started, and while it is being continued, an of ammonia in a small glass of water if he can assistant should loosen any tight clothing about swallow.

5. Carry on resuscitation at closest possible point to the accident. Do not move patient until he is breathing normally without assistance. If absolutely necessary to move, he should be placed on a hard surface, such as a door or floor of conveyance. Do not stop or interrupt resuscitation for an instant

SEND FOR DOCTOR

If alone with victim, do not neglect immediate and continued resuscitation in order to call a doctor; start at once, the first few minutes are valuable. If other persons are present, send one of them for a doctor without a moment's delay.

An up-to-date list of doctors, with telephone numbers, is posted close to this chart.

Do not stop or interrupt resuscitation until patient breathes or rigor mortis (stiffening of the body) sets in

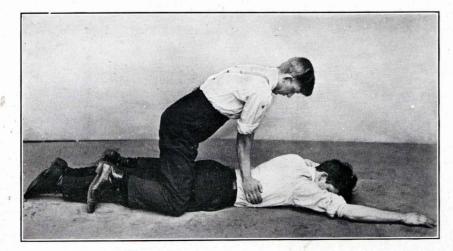


FIGURE 1

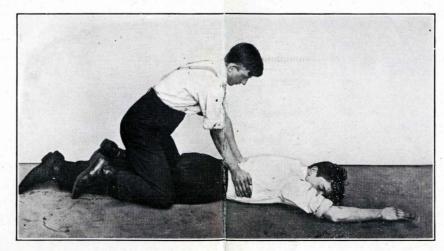


FIGURE 2

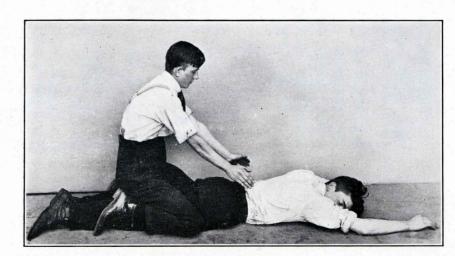


FIGURE 3



THE COLLEGE

The Iowa State College of Agriculture and Mechanic Arts conducts work along five major lines:

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