

Fundamental First Aid: The ABC's

By [Rod Brouhard, EMT-P](#) - Reviewed by a [board-certified](#) physician. (Updated April 27, 2016)



1. Safety First

Stay safe. If you have protective equipment, wear it. Rod Brouhard

The American Heart Association says we have to stop saying ABC and start using CAB. That's silly. Here's a way to remember the steps for treating a patient using ABC.

Before You Start

Professional rescuers practice [universal precautions](#) when providing medical care to victims. Universal precautions are steps used to reduce the potential for victims to infect rescuers. Practicing universal precautions requires [personal protective equipment](#), such as gloves or eye protection.



To better protect yourself, you should make sure your [first aid kit](#) is adequately stocked with the personal protective equipment necessary to practice universal precautions.

Staying Safe

Safety is an *ongoing concern* that must never leave your thoughts.

There is a primal instinct in many people to dash to the rescue of those in need. Regardless of the dire circumstances of whatever terrible accident or injury you may witness, it's urgent that you keep your wits about you and stay safe.

Safety is an awareness of your surroundings and a healthy fear of unstable situations. By its very nature, an emergency is an unstable situation. If everything were truly under control, nothing bad would've happened in the first place.

If, for example, you see a person struck by a car in a crosswalk, do not rush headlong into the street to see if they're injured. You will no doubt find yourself lying next to them after being struck by the next car barreling down the road.

In its 2010 CPR Guidelines, the American Heart Association changed the order of ABC's. ABC is still the best way to remember the beginning, so here is a new way to think of the ABC's and still follow the CPR Guidelines:

- **A:** Awake?
- **B:** Breathing?
- **C:** Continue Care

2. A: Awake?

Briskly rub the victim's breastbone with your knuckles to wake him.
Rod Brouhard

Determine if the Victim is Awake

A is for *Awake*. Is the victim awake, yes or no?

If our victim is not awake, try to wake him. Give him a brisk shake of the shoulders or rub your knuckles on his breastbone and shout something. Anything will work. Try "Hey you!" or "Yo, dude!" or "Go Giants!" It doesn't matter what you say, as long as you say it nice and loud to give him a chance to wake up.



Not waking up? Make sure [someone is calling 911](#) (if no one else is there to help, then you should [call 911](#) before you do anything else). Now, move on to B: Breathing.

If she is awake, let's talk to her. If the victim can't talk, is she choking? If she is choking, do the [Heimlich Maneuver](#).

If the victim wants an ambulance or wants to go to the hospital, make the call. If she's talking but not making sense and she's confused, call 911 immediately and start thinking about [why she might be confused](#).

Confusion? (Updated May 31, 2017)

A sudden onset of confusion means that something is potentially wrong with the brain. Almost all conditions that affect the brain are life-threatening. *In the case of sudden confusion, always call 911 immediately.*

Question: How can I tell if someone is confused?

Confusion is often listed as a major sign of injury or illness. When I was teaching emergency medical technicians, I would sometimes ask students to play a confused patient for our scenarios.

Sometimes they got it right but sometimes they just acted psychotic, which is not the same thing. Do you know how to tell if someone is confused, especially if you don't know the person?

Answer

Paramedics usually use a very basic 3- or 4-question test to see if you are confused or not. We're looking for the brain to be able to recognize *person, place, time* and *event*. I like to use all 4 questions, but some paramedics leave out the event question.

Person: What's your name?

Place: Where are we right now?

Time: What time (or day or month) is it right now?

Event: What happened?

Depending on how a patient answers these questions, we can determine how confused he or she is. In the best-case scenario, the patient will be oriented, able to answer all questions appropriately.

If the patient is not oriented -- confused, in other words -- we want to know just how disoriented the patient is. We do that based on which questions the patient can answer correctly.

If the patient is able to tell me where he is and what his name is, we call that *oriented to person and place only*. Sometimes a healthcare professional might say the patient is *oriented x2* (times two), but then you can't be sure which questions the patient can answer and which ones he can't. Knowing the specifics may make a difference in the patient's care.

Causes of Confusion

There are several medical causes of confusion. One of the easiest ways to remember these causes is to use the mnemonic *AEIOU TIPS*:

A - [Alcohol](#)

E - Epilepsy (disorder that causes [seizures](#)) or Exposure ([heat stroke](#) or [hypothermia](#))

I - Insulin ([diabetic emergency](#))

O - Overdose or oxygen deficiency

U - Uremia (toxins due to kidney failure)

T - Trauma ([shock](#) or head injury)

I - Infection

P - Psychosis or [poisoning](#)

S - [Stroke](#)

Confusion or Eccentricity?

The biggest mistake new healthcare providers or lay rescuers make is to mix up eccentricity, delusion, or even psychosis with confusion. What makes confusion special is that even if you're a little odd, you still remember who you are, where you are, approximately what time it is and what you're doing.

Treatment for Confusion

There is no specific treatment for confusion. Treatment depends on finding a solution for the underlying cause of the confusion.

3. B: Breathing?

Place hands on the breastbone between the nipples. (c) Justin Sullivan/Getty Images

Is the Victim Breathing?

B is for *Breathing*. If your victim is not breathing, start [CPR](#). Remember to tell someone to call 911 if you haven't already.

Start CPR by pushing on the middle of his chest, right between the nipples. Push hard and fast, at least 2 inches deep and at least 100 times per minute (sing [Stayin' Alive](#) or [Another One Bites the Dust](#) in your head and push with the beat).



If you've never taken a CPR class -- or you don't remember all the steps that well -- then just keep pushing fast and hard until somebody shows up to help ([Hands Only CPR](#)).

If you feel comfortable with CPR, then follow the steps: 30 chest compressions, followed by two rescue breaths, and repeat. Here are the steps to help you remember:

- [Adult CPR](#)
- [Child CPR](#) (before puberty)
- [Infant CPR](#) (under a year old)

But the Victim Is Breathing!

Think your victim is breathing? Take another look. Is he gasping for air kind of slowly, like a fish out of water? If so, start CPR just like if he wasn't breathing (how to [do CPR on gasping victims](#)).

So you've decided that your victim is breathing fairly normally. Someone called 911 when you realized your victim wasn't waking up (nobody's calling 911? Call now).

Take a breath (your victim is, so you can) and move on to C: Continue Care.

4. C: Continue Care

Control bleeding until the ambulance arrives. (c) Rod Brouhard

Continue to Care for the Victim

C is to *Continue Care*. You have a victim who won't wake up ([unconscious](#)) but is breathing. 911 has been called and an ambulance is on the way. If the [911 operator](#) tells you what to do, follow the operator's instructions and stop reading this.

If you're on your own, here are some tips to follow until the ambulance gets there:

- If the victim is face down and unconscious, roll her on her back, face up.
- If the victim has fluid, blood, vomit or food in his mouth, roll him on his side with his arm under his head.
- [Stop any bleeding](#) by putting direct pressure on the wound.



- If the victim stops breathing, start CPR.
- Gather the victim's medications if available and lock up any dogs they may have.

Some conditions have special considerations. Click on these to learn what to do:

Seizures

By [Rod Brouhard, EMT-P](#) - Reviewed by a [board-certified](#) physician. (Updated January 31, 2017)

In most cases, [seizures](#) are not life-threatening and are relatively easy to manage. Most adolescent or adult seizure patients suffer from epilepsy. In some cases, seizures can be caused by other [medical conditions](#) or trauma. You should always be concerned if the seizure immediately follows an injury to the head; if the patient is pregnant; or if the patient has [diabetes](#).

Seizures in children are often caused by [high fever](#) and are called febrile seizures.

Management for a [febrile seizure](#) may be different than for seizures caused by epilepsy or other seizure disorders. It is important to cool the patient during a febrile seizure.

Steps

1. Remain calm. Anxiety is contagious, but so is serenity. As long as you are calm, other bystanders will follow suit.
2. Note the time. It's important to time the seizure from the beginning of convulsions to the end of convulsions. A [seizure](#) lasting more than five minutes will be treated differently than a shorter one. Seizures look very scary and unless a clock or watch is used, it can be easy to overestimate the duration of the seizure.
3. Clear hard or sharp objects away from the vicinity of the patient. Seizures can be violent enough to injure a patient.
4. Loosen tight clothing around the neck, especially ties or collars. These items may restrict breathing or block the airway.
5. Pad under the head with a pillow or rolled-up jacket.
6. If possible, roll the patient to his or her left side. This way, sputum or vomit will drain out of the mouth away from the airway. **DO NOT PUT ANYTHING IN THE PATIENT'S MOUTH!** Seizure patients do not swallow their tongues.
7. If the [seizure activity](#) (convulsions) last more than five (5) minutes, [call 911](#).
8. After the seizure, the patient will slowly regain consciousness, if he or she does not begin to wake up within a few minutes, [call 911](#).
9. If the patient stops breathing after the seizure, [call 911](#) and begin [CPR](#).

Tips

1. According to the Epilepsy Foundation, [Call 911](#) for seizures if:
 - the seizure happened in water
 - there is no way to determine the cause of the seizure (ID bracelet, etc.)
 - the patient is pregnant
 - the patient has [diabetes](#)
 - the patient is injured
 - the seizure lasts more than five (5) minutes
 - another seizure happens before the patient regains consciousness
2. Also according to the Epilepsy Foundation, 911 does not need to be called if the patient is known to have epilepsy, the seizure ended in less than five minutes, the patient wakes up, and there are no signs of injury, physical distress, or pregnancy.

Low blood sugar

By [Rod Brouhard, EMT-P](#) - Reviewed by a [board-certified](#) physician. (Updated July 28, 2016)

The most common emergency facing patients with diabetes is hypoglycemia (low blood sugar). Hypoglycemia happens when the victim has taken too much medication, or took the right amount of medication but did not eat. Hypoglycemia can also happen as a result of infection or increased exertion. If left untreated, hypoglycemia can lead to [seizures](#), coma, or even death.

It is also possible for people who do not have a diagnosis of diabetes to suffer from episodes of hypoglycemia.

In either case, treatment usually includes eating some type of simple carbohydrate (sugar) to quickly increase blood sugar levels (see below).

Hypoglycemia Symptoms

The symptoms of hypoglycemia tend to follow a common pattern that patients of diabetes very quickly learn to recognize. Early onset hypoglycemia symptoms include:

- hunger
- muscle tremors (often referred to as: *The Shakes*)
- [nausea](#)

As hypoglycemia progresses and blood sugar levels drop further, the symptoms get more severe. If patients exhibit any of these symptoms, [call 911](#) immediately. These include:

- [dizziness](#)
- [confusion](#)
- [weakness](#)
- loss of muscle control
- [seizures](#)
- [coma](#)

It's important to note that if the patient has a glucometer to measure blood sugar, have her check it. Blood sugar levels below 70 could use a pick-me-up (see treatment below).

Hypoglycemia Causes

Hypoglycemia is very common in people being treated for [diabetes with medications](#). Taking medication and not eating, or taking too much medication, may lead to hypoglycemia.

However, hypoglycemia will sometimes occur in people with no history of diabetes. Either way, the symptoms are the same.

Hypoglycemia Treatment

1. **Safety is always first.** Always follow the [basics of first aid](#). There are many causes of [unconsciousness](#) that are not related to diabetes. If you feel the area is not safe, stay back and summon help. You are no help to the patient if you get hurt or succumb to the same thing that incapacitated them. Follow [universal precautions](#) and wear [personal protective equipment](#) if you have it.
2. If the patient is unconscious, place him in the recovery position and [call 911](#). Monitor the patient and wait for the ambulance. Follow the [basic steps for first aid](#) while you wait.
3. If the patient is conscious and able to follow your commands, have her eat or drink something sweet. High sugar content will have a glycemic effect and will bring up blood sugar quickly. Unfortunately, there will be a rebound effect as soon as the sugar has been metabolized.
4. There are glucose gel and glucose tablet products on the market just for this use.
5. Other than commercial glucose products, juices work best. Patients can even eat frozen juice concentrate right out of the can with a spoon.
6. Once a conscious patient has eaten something high in glucose and symptoms have subsided, it's very important to follow that up with food that's more substantial. Something nutritious that includes a

protein is best. Sometimes, paramedics will prepare an egg or make a patient a peanut butter sandwich after administering glucose (or dextrose, which is given intravenously).

Anaphylaxis

By [Rod Brouhard, EMT-P](#) (Updated May 27, 2017)

Anaphylaxis First Aid: Recognize Anaphylaxis

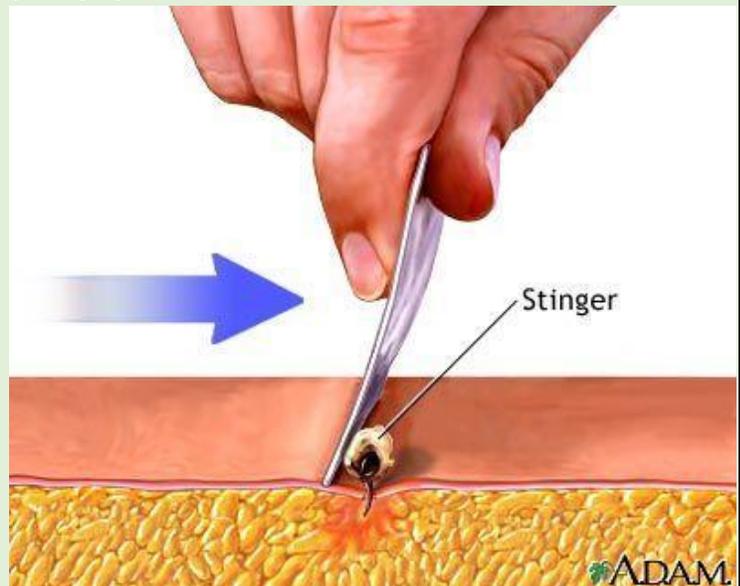
Anaphylaxis is a severe allergy that can affect as much as 15% of the population. If the victim is [unconscious](#), call 911 immediately. Look for several telltale signs that indicate an allergic reaction:

- Itching
- Redness
- [Hives \(raised welts\)](#)
- Scratchy throat
- Dry mouth
- [Shortness of breath](#) or [wheezing](#)
- [Dizziness](#)
- [Weakness](#)



It is not necessary to have all of the signs for it to be an allergy. If you suspect an allergic reaction and the victim has trouble breathing or dizziness, it is probably anaphylaxis:

- **Call 911 immediately.**
- **Anaphylaxis First Aid: Remove the Allergen**
Remove allergens as quickly as possible by any means available. © A.D.A.M.
- Allergic reactions continue as long as the allergen is in contact with the body. To remove allergens:
 - **Bee stingers:** Remove the stinger as quickly as possible. *How* you remove it doesn't matter as much as *how fast* you remove it. The longer the bee's stinger is in the skin, the stronger the reaction will be.
 - **Topical allergens (like poison oak):** Wash the toxin away with soap and water as soon as possible.
 - **Food or drugs:** allergens that are ingested or injected are in the body and there's not really much you can do to minimize the exposure.



Anaphylaxis First Aid: Epinephrine

Automatic injector syringes are used to administer epinephrine to victims of anaphylaxis. © 2005 GSM

Epinephrine (also known as *adrenaline*) is the drug that stops anaphylactic reactions in their tracks. Epinephrine is administered with an automatic syringe that injects the drug by pushing the syringe against the body.

Epinephrine auto-injectors are only available through a physician with a prescription. It is essential if you have a prescription for epinephrine that you carry it with you at all times. Without epinephrine, an

anaphylactic reaction could quickly become fatal. With epinephrine, anaphylaxis may be reversed within minutes.

To use epinephrine on a victim who has it but is incapacitated, follow these steps (or read the tutorial [What You Need to Know About EpiPen Use](#)):

1. Pull the grey cap off the back of the device
2. *Firmly* press the black end into the victim's thigh and *hold for at least ten seconds*. It is preferable to use the auto-injector right on the skin, but if you have to go through clothing, that's OK.
3. After the device has been used, there will be an *exposed* needle sticking out of the black end. Be careful to dispose of the exposed needle properly. The ambulance or other rescuers should be able to dispose of the device for you.



Shortness of breath

By [Rod Brouhard, EMT-P](#) - Reviewed by a [board-certified](#) physician. (Updated March 27, 2017)

Shortness of breath has many different causes, and the treatment of shortness of breath is specific for each cause. In many cases, the only way to treat shortness of breath is to [call 911](#) or take the victim to a doctor or emergency department for evaluation. Besides figuring out what is [causing the shortness of breath](#), healthcare providers will also be able to provide supplemental oxygen to help the victim breathe easier.

Steps for Treating Shortness of Breath

There are, however, some [first aid](#) steps you can use to treat shortness of breath, at least until the ambulance arrives or you are able to get the victim to a hospital. For victims of shortness of breath, try these steps:

1. **Have the victim rest.** The more energy you expend, the more oxygen you use and the more short of breath you feel. Think about a good workout at the gym. Exercise hard enough and you will feel short of breath. The cure? Take a break. Not sure if the victim is having trouble breathing? Take a look at these symptoms of shortness of breath.
2. **Let the victim sit, stand or lay however is the most comfortable.** There are a lot of myths about how some body positions supposedly provide more airflow than others. Coaches regularly tell players to hold their arms above their heads to maximize chest expansion. [Paramedics](#) assume the "tripod position" of sitting on the edge of a chair or bed and leaning forward, propped up with hands or elbows on knees, is the best position for victims of shortness of breath. Every person is different, however, so let the victim decide what position feels most comfortable.
3. **Call 911.** If resting in a position of comfort isn't doing the trick after 2 or 3 minutes, it's time to call 911. Shortness of breath has many causes and some of them are quite serious. In the worst case scenario, shortness of breath is caused by a [heart attack](#), sudden lung problem or life-threatening poisoning—in which case calling 911 could truly mean the difference between life or death. This is a good place to use your best judgment: If you believe the victim is severely short of breath, call 911 immediately.
4. **Use oxygen.** This is a special case used only for folks with [chronic lung problems](#). If the victim has oxygen available, this is what it's for. During episodes of shortness of breath, the victim should use his or her oxygen as directed by a doctor. The victim may have been told by his or her doctor that too much oxygen for too long might cause more problems. Assure the victim that sudden increases in shortness of breath are the instances in which oxygen is needed most and not to worry about using too much oxygen when feeling short of breath (especially if the ambulance is already on the way).
5. **Treat the cause of shortness of breath.** There are many causes of shortness of breath and many of them are treatable. [Asthma patients](#), for example, often have multiple tools and drugs available to fix sudden shortness of breath. Victims of [lung infections](#) might need to see a doctor for treatment and heart attack victims may need an ambulance.

5. When the Ambulance Isn't Coming

The ABC's up to this point assume that an ambulance is on the way or the hospital is not far. Sometimes, however, you're on your own for much longer. If that's the case, now's the time to treat simple injuries.

Injuries that need immediate care:

- [Amputations](#)
- [Bee stings](#)
- [Bleeding](#)
- [Burns](#)
- [Head Injuries](#)
- [Snake bites](#)

Exposure injuries (too hot or too cold) that need immediate treatment:

- Heat illness ([heat exhaustion](#) and [heat stroke](#))
- [Hypothermia](#)

Injuries that can wait, unless you absolutely have to treat them:

- [Frostbite](#) (do not thaw unless no chance of being frozen again)
- [Broken bones](#) (only splint if you have to move the victim)
- [Dress wounds](#) as needed (focus on the big stuff; little things can wait).

Sources:

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<https://www.verywell.com/fundamental-first-aid-the-abcs-1298449>

