



## Chapter 6. Handling Medical Emergencies Part 1. Respiratory Emergencies

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#### Part 1: Respiratory Emergencies

*(Managing choking, asthma attacks, and allergic reactions effectively)*

### 1 What Are Respiratory Emergencies?

Respiratory emergencies involve **difficulty or inability to breathe** due to blocked airways, lung conditions, or severe allergic reactions. These conditions can become life-threatening within minutes if not managed properly.

### 2 Choking (Airway Obstruction)

#### What Happens?

Choking occurs when the airway is **partially or completely blocked**, usually by food, vomit, or an object.

#### How to Recognize It:

| Partial Obstruction | Complete Obstruction                  |
|---------------------|---------------------------------------|
| Coughing forcefully | Unable to speak, breathe, or cough    |
| Gasping             | Silent attempts to breathe            |
| Noisy breathing     | Clutching the throat (universal sign) |

#### First Aid for Choking (Adults & Children >1 Year)

##### A. If the person is coughing strongly:

- Encourage coughing.
- Do not hit their back or interfere.

##### B. If airway is blocked and they cannot breathe or speak:

1. **Ask: "Are you choking?"**
2. **Call 112 immediately.**
3. **Give 5 back blows:**
  - Stand behind, support chest, lean person forward.
  - Hit firmly between the shoulder blades with heel of your hand.
4. **Give 5 abdominal thrusts (Heimlich Maneuver):**
  - Stand behind, place fist above navel, other hand over it.
  - Pull inwards and upwards.
5. **Alternate 5 back blows + 5 thrusts** until object comes out or they collapse.

If unconscious, start **CPR** and check mouth for visible object during breaths.



## For Infants (<1 Year)

- **Never use abdominal thrusts.**
- Place baby face down on your forearm, head lower than chest.
- Give **5 gentle back blows** between shoulder blades.
- Turn face-up and give **5 chest thrusts** using 2 fingers (like CPR but slower).
- Repeat until breathing returns or CPR is needed.

## 3 Asthma Attack

### What is Asthma?

A **chronic lung condition** where airways become inflamed, narrow, and produce excess mucus. Triggers include dust, cold, exercise, smoke, and infections.

### Signs of an Asthma Attack:

- Wheezing or whistling sound when breathing
- Shortness of breath
- Chest tightness
- Coughing (especially at night)
- Use of accessory muscles to breathe
- Speaking in broken sentences

### First Aid for Asthma

1. **Keep the person calm and sitting upright.**
2. **Assist with their inhaler (usually a blue “reliever” like salbutamol):**
  - Shake inhaler
  - Attach spacer (if available)
  - Give **1 puff every 30-60 seconds**, up to 10 puffs
3. **Call 112 if:**
  - No relief after 10 puffs
  - Breathing worsens
  - Person becomes drowsy, pale, or unresponsive

### Using a Metered-Dose Inhaler (MDI) Correctly

| With Spacer                      | Without Spacer   |
|----------------------------------|--|
| Shake inhaler                    | Shake inhaler  |
| Insert into spacer               | Hold upright   |
| Inhale slowly through mouthpiece | Exhale fully, then inhale deeply while pressing canister |
| Hold breath 5-10 sec             | Hold breath 5-10 sec                                     |
| Wait 30-60 sec before next puff  | Same   |



## 4 Anaphylaxis (Severe Allergic Reaction)

### What Is It?

An **extreme allergic reaction** that causes rapid airway swelling, low blood pressure, and can be fatal if untreated.

### Common Triggers:

- Food (nuts, shellfish, eggs)
- Insect stings
- Medications (e.g., penicillin)
- Latex

### Symptoms of Anaphylaxis:

- Swelling of lips, tongue, or throat
- Difficulty breathing or wheezing
- Rash or hives
- Nausea, vomiting
- Feeling dizzy or faint
- Rapid pulse, low BP
- Sense of doom or confusion

### First Aid for Anaphylaxis

1. **Call 112 immediately.**
2. **Lay the person flat** (unless breathing worsens—then sit).
3. **Give Epinephrine auto-injector (e.g., EpiPen):**
  - Inject into outer mid-thigh (even through clothes).
  - Hold for 3–5 seconds.
4. **Repeat dose after 5 minutes if no improvement and second pen is available.**
5. Monitor breathing and be ready to give CPR if needed.

*Do not give food, water, or medication by mouth.*

### How to Use an Epinephrine Auto-Injector

1. Remove safety cap.
2. Firmly press into mid-thigh at 90°.
3. Hold for 3–5 seconds.
4. Remove and massage area.
5. Call EMS even if symptoms improve.

## 5 Self-Check Questions

1. What is the first step when you see someone choking?
2. How many puffs of an asthma reliever can be given in one attack?
3. Name two signs of anaphylaxis.



4. Where is an EpiPen injected?
5. Why is it important to still call EMS after using an auto-injector?
1. Ask if they are choking and encourage coughing if possible.
2. Up to 10 puffs, 30–60 seconds apart.
3. Swelling of tongue/throat, wheezing, rash, dizziness.
4. Into the outer thigh.
5. Because symptoms can return; further medical treatment is needed.

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## Key Take-Home Points

- Choking requires **back blows and abdominal thrusts**—know how to act fast.
  - Asthma is common and often manageable with **quick-relief inhalers**.
  - Anaphylaxis is a medical emergency—**epinephrine and EMS are lifesaving**.
  - Practising how to use inhalers and EpiPens can prepare you for real emergencies.
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