

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:
 - o Stand behind, support chest, lean person forward.
 - $\circ\,$ Hit firmly between the shoulder blades with heel of your hand.
- 4. Give 5 abdominal thrusts (Heimlich Maneuver):
 - $\circ\;$ Stand behind, place fist above navel, other hand over it.
 - o 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.

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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)
 - o Give 1 puff every 30-60 seconds, up to 10 puffs
- 3. Call 112 if:
 - o 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
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

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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):
 - o 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.

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- 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.

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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