

FIRST AID

BURNS AND SCALDS

FRACTURES AND DISLOCATIONS

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1. BURNS AND SCALDS

1.01 Burns or scalds may be divided into three groups, as follows:

(a) 1st degree - skin is reddened.

(b) 2nd degree - skin is blistered.

(c) 3rd degree - skin is charred or cooked.

1.02 Burns may be caused by open flame, heated objects or liquids, electrical contacts and flashes, explosions, chemicals, acids, or alkalies and sunburn.

1.03 SYMPTOMS -

(a) Reddening of the skin, blistering, or cooking and charring of the tissues are present, depending upon the cause and severity of the burn.

(b) Pain is the chief symptom and probably is more severe in burns than in any other kind of injury.

(c) Shock is usually severe if the burn is at all extensive.

1.04 CARE -

- (1) NEVER OPEN LARGE BLISTERS THAT HAVE BEEN CAUSED BY BURNS.
- (2) The first aider's duties are to relieve pain, prevent infection, and treat shock.
- (3) Apply carbolated petrolatum to all burns other than extensive second degree and third degree burns requiring treatment by a physician. Cover with a loose, sterile dressing and bandage.
- (4) The application of baking soda (6 teaspoonfuls to a quart of water) or other materials mentioned in the American Red Cross First Aid Textbook should, if available, be substituted for carbolated petrolatum in caring for extensive second degree or third degree burns. Cover with a loose sterile dressing and bandage.
- (5) Large first degree burns such as sunburn accompanied by fever, second degree burns larger than one inch in diameter as well as some smaller burns if the blisters are broken, and all third degree burns require the services of a doctor.

1.05 Acid and Alkali Burns - Burns caused by an acid or alkali should be held in running water or flushed with water before being treated as described above.

1.06 Creosote Burns - Burns caused by creosote and their care are covered in Bell System Practices, Section G10.208.

2. FRACTURES

2.01 A fracture is a broken bone. These can be divided into two kinds - simple and compound.

2.02 Simple Fracture -

- (a) In a simple fracture the bone is broken, but there is no connecting wound from the break in the bone to the skin.

(b) Proper handling of a simple fracture is essential. Improper handling will often convert it into a compound fracture or do other serious injury such as puncturing a blood vessel or injuring a nerve with the sharp end of the bone.

(c) SYMPTOMS -

Simple Fracture - All symptoms are not present in every fracture. The victim frequently feels or hears the bone snap. Other symptoms are pain and tenderness, deformity, partial or complete loss of motion in adjacent joints, swelling, and later discoloration occurs. Shock usually follows.

(d) CARE -

- (1) Secure a doctor, or ambulance if this can be done.
- (2) If broken bone must be moved slightly, support it firmly, on each side of break with the hands.
- (3) Do not transport the victim, even for a very short distance, before the splints have been applied.
- (4) Make him comfortable.
- (5) Treat for shock by keeping him warm and giving hot coffee or tea, milk or broth if needed.
- (6) Splint the broken bone as required by using traction splints, wire splints, boards and even newspapers in some cases. Use traction splints on the leg only, and just in those cases of lengthy transportation. DO NOT use traction splinting on the arms.
- (7) Do not attempt to set a broken bone.

2.03 Compound Fracture -

- (a) In a compound fracture the bone is broken and in addition to all the symptoms for a simple fracture there is a wound from the break to the surface of the skin.

(b) Compound fractures are sometimes caused by improper handling of simple fractures. Compound fractures, because of the danger of infection and the damage done to the tissues around the bone, are usually much more serious than simple fractures.

(c) CARE -

- (1) If there is arterial bleeding, check it by hand pressure and apply tourniquet.
- (2) If no arterial bleeding is present, apply tourniquet loosely around the limb so that it can be applied quickly if required.
- (3) If the bone is protruding, cover the wound with some sterile material. Iodine shall not be used.
- (4) The fracture then requires the same care as simple fracture.

2.04 Fracture of skull and concussion of the brain.

- (1) Keep victim lying down - the head slightly raised if the face is normal color or red, but level if the face is pale.
- (2) Move only in a lying position and handle very carefully. Avoid all unnecessary handling.
- (3) Apply cold cloths or ice bag to the head.
- (4) Do not give a stimulant.
- (5) Keep the victim warm.
- (6) Treat any scalp wounds as previously described, except do not place a knot or much pressure over the wound itself. However, if the victim is bleeding seriously, a small amount of even pressure must be made with the compress and bandage.

2.05 Fractured neck and spine.

- (1) DO NOT MOVE VICTIM except when absolutely necessary, and then only on a rigid support such as a shutter or door.

- (2) A person with a fractured neck should be transported face up.
- (3) A person with a suspected fracture of the spine should generally be transported in the position in which he is found. If he complains of pain while lying on his abdomen he should be rolled gently onto a board or stretcher with a pad under the lower spine. If he is found lying on his back, slide him onto a board as described in fracture of the neck.
- (4) If a broken back or neck is suspected handle the victim as if he had a fracture of these parts.
- (5) See American Red Cross First Aid Textbook for detailed instruction.

3. DISLOCATIONS

3.01 When a bone gets out of place at a joint it is called a dislocation.

3.02 A dislocation requires prompt and proper treatment. Except in certain emergencies, no one except a doctor should attempt to "reduce" (put back in place) dislocation, because of the danger of further injury to the blood vessels, nerves, tendons, and muscles around the joint.

3.03 CARE -

- (1) Apply cold compress and keep victim as comfortable as possible.
- (2) Immobilize dislocation if transportation is required.