

CPR FLOWCHART

DANGER

CHECK FOR DANGER

To Self / Bystanders / Casualty / Remove Hazards

RESPONSE

Squeeze Shoulders / Shout / Painful Stimuli

CALL FOR HELP

Ask someone to phone 000 for ambulance

AIRWAYS

CHECK AND CLEAR

Position casualty on back / Support head / Tilt slightly /
Check and clear mouth

CHECK FOR "SIGNS OF LIFE"

Unresponsive / Unconscious / Not breathing normally /
Not moving

BREATHING

NO SIGNS OF LIFE

Give 2 Rescue Breaths
Turn casualty on back / Support head and jaw / a slight
tilt may be necessary to open airway

SIGNS OF LIFE

Recovery Position
Position casualty on side / Ensure airway remains clear

COMPRESSION

NO IMMEDIATE SIGNS OF LIFE COMMENCE CPR

CPR

30 Compressions at a rate of 100 per/minute,
followed by 2 rescue breaths
Compress to approx 1/3 of depth of chest
Continue until signs of life return

Locating Compression point

Find centre of chest
Place heel of hand on the compression point with fingers
parallel to ribs and slightly raise
Place your other hand on top of the first

DEFIBRILLATION

EARLY DEFIBRILLATION

Increases a casualty's chance of survival. If defibrillator is available attach as soon as possible and follow its prompts

WHAT DO WE MEAN BY . . . ?

- Acute = recent onset
- Pain = Broad term common in many medical conditions, do not need to differentiate types of pain
- Fever = temperature $>38^{\circ}\text{C}$
- Altered consciousness = confused, unconscious, altered behaviour
- Acute Neurological Changes = dizziness, confusion, numbness, weakness, paralysis, pins and needles, slurred speech, ringing in ears
- Extreme Concern = anxious, distressed, worried regardless of whether they can describe symptoms
- Abuse or Assault = includes patients you would consider to be in danger based on information provided
- Call for help = Alerting the Doctor or Nurse, without leaving the patient alone

Allergic Reactions

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- If patient has a history of severe allergic reaction or anaphylaxis and is carrying an EpiPen® assist patient with EpiPen®
- Watch for deteriorating level of consciousness
- Watch for increasing difficulty in breathing
- Stay with patient until help arrives
- Refer, if applicable, to CPR chart, collapse/semi conscious guideline or Breathing difficulty guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Gasping for breath at rest
- Pale/Red, cold or clammy
- Throat, mouth swelling or unable to swallow
- Continuous, unrelieved wheezing
- History of anaphylaxis or severe reaction requiring hospitalisation

If none of these symptoms present instruct patient to come in to surgery now

Breathing Difficulties

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Sit patient comfortably and loosen any tight clothing
- If patient is known to have asthma, suggest patient administers reliever medication (blue puffer) and assist patient if needed.
- Administer oxygen if available (**consider chest thrusts if no air movement**)
- Stay with the patient until help arrives
- If patient becomes unconscious refer to CPR chart

If any of the following symptoms present instruct patient to call Ambulance via 000

- Gasping for breath at rest
- Chest pain
- Colour change in patient (hypoxia)
- Continuous, unrelieved wheezing

If ANY of the following symptoms present direct PATIENT TO ED:

- Coughing up red, pink froth or sputum
- Snapping sensation in chest

If none of these symptoms present instruct patient to come in to surgery now

Chest Pain

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Make patient comfortable, Semi-sitting or sitting if short of breath
- If patient has history of chest pain or angina, suggest patient try their usual chest pain medication
- Administer oxygen, if instructed to do so by GP at the rate designated by the GP.
- Stay with the patient until help arrives
- If patient becomes unconscious refer to CPR chart at front of the book

If any of the following symptoms present instruct patient to call Ambulance via 000

- Short of breath at rest
- Present crushing pain or tightness
- Radiation of pain to neck, jaw, shoulder or arm
- Cold clammy or sweating for more than 2 minutes
- Patient feels like passing out
- Chest pain lasting longer than 20 minutes not relieved by rest and/or medication

If none of these symptoms present instruct patient to come in to surgery now

Choking

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- If patient is short of breath, or drowsy administer back blows in head down position
- If fails administer chest compressions (repeat if necessary)
- Stay with the patient until help arrives
- If patient becomes unconscious refer to CPR chart at front of the book

Collapse/Semi-Conscious

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Put on gloves
- If patient has a history of severe allergic reaction or anaphylaxis and is carrying an EpiPen[®] assist patient with EpiPen[®]
- Check Airway, breathing and pulse (if not present **refer to CPR chart**)
- If unconscious lie patient on side. (Support head, neck and injured parts)
- Clear airway of debris if necessary.
- Administer oxygen if available
- Look for an obvious cause e.g. tablets, snake bite
- Give nil by mouth
- Stay with the patient until help arrives

- Alcohol – check for concomitant drugs or underlying disease
- Epilepsy – see fitting guide
- Insulin – BSL < 4mmol/L give glucose by mouth if gag, otherwise 1mg (adult), 0.5mg (child) Glucagon via SCI
- Overdose – consider Naltrexone if suspected narcotics 0.4-2 mg IVI, IMI or SCI (adult)
- Uraemia – due to renal failure
- Trauma – particularly head injury, hypovolaemia, hypoxia, hypothermia, heart problems
- Infection – such as meningitis
- Psychois/Poisoning – see Mental Health Guide or Poisoning Guidelines
- Stroke/Syncope – if no sign or history of CVA posture supine with legs elevated if poor response reassess for other causes

Fitting

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Put on gloves
- Turn patient onto their side, if possible or wait until fitting subsides.
- Ensure patient is safe and clear of obstacles. Do not restrain
- Administer oxygen if available
- Stay with the patient until help arrives
- Do not place anything in the mouth
- Monitor airway, breathing and pulse and if absent refer to CPR chart

Head Injury

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Put on gloves.
- Give nil by mouth
- If vomiting ensure airway is clear
- Sit or lie patient down in a safe environment in case of fitting.
- Watch for signs of increasing confusion or sleepiness
- Refer, if applicable, to collapse/semi conscious guideline or fitting guideline

Heart Palpitations

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Place patient in sitting or semi-sitting position
- Administer oxygen, if available
- Watch for altered conscious state, chest pain or vomiting
- Stay with patient until help arrives
- Refer, if applicable, to CPR chart or Collapse/semi conscious guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Gasping for breath at rest
- Chest pain
- Light headedness or dizziness

If none of these symptoms present instruct patient to come in to surgery now

Spinal Injury/ Trauma

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Do not move the patient unless in extreme danger or if resuscitation is necessary
- Give nil by mouth
- Monitor for altered consciousness and refer, if necessary, to collapse/semi conscious

Uncontrollable Bleeding

- Alert GP immediately
- Call for an ambulance if instructed to do so or no GP present.
- Put on gloves
- Sit or lie patient down
- Apply constant firm pressure to injured site with gloved hands first then large pad and firm bandage.
- Elevate injured area if possible
- Do not remove any penetrating objects
- If nose/throat bleeding maintain airway and be prepared for vomiting.
- Give nil by mouth
- If patient is dizzy lie patient down and elevate legs and administer oxygen if available
- Stay with the patient until help arrives
- Refer, if applicable, to Collapse/semi conscious guideline or CPR chart

Abdominal Pain

- Notify GP immediately
- Direct patient to ED if instructed to do so or no GP present.
- Assist patient to sit or lie in the most comfortable position
- Give nil by mouth
- Stay with patient until help arrives
- Refer, if necessary, to Severe Pain guideline, Collapse/Semi- Conscious guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Gasping for breath at rest
- Legs numb, cold and pale
- Cool, clammy or lightheaded
- Sudden back pain without injury

If any of the following symptoms present direct patient to ED

- Doubled over in pain
- Abdomen swollen and tense
- Passing or vomiting blood
- Continuous pain > 4hours
- Localised pain that is worsening

If none of these symptoms present appointment can be made

Persistent Bleeding

- Notify GP immediately
- Direct patient to ED if instructed to do so or no GP present.
- Put on gloves
- Sit or lie patient down
- Apply constant firm pressure to injured site with gloved hands first then large pad and firm bandage.
- Elevate injured area if possible
- Do not remove any penetrating objects
- If nose/throat bleeding maintain airway and be prepared for vomiting.
- Give nil by mouth
- If patient is dizzy lie patient down and elevate legs and administer oxygen if available
- Stay with the patient until help arrives
- Refer, if applicable, to Collapse/semi conscious guideline or CPR chart

Extensive Burns

- Notify GP immediately
- Direct patient to ED if instructed to do so or no GP present.
- Put on gloves
- Irrigate burn with cold running water for 20 minutes, wrap burned area in glad wrap or non-adherent type dressing (eg Melonin)
- Do not apply creams

Limb Numbness

- Notify GP immediately
- Direct patient to ED if instructed to do so or no GP present.
- Assist patient to sit or lie in most comfortable position
- Give nil by mouth
- Support and protect limb

Loss of Speech

- Notify GP immediately
- Direct patient to ED if instructed to do so or no GP present.
- Assist patient to sit or lie in the most comfortable position
- Give nil by mouth
- Refer, if applicable, to Collapse/Semi-Conscious guideline

Unable to Urinate

- Notify GP immediately
- Direct patient to ED if instructed to do so or no GP present.
- Assist patient to sit or lie in the most comfortable position
- Give nil by mouth
- Refer, if applicable, to Severe Pain guideline

Bites

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Put on gloves.
- Keep patient still (get help to come to the patient)
- If suspected snake bite apply a clean pressure bandage over entire limb (not tourniquet)
- Watch for associated symptoms such as vomiting, abdominal pain, breathing difficulties and cardiac arrest
- Refer, if applicable, to Collapse/Semi-Conscious guideline, Allergic Reaction guideline or CPR chart

Establish what the patient was bitten by?

If any of the following symptoms present instruct patient to call Ambulance via 000

- Gasping for breath at rest
- Stung in mouth or throat
- Cool and clammy
- Throat swelling or difficulty swallowing
- Abdominal pain or vomiting
- Continuous, unrelieved wheezing
- Uncontrolled bleeding

If none of these symptoms present appointment can be made

Eye Injury

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Sit patient down
- Be alert for vomiting
- Do not allow patient to rub or touch eye
- Do not remove foreign bodies
- If chemicals, flush with water
- Give nil by mouth

Injured limb/possible fracture

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Assist patient to sit or lie in the most comfortable position
- Give nil by mouth
- Support limb
- Refer, if applicable, to Severe Pain guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Uncontrollable bleeding despite first aid

If any of the following symptoms present direct patient to ED

- Part of limb obviously deformed
- Joint out of socket
- Limb cold, blue or numb

If none of these symptoms present appointment can be made

Lacerations

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Assist patient to sit or lie in the most comfortable position
- Give nil by mouth
- Refer, if applicable, to Uncontrollable Bleeding guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Uncontrollable bleeding despite first aid
- Patient cold, clammy or lightheaded

If any of the following symptoms present direct patient to ED

- Large or gaping wound
- Inability to move part or affected area
- Loss of feeling in affected area
- Underlying tissues exposed

If none of these symptoms present appointment can be made

Suspected Meningitis

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Put on Gloves
- Watch for rash, headache, fever, neck stiffness, altered consciousness
- Escort patient to treatment room and make comfortable
- Do not let patient eat or drink

If any of the following symptoms present instruct patient to call Ambulance via 000

Early Symptoms

- Fever with cold hands and feet
- Severe leg pain (preventing standing or working)
- Pale, blue or dusky around lips

Late Symptoms

- Severe continuing headache
- Aversion to light
- Neck Stiffness
- Rapid breathing
- Drowsiness or less response
- Vomiting
- Purple rash that does not fade when pressed

Mental Health/Psychological Distress

- Discuss with GP or Nurse now
- Ensure your safety, withdraw if in danger.
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- If possible escort patient to quiet, safe room.
 - Asses risk of harm to others
 - Listen non judgmentally
 - Give reassurance and information
 - Encourage person to get appropriate professional help
 - Encourage self-help strategies
- Do not leave patient alone
- Monitor for altered consciousness and refer, if applicable, to Collapse/Semi-Conscious guideline

Poisoning

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Try to identify type of poison, quantity and time of taking
- Put on gloves
- Be alert for vomiting, do not induce
- Do not let patient eat or drink
- Monitor for altered level of consciousness
- refer, if applicable, to Collapse/Semi-Conscious guideline

NB. Poisons Information Centre Phone: 13 11 24

Pregnancy problems

How many weeks gestation?

- **If <20 weeks and patient has any of the following symptoms, instruct to come to the surgery now**
 - Pain or cramping in the lower back or abdomen
 - Soaking 1 sanitary pad/hour for last 3 hours
- **If none of the above and >20 weeks and any of the following symptoms present direct patient to ED**
 - Soaking 1 sanitary pad/hour for last 3 hours
 - Sever abdominal pain or regular cramping
 - Ruptured membranes
 - Known placenta Praevia
 - No movement of foetus

Pain or bleeding

Ruptured membranes

Reduced movement

- Discuss with GP or Nurse as soon as possible
- Sit patient down or lie on side (not on back)
- Offer sanitary pads if needed
- Be alert for fainting
- give nil by mouth
- Refer, if applicable, to Uncontrollable Bleeding guideline

Severe Pain

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Put on gloves
- Assist patient to sit/lie in most comfortable position.
- Be prepared for vomiting
- Give nil by mouth
- Watch for altered conscious state
- Stay with patient until help arrives
- Refer, if applicable, to Collapse/Semi Conscious guideline or Chest Pain guideline

Abuse/Assault

- Discuss with GP or Nurse now
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Escort patient to quiet, safe room if possible
- Do not allow patient to undress or wash if sexual assault is suspected

Back Pain

- Discuss with GP or Nurse within 30 minutes
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Assist patient to sit/lie in most comfortable position.
- Refer, if necessary, to Severe Pain guideline
- Do not give patient food or drink
- Monitor for altered level of consciousness

If any of the following symptoms present instruct patient to call Ambulance via 000

- Patient cold, Clammy or lightheaded
- Associated chest pain or shortness or breath
- Acute onset of pain without history of trauma

If any of the following symptoms present direct patient to ED

- Inability to urinate

If none of these symptoms present appointment can be made

Extremely anxious or Concerned Patient

- Discuss with GP or Nurse within 30 minutes
- Call ambulance or direct to emergency department if instructed to do so by GP or no GP present.
- Escort patient to quiet, safe room if possible
- Address problem causing concern
 - Consider Organic causes. Eg pain, underlying illness and medication issues

Always believe the worries parent until proven otherwise

- Psychological factors
- Social factors
- Refer, if applicable, to Psychological Distress guideline

Dependant on the symptoms present, consider instructing patient to come to surgery now.

Swollen Limbs

- Discuss with GP or Nurse within 30 minutes
- Assist patient to sit or lie in the most comfortable position
- Give nil by mouth
- Support and protect limb
- Refer, if applicable, to Breathing Difficulties guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Shortness of breath
- Chest pain

If any of the following symptoms present direct patient to ED

- Limb cold
- No pulse or feeling in the limb

If none of these symptoms present schedule patient to come to the surgery within 24 hours

Visual Disturbance

- Discuss with GP or Nurse within 30 minutes
- Watch for headache or vomiting
- Stay with patient until help arrives
- Refer, if applicable, to Collapse/Semi-Conscious guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Onset of unusual severe headache

If any of the following symptoms present direct patient to ED

- Any sudden loss of sight

If none of these symptoms present schedule patient to come to the surgery within 24 hours

Rash (Acute)

- Advise to come to surgery now/today
- Inform the GP
- Take to treatment room (with parent/carer if applicable)
- Refer, if applicable, to Unwell Child guideline, Allergic Reaction guideline, Suspected Meningitis guideline

If any of the following symptoms present instruct patient to call Ambulance via 000

- Associated symptoms of severe allergic reaction/anaphylaxis

If any of the following symptoms of 'Suspected Meningitis' direct patient to ED

If none of these symptoms present schedule patient to come to the surgery within 24 hours

Unwell Child (with persistent symptoms)

- Advise to come to surgery now/today
- Inform the GP
- If carer is concerned interrupt the GP
- Take child to treatment room with accompanying carer/parent
- Put on gloves
- Be alert for deterioration of patient
- Show parent/carer where toilet is located
- Refer, if applicable, to Suspected Meningitis guideline

If any symptoms of 'Meningitis' present or if any of the following symptoms direct patient to ED

- Fever – unrelieved with decreased alertness
- Vomiting – frequent vomiting and decreased urine output/unable to eat, drink
- Diarrhoea - frequent and decreased urine output
- Cough – barking/wheezing

If any symptoms consider instructing patient to come to the surgery now

- Fever – unrelieved with associated earache or rash or history of febrile convulsions
- Vomiting – frequent vomiting and good urine output/able to eat, drink
- Diarrhoea - frequent and good urine output
- Cough – nocturnal/painful to swallow

Vomiting and/or Diarrhoea

- Advise to come to surgery now/today
- Inform the GP
- Take to treatment room
- Put on gloves
- Refer, if applicable, to Unwell Child guideline or Pregnancy Problems guideline

Persistent symptoms in adults >72 hours

If any of the following symptoms direct patient to ED

- Frequent vomiting and decreased urine output/unable to eat, drink
- Frequent and decreased urine output
- Decreased alertness

If any of the following symptoms consider instructing patient to come to the surgery now if home measures have failed or history of diabetes

- Vomiting – frequent vomiting and good urine output/able to eat, drink
- Diarrhoea - frequent and good urine output

Eye or Ear Infection

- Make an appointment today if possible or within 24 hours
- Inform the GP/discuss with nurse if available
- Tell the patient to call back if they get worse
- Refer, if applicable, to Unwell Child guideline or Severe Pain guideline

Persistent symptoms in adults >72 hours

If any of the following symptoms direct patient to ED

- Foreign body in eye with loss of vision
- Associated history of head injury

If any of the following symptoms consider instructing patient to come to the surgery now

- Foreign body in the eye without loss of vision
- Earache persisting for >72 hours despite home treatment measures
- Foreign body in the ear despite attempts to remove
- Severe unrelieved pain

If none of the systems present make appointment today or within 24 hours

Fever in Adult, But Otherwise Well

- Make an appointment today if possible or within 24 hours
- Inform the GP/discuss with nurse if available
- Tell the patient to call back if they get worse
- Refer, if applicable, to Meningitis guideline

If any of the following symptoms direct patient to ED

- Symptoms of 'Meningitis'
- Decreased alertness

If any of the following symptoms consider instructing patient to come to the surgery now

- Unresolved fever that is unresponsive to antipyretics and or persistent >72hrs
- Any complaint of urinary dysfunction
- Pleuritic chest pain or shortness of breath

If none of the systems present make appointment today or within 24 hours if symptoms persist

Post Operative Problems

- Make an appointment today if possible or within 24 hours
- Inform the GP/discuss with nurse if available
- Tell the patient to call back if they get worse
- If nose/throat bleeding post-op refer ensure adequate airway
- Refer, if applicable, to Uncontrollable Bleeding guideline, Severe Pain guideline, Unwell Child guideline or Continuous Vomiting and/or Diarrhoea

If any of the following symptoms consider instructing patient to come to the surgery now

- Fever
- Unusual pain
- Smelly discharge from wound
- Bleeding
- Unilateral leg pain and/or swelling

If none of the systems present make appointment today or within 24 hours if symptoms persist

Urinary Problems

- Make an appointment today if possible or within 24 hours
- Inform the GP/discuss with nurse if available
- Tell the patient to call back if they get worse
- Refer, if applicable, to Uncontrollable Bleeding guideline or Severe Pain guideline

Wound Infection

- Make an appointment today if possible or within 24 hours
- Inform the GP/discuss with nurse if available
- Tell the patient to call back if they get worse
- Refer, if applicable, to Uncontrollable Bleeding guideline