LESSON 4: TREATING FOR SHOCK AND IMMOBILIZING FRACTURES

INTRODUCTION

Whenever you treat someone for a severe injury, you must also treat them for shock. Even if an injured person shows no signs of shock, treat them for shock anyway, since shock can follow all major injuries. By treating for shock, you lessen its severity. If left untreated, shock can become life-threatening. There are cases of people who died from shock even though their injuries would not have killed them. Therefore, knowing how to deal with shock is a very important part of first aid.

After treating for shock, take care of broken bones or suspected broken bones. If there is a question of whether or not a bone is broken, treat it as if it were broken anyway. Follow the first aid procedures for splinting a fracture carefully, since more damage can occur if a fracture is handled improperly.

SHOCK

Shock from an injury is different from electric shock, although it can be brought on by electric shock, as well as blood loss, burns, psychological trauma, heart attack, and other injuries involving pain. Shock disrupts circulation. In an attempt to correct damage from an injury and to protect its blood supply, the body routes blood away from outer tissues to organs inside the body. This may keep adequate blood, and therefore oxygen, from reaching the brain. In severe cases, the injured person can lose consciousness and blood supply to vital organs like the heart, causing death.

Shock usually occurs within the first hour after a severe injury. How severe shock becomes depends on several factors including the type of injury, how much blood is lost, and characteristics of the injured person’s nervous system. Increased pain, rough handling, delayed treatment, and emotional reactions such as fear and panic can worsen shock.

SIGNS OF SHOCK

When a victim is in shock, the skin is pale or bluish and cold to the touch. For a victim with dark skin, check the color of the mucous membranes on the inside of the mouth or under the eyelids, or check under the nail beds. The skin may be clammy from perspiration. As listed in the first chapter of this unit, other signs that may develop in the early stages of shock are as follows:

- Restlessness or nervousness
- Thirst
- Bleeding
- Confusion or loss of awareness
- Breathing rapidly
- Nausea and/or vomiting
- Blotchy or bluish skin around the mouth and lips
- Fainting

Fainting, or “blacking out,” is a mild form of shock caused by a lack of blood to the brain. Fright, bad news, breathing polluted air, or standing too long can result in fainting.
Before fainting occurs, a shock victim may turn pale, shake, or suddenly fall to the ground.

**TREATING SHOCK**

Procedures for treating shock include improving circulation of the blood, ensuring an adequate supply of oxygen, and maintaining normal body temperature.

1. Position the victim on his or her back, unless a sitting position allows easier breathing. If the victim is vomiting, position that person on the side to let fluid drain from the mouth.

2. Elevate the victim’s feet higher than the heart, unless the victim has an abdominal or chest wound or an unsplinted leg fracture.

3. Loosen clothing that may bind around the neck and waist.

4. Keep the victim from becoming cold or overheating.

5. Reassure the victim, and do not give him or her any food or drink. However, if you know that help is not going to arrive for over an hour, give the victim small amounts of fluids at room temperature every fifteen minutes. Add an eighth of a teaspoon of salt, if available, to each half glass of fluid.

**FRACTURES**

Bone fractures resulting from falls are common injuries. A closed or simple fracture is a break in the bone that does not penetrate the skin. An open or compound fracture occurs if the sharp edges of a splintered bone have cut through the skin.

In the case of an open fracture, it is obvious that a bone is broken. In the case of a closed fracture, indications of a broken bone include swelling, discoloration, and unusual positioning of the limb in question.

**DO’S AND DON’TS**

When treating fractures, what you do is important, and what you don’t do is equally as important.

⇒ Do call for medical assistance immediately.

⇒ Do keep the victim from moving.

⇒ Do treat for shock while waiting for medical assistance.

⇒ Don’t try to set the bone.

⇒ Don’t put the victim in a car to rush him or her to a hospital. That is the easiest way of turning a closed fracture into an open one.

⇒ Don’t give stimulants if there is severe bleeding.
SPLINTS

The most important action to take when dealing with a fracture is to immobilize the injured bone to prevent further damage. The best way to immobilize bones is with splints. For open fractures, control the bleeding before splinting. Keep the exposed bone moist by covering it with a moist, sterile dressing. The rules of splinting are:

1. Pad all splinting material. Make splints from sticks, boards, cardboard, rolled newspaper, or any other unbendable material.

2. Splint the broken leg or arm in the position in which you found it. Do not try to straighten or reposition the fracture. In most cases, support an arm from above and below and a leg from the sides.

3. Use splinting material that is long enough to immobilize the joint above and below the break. For example, immobilize the ankle and the knee for a fracture in the vicinity of the calf.

4. Tie the splints above and below the suspected fracture. Make two ties above and two below the break. Never make a tie directly over the break.

5. Tie all knots on the outside of the splints.

6. Check that circulation is not restricted by splints tied too tightly.

SLINGS

For arm fractures in which the entire arm is not splinted, use a sling to support the weight of the arm. If necessary, pin the victim’s shirttail up to serve as a field expedient sling.

If no splinting material is available, immobilize a leg fracture by placing padding between the injured leg and the uninjured leg and tying them together. Using the uninjured leg as the splint, draw two ties above and two below the suspected break. The following illustration shows how to immobilize a broken arm against the victim’s body if no splinting material is available.
JOINT INJURIES

DISLOCATIONS

A dislocation occurs when a joint comes apart and stays apart with the bone ends no longer in contact. The shoulders, elbows, fingers, hips, kneecaps, and ankles are the joints most frequently affected. Dislocations have signs and symptoms similar to those of a fracture: severe pain, swelling, and the inability of the victim to move the injured joint. The main sign of a dislocation is deformity; its appearance will be different from that of a comparable uninjured joint. The procedures for treating a dislocation include:

1. Do not try to set the joint. Immobilize and support the injured joint as if treating for a fracture.
2. Use the RICE procedures (see below).
3. Seek medical attention.

SPRAIN

A sprain is an injury to a joint in which the ligaments and other tissues are damaged by violent stretching or twisting. Attempts to move or use the joint increase the pain. The skin about the joint may be discolored because of bleeding from torn tissues. It is often difficult to distinguish between a severe sprain and a fracture, because their signs and symptoms are similar. If you are not sure whether an injury is a sprain or a fracture, treat it like a fracture. It is better to immobilize a sprain than to take the chance of a victim sustaining further damage from an unsplinted closed fracture.

Treatment for a sprain consists of rest, ice, compression, and elevation (RICE). Seek medical attention. See below for more details on RICE.

MUSCLE INJURIES

STRAIN

A muscle strain, or muscle pull, occurs when a muscle is stretched beyond its normal range of motion, resulting in the muscle tearing. Signs and symptoms include: sharp pain, extreme tenderness when the area is touched, slight swelling, and difficulty moving or using the affected part. Treatment for a strain consists of rest, ice, compression and elevation (RICE).

RICE PROCEDURES FOR BONE, JOINT AND MUSCLE INJURIES

RICE is the acronym for the first aid procedures — rest, ice, compression, and elevation — for bone, joint, and muscle injuries. What is done in the first 48-72 hours following such an injury can greatly affect the recovery.

1. Rest — Injuries heal faster if rested. Rest means the victim stays off the injured part.
2. Ice — An ice pack should be applied to the injured area for 20 - 30 minutes every 2-3 hours during the first 24 - 48 hours. When the skin becomes numb, remove the ice pack.
3. Compression — Compression of the injured area may squeeze some fluid and debris out of the injury site. Compression limits the ability of the skin and of other tissues to expand. Applying compression may be the most important step in preventing swelling. The victim should wear an elastic bandage continuously for 18 - 24 hours.

4. Elevation — Gravity has an important effect on swelling. The force of gravity pulls blood and other tissue to the lower parts of the body. Once fluids get to your hands or feet, they have nowhere else to go. Thus, those parts of the body tend to swell the most. Elevating the injured areas, in combination with ice and compression, limits circulation to that area, which in turn helps limit internal bleeding and minimize swelling. Whenever possible, elevate the injured part above the level of the heart for the first 24 hours after an injury.

CONCLUSION

This lesson explained the first aid procedures for treating shock and fractures. Remember that shock can follow severe injuries and can be life-threatening if left untreated. Treating a victim for shock involves improving circulation, ensuring an adequate oxygen supply, and maintaining normal body temperature. For fractures, the most important action to take is immobilizing the broken bone using splints. By following these first aid procedures, you can lessen the severity of shock caused by an injury and ensure that no further damage occurs to a victim because of a broken bone, sprain, or strain.