



CREE MEDICAL BUSH KIT



ᑕᑦᑲᑦ ᑲᑦᑲ ᑲᑦᑲ ᑲᑦᑲ



ᑕᑦᑲᑦ ᑲᑦᑲ ᑲᑦᑲ ᑲᑦᑲ

CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES  
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY



## EMERGENCY NUMBERS



WHAPMAGOOSTUI	<b>819-929-3307</b>
CHISASIBI	<b>819-855-2844</b>
WEMINDJI	<b>819-978-0225 then dial 0</b>
EASTMAIN	<b>819-977-0241</b>
NEMASKA	<b>819-673-2511</b>
WASKAGANISH	<b>819- 895-8833</b>
MISTISSINI	<b>418-923-3376</b>
OIJÉ-BOUGOUMOU	<b>418-745-3901</b>
WASWANIPI	<b>819-753-2511</b>

# EEYOU ISTCHEE EMERGENCY NUMBERS







# CREE MEDICAL BUSH KIT

ᓄᓐᓂᓐᓂᓐᓂᓐᓂᓐ ᓄᓐᓂᓐᓂᓐᓂᓐᓂᓐ

## CONTRIBUTORS

**Laure Béziers**, Programming, Planning and Research Officer, Program Development and Support, CBHSSJB

**Guillaume Groleau**, MD

**Alexandre Léveillé**, Nurse Counsellor, Current and Ambulatory Services, CBHSSJB

**Jason Coonishish**, Coordinator, Pre-hospital and Emergency Measures, CBHSSJB

**SIRIUSMEDx**

**Photo Editor:** Tatiana Philiptchenko

**Photo credits:** Catherine Quinn, Marcel Grogorick, Tatiana Philiptchenko, Laure Béziers, Dwayne Cox, Istock photos

**Design & illustrations:** le zeste graphique



ᓄᓐᓂᓐᓂᓐᓂᓐᓂᓐ ᓄᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ

CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES  
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

# INDEX OF HEALTH PROBLEMS 4

<b>PROBLEM</b>	<b>PAGE</b>
<b>EMERGENCY</b>	
Decreased level of consciousness	29
Fainting - Dizziness - Seizure	30
Low sugar	31
Stroke	32
Trauma of the head or neck	33
Headache	34
Chest pain	35
Cough – Difficulty breathing	36
Drowning	37
Hypothermia	38
Poisoning	40
Severe allergic reaction (anaphylactic)	41

<b>PROBLEM</b>	<b>PAGE</b>
<b>INJURIES</b>	
Severe bleeding	43
Severe bleeding – Tourniquet	44
Wound care	45
Object in wound	46
Fish hook in skin	47
Eye injury – Object in the eye	48
Eye injury – Chemical splash	49
Fracture: arm, leg, wrist, ankle	50
Sprain and muscle pain	51
Transportation of injured or sick people	52

<b>PROBLEM</b>	<b>PAGE</b>
<b>MENTAL HEALTH</b>	
Mental health problem	58



<b>PROBLEM</b>	<b>PAGE</b>
----------------	-------------

## EAR/NOSE/THROAT/EYES

Ear problem	60
Eye problem	62
Nosebleed	63
Nose congestion	64
Seasonal allergies	65
Toothache, dental infection	66
Sore throat	67
Cold	68

<b>PROBLEM</b>	<b>PAGE</b>
----------------	-------------

## SKIN

Skin rash – Itchiness	70
Skin infection – Abscess (lumps)	71
Ingrown toenail	72
Allergic skin reaction	73
Bites (Human, Animal, Insect)	74
Mild burns – Sunburns (1st degree)	75
Severe burns (2nd and 3rd)	76
Frostbite	77

<b>PROBLEM</b>	<b>PAGE</b>
----------------	-------------

## ABDOMEN

Stomach pain	79
Constipation	80
Blood in stool	81
Vomiting and diarrhea	82
Maintaining hydration	83

<b>PROBLEM</b>	<b>PAGE</b>
----------------	-------------

## URINE/GENITALS

Urine problem	85
Vaginitis	86

# INDEX OF HEALTH PROBLEMS 5

## General

- ▶ Risk assessment
  - What type of terrain?
  - What type of activities (motorized, firearms)?
- ▶ Emergency plan
  - What type of injuries can occur?
  - What equipment should I bring?
  - What will be my communication method (how can I get help)?
- ▶ Prepare appropriate equipment in relation to my risk assessment and emergency plan

## Water safety

- ▶ Don't go alone on a lake or a river
  - Assess ice thickness before going on it
  - If you have no other choice, make sure to brush up on self-rescue
- ▶ Always bring safety gear
  - Wear life jacket when going on a boat or canoe
  - Safety rope/safety kit (inspect and pack well)
  - Extra paddle
- ▶ Be aware of the weather conditions and water temperature
- ▶ Never exceed the weight capacity of your boat

## Firearm safety

- ▶ Firearms should always be unloaded when not in use
- ▶ Always keep the muzzle pointed in a safe direction
- ▶ Treat all firearms as if they were loaded
- ▶ Keep trigger finger outside of the guard and off the trigger until you are ready to fire
- ▶ Be certain of your target, your line of fire, and what lies beyond your target
- ▶ Ensure proper maintenance of your firearm
- ▶ Use only the correct ammunition for your firearm
- ▶ Unload and ground the firearm before going over an obstacle. Recover the firearm once the obstacle has been crossed
- ▶ Make yourself visible
- ▶ Position firearm properly on your shoulder to avoid bruising or injury
- ▶ Use ear plugs

## Propane safety

- ▶ Regularly inspect the installation to detect any leak
- ▶ Ensure proper ventilation if using propane tank inside
- ▶ Keep away from heat/fire





CREE  
MEDICAL  
BUSH KIT

ᓂᓗᓚᓗ ᓂᓗᓚᓗ



# CONTENTS OF THE BUSH KIT 8

CODE	MEDICATION	AMOUNT
<b>Green 1</b>	Acetaminophen (Tylenol) 80mg/mL	1 bottle
<b>Green 2</b>	Acetaminophen (Tylenol) 160mg/5mL	2 bottle
<b>Green 3</b>	Acetaminophen 325mg	30 tabs
<b>Green 4</b>	Amoxicillin (Novamoxin) suspension 250mg/5mL	2 bottle
<b>Green 5</b>	Amoxicillin (Novamoxin) 500mg capsules	20 caps
<b>Green 6</b>	Amoxicillin-clavunilate (Clavulin) 875/125 per tab	28 tabs
<b>Green 7</b>	Artificial Tears (Tear plus)	1 bottle
<b>Red 8</b>	Aspirin 80mg chewable	5 tabs
<b>Red 9</b>	Azithromycine suspension 40mg/mL 15mL	1 bottle
<b>Red 10</b>	Azithromycine 250mg	6 tabs
<b>Pink 11</b>	Cephalexin (Keflex) suspension (250mg/5ml - powder)	2 bottle
<b>Pink 12</b>	Cefadroxil (Duricef) 500mg	14 tabs
<b>Yellow 13</b>	Clotrimazole (Clotrimaderm) 20g	1 tube
<b>Red 14</b>	Dexamethasone 25mg/5mL (with blunt needle)	1 vial
<b>Blue 15</b>	Dimenhydrinate 25mg suppository	10 supp.
<b>Blue 16</b>	Dimenhydrinate 50mg tabs	25 tabs
<b>Green 17</b>	Diphenhydramine (Benadryl) 25mg tabs	24 tabs

CODE	MEDICATION	AMOUNT
<b>Green 18</b>	Diphenhydramine (Benadryl) 6,25mg/5 mL	1 bottle
<b>Yellow 19</b>	Fluconazole 50mg	3 tabs
<b>Red 20</b>	Glucose gel (Insta glucose)	1 tube
<b>Blue 21</b>	Hydration salts (Gastrolyte) 4.9 g/small bag	20 small bag
<b>Pink 22</b>	Hydrocortisone cream (Cortate) 1% 15g	1 tube
<b>Blue 23</b>	TUMS	1 box
<b>Green 24</b>	Ibuprofen (Advil-Motrin) 100mg/5 mL	2 bottle
<b>Green 25</b>	Ibuprofen (Advil-Motrin) 200mg tabs	50 tabs
<b>Blue 26</b>	Loperamide (Imodium ) 2mg tabs	20 tabs
<b>Green 27</b>	Loratadine (Claritin) 10mg tabs	12 tabs
<b>Red 28</b>	Nitroglycerine spray 0,4mg/dose	1 bottle
<b>Pink 29</b>	Polymyxin B - bacitracin (Polytopic - Polysporin)	1 tube
<b>Green 30</b>	Polymyxin B - gramicidin eye/ear drop (Optimycin/Polysporin)	1 bottle
<b>Pink 31</b>	Povidone-iodine (Proviiodine) (115mL)	1 bottle
<b>Yellow 32</b>	Sulfamethoxazole and trimethoprim (Bactrim DS) 800-160	14 tabs
<b>Red 33</b>	Salbutamol (Ventolin) 100mcg/dose inhaler	1 aerosol
<b>Green 34</b>	Xylomethazoline 0,1% nasal spray	1 bottle





ITEM	AMOUNT	QUANTITY
<b>Alcohol 70% / Chlorhexidin</b>	110 ml	1
<b>Abdominal pad</b>	8 x 10"	3
<b>Adhesive bandages</b>	2 ½" roll	30 cm
<b>Adhesive bandages</b>	(1.9 x 7,6 cm)	20
<b>Non-adherent dressing - sterile</b>	¾ x 3"	3
<b>Elastic support / Bandage</b>	4"	1
<b>Form: Accident report, assessment form</b>		5
<b>Hypafix</b>	4" (10 cm)	1 m
<b>Non-sterile gauze roll</b>	2" x 10 yd	6
<b>Non-sterile gauze roll</b>	4" x 10 yd	2
<b>Tongue depressor</b>		10

ITEM	AMOUNT	QUANTITY
<b>Non-sterile gauze, non-woven</b>	4 x 4"	50
<b>Non-sterile gloves</b>	S/M/L	2 pairs of each (6)
<b>Oral alcohol thermometer</b>		1
<b>Q-Tips 3"</b>		2
<b>Rectal alcohol thermometer</b>		1
<b>Scissor, cut everything</b>	5,5"	1 pair
<b>Skin closure strips</b>	1/8 x 3"	6
<b>Syringes</b>	20 ml	1
<b>Tempa-Dot thermometer</b>		10
<b>Triangular sling bandage</b>	4,5"	2
<b>Tweezer</b>		1



# SUPPLIES 9



**Who is injured or sick?**

Name .....

Date of birth .....

Where is the camp located? .....

**Is the person known to have:**

- Heart problems
- Diabetes (sugar problems)
- High blood pressure
- Breathing problems
- Drug allergies
- Other

**Medications**

.....  
.....

**Event**

Why are you calling? .....

What happened? .....

When did it start? .....

What did you do? .....

**Answers to key questions** (Refer to Cree Medical Bush Kit Manual for specific health problem):

.....  
.....  
.....

## Take care of the Bush Kit

- ▶ Order your Bush Kit 1 month before your departure in the bush
- ▶ Pick up the Bush Kit 1 week before going in the bush, review the content of the kit and sign the proper form
- ▶ Keep the Bush Kit locked and safe (out of reach of children)
- ▶ Keep the Bush Kit in a dry place at room temperature (avoid freezing)
- ▶ Maintain skills (training, reviewing manual)

## Communication with the nurse

- ▶ Communicate with the nurse by VHF radio, cell phone, satellite phone or bush radio

## Give medication, first-aid care and follow-up

- ▶ Recognize common problems and emergency situations
- ▶ Act as a resource person for health problems of people in the camp
- ▶ Put in place strategies at camp to prevent illness or injury
- ▶ Follow prescribed treatments correctly to give safe and proper care to the sick or injured person
- ▶ Always wash hands before taking things out of the Kit
- ▶ Give only medications that are ordered by the nurse
- ▶ Read the color label carefully. All medications have a color label. If no label, do not use
- ▶ Use clean and dry supplies. If they are dirty or have been wet, do not use them

Deal with health problems while at the camp



# ROLE OF THE BUSH KIT REPRESENTATIVE 11





# ESSENTIAL SKILLS

△▷△ρ↳△<sup>◦</sup>||



## What to do

- ▶ Count heart beats over a full minute
- ▶ Check if it is regular
- ▶ Infant to preschool:
  - Use the inside of the elbow (brachial)
- ▶ Preschool to adult:
  - If they can talk, use the wrist to check pulse
  - If they cannot talk, use the carotid (neck)

If no pulse for more than 10 seconds and the person is unconscious, see CPR (p.18-19)

## Call for help / Defibrillator



## NORMAL HEART RATE BY AGE GROUP (BEATS PER MINUTE)

<b>Infant</b> (neonate...28 days)	<b>100-205</b>
<b>Infant</b> (1 month -1 year)	<b>100-190</b>
<b>Toddler</b> (1-2 years)	<b>98-140</b>
<b>Preschool</b> (3-5 years)	<b>80-120</b>
<b>School-age</b> (6-12 years)	<b>75-118</b>
<b>Teenager-adult</b> (13-99 years)	<b>60-100</b>

## Call nurse if

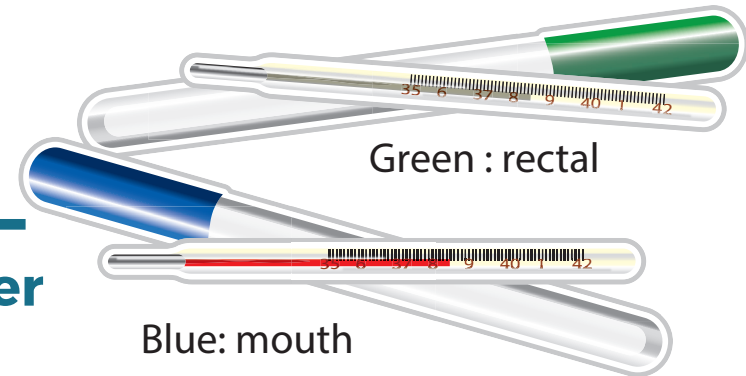
- ▶ Pulse is too fast or too slow
  - Adult more than 110 or less than 50
  - Infant/Neonate appears lethargic and less than 90
- ▶ Pulse is not regular

# CHECKING PULSE 13

# TAKING TEMPERATURE 14

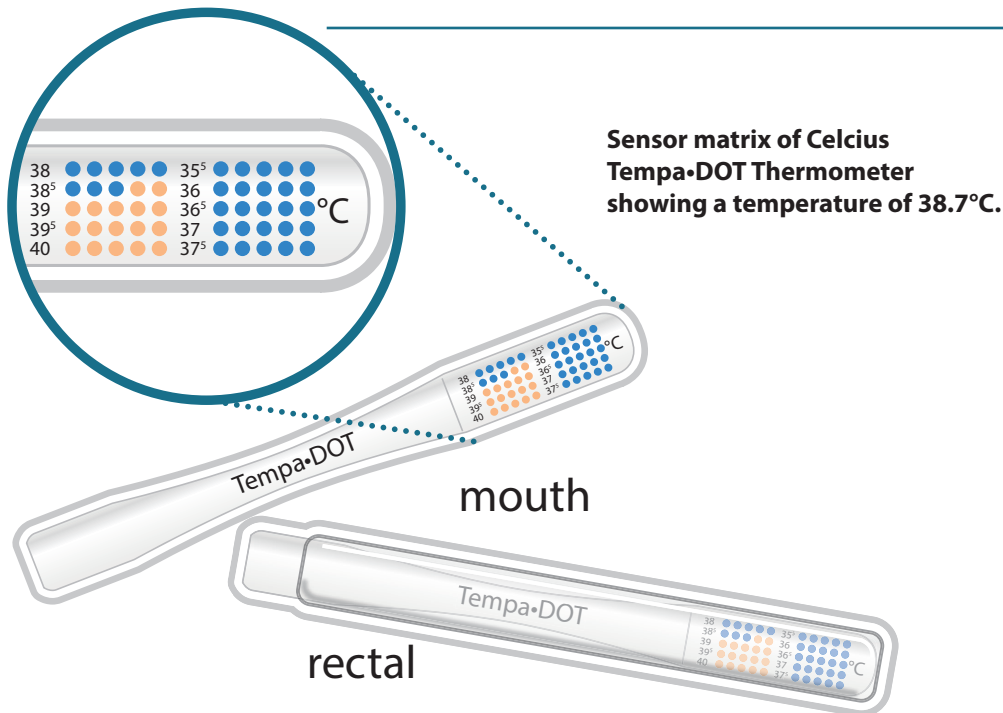
## How to read an alcohol thermometer

- ▶ Turn the thermometer until you see the silver line
- ▶ Look for the point where the silver line stops
- ▶ Read the nearest number: that is the temperature



## How to read a Temp-a-DOT thermometer

- ▶ The last dot is the measured temperature
- ▶ Look at the number on the left side of the last line of dots
- ▶ Add 0.1 for each dot past that number



### TEMPERATURE READINGS

<b>Normal</b>	<b>35-37</b>
<b>Fever</b>	<b>38-39</b>
<b>High fever</b>	<b>40-42</b>

## Procedure

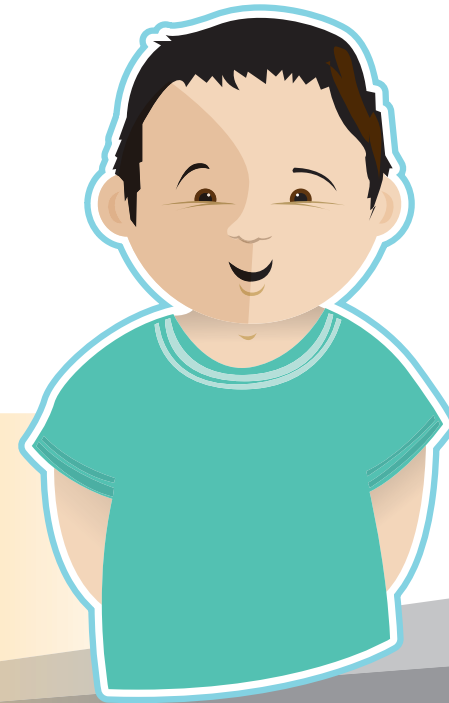
- ▶ Clean the thermometer with soap and warm water before and after each use
- ▶ Shake it hard with a snap of the wrist until it reads less than 36°C

## Baby or child

- ▶ Put lubricant or Vaseline on the tip of the thermometer
- ▶ Lay the baby on his belly
- ▶ Insert thermometer in the baby's rectum (bum) about 1 inch (3 cm)
- ▶ Hold the baby and the thermometer
- ▶ Leave it in place for 3 minutes
- ▶ Read and note the number

## Over 5 years old

- ▶ Ideal temperature measurement is rectal
- ▶ If rectal temperature isn't possible:
  - Put thermometer in the mouth, under the tongue
  - Keep mouth shut
  - Leave it in place for 3 minutes
  - Read and note the number



**DO NOT** leave the baby alone with the thermometer in their mouth or rectum

**DO NOT** let the baby play with the thermometer. It is made of glass and may break

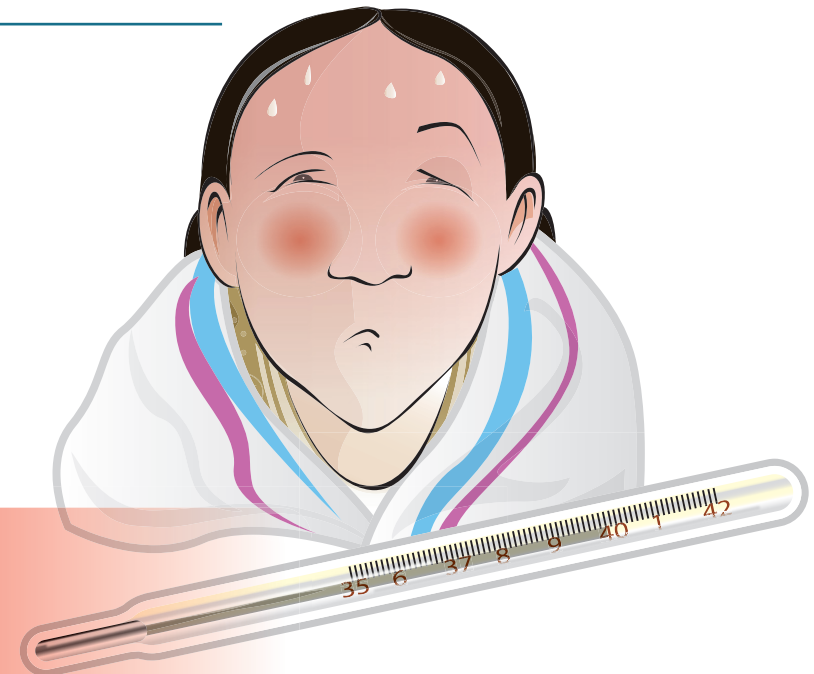
# TAKING TEMPERATURE 15

## Key questions

- ▶ What is the temperature?
- ▶ What did you give? (Tylenol, Motrin?)
- ▶ Do they eat normally?
- ▶ Do they drink normally?
- ▶ Do they sleep normally?
- ▶ Do they act normally?
- ▶ Do they vomit? (p.81)
- ▶ Do they have pain? Where?
- ▶ Do they have an ear ache?
- ▶ Do they have a cough?
- ▶ Do they pee less often or more often than usual?
- ▶ Do they have diarrhea? (p. 81)

## What to do

- ▶ Treat fever with acetaminophen (Tylenol) and/or Ibuprofen (Advil/Motrin) if available.
- ▶ Maintain hydration (p.82)



## Call nurse if

- ▶ Baby is less than 3 months old
- ▶ Fever is over 39°C for more than 24 hours even with medication
- ▶ Baby is sick, vomiting, having diarrhea, etc.
- ▶ Medication does not reduce the fever
- ▶ Child behaves differently
- ▶ Not better after 2 days of treatment



## Symptoms

- ▶ Decreased level of consciousness, confusion
- ▶ Signs of low blood sugar
  - Shaky, dizzy, sweaty, pale, weak
- ▶ Signs of high blood sugar
  - Pee a lot, very thirsty, tired without working, trouble with vision

## Key questions

- ▶ Did they take insulin today?
  - Type, time, quantity
- ▶ Do they take diabetes pills today?
  - Name of the pill, time, quantity
- ▶ Did they eat today?
- ▶ Are they sick  
(for example: diarrhea or vomiting)?
- ▶ Does sugar help?

## What to do

- ▶ Wash your hands
- ▶ Check blood sugar
  - Open the device
  - Put strip in the device
  - Prick the side of the finger
  - Apply blood drop on the strip
  - Wait for the result
- ▶ If less than 4.0, give sugar
  - Conscious: Juice or sugar tube (InstaGlucose, Red 21)
  - Unconscious: put InstaGlucose or honey inside the mouth on gums and cheeks.
  - Recheck blood sugar every 5 minutes x 3



## Call nurse if

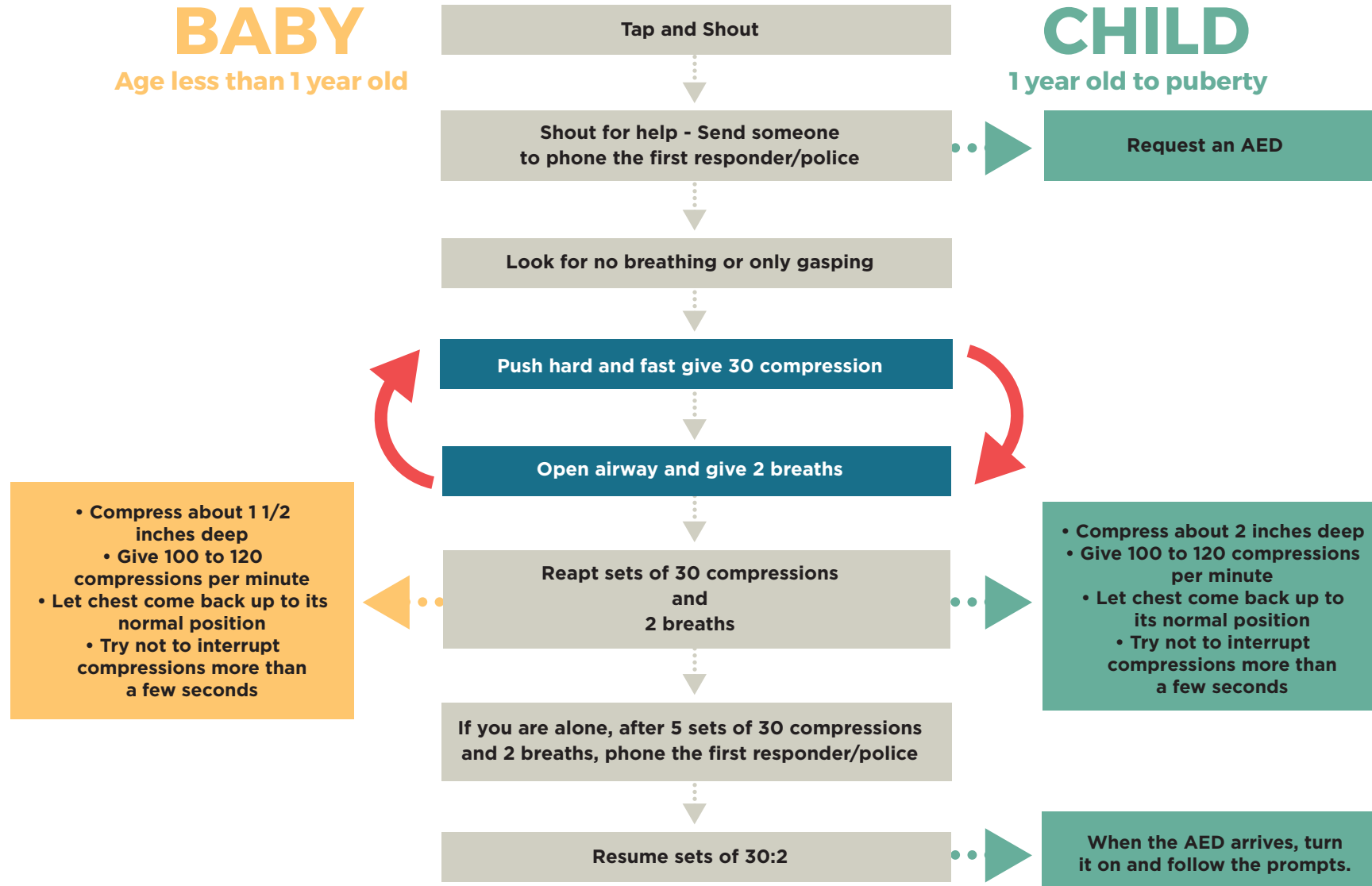
- ▶ Sugar is less than 4.0 and sugar must be given
- ▶ Blood sugar much higher than usual, on more than two readings

# CHECKING BLOOD SUGAR WITH GLUCOMETER 17

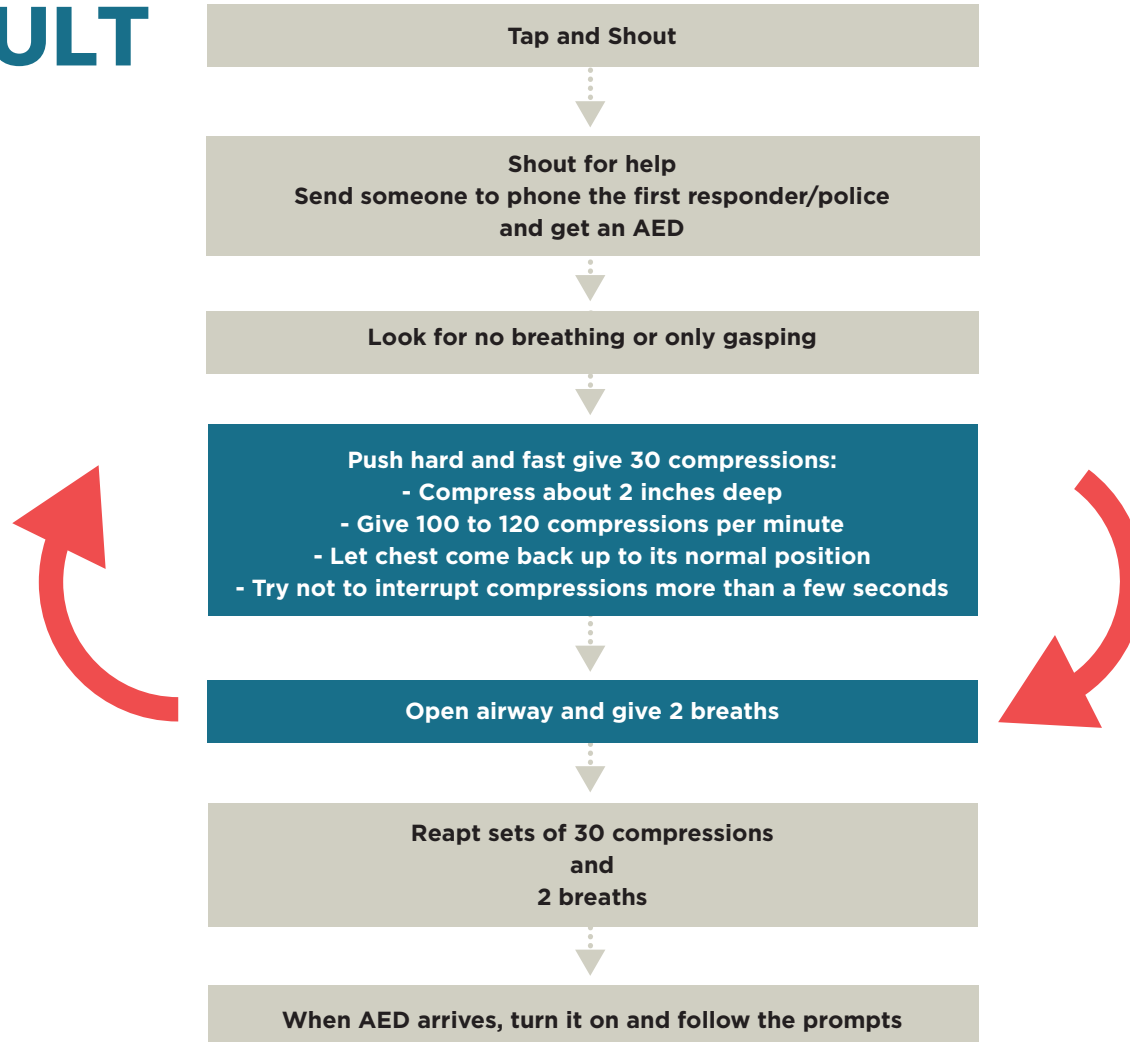
# BABY AND CHILD CPR 18

## BABY Age less than 1 year old

## CHILD 1 year old to puberty



# ADULT



COMPONENTS	ADULTS AND ADOLESCENTS	CHILDREN AGE: 1 YEAR TO PUBERTY	INFANTS, AGE LESS THAN 1 YEAR
<b>Scene safety</b>	<b>Make sure the environment is safe for rescuers and victim</b>		
<b>Recognition of cardiac arrest</b>	Check for responsiveness No breathing or only gasping (ie, no normal breathing)		
<b>Activation of emergency response system</b>	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR. Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available.	<b>Witnessed collapse and no airway obstruction suspected</b> Follow steps for adults and adolescents on the left  <b>Unwitnessed</b> Leave the victim to activate emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available	
<b>Compression-ventilation ratio</b>	1 or 2 rescuers: 30:2	1 rescuer: 30:2 2 rescuers: 15:2	
<b>Compression rate</b>	100-120/min		
<b>Compression depth</b>	Between 2 inches (5 cm) - 2 1/2 inches (6 cm)	One third of chest About 2 inches (5 cm)	One third of chest About 1 1/2 inches (4 cm)
<b>Hand placement</b>	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastboe (sternum)	<u>1 rescuer</u> 2 fingers in the center of the chest, just below the nipple line <u>2 rescuers</u> 2 thumb-encircling hands in the center of the chest, just below the nipple line
<b>Chest recoil</b>	Allow chest to return to normal position after each compression; do not lean on the chest after each compression		
<b>Minimizing interruptions</b>	<b>Limit interruptions in chest compressions to less than 10 seconds</b>		





**ASSESS SEVERITY**

**Baby  
Less than 1 year old**

**SEVERE**  
Airway obstruction  
(Ineffective cough)  
Call for help

**MILD**  
Airway obstruction  
(effective cough)



**UNCONSCIOUS**  
Start CPR  
(p. 18-19)

**CONSCIOUS**  
5 back blows  
5 thoracic  
compressions  
Repeat

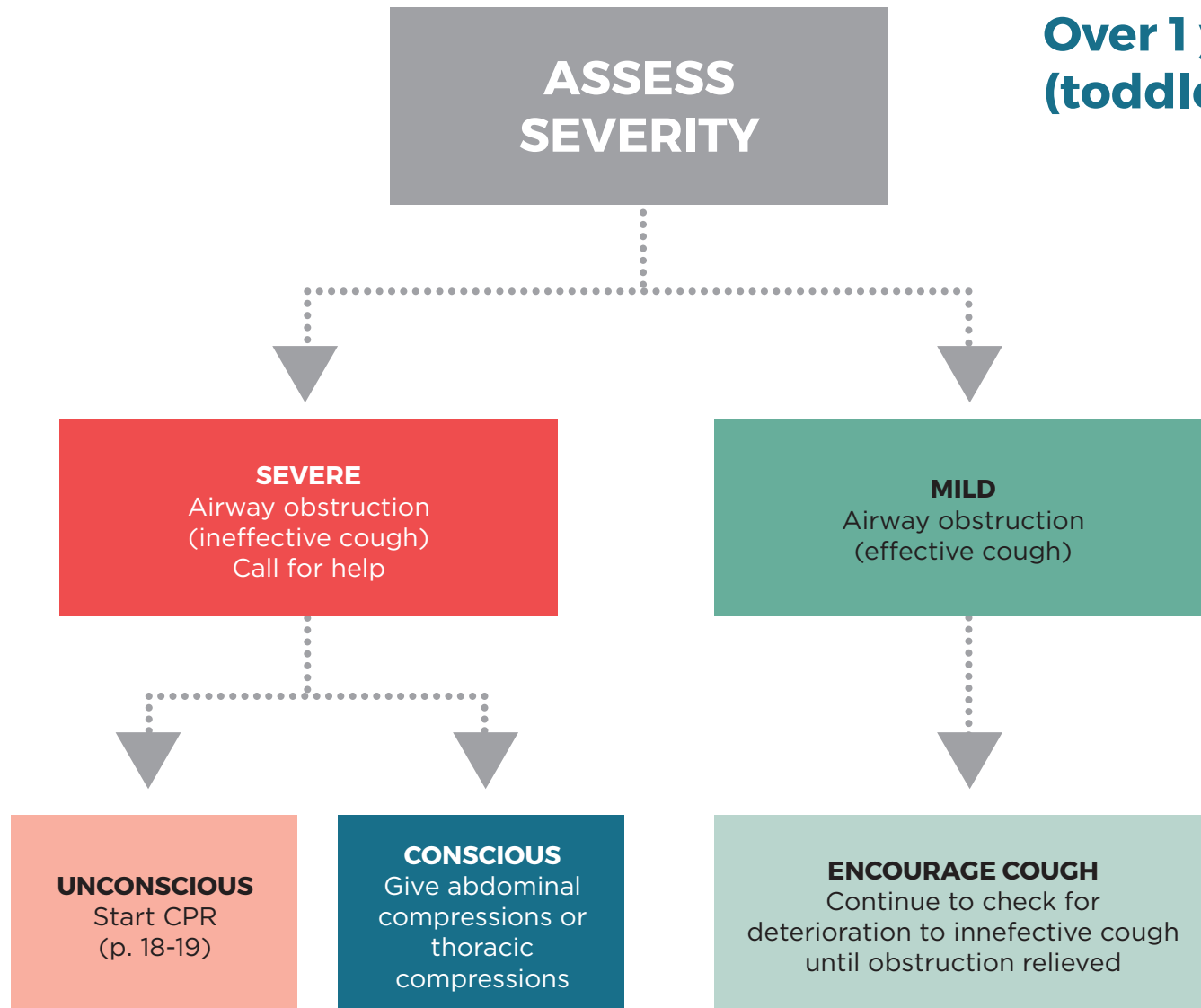
**ENCOURAGE COUGH**  
Continue to check for  
deterioration to ineffective cough  
until obstruction relieved

**CHOKING/AIRWAY OBSTRUCTION 21**



# AIRWAY OBSTRUCTION 22

Over 1 year old  
(toddler to adult)





# MEDICATION

σ) " d r e

# PREPARING AND GIVING MEDICATION 24

## Right medication

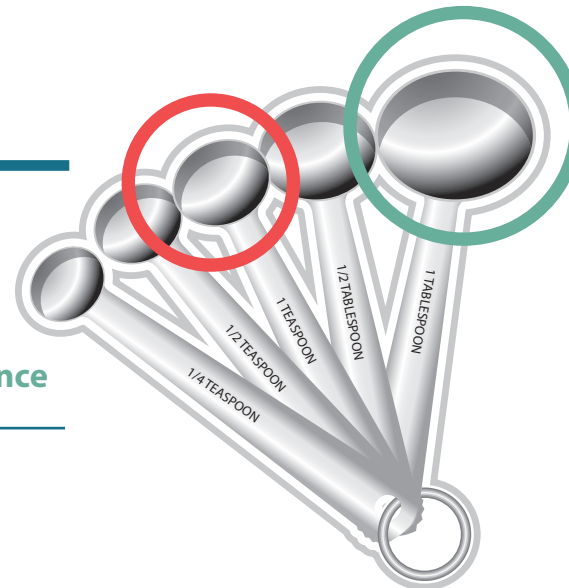
- ▶ Make sure you select the right medication bottle
  - Use the color and number provided to spot the right medication
  - Read the label
  - Pay attention to the concentration of the same medication (ex.: acetaminophen 80mg/mL vs 160mg/5mL)



**Giving the wrong medication may make the person sicker.**

## Right dose

- ▶ Make sure you give the exact amount ordered by the Nurse
- ▶ There is a difference between: **teaspoon** and **tablespoon**  
**5mL**                      **15mL = ½ ounce**



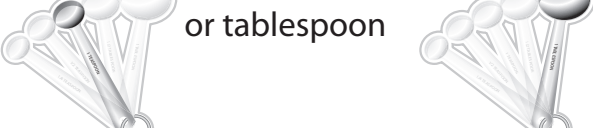



**Right route: Before giving medication, make sure it is the right way. The wrong way could make the person sicker**

**BY MOUTH**

- ▶ Pill
  - Can be cut in half: cut along the line
  - Can be crushed and mixed in jam, food or juice for person that has trouble swallowing

- ▶ Capsule
  - Cannot be opened or cut in half. Call the nurse for more information

- ▶ Liquid
  - Teaspoon  or tablespoon give the exact amount (dose) ordered by the nurse or as directed on the bottle

- Syringe  be careful not to have air bubbles because this will give the wrong amount (dose)

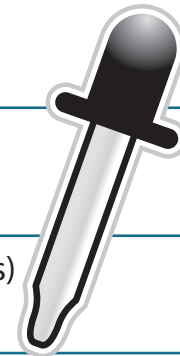
- ▶ Powder
  - Use for children's antibiotic:
    - 1- boil water for 5 minutes and let it cool down
    - 2- measure the right amount of water with the syringe and add to the powder
    - 3- shake well to mix

**IN THE EAR**

- ▶ Liquid
  - Fill the dropper to the stop line or the amount specified by the nurse  
**Do not touch the ear with the dropper**

**IN THE EYE**

- ▶ Liquid
  - Use dropper from bottle to give the appropriate dose (number of drops)  
**Do not touch the eye with the dropper**




# PREPARING AND GIVING MEDICATION 25

# PREPARING AND GIVING MEDICATION 26

## Right time

- ▶ Before giving medication, make sure that it is given at the right time of the day
- ▶ Medication should be given about the same time every day
- ▶ If you forget one time, carry on with the next dose



	MORNING	NOON	SUPPER	BEDTIME
<b>2x/day</b>	X			X
<b>3x/day</b>	X	X	X	
<b>4x/day</b>	X	X	X	X

## Right person

- ▶ Before giving medication, make sure you are giving it to the right person. Giving medication to the wrong person could make them sick.





# HEALTH PROBLEMS

سہ سچا ف





# EMERGENCY

ኢንጅነሪንግ



## Symptoms

- ▶ Person found with lower level of consciousness, confused or drowsy

## Key questions

- ▶ Did they hit their head?
- ▶ How long did the condition last? Seconds? Minutes? Hours?
- ▶ Did they take medication, alcohol or drugs?
- ▶ Did they have seizures?
- ▶ How were they feeling in the last few days?
- ▶ Do they have diabetes? Heart problem? Kidney disease? Epilepsy?



## Observations

- ▶ Call for help
- ▶ Check for pulse and breathing
- ▶ How fast are their breaths?
- ▶ Is there any unusual smell from their mouth?
- ▶ Any signs of injury to the head or body?
- ▶ Are they opening their eyes? Speaking? Moving their arms and legs?
- ▶ Did they lose urine (incontinence)?

## What to do

- ▶ Try to wake them up (talk to them, trapezius pinch)
- ▶ Check for pulse. If absent, start CPR (p.18-19)
- ▶ Check for normal breathing. If absent, open the airways and/or start CPR (p. 18-19)
- ▶ Check blood sugar level. If glucose less than 4, refer to p. 18
- ▶ Put them in the recovery position
- ▶ Do not leave them alone

**Always call the nurse!**

**CONFUSED AND  
DROWSY**

**29**

# FAINTING - 30

## DIZZINESS - SEIZURE

**Always call the nurse!**

### Symptoms

- ▶ Person fainting or feeling like they are going to faint
- ▶ Person feeling like everything around them is moving
- ▶ Person having a seizure

### Key questions

- ▶ How long did it last (seconds, minutes, hours, all day)?
- ▶ Did they fall? Did they hit their head?
- ▶ Did they pass out?
- ▶ Do they have a headache?
- ▶ Can they walk in a straight line?
- ▶ Can they hear you?
- ▶ Can they talk normally?
- ▶ Do they have blurry vision?
- ▶ What color is their face: normal, pale, red?
- ▶ Did they take any drugs, alcohol?

### What to do

- ▶ Call for help
- ▶ Protect them from injuries
- ▶ Check for pulse
- ▶ Assist breathing, if needed
- ▶ Check blood sugar, if possible
- ▶ Let them breath fresh air
- ▶ Lie them down in recovery position
- ▶ Do not leave them alone



## Symptoms

- ▶ Symptoms of low blood sugar are:
  - Feeling weak, tired, sweaty, shaky
  - Slurred speech
  - Nervous, irritable
  - Confused, fast heartbeat

## Key questions

- ▶ Do they take insulin?
- ▶ Any change in their medication or insulin lately?
- ▶ How did they eat or drink today?

## Observations

- ▶ Blood sugar is below 4.0 or much lower than usual

## What to do

- ▶ Take one tube of Insta-glucose **OR**
- ▶ Drink half a cup of juice **OR**
- ▶ Take one tablespoon of sugar or honey
  
- ▶ STOP giving insulin or diabetes medication until the sugar becomes normal

## If unconscious

- ▶ Rub honey or sugar inside the person's cheek
- ▶ See p. 29
- ▶ Call nurse right away



## Call nurse if

- ▶ Low sugar happens two days in a row or more
- ▶ Low sugar continues even with treatment
- ▶ The person has low consciousness or has seizures (p. 29-30)

**LOW BLOOD  
SUGAR 31**

## Symptoms

- ▶ Asymmetrical face (see image)
- ▶ Weakness of one side of the body
- ▶ Trouble speaking

## Key questions

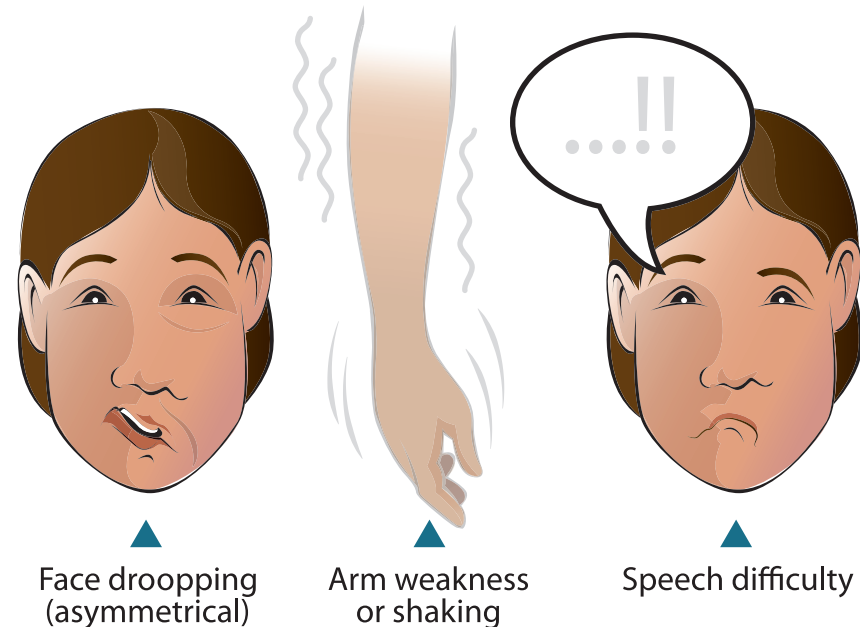
- ▶ Did they hit their head ?
- ▶ Do they take medication?
- ▶ Do they have a headache?
- ▶ Did they have seizures?

## Observations

- ▶ Are they awake? Are they confused?
- ▶ Is the face symmetrical or not? (see image)
- ▶ Is the speech different or difficult to understand?
- ▶ Can they raise their arms? Can they walk?
- ▶ Weakness or numbness in face/arm/leg?

## What to do

- ▶ Check the blood sugar level
- ▶ DO NOT give them medication until they speak with the nurse
- ▶ DO NOT give them food or water until you speak with the nurse
- ▶ Make sure they are well seated and cannot fall  
(Keep them sitting / lying 45° on back)



## Always call the nurse!

- ▶ Anytime you suspect a stroke, even if the symptoms have improved



## Symptoms

- ▶ Serious injury to the head or neck
- ▶ Motor vehicle accident

## Key questions

- ▶ Did they lose consciousness?
- ▶ Severe headache?
- ▶ Vomited multiple times?
- ▶ Any tingling in the arms and legs?
- ▶ Do they take blood thinners?

## Observations

- ▶ Are they awake? Check for responsiveness (Lower Level of Consciousness p. 29)
- ▶ Are they opening their eyes? Speaking?
- ▶ Feeling/moving their arms and legs?

## What to do

- ▶ Do not move the patient's neck
- ▶ Keep the head in position found by placing towels, blanket or clothes on both sides of the head
- ▶ If transport is necessary, use log roll / immobilization techniques (p. 53). The person's head should stay in line with their body
- ▶ If any bleeding or wound, stop the bleeding (p. 44) and start wound care (p. 45)



**Always call the nurse!**

**TRAUMA OF THE  
HEAD OR NECK 33**

## Key questions

- ▶ Where does it hurt? (neck / forehead / around the eyes / top of head / side of head)
- ▶ Do they have fever? (how high?)
- ▶ Did they vomit?
- ▶ Do they have cold symptoms? (hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ▶ Do they see well? Any double or blurry vision?
- ▶ Did they hit their head?
- ▶ Do they have trouble staying awake?
- ▶ Do they have an earache?
- ▶ Do they cough?
- ▶ Do they have pain moving their neck?
- ▶ Did they ever have a headache like this before?
- ▶ Does the headache get worse when they move?



## What to do

- ▶ Rest
- ▶ Drink water
- ▶ Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)

## Call nurse if

- ▶ Fever
- ▶ Vomiting
- ▶ Lower level of consciousness consciousness, seizure (p. 29-30)
- ▶ Very severe headache
- ▶ Change in vision
- ▶ Started after a head injury (p. 34)
- ▶ Signs of stroke (p. 32)

## Key questions

- ▶ Where is the pain? (right, left, centre)
- ▶ What is the pain like? (burning, stabbing, pressure, squeezing)
- ▶ Did the pain come slowly or suddenly?
- ▶ What were they doing when it started? Working? Resting?
- ▶ Do they feel dizzy?
- ▶ Is the pain going to the left arm? Jaw? Anywhere else?
- ▶ Is the pain worse when lying down?
- ▶ Do they have a cold (now or recently)?
- ▶ Do they cough?
- ▶ Do they spit? What color? Any blood in the spit?
- ▶ Are they short of breath?
- ▶ Do they have blue lips?
- ▶ Do they have fever?
- ▶ Did they vomit?
- ▶ Do they sweat?
- ▶ Do they have swollen legs?
- ▶ Did they lose consciousness?
- ▶ Do they eat and drink normally?

## What to do

- ▶ Make them rest in a comfortable position
- ▶ Take the pulse, temperature, and count the respiration (breathing) over one minute



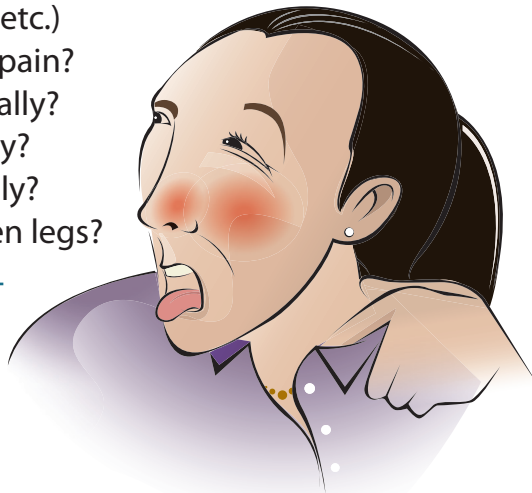
**Always call the nurse!**

**CHEST PAIN 35**

# COUGH - DIFFICULTY BREATHING 36

## Key questions

- ▶ Are they short of breath?
- ▶ Do they have blue lips?
- ▶ Do they spit? What color?
- ▶ Is there any blood in their spit?
- ▶ Do their breathing make a different sound?
- ▶ Do they have fever?
- ▶ Are they known for this problem (ex: asthma)?
- ▶ Do they have chills / sweat?
- ▶ Did they vomit?
- ▶ Do they have cold symptoms?  
(hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ▶ Do they have chest pain?
- ▶ Do they drink normally?
- ▶ Do they eat normally?
- ▶ Do they pee normally?
- ▶ Do they have swollen legs?



## What to do

- ▶ Make them sit in a comfortable position
- ▶ Take their temperature, pulse, count the breathing over one minute
- ▶ Treat the fever with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ Boil some water nearby (for steam)
- ▶ If the person has diabetes check blood sugar more often
- ▶ Drink a lot of water or tea to stay hydrated
- ▶ Gargle with salt and water

## Call nurse if

- ▶ Difficulty breathing
- ▶ Chest pain (p. 35)
- ▶ Coughing up blood
- ▶ Fever
- ▶ Getting worse



---

## Symptoms

- ▶ Person found in the water or rescued from the water

---

## Key questions

- ▶ When was the last time the person was seen?
- ▶ How long have they been in the water?
- ▶ Did they take medication, alcohol or drugs?

---

## Observations

- ▶ Are they awake? (p. 29)
  - ▶ Are they breathing?
  - ▶ Do they have a pulse?
  - ▶ Are they shivering, shaking?
  - ▶ Check their temperature
- 

---

## What to do

### In the water

- ▶ Do not put your own life at risk
- ▶ If still awake, throw them a stick, rope or other object so they can get out of the water themselves
- ▶ If not awake, get them out of the water if you are able

---

### Out of the water

- ▶ Check for pulse. If absent, start CPR (p. 18-19)
  - ▶ Check for normal breathing. If absent, open the airways and/or start CPR (p. 18-19)
  - ▶ If lower level of consciousness (p. 29), put them in the recovery position
  - ▶ Rewarm them. Treat hypothermia if needed (p. 38-39)
- 



**Always call the nurse!**

**DROWNING 37**

**Always call the nurse!**

## Symptoms

- ▶ Body temperature is less than 35 degrees Celsius

## Key questions

- ▶ Are they awake?
- ▶ Are they confused?
- ▶ Are they shivering?

## Observations

- ▶ Shivering?
- ▶ Body temperature? Take temperature from the rectum (p. 14-15)

## What to do

- ▶ Bring them to a warm environment
- ▶ Remove wet clothes and give warm dry clothes
- ▶ Place warm bottles or blankets in the armpits, in groin area and on stomach. Be careful not to burn the skin
- ▶ If they are awake, give them something warm to drink
- ▶ If they are unconscious, see "Lower level of consciousness" (p. 29)
- ▶ If they are not breathing or do not have a pulse, start CPR (p. 18-19)



## HYPOTHERMIA WRAP



HYPOTHERMIA WRAP 39



## Events

- ▶ Exposure to toxic product or medication in large quantity

## Key questions

- ▶ What is the name of the medication or chemical?
- ▶ How much did they take?
- ▶ At what time did it happen?
- ▶ Are they depressed or suicidal, now or in the past?
- ▶ What is their weight?



## What to do

- ▶ Keep the medication bottle or product container for reference (label)
- ▶ Spit out the medication/product
- ▶ Do not force vomiting
- ▶ If chemical still in the mouth, rinse with large amount of water

### Poison on the skin:

- ▶ Remove any contaminated clothing using gloves
- ▶ Rinse with water the skin for 15 to 20 minutes

### Poison in the eye:

- ▶ Gently flush the eye with cool water for at least 15 minutes

### Inhaled poison:

- ▶ Get the person to breathe fresh air as soon as possible
- ▶ After the event, store the medication or chemical in a safe place so nobody else gets hurt

**Always call the nurse!**

# Always call the nurse!

## Event

- ▶ Contact with specific food or medication or insect, such as bee

## The person has

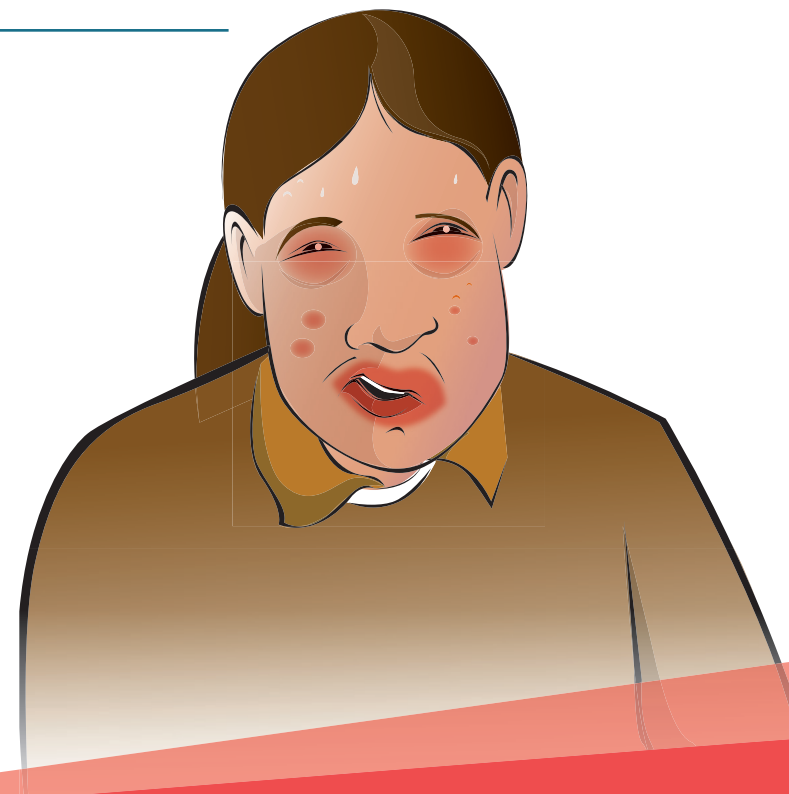
- ▶ Difficulty breathing, itchy throat, cough
- ▶ Swollen lips, drooling
- ▶ Fainting, chest pain, fast heartbeat
- ▶ Itchy rash, lumpy patches, hives
- ▶ Vomiting, diarrhea, severe abdominal pain

## Key questions

- ▶ Any difficulty breathing?
- ▶ Is there any swelling?
- ▶ Where is the swelling? (face, lips, tongue, other?)
- ▶ What caused the reaction?
- ▶ Do they have a rash?
- ▶ Where is the rash?
- ▶ Is it in one spot or spread out?
- ▶ Any medication taken recently?
- ▶ Any fish, shellfish, nuts, insects, other particular/unusual food?

## What to do

- ▶ Stop the suspected cause (food, medication)
- ▶ Give Epinephrine (Epipen)
- ▶ Lay them down and lift up their legs



# SEVERE ALLERGIC (ANAPHYLACTIC) REACTION

41





# INJURIES

▷ ∫ ∂<sup>||</sup> ▷ ∙ Δ ∘<sup>||</sup>



---

## Events

- ▶ Bleeding after getting cut or hit
- ▶ For nosebleed (p. 63)

---

## Key questions

- ▶ Do they take a blood thinner? (Aspirin, Coumadin, Eliquis, Pradaxa, Xarelto, etc.)
  - ▶ Where is the cut?
  - ▶ What is the size of the cut?
  - ▶ How deep is the cut?
  - ▶ How many dressings have been used to stop the bleeding?
  - ▶ How full were the dressings (25%, 50%, 75%, 100%)?
  - ▶ Do they have chest pain, difficulty breathing, or feel like they will faint?
- 

---

## What to do

- ▶ Look for a foreign object in the wound (p. 45)
  - ▶ If there is a foreign object, place the dressing around the object
  - ▶ Press directly on the wound with the dressing
  - ▶ If the dressing is full of blood:
    - Apply more dressing over the first dressing
    - Do not remove the first dressing
  - ▶ Lift up the limb:
    - If leg, lie the person down if possible
    - If scalp, sit the person up
  - ▶ If still bleeding:
    - Call the nurse
    - Apply tourniquet (p. 44)
  - ▶ When bleeding has stopped, measure the wound and refer to wound care (p. 45)
- 



## Call nurse if

- ▶ Bleeding doesn't stop easily or can not be controlled within 15 minutes

# SEVERE BLEEDING 43

# SEVERE BLEEDING 44

## TOURNIQUET

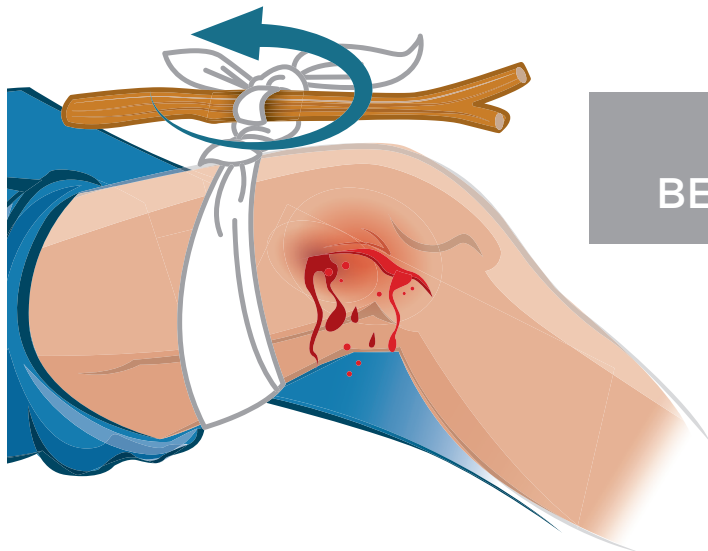
### Events

- ▶ Bleeding from a limb (arm or leg) that can't be stopped by direct pressure only
- ▶ Life threatening bleeding
- ▶ Part of the limb is missing (amputation)
- ▶ Blood is spurting out

### What to do

- ▶ Keep pressure on the wound
- ▶ Keep arm or leg as high as possible (higher than the heart)
- ▶ Apply tourniquet on bare skin (cut or remove clothing)
- ▶ Apply tourniquet 2-4 inch above the wound (2-4 fingers above)
- ▶ Tighten until no pulse is felt on the wrist or foot
- ▶ If bleeding doesn't stop after application of one tourniquet, apply a second tourniquet 2-4 inch above the first tourniquet
- ▶ Note the time tourniquet was applied
- ▶ DO NOT remove the tourniquet

Apply 2-4 inches above the wound



TOURNIQUET SHOULD ONLY  
BE APPLIED TO TREAT LIMB INJURIES

**Always call the nurse!**

## Events

- ▶ Cut with sharp object
- ▶ Scraped skin

## What to do

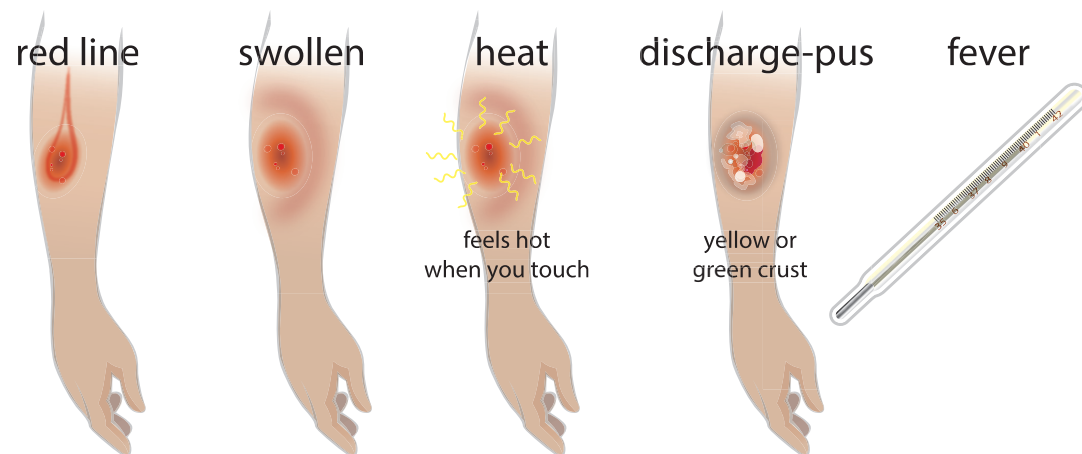
- ▶ Wash your hands
- ▶ Stop the bleeding (p. 43)
- ▶ Check if they are able to move the limb and feel gentle touch past the wound
- ▶ Clean the wound very well
  - Use drinkable water and soap
  - Remove all dirt, dust or anything else from the wound
- ▶ Apply antibiotic ointment
- ▶ Cover the wound with a dry dressing and keep it clean
- ▶ Change the dressing once a day or when it becomes wet or dirty
- ▶ Watch for signs of infection
- ▶ Consult nurse upon return to community (to check need for tetanus vaccine)

## Signs of infection

- ▶ Redness around the wound
- ▶ Swelling
- ▶ Increased warmth (heat)
- ▶ Pus, discharge
- ▶ Fever

**DO NOT break or pop the blisters unless told otherwise by nurse**  
**DO NOT scratch itchy skin**

### SIGNS OF INFECTION



## Call nurse if

- ▶ Signs of infection
- ▶ Wound doesn't heal



# OBJECT INSIDE WOUND 46

## Events

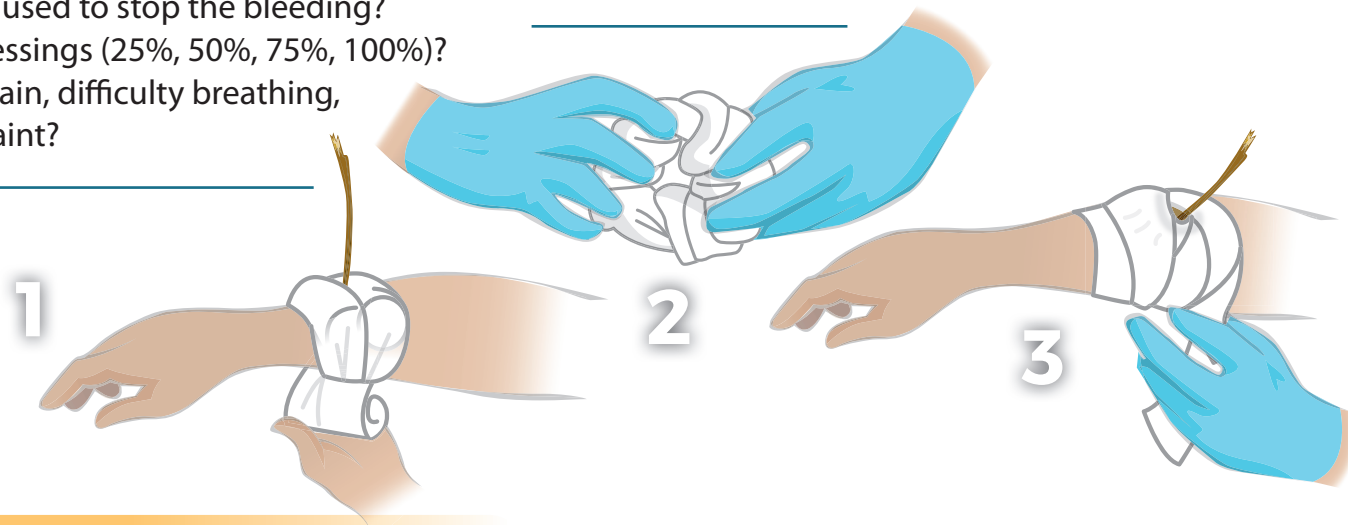
- ▶ Something gets stuck in body, like a knife or tree branch

## Key questions

- ▶ How deep is the object or the cut?
- ▶ Are they bleeding?
- ▶ How many dressings used to stop the bleeding?
- ▶ How full were the dressings (25%, 50%, 75%, 100%)?
- ▶ Do they have chest pain, difficulty breathing, or feel like they will faint?

## What to do

- ▶ Leave the object in place (will help decrease bleeding)
- ▶ Stabilize the object:
  - Place large dressings around the object. Use rolls side by side (image 1) or make a donut with dressings (image 2).
  - Hold in place by wrapping with bandages (image 3)
- ▶ Transport back to camp

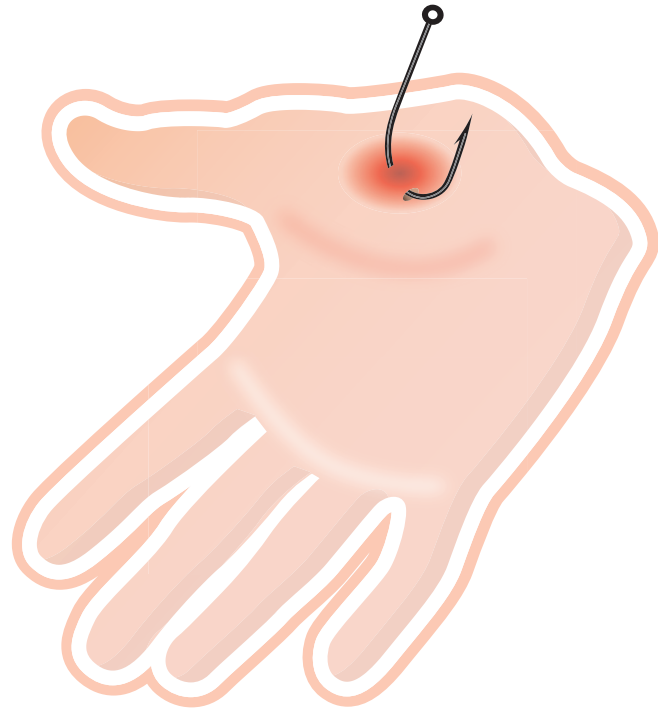


**DO NOT remove the object**

**Always call the nurse!**

## Events

- ▶ Fish hook accidentally gets stuck in skin



## What to do

- ▶ Push the hook through the skin until the point appears
- ▶ Cut off the barb (sharp end) with clippers
- ▶ Remove the hook from the wound
- ▶ Start wound care (p. 45)

## Call nurse if

- ▶ Unable to remove hook
- ▶ Need guidance to remove hook
- ▶ Fish hook in the eye or face

**DO NOT attempt to remove a fish hook from the face or eye**

# EYE INJURY 48

## OBJECT IN THE EYE

### Events

- ▶ Dust in the eye
- ▶ Dirt may lie under the eyelid causing pain
- ▶ Feeling something in the eye
- ▶ Pain, tears, redness

### What to do

- ▶ Wash your hands with soap and water
- ▶ Remove any contact lens
- ▶ Using a drinking cup, pour drinkable water into the eyes, trying to flush out the object
- ▶ If you see the object and it seems easily removable, try to remove with wet Q-tip
- ▶ If you don't see the object,
  - Look under lower eyelid by pulling on it and asking them to look up, right, left
  - Look under upper eyelid by pulling and lifting it up and asking them to look down, right, left

### Call nurse if

- ▶ Object is stuck in or on the eyeball
- ▶ Object is sharp
- ▶ Severe pain
- ▶ Tried and failed to remove the object
- ▶ Pain, redness or still feeling the object more than 24 hours after the event

**DO NOT try to remove an object that seems to be stuck in the eyeball**  
**DO NOT keep trying if it is not working**  
**DO NOT rub the eye. It may injure the eyeball**



# Always call the nurse!

## Events

- ▶ Chemical in the eye (ex: acid, bleach, cleaning fluid, gasoline, fire starter, etc.)

## Key questions

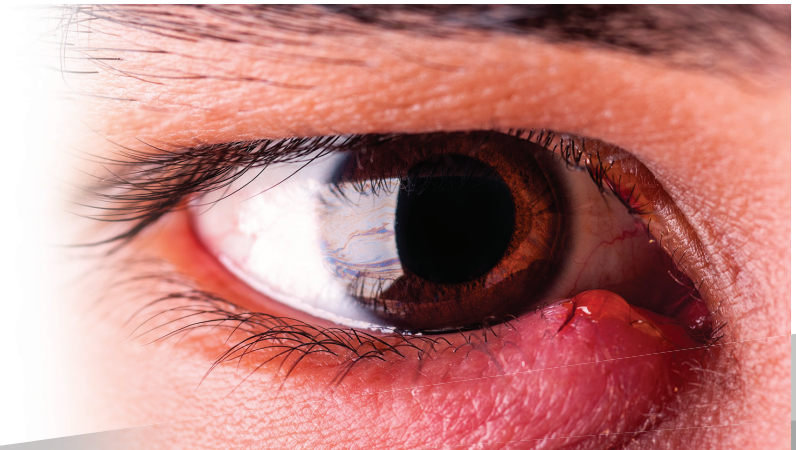
- ▶ What type of product got in the eye?
- ▶ How much time passed between the event and when the eye was flushed?
- ▶ How long was the eye flushed for?

## Observations

- ▶ Pain in the eye
- ▶ Eye may not be red

## What to do

- ▶ Hold the eyelids open
- ▶ Flush eye with water for more than 15 minutes
  - Use drinkable water in a cup
  - Pour water in the affected eye or just above the nose if both eyes are affected
  - If no water available, use other drinkable liquid (milk, cooled tea, etc.) without any delay until someone can get water



**DO NOT rub the eye; it may injure the eyeball**  
**DO NOT use eyedrops**

# EYE INJURY CHEMICAL SPLASH 49



# FRACTURE: ARM, LEG, WRIST, ANKLE 50

## Observations

- ▶ Check if the person has sensation past the fracture
- ▶ Check if you can feel a pulse past the fracture
- ▶ Check the color of the skin past the fracture

## What to do

- ▶ Leave the limb in the same position you found it, if possible
- ▶ Prevent the limb from moving with a splint (for example SAM splint). You can apply a piece of wood, board or anything hard, and hold it in place by wrapping a bandage or towel around the limb
- ▶ Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ If there is an open wound, cover the wound with sterile dressing



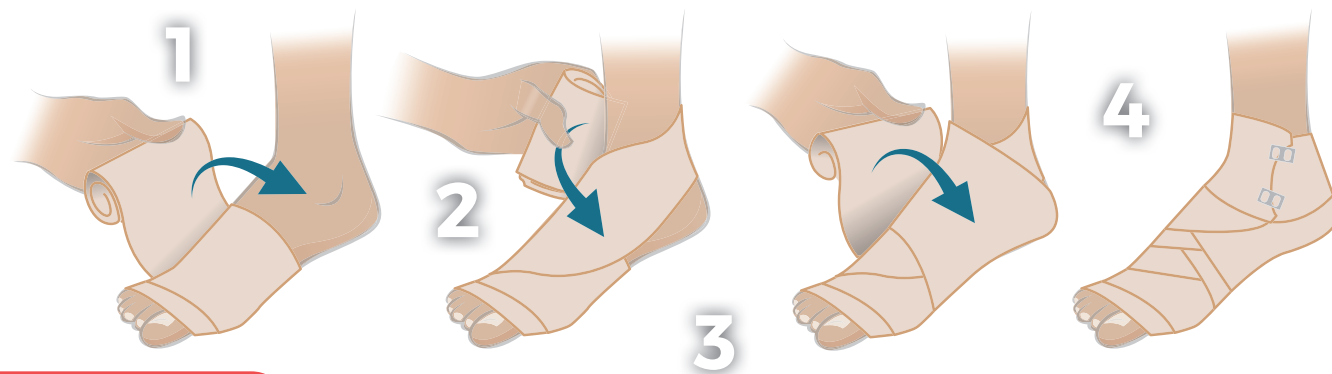
**Always call the nurse!**

## Events

- ▶ Twisted or over-stretched joint

## What to do

- ▶ Apply an ice pack or ice wrapped in clothing for 10-15 minutes every hour for the first 2 days
- ▶ If no ice available, soak injured part in cold water
- ▶ Rest the muscle/joint for 48-72 hours
- ▶ Apply an elastic wrap/bandage to prevent swelling, but not too tight. Be careful not to stop blood flow
- ▶ Keep the limb elevated (raised up)
- ▶ Treat the pain with Ibuprofen (Motrin) and/or Acetaminophen (Tylenol)



## Call nurse if

- ▶ Cannot move the limb
- ▶ Cannot put any weight on the injury
- ▶ The joint does not appear normal
- ▶ The bone is not straight
- ▶ The injured area is cool, pale or numb

# SPRAINS AND MUSCLE PAIN

51

# TRANSPORTATION OF INJURED OR SICK PEOPLE 52

## General Rules

- ▶ Check if the person has multiple injuries
- ▶ Large wounds and/or broken bones must be kept from moving (p. 50)
- ▶ Move the injured person as little as possible
- ▶ Any injured parts must be immobilized / supported during movement
- ▶ If you suspect a neck or back injury, move the person very carefully:
  - All body parts (head-back-legs) must be supported and lifted gently, and the person's head should stay in line with their body
- ▶ Planning is essential:
  - Determine the best place to transport the victim before starting to move the person
- ▶ Make sure that the travel route is free from any obstacle or danger

## Different moving techniques

- ▶ Log roll (single vs multiple rescuers)
- ▶ Recovery position
- ▶ Towing a person (direct vs using a blanket)
- ▶ Body elevation and movement
- ▶ Improvised stretcher







## When you are alone

### LOG ROLL TOWARD THE RESCUER



### LOG ROLL AWAY FROM THE RESCUER



# TRANSPORTATION OF INJURED OR SICK PEOPLE





# TRANSPORTATION OF INJURED OR SICK PEOPLE 54

## RECOVERY POSITION



**Need to move the person**

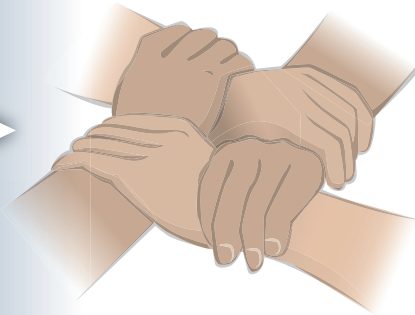
## TOWING A PERSON





## When you are 2 or more rescuers

### 2 PERSON LIFT



### BODY ELEVATION AND MOVEMENT



# TRANSPORTATION OF INJURED OR SICK PEOPLE 55





# TRANSPORTATION OF INJURED OR SICK PEOPLE 56

## IMPROVISED STRETCHER







# MENTAL HEALTH PROBLEM

مشاكل الصحة العقلية



# MENTAL HEALTH PROBLEM 58

## Events

- ▶ Feeling sad, anxious, distressed
- ▶ Ideas about hurting themselves or other people

## Key questions

- ▶ Do they want to harm themselves or others?
- ▶ How was their mood/spirit lately?
- ▶ Any bad news received recently?
- ▶ Did they ever see a doctor for mental health problems?
- ▶ Did they take drugs/alcohol/medication?

## Observations

- ▶ Signs of self-harm  
(ex: cuts on arms or cigarette burns)
- ▶ Agitation, hallucinations  
(hearing or seeing things that nobody else does)
- ▶ Drowsiness, confusion

## What to do

- ▶ Make sure they have no access to firearms, knife, rope or medication, or other dangerous items
- ▶ Reassure them
- ▶ Do not leave them alone. Ask for a family member to look after the person

## Call nurse if

- ▶ Hallucinations/hearing voices
- ▶ They want to harm themselves or others



# EAR, NOSE, THROAT, EYES

▶ "ጐጥጥ ጥጥጥ ጥጥጥጥጥጥ ጥጥጥጥ

## Events

- ▶ Fever and recent cold
- ▶ Baby who cries a lot and pulls their ear
- ▶ Pain in the ear or signs of infection (pus, discharge)

## Key questions

- ▶ Do they have fever or chills?
- ▶ Do they have cold symptoms? (hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ▶ Any trauma to the head or to the ear?
- ▶ Do they have a headache?
- ▶ Do they eat, drink, sleep normally?
- ▶ Did they put any object in their ear? (small toy, rock, food, battery, etc.)
- ▶ Any itchiness?
- ▶ Any pus/liquid coming out of the ear?

## Call nurse if

- ▶ Pain is severe
- ▶ Pus coming out of the ear
- ▶ Ear pain and child is less than 2 years old
- ▶ Fever lasts longer than 2 days
- ▶ There is an object in the ear that cannot be removed
- ▶ There is a sharp object or a battery in the ear

## Observations

- ▶ Fever?
- ▶ Do they look well?
- ▶ Any pus or object in the ear?
- ▶ Any redness in the ear or around?
- ▶ Pain when pulling gently on the ear?

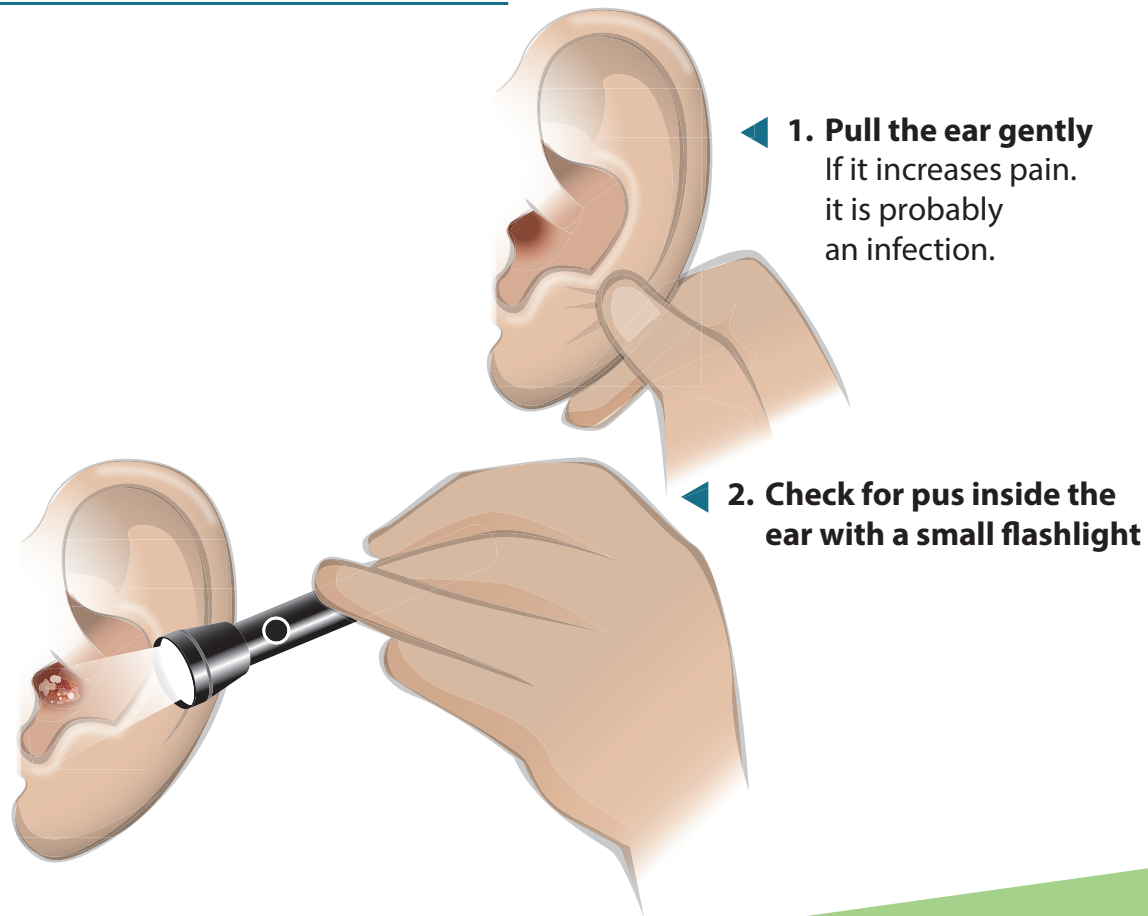


## What to do

- ▶ Treat the pain and fever with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ Do not put anything in the ear

## If an insect got inside the ear

- ▶ Apply some lukewarm water in the ear or 5 drops of mineral oil or vegetable oil.





## Events

- ▶ Pain, redness in the eye or change in vision

## Key questions

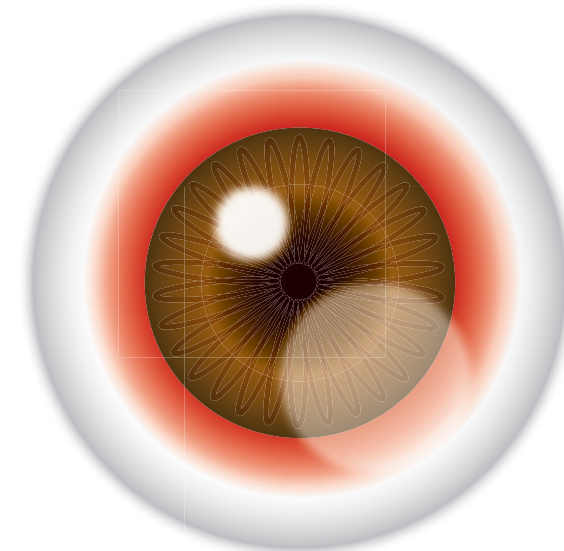
- ▶ Any object in the eye (p. 48)?
- ▶ Loss of vision or seeing double?
- ▶ Pain in the eye?
- ▶ Pain when moving the eye?
- ▶ Pain looking at the light?
- ▶ Head trauma?
- ▶ Can they see/read normally?

## Observations

- ▶ Does the eye look normal?
- ▶ Is the eye pink/red? One or both eyes?
- ▶ Discharge/pus coming from the eye?

## What to do

- ▶ If contact lenses, remove and throw away
- ▶ Maintain good hand hygiene
- ▶ Apply artificial tears in the eye
- ▶ If there are crusts, apply warm compress to the eye for 10 minutes and remove the crusts
- ▶ If they have diabetes, check blood sugar



## Call nurse if

- ▶ Pain in the eye
- ▶ Fever
- ▶ Change in vision
- ▶ Not better after 2 days of self-treatment

## Key questions

- ▶ What was happening when the nosebleed started?
- ▶ Did they take any blood thinners (Aspirin, Coumadin, Eliquis, Pradax, Xarelto, etc.)?
- ▶ For how long has the nose been bleeding?
- ▶ Any trauma to the nose?
- ▶ Do they have chest pain, difficulty breathing or feel like they will faint?

## Observations

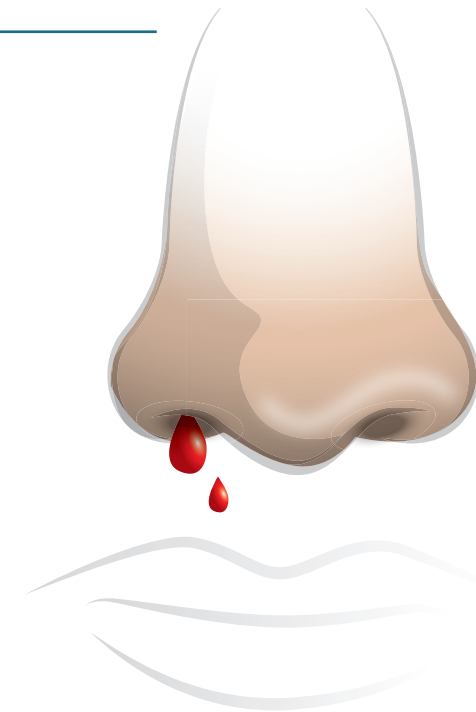
- ▶ Any blood clots? If so, how big are they?
- ▶ Any trauma to the face or nose (ex: bruising, swelling, cuts)?

## What to do

- ▶ Ask them to blow their nose

THEN:

- ▶ Pinch the nose hard with two fingers for 10-15 minutes
- ▶ Sitting position, slightly bent forward
- ▶ **Do not** put anything in the nose unless instructed by the nurse



## Call nurse if

- ▶ Person takes a blood thinner
- ▶ Nosebleed does not stop after 15 minutes of applying pressure
- ▶ Person vomits a lot of blood
- ▶ Person feels dizzy, faints, or has chest pain
- ▶ Nose appears pushed to one side/broken

# NOSE 64

## CONGESTION

### Events

- ▶ Stuffy nose

### Key questions

- ▶ Congestion in one or both nostrils?
- ▶ Cough? Fever?
- ▶ Pain in the face, headache or toothache?
- ▶ Pain when touching the face?
- ▶ Any trauma to the nose/face?
- ▶ Bad smell coming from the nostrils?

### Observations

- Green/yellow discharge?
- Any object inside the nose?  
(small toy, rock, food, battery)

### What to do

- ▶ Treat the fever if present (p. 16)
- ▶ Maintain good hand hygiene
- ▶ Rest
- ▶ Increase hydration
- ▶ If an object is stuck inside the nose:
  - If visible and easily accessible, pull gently on it using tweezers
  - If object is not coming out, or if it is going further inside, STOP
- ▶ Ask the person to:
  1. Put a little salt water in their hand and sniff it into their nose.
  2. Breathing steam from hot water:
    - Sit down with a bucket of hot water in front of them
    - Place a sheet over their head and cover the bucket so that they breathe in the water vapor (steam) as it rises
    - Breathe the water vapor for 15 minutes
    - Repeat several times a day

For children and babies:

- Boil some water nearby (for vapor).

## Call nurse if

- ▶ Cannot remove an object stuck in the nose
- ▶ Getting worse
- ▶ Fever for more than 2 days



---

## Events

- ▶ Exposure to pollen, grass, dust

---

## Symptoms

- ▶ Blocked nose, teary eyes, cough

---

## Key questions

- ▶ What caused the reaction?
  - ▶ Any other symptoms? (ex. rash, difficulty breathing, swelling, vomiting, diarrhea, etc.)
- 

---

## What to do

- ▶ Avoid the suspected cause if possible
  - ▶ Avoid rubbing eyes or nose
  - ▶ May apply cool compress to the eyes to relieve itchiness
  - ▶ Benadryl or Reactin may help if available
  - ▶ Clean the nose a few times a day (p. 64)
  - ▶ See p. 41 for information on Severe allergic (anaphylactic) reaction
- 





## Events

- ▶ Recent dental surgery
- ▶ Tooth falling out

## Key questions

- ▶ Do they have fever?
- ▶ Does pain get worse with cold drinks or when eating?
- ▶ Is there a hole in the tooth?
- ▶ Do they have difficulty swallowing?

## Observations

- ▶ Fever?
- ▶ Swelling of the face?
- ▶ Any loose teeth?
- ▶ Tooth with cavity (black part, hole)?
- ▶ Broken tooth?
- ▶ Able to open the mouth?

## What to do

- ▶ Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ Mouthwash / gargle with salt water four times a day
- ▶ Brush your teeth:
  - Clean the hole in the tooth wall
  - Remove all pieces of food from the hole
- ▶ See a dentist when going back to the community
- ▶ Avoid foods and drinks that are cold/hot/sweet

## Call nurse if

- ▶ Fever
- ▶ Swelling or redness in the face
- ▶ Person cannot open their mouth
- ▶ Difficulty breathing
- ▶ Gum is red, swollen or white spots appear around the tooth



## Key questions

- ▶ Having symptoms of cold? Runny nose?
- ▶ Pain when swallowing?
- ▶ Difficulty breathing?
- ▶ Fever?
- ▶ Anybody else around is also sick?
- ▶ Any rash?

## Observations

- ▶ Look inside the mouth, do you see any mass?
- ▶ White on the sides or at the back of the throat?
- ▶ Mass in the neck area?
- ▶ Drooling? Unable to swallow saliva/water?
- ▶ Difficulty breathing?
- ▶ Rash on the body?
- ▶ Difficulty opening the mouth?

## What to do

- ▶ Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ Avoid sharing objects that touch the mouth
- ▶ Maintain good hand hygiene
- ▶ Encourage hydration, rest
- ▶ Gargle with salt water



## Call nurse if

- ▶ Fever for more than 48h
- ▶ Severe throat pain
- ▶ Difficulty breathing
- ▶ Drooling / cannot swallow saliva
- ▶ Appears in distress

**SORE THROAT 67**

---

## May cause

- ▶ Mild fever for 2-3 days
  - ▶ Headache, body ache
  - ▶ Runny nose, stuffy nose
  - ▶ Cough
  - ▶ Sore throat
- 

---

## What to do

- ▶ Drink a lot of water or tea
  - ▶ Rest
  - ▶ Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
  - ▶ Take cough syrup or 1 teaspoon of honey. If known diabetes, check blood sugar
  - ▶ Gargle with salt and water
  - ▶ Cover your mouth when you cough or sneeze
  - ▶ Maintain good hand hygiene
- 

## Call nurse if

- ▶ Fever for more than 2 days
- ▶ Getting worse
- ▶ Person known to have breathing problems



# SKIN

▷ სპა



# SKIN RASH - ITCHINESS 70



## Key questions

- ▶ Where is the rash?
- ▶ Do they have
  - Pain / burning?
  - Itchiness?
  - Fever?
- ▶ Did they change something?
  - New food, soap?
- ▶ What were they doing before the rash appeared?
  - Sun exposure?
  - Medication/food?(see allergic reaction p. 41)

## Observations

- ▶ Red skin? Tenderness? Fever?
- ▶ Rash: What color? Flat or bumps? Crusts? Blisters? Hives? Pus/discharge?

## What to do

- ▶ Diaper rash:
  - Keep diaper area dry. Leave the baby without diaper for 20 minutes 4 times a day
  - Use larger diaper
  - Apply zinc-based cream (Zynaderm) if available
- ▶ Allergic / contact rash:
  - Wash with mild soap and water
  - Avoid scratching
  - Apply cool compresses
- ▶ Apply oatmeal compress:
  - Boil oatmeal. Keep the water and let it cool
  - Soak a clean cloth (compress) in the oatmeal water
  - Apply the compress to the skin for 15 minutes
  - Dry the skin with a clean cloth
  - Leave open to air
  - Take anti-itch medication (Benadryl) if available

## Call nurse if

- ▶ Fever
- ▶ Bubbles on the skin
- ▶ Rash involves eyes, mouth or genital area
- ▶ Rash is all over the body
- ▶ Wound is oozing, pus/discharge
- ▶ Not better after 2-3 days of self-treatment

---

## Events

- ▶ Skin is red, swollen, hot, painful
- 

## Key questions

- ▶ Any abscess, discharge, pus?
  - ▶ Is the person diabetic?
  - ▶ Fever?
- 

## What to do

- ▶ Clean the area with soap and water
    - If abscess, put a warm compress over it
    - If you can see pus leaking, can gently press to let pus come out
    - If the skin is open, cover with a sterile dressing
    - Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- 



## Call nurse if

- ▶ Fever
- ▶ Redness/swelling/pain are getting worse
- ▶ Lump is bigger than an egg
- ▶ They have diabetes, cancer, or their immune system is weak

**SKIN INFECTION –  
ABSCESS (LUMPS) 71**

# INGROWN TOENAIL 72

## Events

- ▶ The edge of a toenail grows into the skin

## Key questions

- ▶ Any trauma?
- ▶ Pus?
- ▶ Redness?
- ▶ Swelling?
- ▶ Fever?
- ▶ Do they have diabetes?

## What to do

- ▶ Soak the feet in warm water and soap for 15 to 20 minutes three times a day
- ▶ Do not cut the toenail any shorter than it is
- ▶ If possible, lift the edge of the nail and place cotton, dental floss or a splint underneath
- ▶ Put antibiotic ointment on the tender area and bandage the toe if available
- ▶ Wear shoes that fit properly (avoid tight shoes)
- ▶ Treat the pain with Ibuprofen (Motrin) and/or Acetaminohen (Tylenol)

## Call nurse if

- ▶ Not better after 2 days of self-treatment
- ▶ Fever
- ▶ The person has diabetes



---

## Events

- ▶ Contact with plant, detergent or other chemicals, insect bites

---

## Symptoms

- ▶ Itchy rash, lumpy patches, hives

---

## Key questions

- ▶ What caused the reaction?
- ▶ Where is the rash?
- ▶ Is it in one spot or spread out?
- ▶ Is there any swelling?
- ▶ Do they have swollen lips or tongue?
- ▶ Difficulty breathing?
- ▶ Any medication taken recently?
- ▶ Any fish, shellfish, nuts, other particular/unusual food?
- ▶ Potential skin irritant (chemical, bug bites)?

---

## What to do

- ▶ Avoid the suspected cause if possible
- ▶ Apply cold compresses to skin to relieve the itchiness
- ▶ Don't rub or scratch the skin
- ▶ Benadryl or Reactin may help if available

## Call nurse if

- ▶ Severe anaphylaxis reaction (p. 41)
- ▶ Swelling of the lips or tongue
- ▶ Difficulty breathing
- ▶ Vomiting or diarrhea
- ▶ Fainting, chest pain
- ▶ Drooling
- ▶ Not better after 24 hours of self-treatment



# ALLERGIC SKIN REACTION 73





### Call nurse if

- ▶ For all animal or human bites

## HUMAN OR ANIMAL BITES

### Key questions

- ▶ What kind of animal?
- ▶ Is the animal known/domestic?
- ▶ Is the animal vaccinated against rabies?
- ▶ Is the animal acting normally?

### What to do

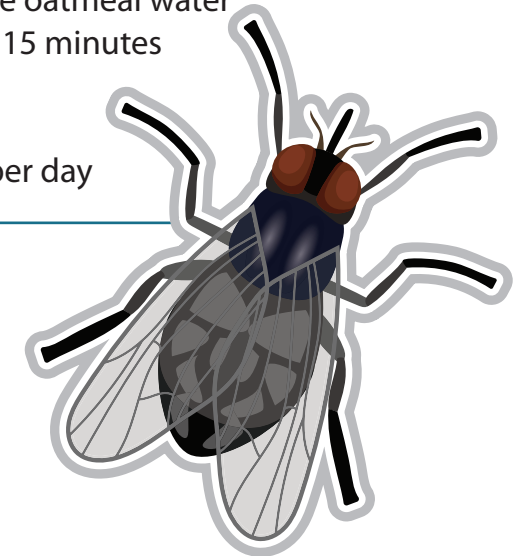
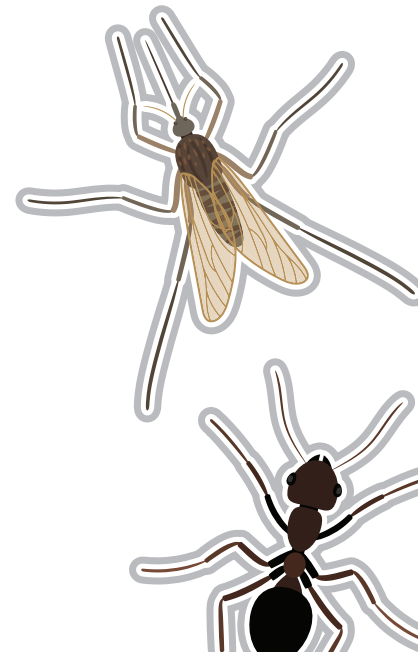
- ▶ Apply pressure and elevate the limb to stop bleeding
- ▶ Wash the wound very well with soap and water
- ▶ Apply antibiotic ointment if available
- ▶ Cover with a clean bandage.  
See wound care (p. 45)



## INSECT BITES

### What to do

- ▶ Wash the insect bite with soap and water
- ▶ Boil oatmeal. Keep the water, and let it cool down
- ▶ Soak a clean cloth (compress) in the oatmeal water
- ▶ Apply the compress to the skin for 15 minutes
- ▶ Dry the skin with a clean cloth
- ▶ Leave open to air
- ▶ Repeat steps 3 to 5, up to 4 times per day



## Sunburn

- ▶ Prevent further exposure to sun (staying in the shade, wearing a hat, long sleeves, etc.)
- ▶ Apply sunscreen before sun exposure
- ▶ Apply calamine cream to sunburn area if available

## Events

- ▶ Exposure to sun
- ▶ Exposure to chemical product, or excessive heat

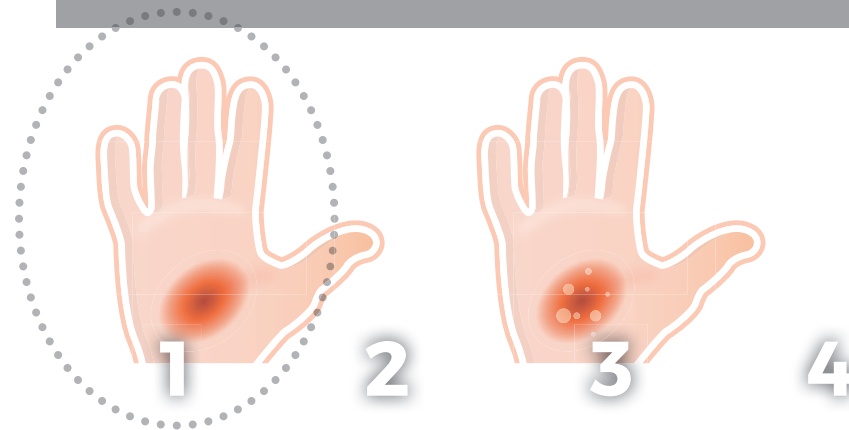
## Key questions

- ▶ What caused the burn?  
(Chemical product, oil, boiling water, fire, etc.)
- ▶ What body part(s)?  
(Hand, arm, leg, trunk, face, etc.)

## What to do

- ▶ Wash your hands with soap and water
- ▶ Rinse area with large amount of drinkable water
- ▶ Keep burned area clean
- ▶ Make sure the person drinks well to stay hydrated
- ▶ Treat the pain with Acetaminophen (Tylenol) and Ibuprofen (Motrin)

## DEGREE OF SKIN BURNS



## Call nurse if:

- ▶ Blisters (sign of more severe burn (p. 76))
- ▶ Signs of infection (p. 71)

# MILD BURNS - SUNBURN

(1st degree) **75**

# MORE SEVERE BURNS 76

(2nd degree and more)

**Always call the nurse!**

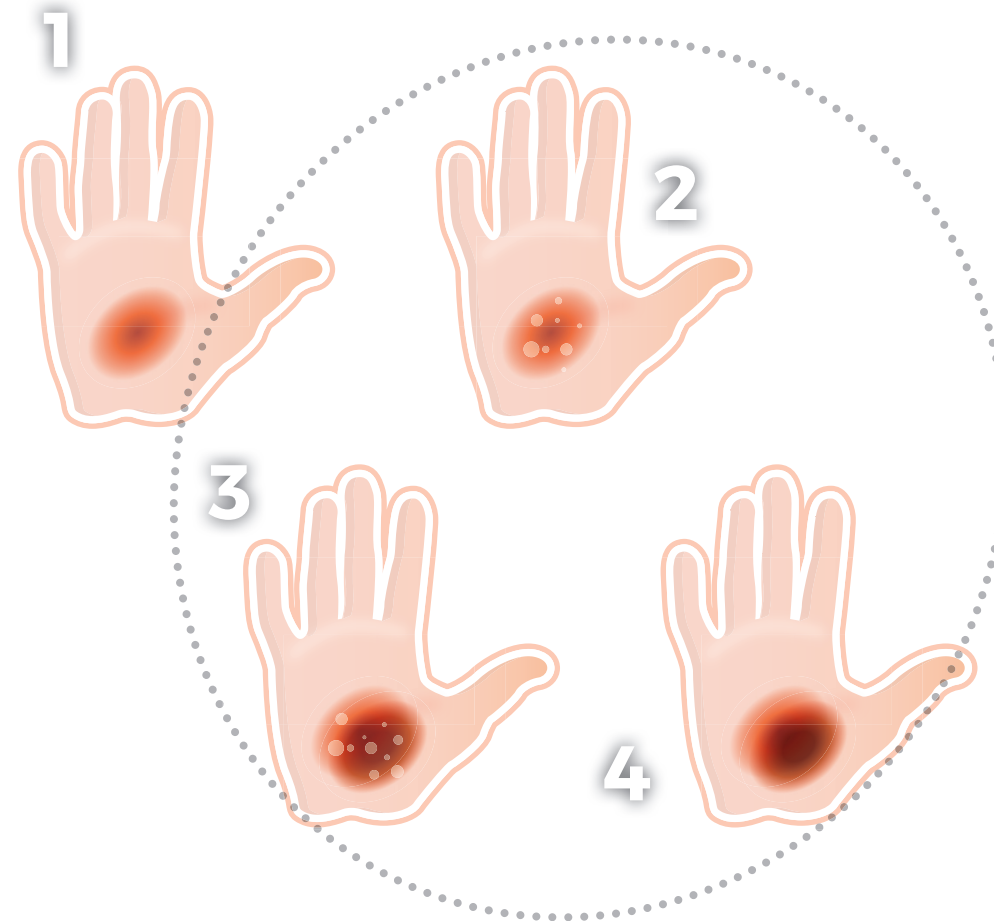
## The person has a burn with

- ▶ Blisters
- ▶ No feeling when you touch it

## What to do

- ▶ Clean your hands, wear gloves
- ▶ Rinse burn area with large amounts of drinkable water
- ▶ If the clothes are stuck to the burnt skin, do not take them off
- ▶ Apply sterile dressings to burn area
- ▶ Treat the pain with Acetaminophen (Tylenol) and Ibuprofen (Motrin)
- ▶ Make sure the person drinks a lot of water to stay hydrated. Urine should be clear or light yellow

## DEGREE OF SKIN BURNS



## Observations

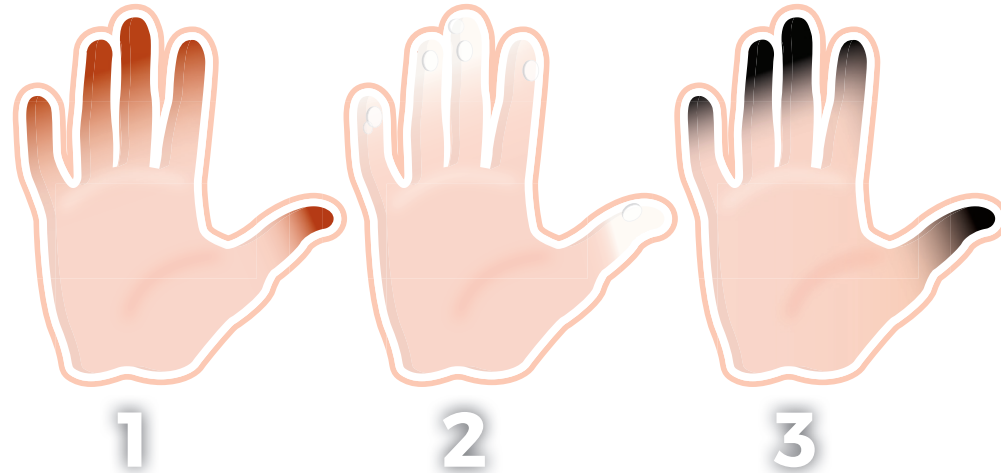
- ▶ Skin color: Normal? Red? Pale? Darker (purple/black)?

## What to do

- ▶ Bring them into a warm environment
- ▶ Rewarm the injury in lukewarm water for 15 minutes
- ▶ Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ **Do not** walk on feet that have frostbite
- ▶ **Do not** break blisters (bubbles that have formed)

## Call nurse if

- ▶ There are bubbles, blisters, purple or black skin
- ▶ Hypothermia (p. 38-39)





# ABDOMEN

▷ s p ñ



## Key questions

- ▶ Where is the pain?
- ▶ Is the pain on/off or always there?
- ▶ What kind of pain is it? (burning, stabbing, cramping, etc.)
- ▶ When was the last stool (poo)?
- ▶ What color are the stools (if able to see)?
- ▶ Do they have fever / chills?
- ▶ Do they have diarrhea, constipation?
- ▶ Are they vomiting?
- ▶ Is it possible they could have swallowed an object (e.g.: battery)?
- ▶ Do they have pain when passing urine?
- ▶ Does she have abnormal vaginal discharge?
- ▶ Is she pregnant or might be pregnant?
- ▶ Does she have vaginal bleeding?
- ▶ Do they cough or have trouble breathing?
- ▶ Do they eat, drink, sleep normally?
- ▶ Do they act normally?

## What to do

- ▶ If minor cramps with diarrhea and vomiting, See maintaining hydration (p. 83)
- ▶ If minor cramps with constipation, see Constipation (p. 80)
- ▶ If minor cramps without diarrhea/vomiting/constipation, eat light food, drink well, rest
- ▶ Control pain with acetaminophen (Tylenol) if needed

## Call nurse if

- ▶ Severe pain
- ▶ Trauma, accident
- ▶ Possibility of pregnancy (late period) with abdominal pain
- ▶ Swelling of the abdomen
- ▶ Pain continues for more than 48 hours



# STOMACH PAIN 79



## Events

- ▶ No stool for 3 days or 1 day more than normal habit with hard stools and abdominal discomfort

## Key questions

- ▶ When was the last bowel movement?
- ▶ Is there any abdominal stomach pain? (p. 79)
- ▶ Are they vomiting?
- ▶ Do they eat, drink, sleep normally?
- ▶ Do they act normally?

## What to do

- ▶ Babies under 4 months:
  - 2 to 3 teaspoons real fruit juice mixed in baby formula
  - Exercise: moving baby's leg
  - Gentle abdominal massage
  - If breastfed, think about mother's diet
- ▶ Babies from 4 months to children under 5 years old:  
Real fruit juice
- ▶ Children over 5 years to adult age:
  - Encourage walking
  - Drink well, stay hydrated
  - Eat foods that help eliminate (whole wheat bread, fruits, beans and lentils)



## Call nurse if

- ▶ Constipation with vomiting
- ▶ Diarrhea mixed with hard stool
- ▶ Not better after 2 days of self-treatment

# Always call the nurse!

## Key questions

- ▶ Did they take any blood thinners?
- ▶ Do they have diarrhea?
- ▶ Is there blood inside the stools (if able to see), or just at the end on the toilet paper?
- ▶ Are there blood clots?
- ▶ Do they have hard stools / constipation?
- ▶ Are the stools black (if able to see)?
- ▶ Are the stools bright red (if able to see)?
- ▶ Do they have rectal pain when they go?
- ▶ Do they vomit blood?
- ▶ Do they have stomach pain? (p. 79)

## What to do

- ▶ Stay hydrated. Avoid dairy
- ▶ Treat constipation (p. 80) if needed





# VOMITING AND DIARRHEA 82

## Key questions - vomiting

- ▶ How many times a day?
- ▶ Do they have fever / chills?
- ▶ Do they have abdominal pain?
- ▶ Do they have violent vomiting?
- ▶ Are they constipated? (p. 80)
- ▶ Do they have cold symptoms? (hoarse voice, sore throat, runny nose, painful swallowing, etc.)
- ▶ Do they have a rash?
- ▶ Do they have urine problems? (p. 85)
- ▶ Do they have a headache?
- ▶ Are they teething? (babies)
- ▶ Are they vomiting blood?
- ▶ Does the vomit look like black coffee grounds?
- ▶ Did they hit their head?
- ▶ Did they take pills or poison?
- ▶ Do they act normally?

## What to do

- ▶ Maintain hydration (see p. 83)

## Key questions - diarrhea

- ▶ How many times a day?
- ▶ Do they have blood in stools or black stools (if able to see)?
- ▶ Do they have fever or chills?
- ▶ How many times a day do they pee?
- ▶ Do they have saliva?
- ▶ Do they have tears when they cry? (babies)
- ▶ Are they thirsty?
- ▶ Are they hungry?
- ▶ Do they act normally?
- ▶ If they are diabetic, what is their blood sugar?



## Call nurse if

- ▶ Dehydration (not peeing, drowsy, dry lips and mouth, sunken eyes)
- ▶ Blood in the vomit or in the stools (p. 81)
- ▶ Fever
- ▶ Not better after 2 days of self-treatment

Start replacing lost liquid when vomiting stops. Drink small quantity slowly at first. Hydration is the priority.

### BABIES WHO DO NOT EAT YET

<b>Breastfed</b>	Keep breastfeeding as usual	Give 2-3 ounces (60-90 mL) of Gastrolyte (blue 21) in between each feeding
<b>Bottlefed</b>	Stop giving formula	Give every half hour or hour, 2-3 ounces (60-90 mL) of Gastrolyte (blue 21)

### BABIES WHO EAT SOLID FOOD

<b>Breastfed</b>	Keep breastfeeding. Stop giving solid food	Give 2-3 ounces (60-90 mL) of Gastrolyte (blue 21) every half hour or hour
<b>Bottlefed</b>	Stop giving formula and solid food	Give 2-3 ounces (60-90 mL) of Gastrolyte (blue 21) every half hour or hour

### CHILDREN TO ADULT

- Avoid milk and fatty food for a few days
  - Progressive diet: Day 1 = liquid, Day 2 = light, Day 3 = regular
  - If diarrhea: eat constipating food: white rice, white bread toast, bananas, apple sauce
- Give 2-3 ounces (60-90 mL) of Gastrolyte every half hour or hour

## How to prepare homemade rehydration drink

- ▶ Boil 650 mL (22 ounces) of water
- ▶ Let it cool down
- ▶ Mix with 350 mL (12 ounces) of **unsweetened** orange juice
- ▶ Add ½ teaspoon of salt
- ▶ Shake or stir to mix well

## How to prepare Gastrolyte

- ▶ Empty contents of one Gastrolyte pouch (blue 21) into a bottle
- ▶ Add 200 mL (7 ounces) of cooled boiled water
- ▶ Shake or stir to mix well

STAYING  
HYDRATED 83





# Always call the nurse!

## Symptoms

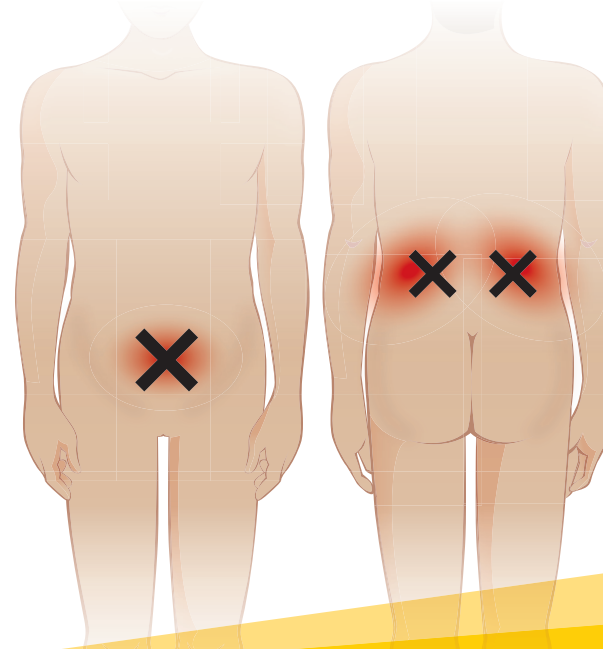
- ▶ Lower abdominal pain
- ▶ Burning sensation when peeing
- ▶ Sensation of having to pee often

## Key questions

- ▶ Where is the pain? Lower abdomen? Back? Side?
- ▶ Do they pee more often, less often?
- ▶ Is there blood in the urine?
- ▶ Does the urine smell bad?
- ▶ Do they pee more often at night?
- ▶ Do they vomit?
- ▶ Do they eat, drink normally?
- ▶ Do they sleep normally?
- ▶ Do they act normally?
- ▶ Do they have fever?

## What to do

- ▶ Check the temperature
- ▶ Treat the pain with Ibuprofen (Motrin™) or Acetaminophen (Tylenol™)
- ▶ Drink a lot of water



URINARY PROBLEM 85



---

## Symptoms

- ▶ Vaginal pain, itchiness
- ▶ Change in color/amount/smell of vaginal discharge

---

## Key questions

- ▶ Antibiotic used recently?
  - ▶ Unprotected sex recently?
  - ▶ Change in soap?
  - ▶ Diabetes? Is the sugar well controlled?
- 

---

## Observations

- ▶ Change in color, smell of vaginal discharge.

---

## What to do

- ▶ Proper hygiene
  - ▶ Use condom during sexual activities
- 

## Call nurse if

- ▶ Not better after 2 days of self-treatment



### Who is injured or sick?

Name .....

Date of birth .....

Where is the camp located? .....

### Is the person known to have:

- Heart problems
- Diabetes (sugar problems)
- High blood pressure
- Breathing problems
- Drug allergies
- Other

### Medications

.....  
.....

### Event

Why are you calling? .....

What happened? .....

When did it start? .....

What did you do? .....

### Answers to key questions (Refer to Cree Medical Bush Kit Manual for specific health problem):

.....  
.....  
.....

# PREPARING AND GIVING MEDICATION



**Who is injured or sick?**

Name .....

Date of birth .....

Where is the camp located? .....

**Is the person known to have:**

- Heart problems
- Breathing problems
- Diabetes (sugar problems)
- Drug allergies
- High blood pressure
- Other

**Medications**

.....  
.....

**Event**

Why are you calling? .....

What happened? .....

When did it start? .....

What did you do? .....

**Answers to key questions** (Refer to Cree Medical Bush Kit Manual for specific health problem):

.....  
.....  
.....



## Who is injured or sick?

Name .....

Date of birth .....

Where is the camp located? .....

## Is the person known to have:

- Heart problems
- Diabetes (sugar problems)
- High blood pressure
- Breathing problems
- Drug allergies
- Other

## Medications

.....  
.....

## Event

Why are you calling? .....

What happened? .....

When did it start? .....

What did you do? .....

## Answers to key questions (Refer to Cree Medical Bush Kit Manual for specific health problem):

.....  
.....  
.....

# PREPARING AND GIVING MEDICATION





**Who is injured or sick?**

Name .....  
Date of birth .....  
Where is the camp located? .....

**Is the person known to have:**

- Heart problems
- Diabetes (sugar problems)
- High blood pressure
- Breathing problems
- Drug allergies
- Other

**Medications**

.....  
.....

**Event**

Why are you calling? .....  
What happened? .....  
When did it start? .....  
What did you do? .....

**Answers to key questions** (Refer to Cree Medical Bush Kit Manual for specific health problem):

.....  
.....  
.....

# ACKNOWLEDGEMENTS

The CBHSSJB would like to acknowledge the help and support our partners provided us with throughout the entire process. We would also like to thank everyone who was involved in the making of this manual, for the efforts put into ensuring the safety and health of our people out on the Land.



APATISIWIN ᐱᐱᐱᐱᐱᐱ  
SKILLS DEVELOPMENT





CREE MEDICAL BUSH KIT



ᑕᕋᕋ ᑎᕐᕐᕐ ᑎᕐᕐᕐ ᑎᕐᕐᕐ

NOVEMBER 2019



ᑕᕋᕋ ᑎᕐᕐᕐ ᑎᕐᕐᕐ ᑎᕐᕐᕐ  
 CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES  
 CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

