

“How to Save a Life” - key points from a talk on First Aid, 22nd October 2025

N.B. these are just some of the key points from a fascinating and practically useful talk by Dr Lambert, supported by Dr Williams, at the Falkland Surgery PPG Open Evening on 22nd October 2025. Only the points which can be easily explained in writing are included. The talk also contained a number of practical demonstrations.

1. Dr ABC – key things to remember

The mnemonic Dr ABC contains the advice for the first things to think about in an emergency:

D – danger. Check for danger and protect yourself and others. (E.g. if someone has been electrocuted, can the power be turned off)

R – Response. Talk to the patient to assess the nature and extent of the problem. **Call for help** – call 999. Try to keep calm and speak clearly. If the person is not breathing, that’s the first thing to say. Say where you are, what happened, how many people are injured

A – airway. If necessary, open up the airways by tilting the head back.

B – breathing. Look, listen and feel for normal breathing

C – Circulation. Look for movement. Control bleeding (see below).

Various common emergencies:

2. Choking

- Ask the person if they’re choking – if they can answer, they’re not choking!
- Beware the risk, that someone feels embarrassed so leaves the table (or wherever) so as not to cause a fuss, but then can’t get the help they need.
- Keep the person upright, not lying down.
- Encourage them to cough.
- Don’t try to remove the obstruction, for instance by putting your fingers in their mouth (if something is in the mouth it won’t be what’s causing them to choke)
- If it is not clearing, do 5 firm back blows and 5 abdominal thrusts (not with babies or pregnant women)
- If there is no result, call for help / ambulance
- While waiting for help, alternate the back blows and abdominal thrusts until the obstruction has gone or the patient is unresponsive.
- If unresponsive, start CPR and call 999

3. Bleeding

- Apply pressure on the wound with a clean cloth

- Raise the wound, if possible
- Keep the pressure on until the bleeding stops
- For a nose bleed, squeeze the soft part of the nose just below the bones. Keep up the pressure – if you stop to see whether the bleeding is still there, you are right back at the beginning.
- Do not remove large embedded objects (like shards of glass or metal) – press around them.
- If the person is on blood thinners and has a bang to the head, they should go to hospital to be checked out.

4. Burns

- Cool the burn under cold running water for 20 minutes
- Remove tight items on the burn (but not stuck clothing, which could pull away the skin)
- Cover the burn with a clean, non-fluffy cloth or cling film. Cling film is your friend as it won't stick to the wound
- Get help for deep or large burns

5. Fainting

- If someone is feeling faint, get them onto the floor
- People usually come round from a faint quite quickly (it's easier for the heart to pump blood to the brain while lying down)
- It might be helpful to ask them why they think they have fainted or feel faint
- Lay the person flat and lift their legs
- Loosen clothing
- Check breathing
- If they have not recovered within a minute, call for help

6. Heart attack and cardiac arrest

(A heart attack, or myocardial infarction, is where something like a clot has stopped blood getting to the heart. Cardiac arrest is when the heart stops.)

- A heart attack can manifest itself in many different ways. The classic symptoms are chest pain (often feeling like pressure or squeezing and spreading to the left arm and beyond), shortness of breath, being pale and clammy. For women it is more likely to be tummy or back pain. There is often a 'doom' feeling, that something just isn't right.
- If there are signs of a heart attack, call 999 immediately
- If the person is unresponsive and not breathing normally, start CPR (cardiopulmonary resuscitation).

See this short, entertaining video, with Vinnie Jones, for how to do CPR

<https://www.youtube.com/watch?v=tD2qTmDsiHk>

- You don't need to do the 'kiss of life', and it's not worth trying to check the pulse – for non-professionals, it's too easy in the heat of the moment to miss something or get it wrong.
- Anything you can do is better than nothing.

Using a defibrillator

- To see if there is a defibrillator nearby, search online for 'defib near me'
- It will likely be in a locked box because of vandalism. You will have called 999 for an ambulance and they can tell you how to get the key code
- They are designed to be easy to use by the public. As well as any written instructions, once switched on they will talk to you – very loudly!
- Remember, do not put yourself in danger. For instance, don't use in wet circumstances – water and electricity don't mix well!
- You will be instructed to stick the pads to particular places on the person's chest. You may need to remove clothing or even shave hair, to ensure they stick.
- **Don't worry about a risk of doing harm** – the machine will decide if the patient needs a shock, and will only then deliver one. (If it does, it will tell you to stand clear.)

For further details on using a defibrillator see this guidance from St John Ambulance:

<https://www.sja.org.uk/first-aid-advice/how-to-use-a-defibrillator/>

7. Anaphylaxis

(This really benefited from a practical demonstration, but it may still be useful to bear these points in mind)

This is what to do if someone goes into anaphylactic shock and can't use their pen themselves.

- Signs of anaphylactic shock – unable to breath, sweaty, disoriented (seeming as if drunk). There may be a rash or swelling e.g. on the face.
- The pens hold a metered dose of adrenalin.
- Hold the pen in the middle, not the end – there is a risk of stabbing yourself
- Flip off the end of the pen to make it ready – the injection comes from the other end. The needle isn't visible, but will come out when pushing the pen in.
- There are two main types of pen – here's a way of remembering which end has the cap:
 - For 'Epipen' – "blue to sky orange to thigh" (blue is the cap)
 - For 'Jext' – yellow cap and black needle - arrow to thigh

- Jam in to the outer thigh (it can go through clothes, including jeans) and hold for a count of five (to allow the adrenalin to go in)
- The person should go to hospital to be checked out, even if they feel better.