

AHA Recommended Changes for Basic First Aid As of January 2006

While many guidelines from 2000 were confirmed in 2005 and remain unchanged, there are some evidence-based changes being recommended for certain first aid emergencies. These are mentioned below.

Topics	Recommendations for 2006	Reasons for recommendations
Use of oxygen	Insufficient data for or against for first aid use.	Studies done with healthcare providers, not with first aid responders.
Use of asthma inhaler and epinephrine auto-injectors (Epi-pens)	Help victims use their prescribed asthma inhaler or “Epi-pens” if necessary. FA provider can administer “Epi-pen” if trained and permitted by state law.	Unlikely to cause harm in someone having breathing difficulties from allergic reaction or asthma - may prevent life-threatening complications or death.
Wounds and abrasions	Wash wounds and abrasions with clean running water for 5 minutes or longer until clear of foreign matter. Apply antibiotic ointment or lotion for abrasions or superficial wounds.	Flushing the wound with clean water clean wound, decreases risk of infection and promotes healing. Small superficial wounds appear to heal better with antibiotic creams or lotion.
Stabilization for neck or spine injury	Place your hands on each side of the head to stabilize the neck (use no immobilizing devices). Use the head-tilt, chin lift airway maneuver if needed to maintain an airway. If you <u>have to leave</u> an unresponsive victim, extend one arm above head and roll the victim to that side so the head rests on the extended arm, bending the legs as needed for stability.	Immobilization devices are often applied incorrectly and can interfere with airway openings. Jaw thrusts can move the injured spine. This “recovery position” supports the head and neck while maintaining an open airway if you must leave the victim.
Avulsed tooth (knocked-out tooth)	If possible, flush the tooth socket with water and use direct pressure to control any bleeding. Hold the tooth by the crown only to avoid trauma to the root (part that was in the gum) and place in cold milk. Seek dental help as soon as possible.	Placing the tooth in milk may help preserve the tooth until emergency dental help is received. Do not try to reinsert the tooth for it may injure the site or harm the tooth.

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Topics (cont.)	Recommendations for 2006	Reasons for recommendations
Snakebites	When a victim is bitten by an elapid (coral) snake, wrap the entire extremity snugly (allows 1 finger to slip between bandage and skin) with an elastic bandage for immobilization and constriction. Insufficient evidence for wrapping limb for non-elapid snakebites.	Wrapping the entire limb allows less venom uptake. Direct suction shows no benefits and may cause tissue harm.
Cold emergencies	For hypothermia, move the victim to a warm environment, remove wet clothing and wrap exposed body in blankets or dry clothing. Active warming for hypothermia and frostbite should be done at a medical facility and there is no chance of refreezing.	Rapid re-warming is best done within a medical facility due to potential complications.
Poisoning	Call Poison Control Center - do not give <u>anything</u> by mouth unless advised to do so by the center for ingested poisons. For chemical poisons, brush the poison off skin immediately and wash skin well with running water.	Unless advised by the Poison Control Center, there is little benefit shown to give milk, syrup of ipecac or activated charcoal and may increase the risk of aspiration or tissue damage from vomiting.