

A Practical Guide to Everyday Self-Care

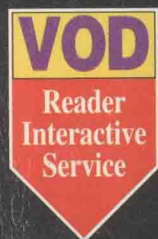
THE BOOK OF Vitality[®]



A one-stop resource
your family will use
every day for more
effective self-care
and informed
decision-making

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of concise, plain-
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- ▶ Easy at-a-glance
decision guides
for medical care
- ▶ Provides both
adult and child
procedures for
over 80 common
conditions
- ▶ Menus for free
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A Practical Guide to Everyday Self-Care

THE BOOK OF **Vitality[®]**

With 130 illustrations and 25 color photographs

 **Mosby**
Great Performance



Park Nicollet
Medical Foundation

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INTRODUCTION

The Book of Vitality: A Practical Guide to Everyday Self-Care comes at a time when the field of health care is undergoing tremendous change. Almost everyone agrees, however, that affordable, easily available, high quality health care is a priority. Yet, to achieve this goal we all must participate in the change. For health care organizations, this means developing medical guidelines and continually measuring the quality of care being delivered. For you, the consumer, it means becoming an active partner in understanding health care options and making informed choices. This guide will help you do just that.

The Book of Vitality is based on information gathered from many sources. The Park Nicollet Medical Foundation, a national leader in health care research, developed 100 medical guidelines that served as the core of advice for this book. In addition, the work of quality improvement teams from The Institute for Clinical Systems Integration—including experts from Park Nicollet, Group Health, and the Mayo Clinic—went into developing *The Book of Vitality*. Nationally published references such as the guidelines from the U.S. Preventive Services Task Force, the Agency for Health Care Policy Research, the U.S. Office of Technology Assessment, and the National Institute of Medicine were also used. The advice of these highly respected sources was reviewed and organized to produce an easy-to-use reference

that will help you make truly informed health care choices.

Studies show that when people know more about their health, they make better health decisions. They know which problems are serious and require a doctor's attention and which they can treat at home with self-care techniques. Up-to-date, reliable health information also influences how people feel about their experience at the doctor's office. This is important because when patients feel satisfied with the care they get, they are more likely to follow their doctor's instructions. *The Book of Vitality* was written to give you the kind of information you need to take an active part in your care. The more you know about your health, the more involved you can be in your care and the better the overall result of your health care experience will be.

What Are Health Care Guidelines?

Health care guidelines are summaries of the current best information about how to treat a particular health problem. They tell the health care provider when, how, and why to treat the problem. When doctors and other providers use guidelines consistently, they get better results from the care they give because they know they are making the most effective choices.

Guidelines are developed using the best scientific research. Typically, a guideline is developed by a team of experts who analyze the collected research on a particular topic and recommend the best course of treatment. Since busy health care professionals often struggle to keep up with mountains of new information, guidelines offer a valuable tool by summarizing the most current information and the best way to practice.

Guidelines reduce variation in medical practice. It will never be possible or desirable for a doctor to treat every patient in exactly the same way. The same health problem in two different people will appear slightly differently because of each individual's personal history and characteristics. Too much variation, however, can be inefficient and even harmful. Guidelines help reduce these effects.

Guidelines improve the quality of health care. Guidelines can act as a yardstick to measure how well a treatment is working. Providing feedback to doctors and clinics about what is effective and what's not leads to better care in the end.

Guidelines help doctors and patients share decisions. Medical guidelines provide a basis for discussion between you and your health care provider. In some cases, the available information provides a straightforward argument for or against a certain treatment. But in many cases, the choice is not so clear. In these instances, your opinions and preferences as a patient become especially important in choosing the direction your treatment will take. You and your doctor will have to take into account the medical information as well as your values, beliefs, and preferences in deciding on the best approach for you.

What Sets *The Book of Vitality* Apart from Other Guides?

The Book of Vitality differs from other home medical references in several ways:

- Studies show that the overwhelming majority of calls for medical advice deal with 40 common conditions. This manual focuses on answering your questions about these recurring health problems.
- People want clear, simple advice—not boring facts. In this book the discussion of each problem ends with an easy-to-follow decision guide to let you know when to try self-care steps and when to seek medical treatment.
- The advice in *The Book of Vitality* is based on proven, scientific evidence drawn from actual clinical experience.
- The illustrations in *The Book of Vitality* are valuable visual aids to help you better understand the condition or perform self-care techniques.
- *The Book of Vitality* includes 25 color photographs to help you identify common skin problems.
- Throughout the book, real people describe in their own words their health care problems and how they handled them.

How Is This Guide Organized?

Section One of *The Book of Vitality* gives advice on handling emergencies and urgent problems. You will need to contact your health care provider in all emergency situations, but the information found here will help you make decisions until you get professional care. It will also help you determine the severity

of the problem: whether you need to go to the hospital emergency room or whether an urgent care center will do.

Section Two, “Self-Care for Common Problems,” gives you a basic understanding of common health problems emphasizing doctors’ advice that you can use at home. For most people, however, the greatest concern is not everyday aches and pains, but chronic health problems. These are covered in **Section Three, “Living with Chronic Health Problems.”**

Section Four, “Preventing Health Problems,” discusses the prevention steps you can take to keep yourself healthy. **Section Five, “Health Care Consumers and Shared Decisions,”** reflects the belief that providers and consumers need to be equal partners in the health care team. Ultimately, your knowledge, actions, and beliefs have more to do with your future health than anything the medical system has to offer.

We hope that you will rely on this guide to care for minor problems and make informed health care decisions. But, like any manual of this kind, it should not be considered a substitute for quality medical care from your doctor or other health care provider. Also, consider your own health history and medical condition when reading the advice presented here and check with your own provider if you are not sure the self-care tips apply to you.

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SECTION ONE

EMERGENCIES AND URGENT CARE



USING THE EMERGENCY ROOM

When you or someone you love is sick, it isn't easy to wait for relief. People often rush to the hospital emergency room with the flu, earaches, sore throats, colds, and the like. Although the emergency room can treat almost anything, some visits may not be covered by your insurance company. The arrival of a hospital bill can be a shock.

Making Sure You're Covered

So how do you get the best possible care while avoiding unnecessary costs? And how do you know if you should use the emergency room?

Life-threatening conditions, brought on by sudden illness or accidental injury, that require immediate treatment to prevent serious harm are always covered. In such cases, you can go right to your insurance plan's hospital emergency room without first speaking to a plan doctor. If your condition is so serious that traveling to a plan health site might endanger your health, go to the nearest hospital.

Some examples of life-threatening conditions that would send you to an emergency room are:

- Uncontrollable bleeding from a wound (see Cuts, p. 16)
 - Loss of consciousness or confusion, especially after a head injury (see Head Injuries—Adult, p. 23, and Child, p. 25)
- This list is not complete. Consider the patient's health and past medical problems when weighing the urgency of the situation.** When in doubt, the best way to know if you should go to the emergency room is to speak with your doctor first. Emergency room treatment for non-life-threatening conditions is usually covered if a plan doctor approves the visit first.
- Many clinics have doctors on call after hours. Often your plan doctor, the on-call doctor, or a clinic nurse can give you advice on how to reduce your discomfort, or how to arrange to see a doctor if necessary. When the clinic is closed, on-call doctors can usually be reached through their answering services at the clinic's regular phone number.
- #### When You Just Can't Wait
- Some clinics have urgent care centers with day, evening, and weekend hours to treat patients with non-life-threatening illnesses or injuries that need prompt attention. Even minor broken bones and wounds requiring stitches can—and should—be treated in the clinic or an urgent care center. **You should promptly treat fractures and wounds requiring stitches. When the clinic and urgent care centers are closed, go to the emergency room.** And, often
- Chest pain or shortness of breath, which could be symptoms of heart attack (see Chest Pain, p. 85)
 - Acute appendicitis or severe abdominal pain (except for constipation or menstrual cramps), especially after an injury (see Abdominal Pain, p. 41)

you can use any urgent care center that is covered by your insurance company, whether or not you regularly go to that clinic.

When possible, however, the best bet is to see your regular doctor. He or she can best coordinate your total health care and follow up illnesses and injuries.

Keeping the Costs Down

By using clinic, urgent care center, and emergency room services appropriately, you can get the best care and lower your health care costs. The copayments for emergency room care—if your benefit plan requires them—are usually much higher than the copayments for urgent care center services. Clinic copayments—if your benefit plan requires them—are usually lower still.

The Choice Is Yours

In the end, you are the one who must decide where you will seek treatment and if the extra cost of an emergency room visit that isn't covered is worth it to you. Some situations where emergency room services are covered *only* if first approved by a plan doctor are:

- Earaches, sore throats, colds, flu, upper-respiratory infections, viruses, fever, strep throat, and headaches
- Slight injuries such as bruises and abrasions that do not require stitches
- Abdominal pain from simple constipation or menstrual cramps
- Sprains and cuts that occur during clinic or urgent care center hours

This list is not complete. Consider the patient's health and past medical problems when evaluating the urgency of the situation.

HOW TO USE THE DECISION GUIDES

The **Decision Guides** found throughout this book can help you make decisions about the best course of treatment when you are ill. If you still have doubts after using the guides, seek medical advice.

Decision Guides Are Not for Infants

The decision guides do not apply to infants under 3 months old. Always seek your health care provider's advice if you are concerned that your infant is seriously sick.

The Decision Guide Symbols

The symbols offer a general guide to how and when to seek care:



Use self-care Symptoms can usually be treated at home. If symptoms persist you should call your health care provider for advice.



Call doctor's office for advice Symptoms may be treated at home or they may require a visit to your health care

provider. Usually, you and your health care provider need to share additional information about your condition to decide what is best for you.



See doctor Symptoms need to be evaluated by a health care provider. As you call to make an appointment, your provider will help you determine how soon you need to be seen.



Seek help now Symptoms in this category are serious and should usually be seen within less than 2 hours. Depending on your health insurance, you may choose to call your health care provider to determine if you should be seen in the doctor's office, in an urgent care center, or in the emergency room.



Emergency, call 911 Symptoms in this category are life threatening and require immediate medical treatment.

EMERGENCIES AND FIRST AID

Self-care education offers recommendations about caring for illnesses by yourself. *All true emergencies need to be treated by an appropriate medical professional.* The self-care guidelines in this section are only appropriate for use when medical professionals are not immediately available and before you can get to an emergency room. This section offers advice on how to assess the needs of an accident victim, how to offer life support if needed, and when to offer first aid.

Learning first-aid skills is your first step in being prepared to help keep emergency victims alive or knowing how to keep injuries from getting worse. Many communities have American Red Cross agencies that offer first-aid classes. First-aid instruction also is often available through community education programs or local community colleges and universities. These first-aid courses teach you how to identify medical emergencies; understand causes, symptoms, and signs of injuries; and apply first aid. The more you know about first aid, the more likely you are to stay calm when helping yourself or someone suffering from an accident.

Before trying to help someone who is hurt, you should always ask his or her permission or the permission of a guardian. You are legally protected for trying to help someone if you do so in good faith and are not guilty of willful misconduct. Legally, you can assume you have the victim's consent to help if the victim is unconscious or so badly hurt that he or she cannot give permission.

Many diseases can be spread through contact with the blood of an accident victim. These infections do not penetrate intact skin, but you may have cracked or scratched skin that is vulnerable.

Latex gloves offer the best protection if you are giving first aid. Otherwise, keep plastic wrap, several layers of gauze pad, or other barriers between you and the blood of the victim.

Along with first aid advice, this section helps you decide when to go to an urgent care center versus the emergency room. Review this information before an accident occurs so that you are prepared to make the best decision at the time.

FIRST-AID SUPPLIES

Also see Equipping Your Home for Self-Care, p. 40.

First-aid kits should have everything you might need in an emergency. Keep them organized and in an easy to find place in your home and vehicles.

Check your first-aid kits periodically to be sure they are well stocked and up-to-date. Discard and promptly replace any outdated medicine or ointment. Store your first-aid kit on an upper shelf out of reach of small children. Don't store in a hot or cold area, or in a bathroom. You can buy complete first-aid kits from a drug store or medical supply outlet.

Everyday items that can be used in an emergency

- Disposable or regular diapers for compresses, bandages, or padding for splints
 - Sanitary napkins (same uses as above)
 - Magazines, newspapers, or umbrella for use as a splint for broken bones
 - Clean dish towel, scarf, or handkerchief for bandages or slings
 - Table leaf or old door for stretchers
- Note: Do not move people with head and neck injuries unless they are in a life-threatening situation.*

**STOCKING YOUR OWN
FIRST-AID KIT**

To assemble your own complete first-aid kit, place a copy of this book in a small tote bag or sturdy, easily carried box, along with the following items:

Dressings

- Adhesive bandage strips (assorted sizes)
- Butterfly bandages
- Elastic bandages, 2 or 3 inches wide
- Adhesive dressing tape
- Sterile cotton balls
- Sterile eye patches
- Sterile gauze pads, 4 by 4 inches
- Sterile nonstick pads for use with sterile gauze pads
- Stretchable gauze, one roll
- Triangular bandage for sling or dressing cover

Instruments

- Bulb syringe to rinse eyes or wounds
- Sharp scissors
- Tweezers

Medication

- Antiseptic ointment
- Antihistamine tablets for allergic reactions
- Aspirin or acetaminophen. Do not give aspirin to children under age 16.
- Syrup of ipecac to induce vomiting. Follow directions of poison control center or health care provider.

Miscellaneous items

- Airtight packages of hand wipes
- Candle and waterproof matches
- Instant chemical cold packs
- Cotton swabs
- Disposable latex gloves
- Flashlight—remove batteries to prevent corrosion and/or accidental discharge
- Paper and pen or pencil
- Soap
- Tissues
- Safety pins
- Blanket
- Sterile eye wash and/or plastic cup

Special needs items

- Adrenaline or epinephrine, insulin and sugar, or nitroglycerin

ALLERGIC REACTIONS

For Allergic Reactions, see p. 148.

BITES

For Insect Bites, see p. 29; for Snakebites, see p. 38.

Human Bites

Human bites happen more often than you think and are usually done by children while playing or fighting. Infection often results due to the amount and type of bacteria in the human mouth. If a human bite breaks the skin, thoroughly wash the area, then see your doctor.

One of the most frequent human bites is the result of a person punching someone in the mouth and then discovering that the skin over the knuckles has been broken by the intended victim's teeth.

The possibility of AIDS being spread through the bite of an HIV-infected person is considered extremely unlikely. To date there have been no documented examples of HIV transmission through biting.

SELF-CARE STEPS FOR HUMAN BITES

- Check for bleeding if you have a human bite. If the wound is bleeding, apply direct pressure and try to raise the wound above heart level. Wash it vigorously with mild soap and a wash cloth under running water for at least 5 minutes.

- Check to be sure you've received a tetanus booster within the last 10 years. A booster for



tetanus is recommended more often, maybe every 5 years, if you have ever had a serious open wound. Watch the wound site closely for signs of infection, and see your health care provider immediately if you have been bitten hard enough to penetrate the skin or if you have any of the signs or symptoms listed in the Decision Guide for Infected Wounds, p. 28.

Animal Bites

More than 2 million dog bites resulting in puncture wounds or cuts are reported each year. Half of the victims are children. Millions of bites and nips from other animals are believed to go unreported.

Animal bites raise three concerns: bleeding, the possibility of viral infections like rabies, and the possibility of

bacterial infections like tetanus. Animal bites that break the skin often cause bacterial skin infections. Cat bites are generally more likely to cause infection than dog bites.

Perhaps the best way to treat an animal bite is in advance, before you are bitten. Avoid wild animals, especially if they let you approach. Don't pester unfamiliar dogs or cats or attempt to pet them if they appear at all unfriendly.

SELF-CARE STEPS FOR ANIMAL BITES

- Wash all animal bites vigorously with soap and under running water for 5 minutes, even if they have not bled. Apply an antiseptic ointment (bacitracin, Neosporin) to shallow puncture wounds, and watch for signs of infection. Deep puncture wounds, especially cat bites, carry a greater risk of infection and should be treated immediately by your health care provider.



- The main carriers of rabies are wild animals—especially skunks, raccoons, bats, and foxes. Rabid animals act strangely, attack without provocation, and may drool or foam at the mouth. If a pet has bitten you, the animal needs to be confined and watched for 10 days to see if it develops rabies symptoms.

- It is very important to catch and confine any wild animal that has bitten you, so it can be evaluated for rabies. (Call the animal control office, police or sheriff's department for help with animals.) Capture the animal alive if you can safely

do so without risking further injury or, if necessary, kill the animal but do not damage its head. Save the carcass in the refrigerator (or freezer) until it can be turned over to health department officials for examination. For information after hours, check to see if there is a rabies hotline in your area.

Call your health care provider if:

- Any wild animal bites you.
- A strange dog or any cat bites you.
- The animal owner has no vaccination records.
- You are concerned that the animal is ill, or if the bite was not provoked.
- Your tetanus shots aren't up-to-date (every 10 years, or every 5 years if you have ever had a serious open wound).
- Any sign of infection appears (see Decision Guide for Infected Wounds, p. 28).
- The bite is severe, especially on the face or hand.

BURNS

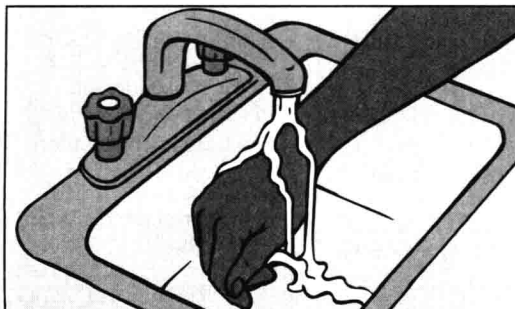
For Chemical Burns, see p. 9; for Electrical Burns, see p. 18.

Burns occur when the skin touches hot surfaces, liquids, steam, or flame (also see Chemical Burns, p. 9, and Electrical Burns, p. 18). Skin burns are graded by degree. The higher the number, the more severe the burn. **First-degree** burns are slight burns affecting the top portion of the skin. Symptoms include redness, pain, and minor swelling.

Second-degree burns affect the top layer of skin and the second layer. These burns cause redness, pain, swelling, and some blisters. Although second-degree burns are probably the most painful burns, most can be treated successfully at home if only a small amount of skin is burned.

Third-degree burns destroy all skin layers and may penetrate deep below the surface of the skin. The damaged skin may be red, white, or charred black. Because there is a lot of nerve damage, there may be no pain and little bleeding. All third-degree burns should be seen by your doctor immediately. Large-area burns, burns that result in a lot of blistering, or serious burns on the hand or face should also be seen.

In **severe burns**, the wound will weep or ooze large amounts of plasma—the clear liquid portion of blood—from damaged blood vessels in the wound area.



DECISION GUIDE FOR BURNS

SYMPTOMS/SIGNS

ACTION

First-degree burn



Second-degree burn



No tetanus booster received within last 10 years or more recently if victim has ever had a serious open wound



Third-degree burn (see Shock, p. 36)



Use self-care



Seek help now



Call doctor's office for advice

For more about the symbols, see p. 2.

SELF-CARE STEPS FOR BURNS



- For fast pain relief, soak a small-area burn in cold water or apply cold, wet compresses. Do not use ice water or snow, unless that is the only source of cold available. The wet, cooling action stops the burning process below the skin surface by dissipating the heat that remains after the initial burn.

For minor burns: soak burned area in cold water, use bacitracin to prevent dehydration, apply a light gauze bandage, and tape where skin is not burned.



SELF-CARE STEPS FOR SEVERE BURNS

- If the victim's clothes are on fire, smother the flames with a blanket, towel, rug, or coat. Wrap it over the flames, pressing down to keep air from reaching the fire.

The victim may struggle or attempt to run. Get the victim on the floor so the burning surface is uppermost and flames can rise away from the body.

- Pull away any bits of clothing that may be smoldering. Leave any material that is burnt but extinguished and sticking to the skin. Solvents stocked by hospital emergency rooms can safely remove these bits.

- Call 911, or immediately drive the victim to a health care provider if the area of the burn is not too large (the victim should not drive).

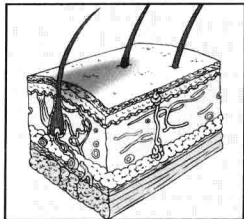


Cover the burn with a clean, dry dressing that covers the entire burn area. Do not apply butter, first-aid creams, or antiseptics to the wound. Do not rupture blisters that form on the burn.

- Treat the victim for shock (see p. 36) if there is a delay in getting to a hospital. Cover the victim with a blanket and raise his or her feet 8 to 12 inches. **Do not elevate the victim's feet if you suspect head, neck, back, or leg injuries.**

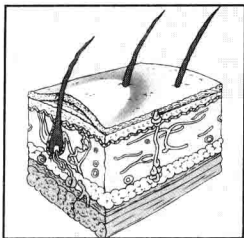
- If conscious and showing no signs of vomiting, the victim should be encouraged to drink tepid water to replace fluids and salts lost in weeping plasma.

- Check to see whether the victim has had a tetanus shot within the past 10 years or more recently if he or she has ever had a serious open wound.



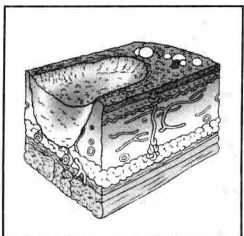
First-Degree Burn

Minor burns injure the epidermis, or outside skin layer. The skin will be red, dry, or swollen. These burns may peel and are usually painful. Examples include mild sunburns or slight scaldings. Medical attention is not needed unless a larger area of skin is damaged. Such burns usually heal within 5 to 6 days without permanent scars.



Second-Degree Partial-Thickness Burn

Some of the skin layers beneath the surface are injured by partial-thickness burns. These burns are marked by blisters, local swelling, clear fluid discharge, and mottled skin. The pain may be severe. If the burn covers an area larger than a square inch, get medical attention. Partial-thickness burns can be fatal if more than 50 percent of the body is involved. Healing takes 3 to 4 weeks and may leave scars.



Third-Degree Full-Thickness Burn

Full-thickness burns destroy all of the skin layers and any or all of the nerves, muscles, bones, or fat underneath. These burns have a charred appearance. The tissues surrounding or beneath the burn may be white or look waxy. Full-thickness burns are either very painful or painless, depending upon nerve damage. Medical attention is crucial. Even if the burn is in one spot, specialist treatment and skin grafts will be necessary. Scars may occur, depending upon the severity of the burn.

CARBON MONOXIDE POISONING

Carbon monoxide is a colorless, odorless gas made when carbon or carbon-containing materials (such as gasoline, kerosene, or natural gas and wood) are burned. Poisoning may occur from exposure to improperly vented gas appliances (such as a furnace, hot-water heater, or oven), automobile exhaust, or smoke inhalation from a fire.

Unconsciousness resulting from carbon monoxide poisoning is a life-threatening emergency. If you suspect carbon monoxide poisoning, **call 911 or take the victim to a hospital right away.** Carbon monoxide can cause death by reducing the blood's oxygen-carrying capacity and depriving the tissues of necessary oxygen.

Carbon monoxide does not change the color of blood, so the victim's skin color looks normal. It does not smell, so the victim may not be aware of being exposed to it until he or she is ill.

Carbon monoxide poisoning should be suspected in situations where gas cannot escape, such as a car with a running engine or a fire in a poorly ventilated area. Symptoms include severe headache, confusion, agitation, tiredness, stupor, or coma.

Many gas and electric utilities offer inexpensive carbon monoxide detectors to their customers or will promptly check your house if you suspect a gas leak or carbon monoxide poisoning. Check to see if your local utility provides this service.

SELF-CARE STEPS FOR CARBON MONOXIDE POISONING

- Do not remain in the room if carbon monoxide poisoning is suspected. Move the victim as quickly as possible into fresh air before beginning first aid.
- Check for breathing and pulse. If the victim is not breathing, call 911. Start mouth-to-mouth breathing (see p. 12 for adults and older children; p. 15 for children under 8 years old) and



continue until the victim starts breathing or trained medical assistance arrives.

- If pulse is absent, begin massaging the heart (see p. 12 for adults and older children; p. 15 for children under 8 years old) and continue until trained medical assistance arrives.