2020 American Heart Association and American Red Cross Focused Update for

First Aid

The Evidence

Systematic reviews are conducted by the International Liaison Committee on Resuscitation First Aid Task Force.



These studies are translated to make evidence-based guidelines for North American first aid providers.

Recommendations for First Aid Providers

Stroke

Activate emergency services for possible stroke when assessing an individual with any of the following:



Facial droop



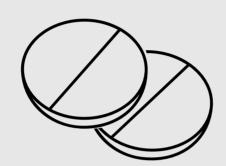
Weakness in one arm or one side



Speech disturbance

Chest Pain

Activate emergency services for non-traumatic chest pain, and encourage alert adults to



Chew and swallow 162 to 324 mg aspirin





Allergic to aspirin or advised not to take it by healthcare provider

Bleeding

For treatment of **life-threatening bleeding**, perform the following:



Apply a tourniquet ASAP to a lifethreatening extremity bleeding or to bleeding that cannot be controlled with direct pressure.



Apply direct pressure

Apply direct pressure
(with hemostatic
dressing) if a tourniquet
cannot be used, or until
a tourniquet is available.

Hyperthermia

Cold-water, whole-body immersion is most effective at treating people with hyperthermia or heatstroke.



Initiate ASAP, and continue until a temperature of ≤39°C (102.2°F) is reached or until symptoms resolve.

If immersion not available





ice packs, cold showers, and fanning may also be used.

Hypoglycemia



Give **oral glucose** to adults and children with suspected hypoglycemia.



Activate emergency services if symptoms worsen or if they don't resolve within 10 minutes.

Tooth Avulsion



If emergency replantation is not available, transport the tooth in a balanced salt solution or wrapped in cling film.



Cow's milk or saliva may also be considered.
Don't store in tap water.

Guidelines provided by





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