Module 12: Emergency Procedures
Minimum Number of Theory Hours: 2
Recommended Clinical Hours: 1

Statement of Purpose:
The purpose of this unit is to introduce the student to the concepts and procedures related to emergency procedures, signs and symptoms of distress, and the role of the Nurse Assistant in Long Term Care (LTC) in the response to immediate and temporary intervention in emergency situations.

Terminology:

1. Abdominal thrusts
2. Advance directive
3. Agitation
4. Airway
5. Aphasia
6. Aspirate
7. Automated External Device (AED)
8. Barrier device
9. Bradypnea
10. Breathing
11. Cardiac arrest
12. Cardiopulmonary Resuscitation (CPR)
13. Compressions, Airway, Breathing (CAB)-formerly (ABC)
14. Cyanosis
15. Defibrillator
16. Diaphoresis
17. Do Not Resuscitate (DNR)
18. Dyspnea
19. Emergency Medical Services (EMS)
20. Heimlich maneuver
21. Hemiplegia
22. Hemorrhage
23. Hyperventilation
24. Hypoglycemia
25. Hypoventilation
26. Hypoxia
27. Pallor
28. Pocket mask
29. Recovery position
30. Respiratory arrest
31. Respiratory distress
32. Stat
33. Syncope
34. Tachypnea
35. Unconscious

Patient, resident, and client are synonymous terms referring to the person receiving care

Performance Standards (Objectives):

1. Define key terminology.
2. Identify common signs and symptoms of conditions associated with patient/resident distress and describe the Nurse Assistant's role and responsibility in preventing and/or responding.
3. Describe the immediate interventions in a medical emergency.
4. List the causes and signs of choking and discuss the use of abdominal thrusts for relief of obstructed airway.
5. Describe common emergency codes used in long-term care facilities.

This module may be taught concurrently with Module 4: Safe Environment

References:

1. Acello, B. & Hegner, B. (2016). Nursing Assistant: A Nursing Process Approach. (11th ed). Boston, MA. Cengage Learning.
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7. Haroun, L. & Royce, S. (2004). Teaching Ideas and Activities for Health Care. Albany, NY. Delmar Publishers
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9. Sorrentino, S. A., Remmert, L., & and Kelly, R. (2018) Workbook and Competency Evaluation Review for Moby's Textbook for Nursing Assistants (9th ed.) St. Louis, MO. Mosby Company
10. Sorrentino, S.A. and Remmert, L. (2018) Mosby's Textbook for Nursing Assistants. (9th ed.). St Louis, MO. Elsevier
11. Weaver, L. & Wilding, M. (2013) The Dimensions of Engaged Teaching: a Practical Guide for Educators. Bloomington, IN. Solution Tree Press.

<table>
<tr><th>Content Outline</th><th>Recommended Teaching Strategies and Assignments</th><th>Clinical Demonstration/ Method of Evaluation</th></tr>
<tr><td>Objective 1
Define Key Terminology.
A. Review the terms listed in the terminology section
B. Spell the listed terms accurately
C. Pronounce the terms correctly
D. Use the terms in their proper context</td><td>A. Lecture/Discussion
B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration
C. Encourage use of internet, medical dictionary, and textbooks
D. Create flashcards
E. Handout 12.1a- Emergency Procedures Crossword
F. Handout 12.1b- Emergency Procedures Crossword- KEY</td><td>A. Have students select five words from the list of key terminology and write a sentence for each defining the term
B. Administer vocabulary pre-test and post-test
C. Uses appropriate terminology when charting and reporting to licensed personnel</td></tr>
<tr><td>Objective 2
Identify common signs and symptoms of conditions associated with patient/resident distress and describe the Nurse Assistant's role and responsibility in preventing and/or responding.
A. Myocardial infarction (MI, heart attack)
  1. A disruption of the flow of blood to an area of the muscle of the heart with subsequent death of the tissue at that area
  2. Signs and symptoms
    a. Chest pain
      1) May be described as crushing, squeezing, or pressure
      2) May radiate down arms, jaw, or back</td><td>A. Lecture
B. Discussion
Show online video (13 min) "Act in Time to Heart Attack Signs" from National Heart and Lung Institute. (May need to download RealPlayer) http://www.nhlbi.nih.gov/actintime/video.htm</td><td>A. Written test
B. Recognizes patients/residents in distress and reports signs and symptoms immediately to charge nurse
C. Provides appropriate</td></tr>
</table>

2) Complaint may be severe indigestion, heartburn, or stomach pain b. Shortness of breath, Dyspnea or absence of breathing c. Diaphoresis d. Wet, cold, clammy skin e. Confusion, mental status change, anxiety f. Syncope, fainting g. Weakness, fatigue h. Nausea, vomiting i. Irregular pulse 3. Nurse Assistant Role a. Call for help loudly and pull the emergency light if available b. Remain calm c. Stay with the patient/resident d. Place patient/resident in comfortable position (some heart attack victims can breathe easier in a sitting rather than lying position) e. Reassure the patient/resident f. Intervene at level of competence as directed by licensed nurse g. Assess condition and vital signs while awaiting assistance from licensed nurse h. Keep the patient/resident warm as needed B. Cardiac Arrest 1. Absence of heart function 2. Signs and symptoms a. No Pulse, no circulation b. Loss of consciousness c. No effective breathing (may be agonal breathing) d. Enlargement of pupils e. Gray color to skin, cyanotic nail beds	D. Go to American Stroke Association website for stroke information: http://www.strokeassociation.org/STROKEORG/AboutStroke/Lets-Talk-About-Stroke-atient-Information-Sheets_UCM_310731_Article.jsp	care or emergency measures until qualified help arrives D. Documents according to facility policy

3. Nurse Assistant Role - See Objective 3 for role in medical emergency C. Cerebrovascular accident (CVA, Stroke, or brain attack) 1. A disturbance or obstruction of the flow of blood to a particular area of the brain with subsequent death of tissue 2. Signs and Symptoms a. Hemiplegia or weakness of one side of the body or numbness or tingling on one side of the body b. Aphasia-difficulty in speaking or understanding speech c. Headache d. Vision changes, blurred vision, pupils unequal e. Facial changes 1) Cheeks may “puff “on exhalation 2) One eyelid or eye may droop 3) Face may appear asymmetrical 4) Drooling f. Loss of bowel or bladder control g. Shaking or trembling 3. Give Me 5 for Stroke Tool from American Stroke Association a. Walk (Is their balance off?) b. Talk (Is their speech slurred or is their face droopy?) c. Reach (Is one side weak or numb?) d. See (Is their vision all or partly lost) e. Feel (Is their headache severe?) 4. FAST from American Stroke Association a. Face drooping b. Arm weakness c. Speech difficulty d. Time to call 9-1-1 5. Nurse Assistant Role a. Call for help loudly and pull emergency call light if available b. Remain calm		

c. Stay with the patient/resident d. Place patient/resident in a position of comfort e. Reassure patient/resident f. Intervene at level of competence as directed by the licensed nurse g. Assess patient's/resident's condition and take vital signs while awaiting assistance from the licensed nurse h. Keep patient/resident warm as needed D. Syncope, fainting episode 1. A feeling of dizziness with possible temporary loss of consciousness 2. Signs and Symptoms a. Dizziness b. Visual changes-temporary loss of vision c. Pallor or paleness of the skin d. Cool, moist skin e. Eyes may roll back f. Unsteadiness or loss of upright position (patient/resident may fall) g. Weak pulse 3. Nursing Assistant Role a. Before loss of consciousness and during dizziness 1) Remain calm, call for help loudly, pull call light 2) Assist to floor, protect from injury 3) If sitting, place head towards knees 4) If lying flat on back, elevate legs slightly if no spinal, head or back injuries (If unsure, leave flat on back) 5) Loosen tight or binding clothing 6) Observe for any changes in condition b. After loss of consciousness 1) Raise legs approximately 8-12 inches if no spinal, head or back injuries (If unsure, leave flat on back)		

2) Loosen tight or binding clothing 3) Observe for any changes in condition and monitor vital signs while waiting for help to arrive E. Seizures; convulsions or epilepsy 1. An interference with the normal electrical activity of the brain with subsequent changes in mental status 2. Types of seizures and related Signs and Symptoms a. Absence or partial (petit mal) seizure 1) A mild blackout 2) Looks as though daydreaming b. Generalized tonic-clonic or grand mal seizure 1) Uncontrolled muscular contractions 2) Can be minimal to major with possible violent head jerking 3) May be frothing at the mouth 4) May be loss of bowel and bladder control 3. Nurse Assistant Role a. Assist patient/resident to ground safely b. Note time c. Cushion head d. Remain calm, call for help loudly, and pull emergency call light e. Stay with patient/resident and observe f. If possible, gently turn head to one side to reduce risk of choking (This may not be possible in a violent seizure) g. Loosen clothing and/or jewelry h. Pad any items that may be dangerous to the patient/resident or move items away from patient/resident (i.e. furniture) i. Do NOT attempt to restrain nor put anything into patient's/resident's mouth j. Note time seizure ends k. Follow licensed nurse instructions to assist with putting patient/resident into recovery position		

F. Insulin Shock 1. Definition a. Hypoglycemia b. Condition resulting from an overdose of insulin resulting in reduction of the blood sugar level below normal c. May develop due to an insulin-dependent patient/resident skipping meals or snacks, stress, diarrhea and vomiting or possible medication reaction 2. Signs and Symptoms a. Pale, moist skin b. Rapid bounding pulse c. Headache, confusion, weakness d. Anxiety, excitement e. Hunger f. Low blood pressure (hypotension) g. Unconsciousness 3. Nurse Assistant Role a. Stay with patient/resident b. Remain calm, call for help loudly, and pull emergency call light c. Administer orange juice, milk, or snack if instructed by licensed nurse G. Hemorrhaging, severe bleeding 1. An extreme or unexpected loss of blood 2. Signs and Symptoms a. External bleeding 1) Bleeding in spurts (arterial) 2) Steady flow of blood (venous) 3) Slow oozing of blood (capillary) b. Internal bleeding 1) Coughing up bright red blood 2) Vomit that has the appearance of coffee grounds 3) Blood in urine or stool (stool may be black and tarry in appearance)		

3. Nurse Assistant Role
    a. Remain calm, call for assistance loudly, and pull emergency call light
    b. Stay with patient/resident
    c. Observe standard precautions, wear gloves
    d. Apply direct pressure, with gauze pad, over area that is bleeding
    e. Elevate affected limb
    f. Do not offer food or drink
    g. Keep patient/resident calm and cover to keep warm

H. Shock
1. Failure of the cardiovascular system to provide sufficient blood circulation to every part of the body
2. Signs and Symptoms
    a. Skin pale, cold and clammy, or moist
    b. Pulse rapid (over 100) and weak; low or falling blood pressure
    c. Respiration shallow, irregular, or labored
    d. Eyes dull and lackluster
    e. Nausea, vomiting, and/or thirst
    f. Confusion, anxiety, restlessness
    g. May collapse (faint)
3. Nurse Assistant Role
    a. Remain calm, call for help loudly, and pull emergency call light
    b. Stay with patient/resident, give reassurance
    c. Maintain an open airway (head tilt-chin lift or modified chin lift)
    d. Do not give food or drink
    e. Cover patient/resident to keep warm

I. Respiratory Distress
1. Increase or decrease in the effort and frequency of breathing movements

2. Signs & Symptoms a. Shortness of breath (SOB) b. Cyanosis c. Dyspnea d. Hyper/Hypoventilation e. Hypoxia f. Bradypnea/Tachypnea g. Anxiety confusion 3. Nursing Assistant Role a. Stay with patient/resident b. Elevate HOB, or allow patient/resident to assume position of comfort c. Remain calm, call for help and pull emergency call light d. Reassure/calm patient/resident e. Assess vital signs while awaiting assistance from licensed nurse f. Be prepared to gather equipment as instructed by nurse; i.e., oxygen tank and tubing		
Objective 3 **Describe the immediate interventions in a medical emergency.** A. Advance directives 1. Signed document with instructions for care if you become unable to make medical decisions (if you are in a coma, for example) 2. Full code 3. Do Not Resuscitate (DNR) 4. Living will 5. Durable Power of Attorney for Healthcare B. Immediate interventions 1. Note that this is not a CPR course. The information is not intended to take the place of a CPR course 2. American Heart Association is re-arranging the ABCs of cardiopulmonary resuscitation (CPR) in its 2010 American Heart Association Guidelines	A. Lecture B. Discussion C. Review and practice CPR with manikins	A. Written test B. Responds to emergencies safely and per facility protocols C. Locates emergency equipment in facility

3. Perform CPR only if trained
    a. Check to see if patient/resident is conscious
    b. Circulation
        1) Check for circulation by feeling for a pulse, palpating the carotid artery
        2) If no definite pulse within 10 seconds, give chest compressions
    c. Airway
        1) Open the airway if patient/resident unconscious
        2) Use head tilt, chin lift or modified chin lift
    d. Breathing
        1) Check for breathing by looking, listening and feeling
        2) Give two full breaths using a barrier device (pocket mask)
        3) A mask must be used by the Nurse Assistant to do rescue breathing
    e. Circulation
        1) Check for circulation by feeling for a pulse, palpating the carotid artery
        2) If no definite pulse within ten seconds, give chest compressions
    f. Sequence; continue per current standards with 30 compressions to 2 ventilations (30:2)

C. General guidelines for a emergency situation with a patient/resident
1. Stay calm
2. Call for help – gain assistance of licensed nurse
3. Charge nurse will initiate EMS system by calling 911
4. Remain with patient/resident
5. Intervene at level of competence as directed by licensed nurse
6. Reassure/calm patient/resident
7. Emergency/crash cart; knowing the location of the crash cart is mandatory at most facilities
8. Automated External Defibrillator (AED)
    a. Be aware of AED location
    b. Chance of survival is greater with early defibrillation
    c. Must be trained to use defibrillators

Objective 4 **List the causes and signs of choking and discuss the use of the abdominal thrusts for relief of obstructed airway.** A. Airway obstruction or choking can lead to cardiac arrest B. Causes 1. Foreign body – such as poorly chewed pieces of meat 2. Tongue – in the unconscious patient/resident the tongue can fall backward in the throat and block the airway 3. Small objects 4. Vomitus – aspiration of vomit 5. Thick mucus 6. Dentures C. Signs of choking 1. Respiratory difficulty – victim cannot breathe 2. High pitched sounds 3. Inability to speak or cough 4. Universal choking sign – victim clutches throat D. Abdominal thrusts (Heimlich maneuver) are used to relieve, obstructed airway in a conscious victim E. Chest compressions are used if the victim is unconscious and rescuer is unable to ventilate	A. Lecture B. Discussion C. Manual Skill 12.4: Choking victim- Conscious and Unconscious D. Practice abdominal thrusts on manikin- standing, sitting, and on floor E. May also be reviewed during Module 11- Feeding	A. Written test B. Recognizes universal sign for choking C. Demonstrates correct technique for abdominal thrusts for conscious and victim using manikin D. Responds to emergencies safely and per facility protocol
Objective 5 **Describe common emergency codes used in long-term care facilities.** A. Emergency code colors and meanings 1. Code Red – fire 2. Code Blue – adult medical emergency (Cardiac or Respiratory) 3. Code Yellow –bomb threat 4. Code Gray – combative person 5. Code Silver – person with weapon or hostage 6. Code Orange – hazardous waste spill or release B. Codes may vary according to facility **C.** Observe special consideration for hearing and sight impaired patients/residents	A. Lecture B. Discussion	A. Written test B. Recognizes emergency codes in facility

Sample Test: Module 12 - Emergency Procedures

1. Most communities have a common emergency telephone number that notifies the Emergency Medical Service (EMS). Which of the following numbers is the emergency number?
   A. 911
   B. 484
   C. 411
   D. 916

2. Mr. Johnson has cut his hand on a broken piece of glass and is bleeding heavily. The Nurse Assistant should:
   A. Apply a circular strap around the wrist to act as a tourniquet
   B. Call 911, STAT (immediately)
   C. Have Mr. Johnson lower his hand below his heart to slow circulation to the site
   D. Apply direct pressure (with a gloved hand) using a pad, raising the hand above the level of the heart

3. A patient/resident has epilepsy. In the event of a seizure, the Nurse Assistant should:
   A. Leave the patient/resident to summon help
   B. Protect the patient/resident from injury
   C. Force the patient's/resident's mouth open
   D. Call for help in order to restrain the patient's/resident's movements

4. Which of the following best describes the "universal choking sign" given by the victim:
   A. Both hands clasped around his/her neck
   B. His/her arms waving up and down
   C. Pointing to his mouth with one hand
   D. The victim coughs and calls for help

5. The Nurse Assistant discovers an unconscious victim on the floor in the hall. What action should the Nurse Assistant take first?
   A. Move the victim to his room
   B. Search the victim for any areas of bleeding
   C. Call for assistance, then open the victim's airway and check for breathing
   D. Straighten out any obvious deformities in the victim's arms & legs

6. Your patient/resident is complaining that he is having pains in his chest. He is sweating and breathing heavily. As the Nurse Assistant who is with the patient/resident, you should:
    A. Tell the patient/resident this happens to you when you eat spicy foods, also
    B. Stay with the patient/resident & call for the nurse in charge
    C. Begin CPR
    D. Tell the patient/resident that he is having a heart attack

7. What procedure is done for a conscious choking patient/resident?
    A. Chest compressions
    B. Rescue breathing
    C. Abdominal thrusts
    D. Head tilt, chin lift

8. Mr. D's family is present when Mr. D has a seizure. Which of the following actions should the Nurse Assistant take for the family?
    A. Ask them to wait in a nearby room
    B. Tell them how you feel the patient's/resident's condition is doing
    C. Ask them to stay with the patient/resident as you get help
    D. Ask them to assist in holding the patient/resident down

9. Which of the following might be most helpful in preventing choking?
    A. Have the patient/resident eat all his solid foods before liquids
    B. Cut foods, especially meat into small, bite size pieces
    C. Feed the patient/resident quickly to reduce the risk of choking
    D. Have the patient/resident stand while eating so it will go down better

10. Which of the following are causes for hypoglycemia?
    A. Not enough insulin
    B. Decrease activity, vomiting, and undiagnosed diabetes
    C. Too much insulin, omitting a meal, vomiting
    D. Stress, increased activity

11. Which of the following might be a sign of an obstructed airway?
    A. Elevated temperature
    B. Pinpoint pupils
    C. Inability to speak
    D. Coughing

12. When performing abdominal thrusts, place the fist in one hand:
    A. Just above the pubis and below the navel (belly button)
    B. On the neck
    C. Between the navel and end of the sternum (breast bone)
    D. Over the ribs

13. Mrs. Harvey is complaining that her chest and arm hurt very badly. She is breathing heavily and sweating. While waiting for the nurse what should the Nurse Assistant do?
    A. Perform ROM on all extremities so patient/resident will not lose function of joints
    B. Give patient/resident oxygen
    C. Reassure patient/resident while putting her in a comfortable sitting position
    D. Leave to get emergency equipment in case you need it

14. Mr. Jones is showing the following signs and symptoms: dizziness, headache, weakness on his right side, and aphasia. What could be the cause?
    A. Heart attack
    B. CVA
    C. Syncope
    D. Shock

15. What personal protective equipment would be used when caring for a patient/resident with external bleeding?
    A. Gloves
    B. Goggles
    C. Gown
    D. All of the above

16. While ambulating Mrs. S, she has a fainting episode (syncope). What should the Nurse Assistant do first?
    A. Go get help
    B. Take Mrs. S's vital signs
    C. Assist Mrs. S to the floor
    D. Get Mrs. S a glass of water

17. Which of the following are signs and symptoms of internal bleeding?
    A. Bleeding in spurts
    B. Coffee ground vomit
    C. Normal appearance of urine
    D. Slow oozing of blood

18. What is the Nurse Assistant's role in caring for a patient/resident in shock?
    A. Keep patient/resident calm and warm
    B. Give water and ROM
    C. Maintain open airway and keep cool
    D. Keep active and fed

19. DNR, Living Will and Durable Power of Attorney are examples of:
    A. Boundaries of Care
    B. Scope of Practice
    C. Advanced Directives
    D. Nursing plan

20. CAB in reference to emergency care mean:
    A. Sequence of assessment
    B. Caring, Ambulation, Bathing
    C. Cycle, Airway, Bleeding
    D. Compressions, Airway, Breathing

21. Mr. G is coughing forcefully after swallowing a piece of meat. The Nurse Assistant should:
    A. Call for help
    B. Stay with Mr. G to monitor coughing
    C. Abdominal thrusts only if not coughing
    D. Give Mr. Gomez a glass of water

22. While eating, a patient/resident suddenly clutches his throat. The Nurse Assistant should FIRST:
    A. Give the patient/resident back blows
    B. Have the patient/resident sip some water
    C. Ask the patient/resident if he is choking, call for help
    D. Do a finger sweep of the patient's/resident's mouth

23. A patient/resident is choking and unable to speak. Which of the following actions should the Nurse Assistant take?
    A. Place the patient/resident in a chair
    B. Perform an arm lift
    C. Perform abdominal thrusts
    D. Administer sharp back blows

24. AED delivers an electric shock to the heart. What is an AED?
    A. Automatic External Device
    B. Automated External Device
    C. Automatic External Defibrillator
    D. Automated Exit Defibrillator

25. While eating, a patient/resident suddenly has a problem breathing but is able to say, "I'm choking" and is not coughing. Which of the following should the Nurse Assistant do?
    A. Administer abdominal thrusts
    B. Do a finger sweep of the patient's/resident's mouth
    C. Apply chest thrusts
    D. Give the patient/resident black blows

26. Mr. S has epilepsy and suffers from grand mal seizures. During a seizure it is important to:
    A. Restrain the patient/resident securely
    B. Attempt to keep the patient's/resident's jaws open
    C. Try to get the patient/resident to control his movements
    D. Protect the patient/resident from injury

27. The Nurse Assistant finds a patient/resident having shortness of breath. The Nurse Assistant should do all of the following **except**:
    A. Keep calm
    B. Leave the patient
    C. Turn on the call light
    D. Call for help

28. A patient/resident complains of chest pain. The Nurse Assistant should know that the patient/resident may possibly be having:
    A. An insulin reaction
    B. A stroke
    C. Arthritis
    D. A heart attack

Sample Test Answers: Module 12

1. A
2. D
3. B
4. A
5. C
6. B
7. C
8. A
9. B
10. C
11. C
12. C
13. C
14. B
15. D
16. C
17. B
18. A
19. C
20. D
21. B
22. C
23. C
24. C
25. A
26. D
27. B
28. D

MANUAL SKILL: Abdominal Thrusts (Heimlich Maneuver) for the Conscious and Unconscious Patient/resident

CONSCIOUS PATIENT/RESIDENT

STEPS:

1. Remain calm, call RN STAT, remain with patient/resident, and ask patient/resident if he/she is choking.
2. Identify knowledge of first aid for choking.
3. If the patient/resident can cough, continue to observe.
4. If the patient/resident is sitting or standing, stand behind him/her.
5. When the patient/resident cannot speak, cough, or breathe, apply abdominal thrusts:
   a. Wrap your arms around the patient's/resident's waist.
   b. Make a fist with one hand.
   c. Place the thumb side of your fist against the patient's/resident's abdomen – just below the lower end of the sternum and above the navel.
   d. Grasp the fist with the opposite hand.
   e. Using both hands, push forcefully with the thumb side of fist against the midline of the patient's/resident's abdomen, inward and upward with a quick trust.
   f. Repeat until the foreign body comes out or the patient/resident loses consciousness.
   g. When normal breathing returns, watch for several minutes to be sure that breathing continues.

UNCONSCIOUS PATIENT/RESIDENT

EQUIPMENT:

Gloves (if available)
Ventilation device (i.e. ambu bag)
Pocket mask (if available)

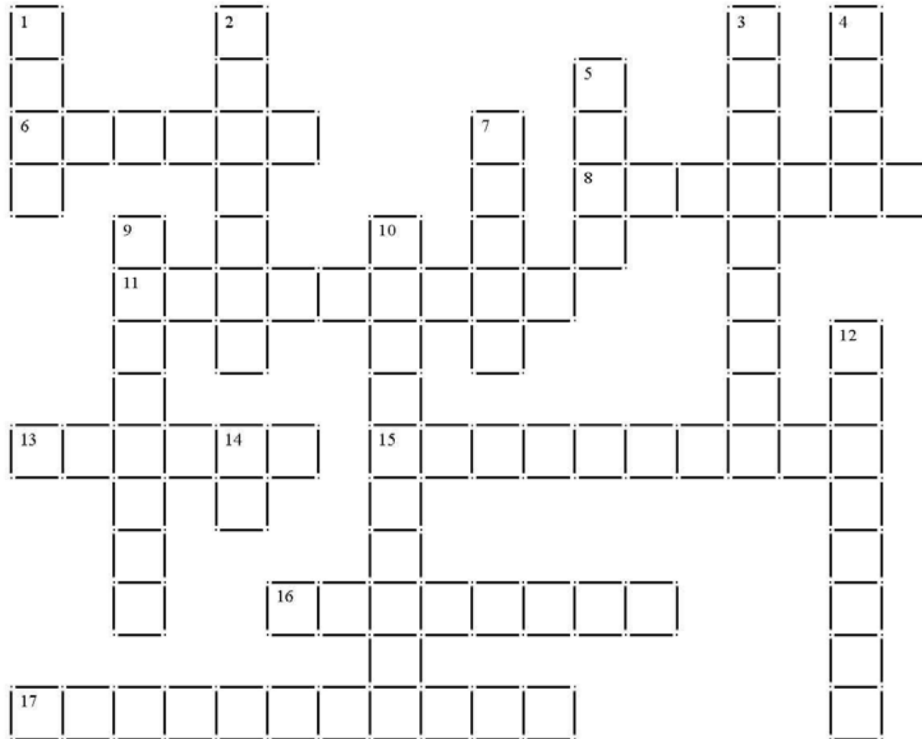
STEPS:

1. Call for help, but do not leave patient/resident.
2. Lower patient/resident to floor and position on back.
3. Apply gloves (if available), tilt head, open airway by pushing on forehead and lifting chin with fingertips.
4. Try two slow breaths using pocket mask, or ambu bag (one breath every five seconds).
5. Straddle patient's/resident's thighs.
6. Place heel of one hand on patient's/resident's abdomen below the lower end of the sternum and above the navel, place second hand over first (fingers pointing toward head), give six to ten thrusts.
7. Remove object if seen.
8. Attempt to give breaths through pocket mask or ambu bag.
9. If still obstructed repeat thrusts, checking for object and giving breaths until object is dislodged.
10. Continue until airway is open, help arrives, or rescuer cannot continue.

Module 12: Emergency Procedures

Handout 12.1a- Crossword

Emergency Procedures Crossword



Across

6 The heart or lungs stop.
8 Protective gloves.
11 A sudden threatening membranes.
13 Pale skin or mucous membranes.

15 Supports used to help prevent injury.
16 A bluish discoloration of the skin or mucous membranes.
17 Excessive perspiration.

Down

1 Immediately.
2 Difficult breathing
3 Restlessness.
4 Written Idea about what to do in case of a fire or disaster.
5 Unconscious.
7 Too much insulin produced.

9 A maneuver to help someone chocking.
10 Abnormal bleeding.
12 Someone having problems breathing has respiratory.
14 Abbreviation for oxygen.

Module 12: Emergency Procedures

Emergency Procedures Crossword