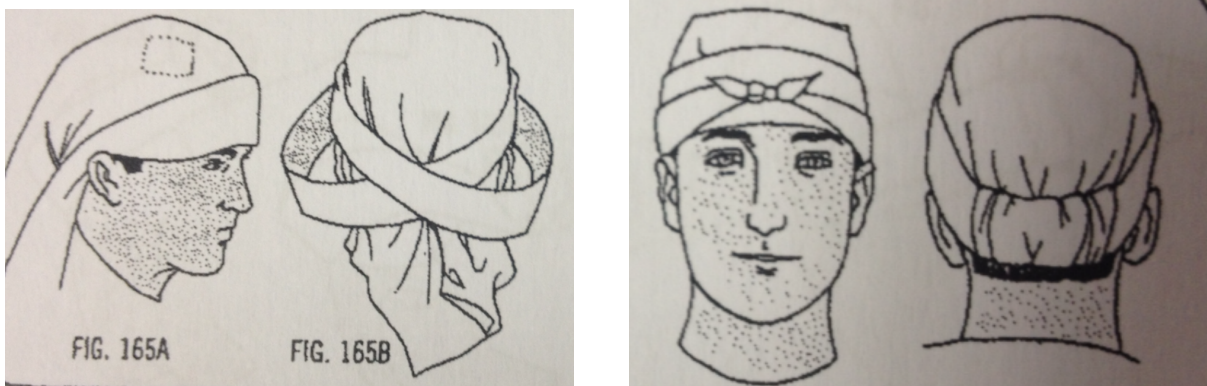


DRESSINGS AND BANDAGES

BANDAGES FOR SPECIFIC PURPOSES

Open Triangular Bandage for Scalp and Forehead

Fold a hem about 2 inches wide along the base. Place compress.
Put the dressing in place with the hem on the outside. Place the bandage on the head so that the middle of the base lies on the forehead close to the eyebrows, with the point hanging down in back (Fig. 165A). Carry the two ends around the head above the ears and cross (do not tie) them, just below the bump at the back of the head (Fig. 165B). Draw the ends snug, Carry them around the

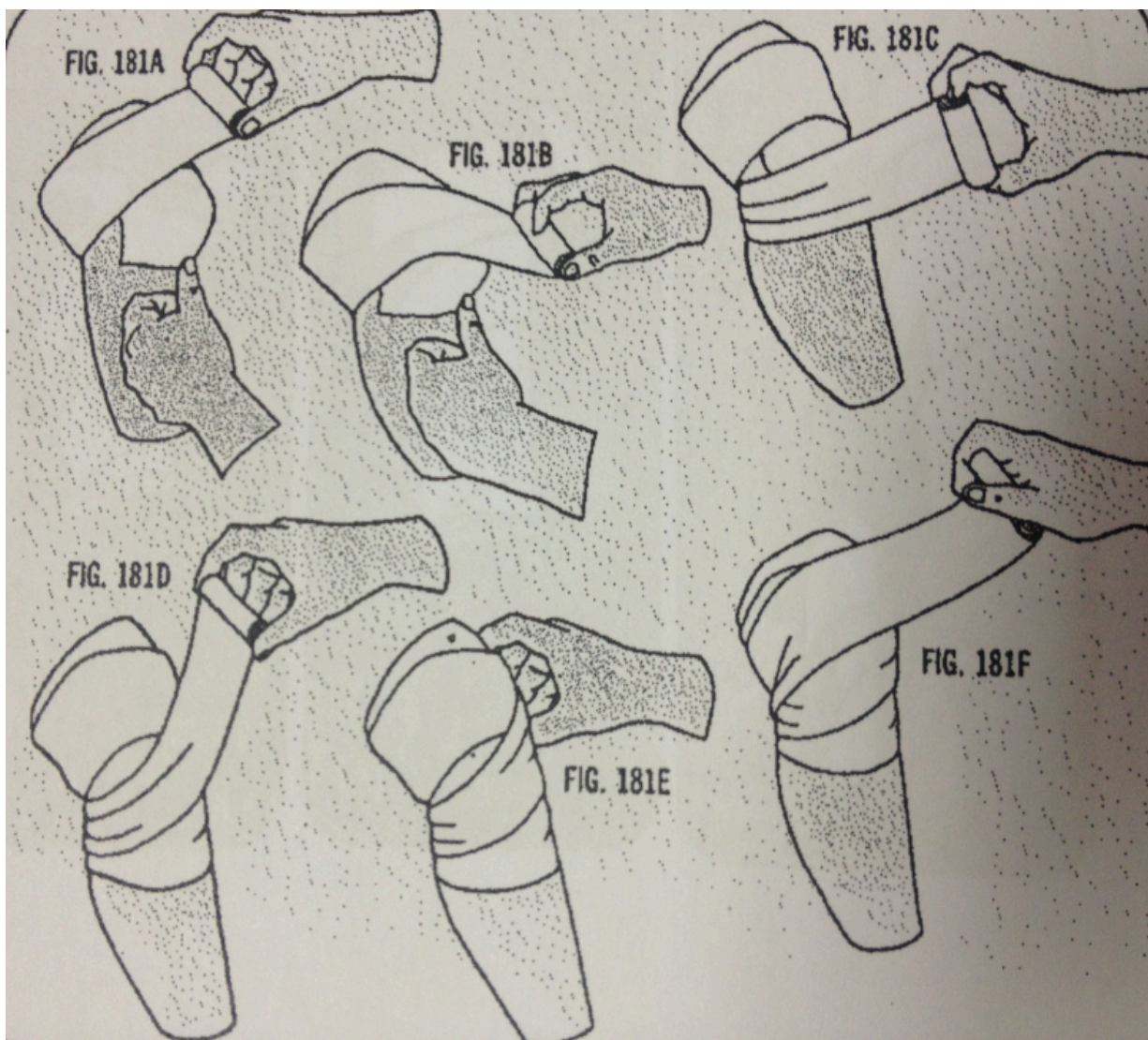


head, and tie them in the center of the forehead (Fig. 165C). Steady the head with one hand, and with the other, draw firmly behind to hold the compress securely against the head. Pick up the point and tuck it in where the bandage ends cross (Fig. 165D) or pin it with a safety pin at the back of the head.

BANDAGES FOR SPECIFIC PURPOSES

Figure-of-Eight Bandage for Elbow or knee

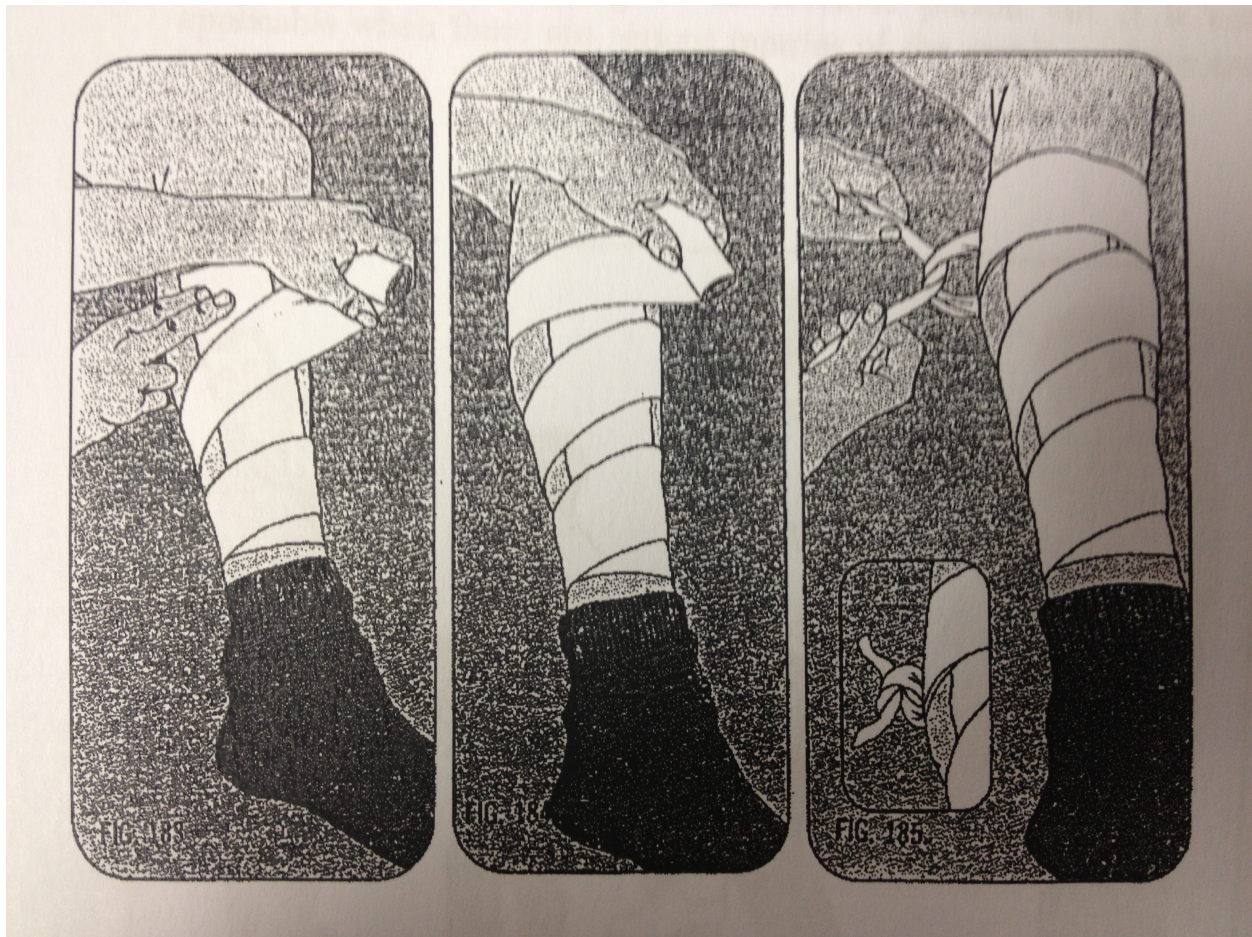
This application is basically the same as that used for the neck and armpit (Figs 178 through 180)-circular turns connected by diagonal crossings at the joint. Make several anchoring turns, overlapping the top edge of the dressing (Fig. 181 A). Proceed diagonally across the dressing (Fig. 181 B). Circle below the joint (Fig. 181 C) and diagonally back across the dressing (Fig. 181 D) to complete the figure-of-eight (Fig. 181E). Repeat the figure-of-eight process until the area is sufficiently covered (Fig. 181 F). Complete by tying off. This turn may be used on the elbow and other angular surfaces of the body.



BANDAGES FOR SPECIFIC PURPOSES

Open and Closed Spiral Bandage of a Limb

Begin by anchoring as previously described (see page 207). Continue to encircle the area to be covered, using spiral turns spaced so that they do not overlap (Figs. 183 and 184). Complete the bandage by tying off (Fig. 185). This bandage may be useful as a temporary bandage, for splinting, and to hold a large burn dressing in place. It may be closed (closed spiral) simply by continuing to encircle with

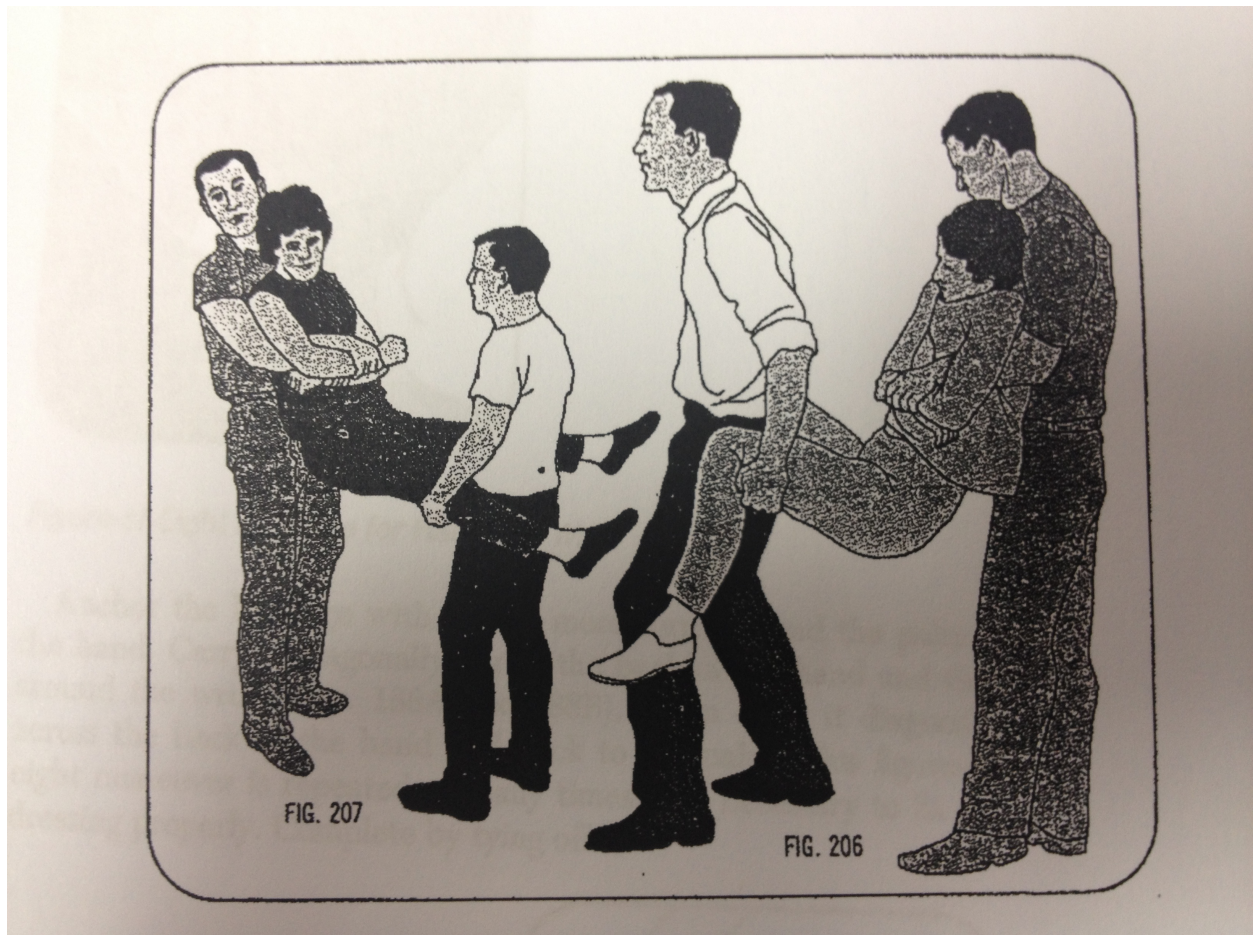


spiral turns until all the gaps are closed. This method of application for the closed spiral bandage will achieve the same result as the spiral reverse described below.

ADVANCED FIRST AID AND EMERGENCY CARE

Fore-and-Aft Carry

The fore-and-aft-carry (Figs.206 and 207) is a two-man technique. It may be used in moving an unconscious person but it is not applicable when there are serious injuries of the trunk or there are fractures.

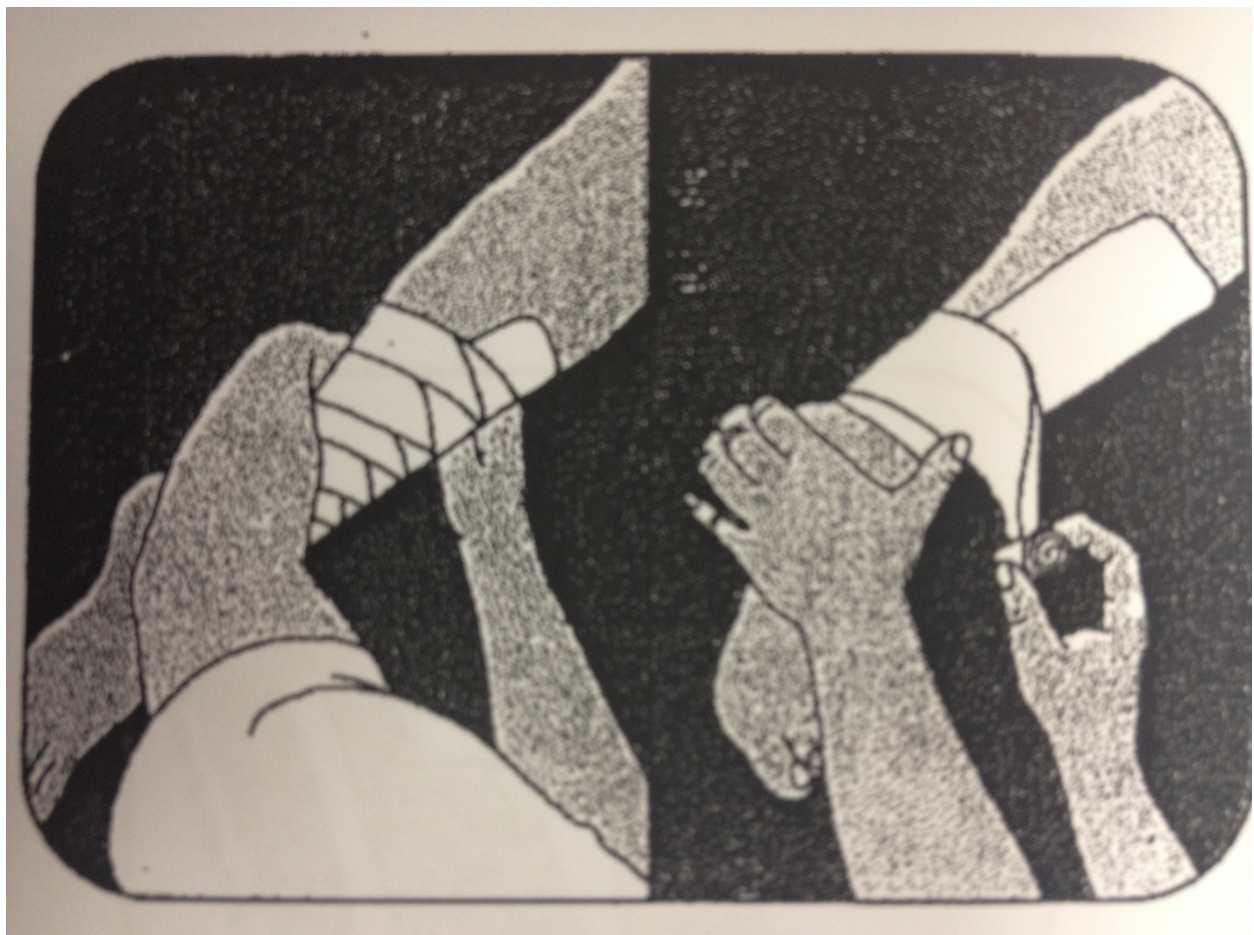


ADVANCED FIRST AID AND EMERGENCY CARE

Spiral Reverse Bandage of Limb

Because the limbs are tapered, a spiral bandage sometimes must include an occasional reverse-lap to fill gaps in the bandage. Anchor the bandage. Take two or three turns around the small part of the limb. Then start wrapping with a spiral turn as long as each turn will lie flat and overlap the preceding turn by at least one-third the width of the bandage. When a gap develops, it requires a "reverse."

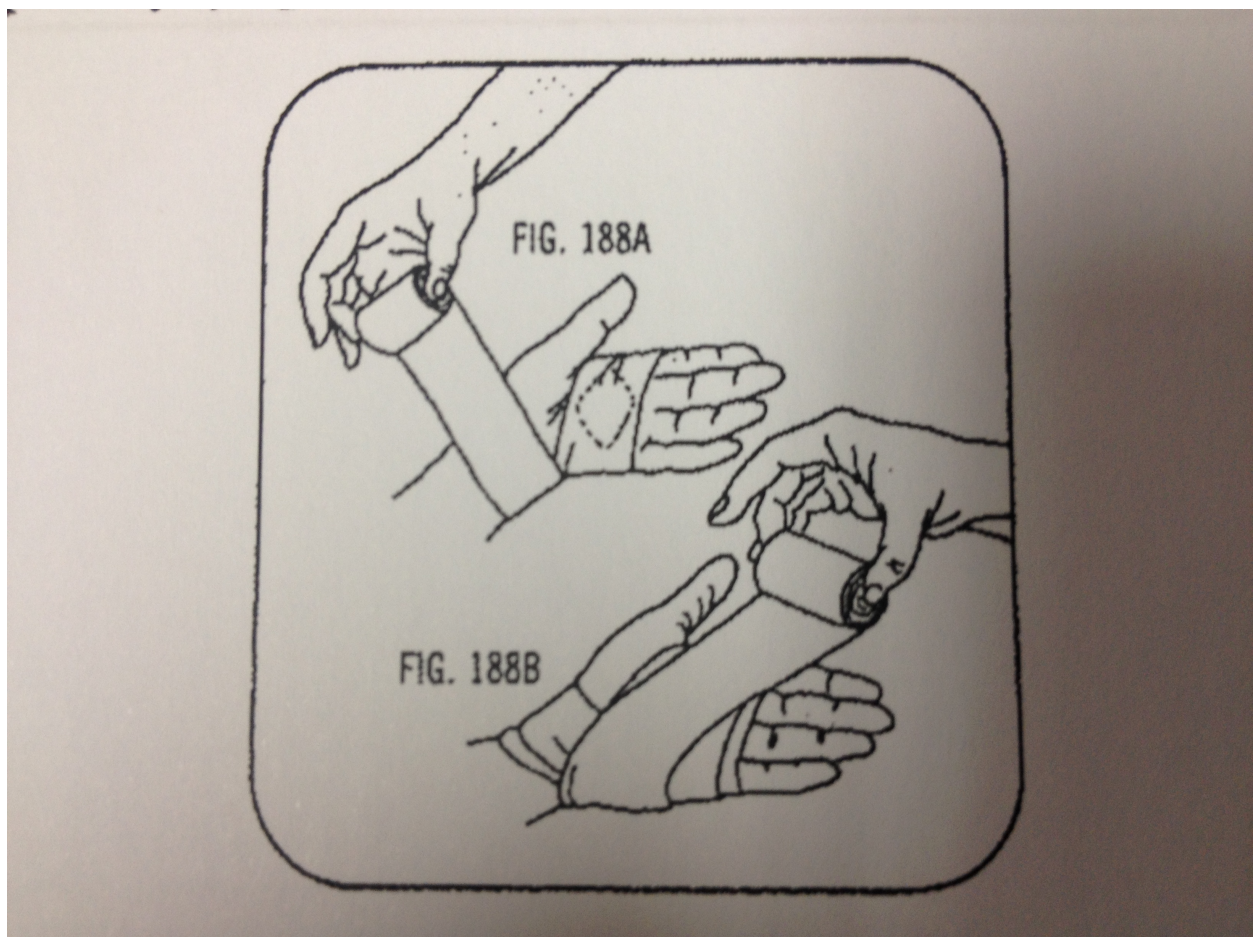
Hold the lower edge of the last turn that fits properly, then loosely make a neat half-twist or lap to slightly change the direction of the spiral (Fig. 186). Continue the spiral wrap up the limb, repeating the "reverse" each time it is needed (Fig. 187).



ADVANCED FIRST AID AND EMERGENCY CARE

Figure-of-Eight Bandage for Hand and Wrist

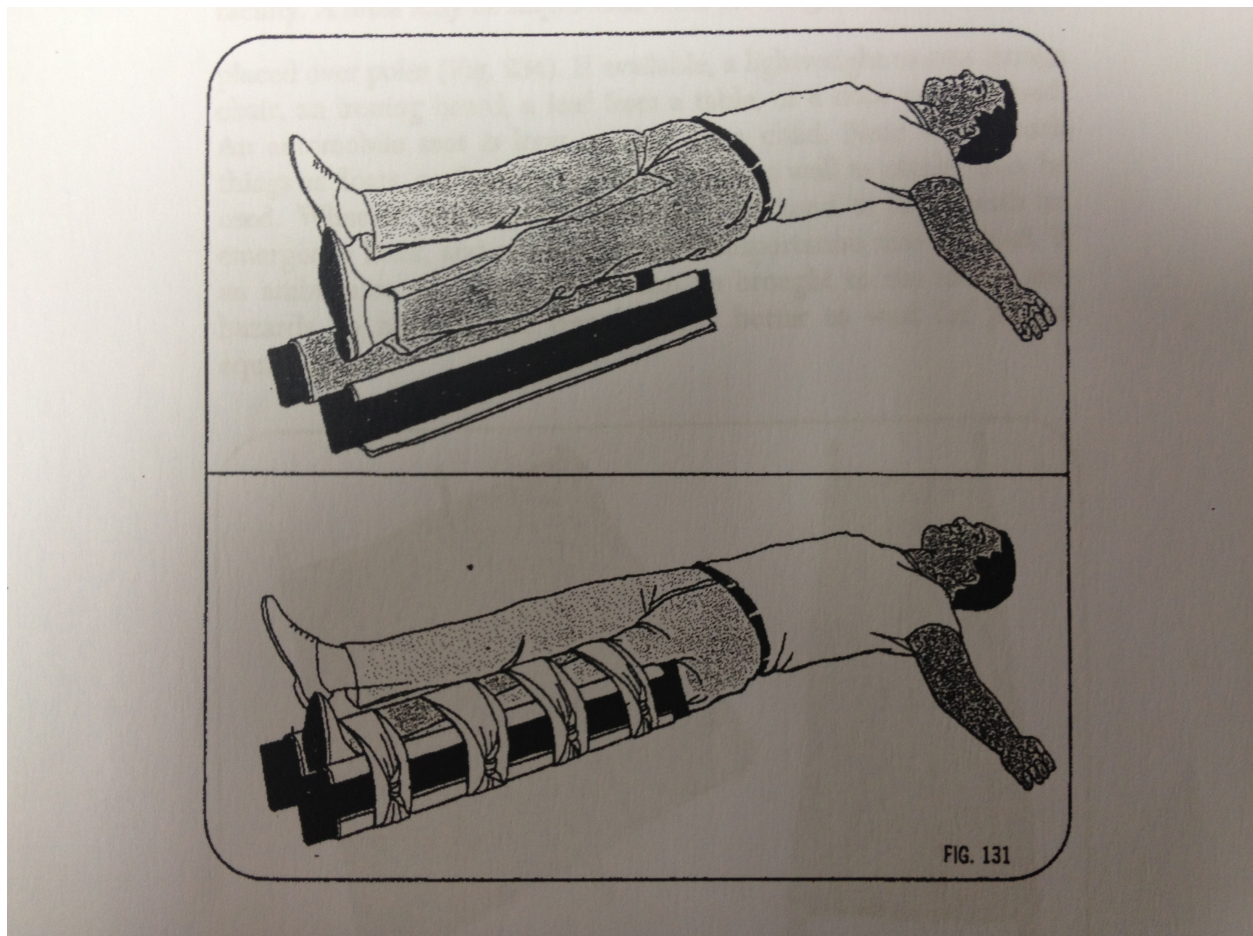
Anchor the bandage with one or more turns around the palm of the hand. Carry it diagonally across the back of the hand and then around the wrist (Figs. 188A and 188B). Again carry it diagonally across the back of the hand and back to the palm. This figure-of-eight maneuver is repeated as many times as is necessary to fix the dressing properly. Complete by tying off.



ADVANCED FIRST AID AND EMERGENCY CARE

First aid for fractures of the tibia and fibula

First aid for fractures of the tibia and fibula consists of applying well-padded splints on both sides of the leg and foot (Fig. 131); applying a padded, three-sided box splint of cardboard on the entire leg and foot; or, in an emergency, inserting blankets or towels between the victim's legs and tying the legs together. Remember to keep the victim's foot pointing upward, and check constantly to make sure that bandages do not interfere with circulation to his lower leg and foot.



ADVANCED FIRST AID AND EMERGENCY CARE

Improvised Litter

In an emergency in which ambulance service is delayed or not available, or in remote areas where litters or backboards are not available, an improvised litter may have to be used to transport a person either to shelter or to a source of transportation to a medical facility. A litter may be improvised from clothing, a rug, or a blanket placed over poles (Fig. 234). If available, a lightweight canvas lounge chair, an ironing board, a leaf from a table, or a door may be used. An automobile seat is long enough for a child. Near water, such things as floats, surfboards, and water skis, as well as planks, may be used. Wheeled vehicles can sometimes be used to assist with an emergency litter, and other means of transportation may be used. If an ambulance or a rescue vehicle can be brought to the scene, and hazards do not demand transfer, it is better to wait for proper equipment.

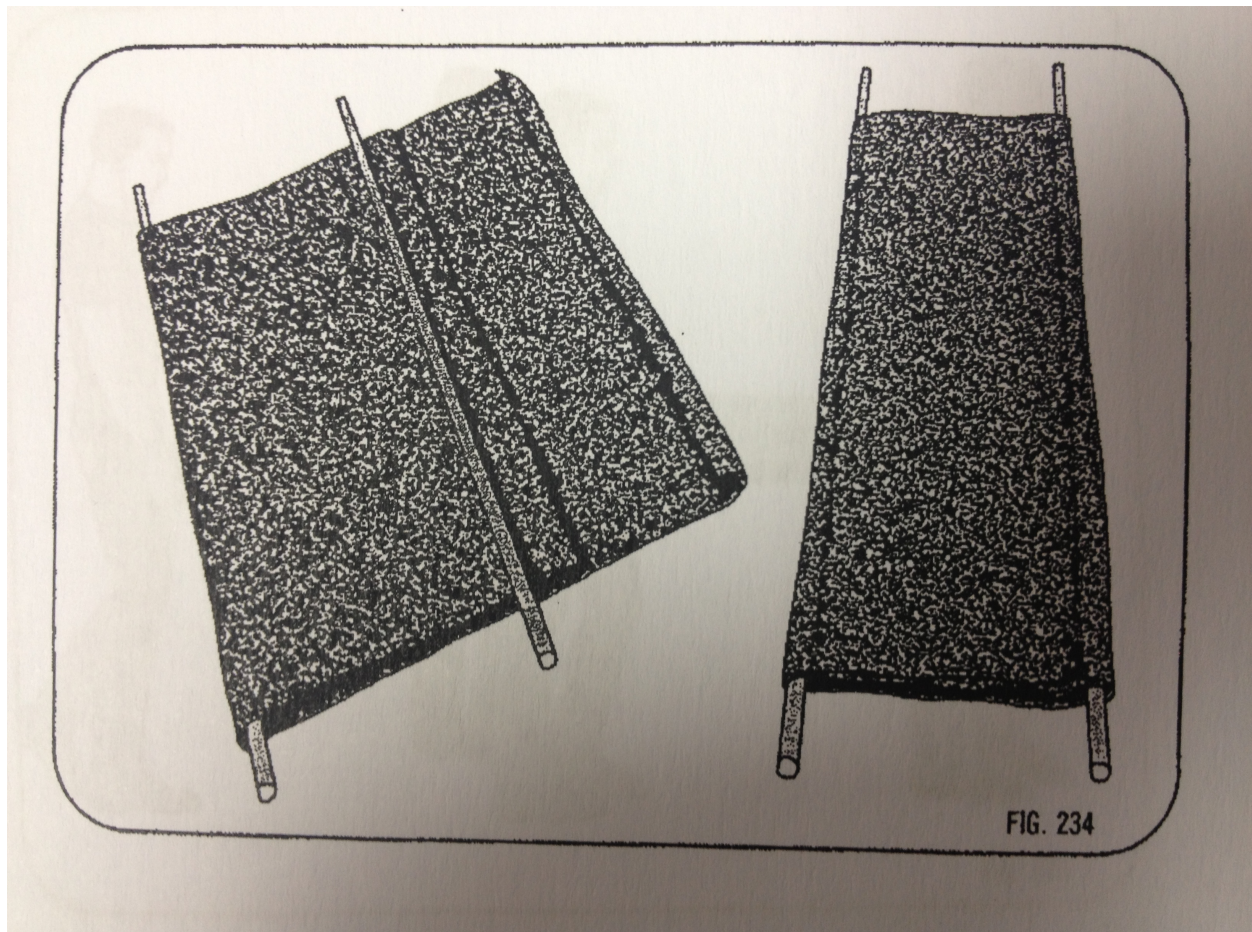


FIG. 234

ADVANCED FIRST AID AND EMERGENCY CARE

Carrying Techniques

Care must be taken to secure the injured person or invalid properly, so that he will not roll or slide during transportation. If a neck fracture is suspected, additional padding is necessary to support the victim's head and neck. Use cravat bandages or other improvised ties.

Position of Bearers

It is preferable to have four bearers: One at the victim's head, one at his feet, and one at each side—all facing the direction of intended movement. Each side bearer holds the side of the litter with his hand that is closer to the victim. All assume the proper lifting stance, and at the command "Lift!" all stand erect.

At the command "March!" the bearer at the head of the litter steps off on his right foot, and the bearers at the sides and feet step off on their left feet (Fig. 235). To lower the litter, the bearers reverse the steps used to lift the litter.

