

The logo is a circular emblem with a purple border. Inside the border, the words "PARAMEDIC" are written in yellow at the top and "RESCUE" in yellow at the bottom. In the center of the circle is a purple Star of Life, a symbol used in emergency services. The entire emblem is surrounded by a yellow sunburst pattern. Overlaid on this logo is the text "SPECIALIST WORKSHOPS" in a large, bold, dark green font with a slight shadow effect.

SPECIALIST WORKSHOPS

(CPD)



Unit 1

STRESS RELATED CONDITIONS

HYPERVENTILATION

- * Fast, noisy breathing
- * Possibly flushed cheeks
- * Look of panic
- * Dizziness
- * Pins and needles in extremities
- * Clawing of fingers
- * Possible faint



Treatment of hyperventilation

- * Identify the history and mechanism
- * Sit the casualty down in a slightly forward-leaning position
- * Attempt to calm and reassure the casualty
- * If no improvement in 10 minutes or condition worsens, **CALL AN AMBULANCE**



DROP ATTACKS

- * Fast, noisy breathing
- * Possibly flushed cheeks
- * Look of panic
- * Dizziness
- * Pins and needles in extremities
- * Clawing of fingers
- * Possible faint



FAINT



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Unit 2

ASTHMA

Recognising asthma

- Difficulty breathing, especially OUT
- Skin may be pale
- Look of panic
- Coughing
- Accessory muscles being used
- Forward-leaning position adopted
- 'Silent' breathing and lethargy



Treatment of asthma

- Confirm medical history if possible
- Sit the casualty down in a slightly forward-leaning position, if not already
- Allow casualty to use their own BLUE inhaler
- If no improvement in 5 minutes, casualty has no inhaler or inhaler is empty,
CALL AN AMBULANCE

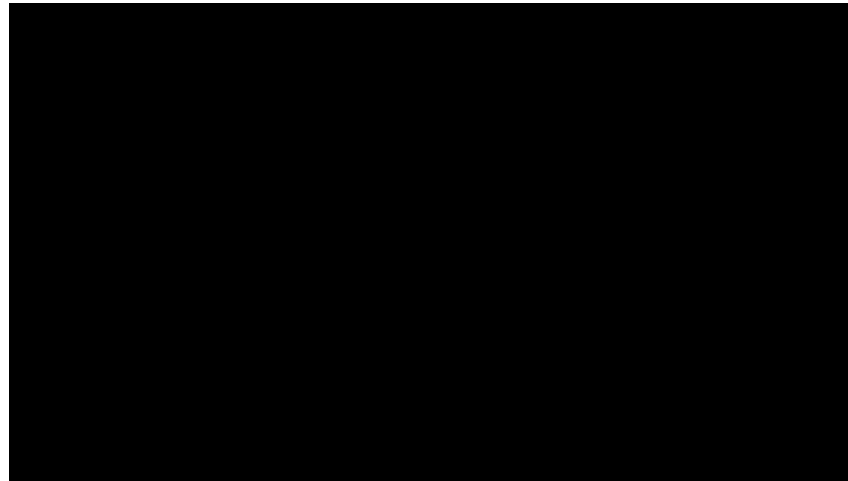




Unit 3

ANAPHYLAXIS

Anaphylaxis



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Treatment of anaphylaxis

- Immediately administer an epipen
- Lay casualty down with legs raised to counteract shock
- **CALL AN AMBULANCE**





Practical session:
Administering an epipen



Unit 4

BLEEDING

&

WOUNDS

Management of bleeding

- Immediately apply **DIRECT PRESSURE** and **ELEVATE** the affected part if possible
- Do **NOT** apply direct pressure to an embedded foreign body and **DO NOT** attempt to remove it
- Apply a sterile dressing to the wound
- Decide on appropriate definitive care



Treatment of a nose bleed

- Confirm medical history if possible
- Patient should pinch their nose for 10 minutes; head should be well forward and low
- If bleeding does not stop after 30 minutes, take patient to A&E
- If bleeding is profuse or there are other signs and symptoms (i.e head injury)

CALL AN AMBULANCE

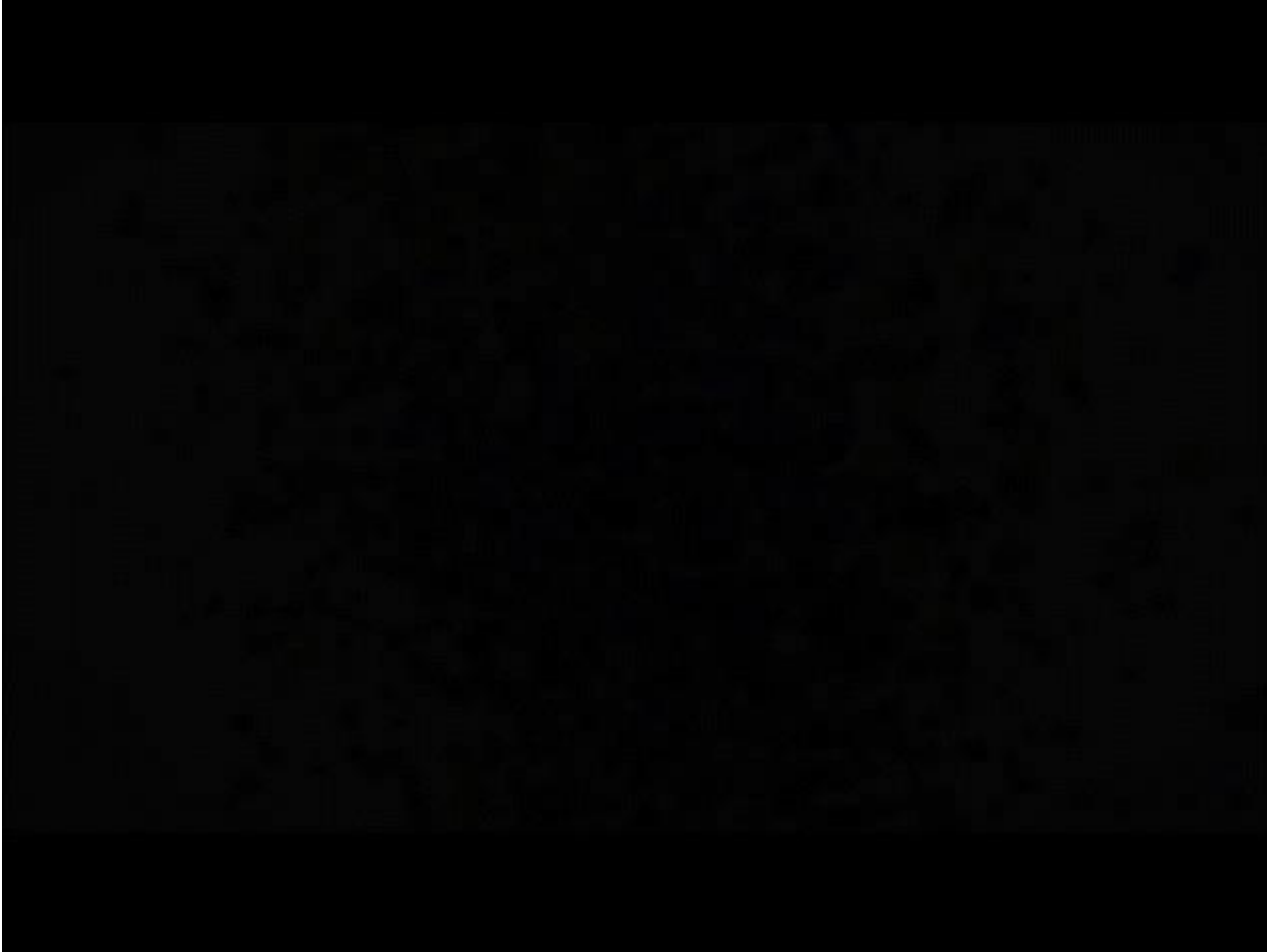




Unit 5

MEDICAL CONDITIONS

DIABETES



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What is diabetes?

- Lack of or no insulin to control blood sugar levels

- Clinical conditions are known as hyperglycaemia and hypoglycaemia



RECOGNISING HYPERGLYCAEMIA

Blood sugar TOO HIGH

> 10 mMol on glucometer

patient becomes ill over days

Flushed, often dry skin

Frequent drinking (Polydipsia)

Frequent urination (Polyuria)

Vomiting

Breath ketones

Confusion

Aggression

Unconsciousness

Eventually coma and death

RECOGNISING HYPOGLYCAEMIA

Blood sugar TOO LOW

< 4 mMol on glucometer

patient becomes ill over hours

Pale, cold and sweaty skin

Rapid, thready pulse

Hunger

Confusion

Irritability

Aggression; may be violent

Weakness and exhaustion

Unconsciousness

Eventually coma and death



General treatment of a diabetic emergency

- Use history, signs and symptoms to diagnose condition (hyper or hypo)
- If definitely HYPER, call an ambulance
- If definitely HYPO, give oral sugar immediately
- If unsure, or condition does NOT improve after sugar,
CALL AN AMBULANCE



EPILEPSY

- **Causes:** Genetics? Drugs.
Viral and bacterial
infections. Head injuries
- Known epileptics generally
take care of themselves and
do not appreciate being
taken to hospital after a fit

MANAGING AN EPILEPTIC FIT

Protect patient from hazards

Support the head if safe to do so

Allow 10 minutes for the fit to pass

DO NOT put anything in the patient's
mouth, or try to restrain them in any way

If the fit does not pass after 10 minutes or
the patient appears to be having repeated
fits, **CALL AN AMBULANCE**

If the patient recovers but does not know
about the fit, **CALL AN AMBULANCE**





Unit 6

PAIN

ABDOMINAL PAIN

- Constipation
- Ulcers
- Irritable Bowel Syndrome (IBS); Crohn's Disease
- Functional dyspepsia (stomach upset)
- In menstruating and sexually active adolescent girls endometriosis and sexually transmitted infections, respectively, need to be considered



GENERAL TREATMENT

- Although functional abdominal pain can be triggered or reinforced by a desire for attention, it is rare for a child to "fake" pain
- Acknowledge that the child's pain is real and offer sympathy, support, and reassurance.
- Take care to avoid reinforcing the pain by giving it undue attention



PERIOD PAIN

- Paracetamol or Ibuprofen
- Positional pain relief (i.e the 'W' position)
- Hot water bottle (wrapped in a towel) applied to abdomen
- Light, circular massage around the lower abdomen may help reduce pain
- *Refer to GP if period is heavier than normal, is irregular or pain is severe*



CRITICAL SIGNS & SYMPTOMS

- Bloody stools, severe diarrhoea, or recurrent vomiting
- Abdominal pain that is severe and lasts more than one hour
- Refusing to eat or drink anything for a prolonged period
- Fever higher than 102°F (39°C), or fever higher than 101°F (38.4°C)
- Pain when urinating, needing to urinate frequently or urgently
- Behaviour changes, including lethargy or decreased responsiveness



HEADACHE

- Headaches are very common in children and adolescents. In one study, 56% of boys and 74% of girls between the ages of 12 and 17 reported having had a headache within the past month
- Many headaches in children and adolescents are the result of stress and lifestyle issues. Headaches are also common symptoms of infections, colds, and the flu



HEADACHE

- The most common types of headaches in children and adolescents are muscle tension and migraine
- By age 15, 7 to 10% of all children and adolescents have had migraines and 15 to 20% have had frequent non-progressive or tension headaches



CHRONIC NON-PROGRESSIVE

- Also known as tension headaches – daily or frequent headaches or headaches that come and go over a prolonged period of time without causing neurological symptoms
- Common causes include stress, tension and depression. This is the most common type of headache in adolescents. Common associated features include dizziness and fatigue



CHRONIC PROGRESSIVE

- headaches that get worse and happen more often over time
- These are the least common type of headache
- Possibly a sign of a disease process in the brain if accompanied by neurological deficits such as weakness, balance problems and visual disturbances



MANAGEMENT

- Lie down and relax
- Stretch and relax muscles
- Apply a cold compress to the head
- Take breaks from activities that trigger or provoke headaches
- Progressive muscle relaxation
- Mental imagery relaxation
- Relaxation to music
- Counselling for stress management





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Poisons Management



Treat and manage the specific effects of the poison

MIU
A&E
999





END OF SESSION

- Q & A -