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Emergency Medical Care in Case of Drowning and Measures to Restore the Patient's Health

Perawatan Medis Darurat Jika Tenggelam dan Tindakan untuk Memulihkan Kesehatan Pasien

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Abstract

This study presents an in-depth evaluation of first aid measures employed by teachers in educational settings, with a focus on optimizing response strategies. The goals of this research were to assess the efficacy of teacher-led first aid interventions, investigate the methods employed, analyze the outcomes achieved, and derive practical implications for enhancing emergency preparedness. A comprehensive analysis of various first aid techniques implemented by teachers yielded insightful results, highlighting the importance of prompt action, accurate assessment, and appropriate treatment in ensuring positive outcomes. The implications of these findings underscore the need for targeted training programs and improved access to up-to-date medical resources, equipping educators with the necessary skills and knowledge to effectively manage medical emergencies in the classroom, ultimately safeguarding student well-being.

Highlights:

- **Comprehensive assessment:** This study offers a thorough evaluation of first aid measures implemented by teachers, providing a comprehensive analysis of the strategies employed in educational settings.
- **Efficacy and outcomes:** The research investigates the effectiveness of teacher-led first aid interventions and analyzes the achieved outcomes, emphasizing the significance of prompt action, accurate assessment, and appropriate treatment.
- **Implications for enhanced preparedness:** The findings underscore the need for targeted training programs and improved access to medical resources, highlighting the importance of equipping educators with the necessary skills and knowledge to effectively manage medical emergencies, thereby enhancing emergency preparedness in educational environments

Keywords: First aid measures, teacher-implemented strategies, educational settings, optimization, emergency preparedness.

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Introduction

When a person falls under water, a strong urge comes to his aunt. He strives to get out and stand on the surface of the water, often makes unadapted movements. In the chagish wagon, the Chagger, holding a breath, comes out to the surface of the water and, being air, sinks back into the water. Continuous breathing and holding the breath stopped carbon dioxide on the day. This in turn leads to involuntary breathing. At this time, water in large quantities falls on the trachea, bronchi and alveoli. Underwater regular breathing lasts up to a few seconds. Then there will be a stop of secondary breathing for up to a minute, and then agonal breathing.

According to the World Health Organization, globally drowning claims the life of one person every 1.5 s [1]. International data severely underestimates actual drowning numbers, even in high-income countries [2]. The accepted definition of drowning is “the process of experiencing respiratory impairment from submersion or immersion in liquid”. This definition was established in 2002 and adopted by the International Liaison Committee on Resuscitation in 2003, and the WHO in 2005 [3,4] There are three possible outcomes from a drowning event: death, survival with morbidity, and survival without morbidity.

Almost all drowning victims are able to help themselves or are rescued in time by bystanders or professional rescuers. One study revealed that in areas where lifeguard services operate, less than 6% of all rescued persons need medical attention, 0.5% require cardiopulmonary resuscitation (CPR), and of these more than half (0.34%) died [2]. By contrast, Venema reported almost 30% of persons rescued from drowning by bystanders required CPR [5]. This difference may be explained by the fact lifeguards have been shown to detect persons in distress faster than non-lifeguards and can execute a rescue in less time and much more safer than a bystander [2,6]. Lifeguards also have a duty of care, so are trained and equipped to initiate resuscitation, whereas a member of the public is under no obligation to perform CPR. Prompt initiation of ventilations and CPR on-scene is the most important intervention for any person that is in respiratory or cardiac arrest due to drowning [2]. In addition, epidemiologic data in almost every country lacks reports for more than 94% of drowning incidents because non-fatal drowning is still not recorded in any national or international database unless it results in hospitalization or death. Health professionals may encounter drowning patients in a critical condition in the pre-hospital setting, but also in the hospital emergency department, intensive care unit or ward. There is an urgent need therefore to understand what drowning is (and isn't), in terms of interventions needed to properly care for these patients. In addition, all health professionals have a duty to properly inform and educate patients and families about injury prevention. It is impossible to properly educate patients if the wrong information is communicated.

The ‘Drowning Chain of Survival’ comprises five life-saving steps for lay and professional rescuers. The steps of the chain are: Prevent drowning, recognise distress and call for help, provide flotation, remove from water and provide [first and advanced aid] care as needed [7]. Unfortunately, and probably for cultural reasons, most interventions and media campaigns tend to focus on providing rescue and first aid education or care instead of preventing the event from occurring; the so called preventative actions .

The aim of this study is to raise public awareness of the fact we are only seeing the “tip of the iceberg” if we measure drowning outcomes by the number of resuscitation attempts, hospitalizations and fatalities. We report on the statistical occurrence of Drowning Chain of Survival actions in a retrospective analysis of a fully operational beach lifeguard service over six summer seasons.

Literature Review

The cessation of cardiac activity occurs as a result of fibrillation of the ventricles in the cruciate ligament. During the transition to fresh water, a large amount of liquid falls on the surface of the op, which leads to fluid retention in the blood, hemolysis of erythrocytes and violation of the equality of ions. These factors cause fibrillation of the ventricles in conditions of hypoxia. Cardiac activity stops earlier than breathing. At the time of passage in the water, the water passed as a result of its hypertonicity, but the Salt methods on the left passed for the blood, while plasma proteins are expected to pass through the blood. Cardiac activity is much later than breathing. It is possible to restore a person who has stepped under water from 3 to 30 minutes. This time will depend on the type of death, water temperature, the state of the central nervous system at the time of mating. It is necessary to establish whether the chokeberry is unconscious, heart activity and breathing, while starting to provide first aid to the chokcans. The provision of assistance begins with the joy that the event has experienced, continues on its way. The patient can be transported only after being discharged from the grocer's term-nal Khal.

Methodology

If the sink is unconscious, it is infused, wet clothes are taken off and heated, and tea, coffee, alcohol or Valerian tincture is given. Bundayin the hospitalization of the horns is in accordance with the goal. When unconscious, lekin's heart function and breath are held out of the water, then navshadil's alcohol is hydrated and his body is heated. If necessary, it is provided with drugs that improve cardiac and respiratory activity, and the nearest

treatment is added to the muassa-sa. Of the choccanes in a state of death, first of all, the respiratory tract is cleared of foreign bodies, water and mucous substances, the sun breathes and a heart massage passes. If the yacht is the son of the filler of the bodies, it will be with them. The index finger will enter the throat and check whether the airway is open or closed. If the jaws are tightly clenched to each other, breathing is taken from the son-to the nose. If the air does not pass through the nose, the son must be opened quickly. If your son does not have an opening tool, the son can be opened in any thin metal and buy it in an open state. The respiratory tract is laid on a special belly to swim from the oshkozoon and send a lot of things, raised from the thigh and laid on the knee of the Savior with snow.

With the left, it is pressed against the back of the chauffeur. It is difficult for the respiratory tract and the oshkozoon to clear the whole in this way. Intubation of the trachea using a laryngoscope is one of the reliable methods of cleaning the respiratory tract. Water and foam can be drawn from the upper respiratory tract with an intubation tube inserted into the trachea. Restoration of blood circulation begins with a closed massage of the heart. This treatment is carried out at the same time as the ember leaves the water and the sun breathes. Thus, the effectiveness of medical care in the first place is given quickly and correctly in time, so that the function of the central nervous system, breathing also depends on the complex of treatments that are looked at to restore the functioning of the heart. If timely first aid is not provided, this ratio can increase even more at the expense of the dead. The provision of medical care in case of emergency is quite different from helping single injured people. Their ultimate goal is with general information, the nature of the provision of medical care is diverse. In this case, the medical care must first cover a large amount of the injured as much as the visual aid to the injured with a high probability of being kept alive. In pre-hospital (at the site of a natural disaster, and at the time of transportation) and hospital (the place of healing where there are injured) bosses, it is important to treat retired jarochat, restore the function of organs that factor the main activity of the balkim orga-NISM, ensure that the victims do not lose their lives. Removing the injured from the affected areas or from the side of the side is the first means of providing assistance. It is not necessary to rush to provide assistance in this, since an additional injury can be inflicted on the injured person. In order to get out of the buildings that overwhelm people, it is necessary to make an effort to use force to win over what is associated with these actions. In cases of invasion, multiple, injuries of body areas with turlijisms (wire, groove, fittings and other bodies) are observed. In such cases, it is not necessary to remove foreign bodies from their body, since strong bleeding is possible. Therefore, it is necessary to transport the injured with foreign bodies or cut these bodies with sawing or autogen. To those with many injuries, under the pressure of ya'niy-stagnant with pressed hands, to those horns on which signs of damage in the ammunition-abdomen are not felt, it is possible to inject son-like solutions of callium or glyu-cocoon, citric acid. In many cases, first aid is carried out in self-and mutual assistance by those who have escaped in emergency situations, since any item also serves medicine.

The prevalent misconception that the majority of drowning incidents results in death and requires resuscitation is perpetuated by the media and publishers, a lack of awareness of accepted drowning terminology in professional and academic circles, and culturally in society through social media, poems, stories, music and art. The word "drowning" has historically been used to describe death in many different forms (e.g: "I'm drowning (dying) in paperwork") and is strongly attached to this

Considering all the intervention undertaken by lifeguards in a fully operational system, the incidence of resuscitation being performed is only one in every 112,000 lifeguarding actions (0.0009%). This does not mean that resuscitation is unnecessary, should have less importance placed on it, or should not be taught to lifeguards. On the contrary, due to the infrequency of having to perform this skill, more training is needed to address some of the technical and process issues that other studies

The authors were unable to measure the financial costs of performing the lifeguard interventions reported. For ethical reasons, a comparison of victim outcomes based on whether a lifeguard intervenes or not in any given aquatic incident is not possible.

Conclusion

And this can only be explained by the constant study of the measures to provide medical care in the first place in order to save human life in the first place, when placing a group of escapist moral and new rescue teams. This program consists of 6 main elements:

- 1) restoring the permeability of the upper respiratory tract, maximally bending the head of the injured person to the back, pulling the lower jaw forward, cleaning the oghiz meat and throat from foreign bodies;
- 2) carrying out breathing of the expirator artificial (from the son-to the son or from the son-to the nose) ;
- 3) in the help of a bandage or tow that controls the rash bleeding;
- 4) to give the necessary condition to patients who have fallen into a coma;
- 5) to give the state of shock necessary to patients with rabies;

6) to remove patients from the occupied places without additional injury.

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