

First Aid Basics

The hands-on skill behind the Medical Care chapter and its addendum, with one difference from every other guide in this section: it tells you upfront what it won't try to teach.

What this guide covers, and what it deliberately doesn't

Wound cleaning, bleeding control with direct pressure, recognizing shock, basic splinting, choking response, heat illness, hypothermia, severe allergic reactions, burns, nosebleeds, and knowing when to call 911 can all be taught accurately in writing, since each is a clear sequence of steps rather than a feel-calibrated technique, and are covered below, including where infants and children need a different response than adults.

CPR and tourniquet use are not covered here on purpose. Both are correct-technique-under-pressure skills that certified courses teach through hands-on practice with an instructor watching and correcting you, exactly because getting the technique wrong (compression depth and rate for CPR, placement and tightness for a tourniquet) matters and is hard to self-assess from a page of text. The "where to get trained" section below links to free and low-cost hands-on courses for both.

Choking

1. If the person can cough forcefully, speak, or breathe at all, encourage them to keep coughing; that's still the most effective way to clear an airway.
2. If they cannot cough, speak, or breathe, have someone call 911 immediately while you act.
3. Lean the person forward and deliver **5 back blows** between the shoulder blades with the heel of your hand.
4. If that doesn't clear it, stand behind them, make a fist, place the thumb side against their stomach just above the navel, cover it with your other hand, and give **5 abdominal thrusts**, pulling inward and upward.
5. Alternate 5 back blows and 5 abdominal thrusts until the object clears or the person can cough, cry, or speak.
6. If they become unresponsive, lower them to a firm, flat surface and begin CPR, starting with chest compressions, at whatever level of training you have.

For an infant under 1 year, use chest thrusts, never abdominal thrusts

An infant's abdominal organs are too immature for the abdominal thrusts described above; used on an infant, they risk real internal injury. Instead: lay the infant face-down along your forearm, supported on your thigh with the head lower than the body, and give **5 back blows** with the heel of your hand between the shoulder blades. Then turn the infant face-up, still head-down along your forearm, and give **5 chest thrusts** with two fingers on the center of the breastbone, just below the nipple line. Alternate the two until the object clears or the infant becomes unresponsive, at which point begin infant CPR.

Watch it: American Red Cross, "What to Do When an Adult is Choking (Responsive)" and "...(Unresponsive)".

Heat exhaustion and heat stroke

These look similar at first but demand different responses, and mistaking one for the other is the actual danger.

- **Heat exhaustion:** heavy sweating, cool and clammy (not hot) skin, weakness, muscle cramps, nausea, headache, dizziness. Move the person to a cooler place, loosen clothing, apply cool wet cloths, and offer sips of water if they're fully alert.
- **Heat stroke:** hot, red, dry or damp skin, confusion, a body temperature above 103°F, a rapid strong pulse, or loss of consciousness. **Call 911 immediately;** heat stroke can cause permanent disability or death without emergency care, and cooling the person down while you wait (cool cloths, a cool bath if available) helps but does not replace calling.

Children heat up faster than adults, a higher surface-area-to-body-mass ratio and a slower rate of acclimatization mean heat exhaustion can progress to heat stroke in less time. Treat the same symptoms as more urgent in a child, and don't wait to see if they worsen before calling 911.

Watch it: Mayo Clinic, "Mayo Clinic Minute: Heat exhaustion and heatstroke".

Hypothermia

Watch for the progression, not just a single symptom: shivering that gradually gives way to slurred speech, stumbling, and confusion. **Shivering that suddenly stops without rewarming is a warning sign, not an improvement;** it often means the condition is getting worse, not better.

1. Move the person somewhere warmer and remove any wet clothing, replacing it with dry, loose layers.

2. Warm them gradually: wrap them in blankets or a space blanket, or use your own body heat. **Don't rub their skin or apply direct high heat;** both can injure cold-damaged tissue.
3. If they're fully alert and able to swallow, a warm, non-alcoholic, non-caffeinated drink helps. Don't give anything by mouth if they're confused or drowsy.
4. Call 911 for anyone showing confusion, stumbling, or slurred speech; that's beyond mild hypothermia and needs real medical care.

Infants and young children have a higher surface-area-to-body-mass ratio than adults, so they lose body heat faster from the same cold exposure. Warm a cold child sooner and more urgently than you would an adult with the same symptoms, rather than waiting to see if it's serious.

Severe allergic reaction (anaphylaxis)

Watch for severe swelling of the face, lips, or throat; widespread hives; difficulty breathing; or repeated vomiting after a known or suspected allergen exposure. This can become fatal within minutes.

1. Call 911 immediately, before doing anything else.
2. If the person has their own epinephrine auto-injector (EpiPen or similar) and can't use it themselves, help them: pull off the safety cap, then swing and push the tip firmly against the outer thigh until it clicks, and hold it in place for the count specified on the device.
3. Epinephrine buys time; it does not replace emergency care. Go to the hospital even if symptoms improve, since a second wave of reaction can follow the first.

Epinephrine auto-injectors come in two doses: the smaller EpiPen Jr (0.15mg), prescribed for children roughly 33–66 lbs, and the standard adult EpiPen (0.3mg), prescribed at 66 lbs and up. Use whichever device is actually prescribed to that person, not whichever one happens to be at hand; the injection technique itself is identical either way.

Watch it: official EpiPen® channel, "How to Use an EPIPEN® Auto-Injector".

Stopping bleeding

1. Apply firm, direct pressure to the wound with a clean cloth or gauze.
2. If blood soaks through, add more gauze on top without removing the original layer; lifting it off restarts the clotting process that's already begun.
3. Elevate the injured area above the heart if possible, unless you suspect a broken bone underneath.
4. Keep steady pressure for a full 10 minutes by the clock before checking. Most bleeding that's going to stop, stops in that window.

If bleeding is severe or won't stop with direct pressure

Life-threatening bleeding from a limb (spurting blood, blood pooling rapidly, bleeding that soaks through dressing after dressing) may need a tourniquet or wound packing. Both require hands-on training to do correctly and safely; see "Get hands-on trained" below. Call 911 immediately either way.

Cleaning and dressing a wound

1. Wash your own hands first if at all possible.
2. Once bleeding is controlled, clean the wound with soap and water, or clean water alone if that's what you have.
3. Pat dry with a clean cloth and cover with a clean, non-stick dressing, taped or wrapped so it stays in place.
4. Change the dressing daily, or sooner if it gets wet or dirty, and watch for spreading redness, warmth, swelling, or pus over the following days, all signs of infection that need medical attention.

Get medical care, not just a bandage, for a wound that's deep, gaping, won't stop bleeding after 10 minutes of firm pressure, or came from a dirty or rusty object (tetanus risk).

WARNING**A thin red streak from the wound is a different emergency than redness around it**

Redness that stays around the wound itself, especially if it's expanding slowly, is worth watching. A thin red streak traveling away from the wound toward the armpit, groin, or behind the knee is lymphangitis, infection spreading through the lymphatic system toward the bloodstream, and it moves fast. Combined with fever above 100.4°F, chills, or tender lymph nodes, treat it as a true emergency requiring evacuation to real care, not something to watch overnight and reassess in the morning.

Animal bites

1. Any bite or scratch, wild or domestic animal, gets the same immediate first response: scrub the wound with soap and running water for a full **5 to 10 minutes**. This reduces both bacterial infection risk and rabies risk.

2. **Don't tape or butterfly-bandage a bite wound closed.** Closing it traps bacteria inside instead of letting it drain.
3. Get evaluated for rabies post-exposure treatment as soon as possible after any bite or scratch from a wild animal, or from a domestic animal whose vaccination status and behavior you can't confirm. It's nearly 100% effective at preventing rabies when started promptly, but doesn't work once symptoms begin, so speed matters more here than with almost any other wound.

Raccoons, skunks, bats, and foxes carry the real rabies risk in most of the country. Never approach a wild animal that looks sick, injured, or is acting strangely, especially a normally nocturnal species that's active and aggressive in daylight; that behavior itself is a warning sign, not just an unusual sighting.

Burns

1. Cool the burn under cool (not ice-cold), gently running water for at least 20 minutes. Cooling still helps even started up to 3 hours after the burn happened, so don't skip it just because time has passed.
2. **Never use ice.** It causes its own tissue damage on top of the burn. Never apply butter, oil, or ointment either, both trap heat in and can worsen the injury.
3. Remove rings, watches, or tight clothing near the burn before swelling sets in, but don't try to peel away anything that's stuck to the burned skin.
4. Cover loosely with a clean, non-stick dressing once cooled. Don't break any blisters that form; an intact blister is protecting the wound underneath.

A **first-degree burn** (red, painful, no blistering, like a mild sunburn) is reasonable to manage at home with the steps above. Any burn that blisters (second-degree) over a large area, or looks white, leathery, or charred (third-degree), or covers the face, hands, feet, groin, or a major joint, needs real medical care, not just a bandage. If you're cooling a large area of the body, especially in a child, watch for shivering or confusion, signs the cooling itself is starting to cause hypothermia, and shorten the cooling time if that happens.

TIP

Raw honey, once a burn is cooled, is different from the butter and oil above

For a small, already-cooled first- or second-degree burn, plain raw honey under a clean dressing has real clinical evidence behind it, its acidity, sugar content, and natural hydrogen peroxide production create a genuinely antibacterial environment, and studies show it performing as well as or better than conventional treatment for exactly this kind of wound. This isn't the same advice as the butter or oil the guide already tells you to avoid: those trap heat and have no antibacterial effect, honey does

neither. It's not a substitute for the cooling step above or for real medical care on a burn serious enough to need it.

Nosebleeds

1. Sit up and lean slightly forward, not back. Leaning back sends blood down the throat, which can cause choking or vomiting, not stop the bleed.
2. Pinch the soft part of the nose (not the bony bridge) firmly shut with thumb and finger, and breathe through the mouth.
3. Hold that pressure continuously for a full **10 to 15 minutes**. Don't let go early to check, even at 5 minutes; releasing pressure early is the most common reason a nosebleed that would have stopped doesn't.
4. If it's still bleeding after 15 minutes, pinch for another 10 to 15 minutes before giving up on direct pressure.

Get medical care if the bleeding hasn't stopped after two full rounds of pressure, if it's heavy enough that it's hard to keep up with, if breathing becomes difficult, if it followed a real blow to the face or head, or if the person is on a blood thinner.

Recognizing and responding to shock

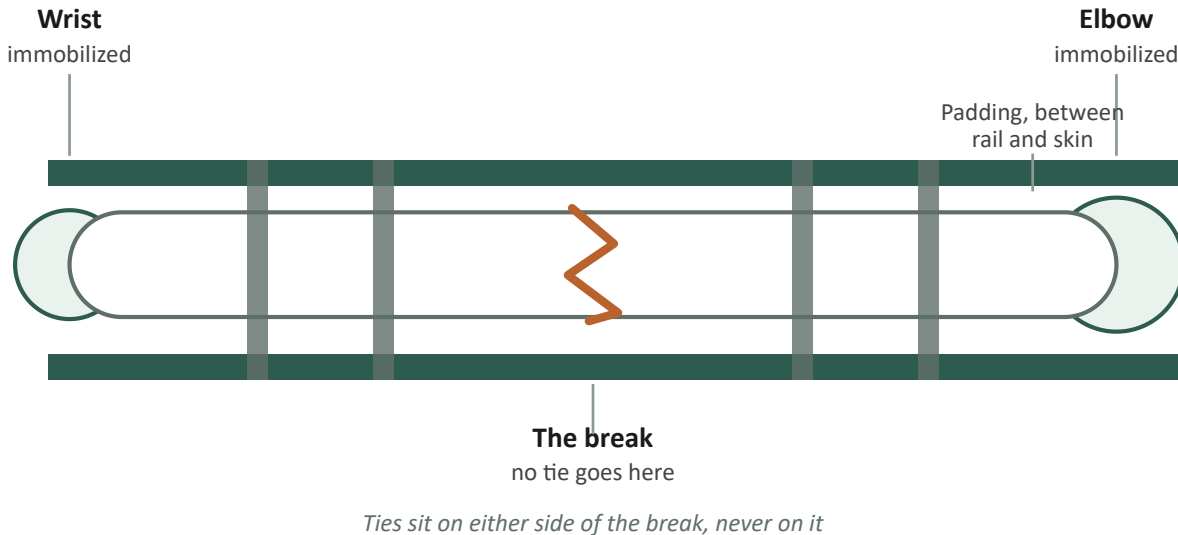
Shock is the body's response to inadequate blood flow, and it can follow any serious injury, not just heavy bleeding. Watch for: cool, clammy, or pale skin; a bluish or gray tinge to the lips or fingernails; a rapid, weak pulse; rapid, shallow breathing; nausea; confusion, anxiety, or restlessness; and dizziness or fainting.

1. Call 911 (or get to help) if you suspect shock at all; it can worsen quickly.
2. Lay the person down and elevate their legs slightly, unless you suspect a head, neck, or back injury, or it causes pain or breathing trouble.
3. Keep them still, warm, and calm. Loosen tight clothing.
4. Don't give food or water; a person in shock may need surgery, and an empty stomach matters for that.

Children compensate for shock longer than adults do, their heart rate and blood vessels adjust to maintain normal-looking color and blood pressure well after significant blood loss or fluid loss has started, then can decompensate suddenly rather than declining gradually. Don't let a child "looking okay" talk you out of calling 911 after any injury or illness that could plausibly cause shock.

Basic splinting

The core principle: a splint should immobilize the joint above *and* the joint below the injury, not just the injury site itself. A splinted forearm, for example, should keep both the wrist and the elbow from moving.



1. Don't try to straighten or realign a suspected fracture. Splint it in the position you found it.
2. Use whatever's rigid and available, a stick, a rolled magazine, a piece of wood, padded with cloth or gauze so it doesn't dig in.
3. Wrap snugly enough to immobilize the limb, but not so tight it cuts off circulation.
4. Check the skin below the splint every hour: color, warmth, and whether the person can feel you touch it. If it's cool, pale, numb, or tingling, the splint is too tight, unwrap it and redo it more loosely.

Watch it: Global Health Media Project, "Splinting a Fracture".

When to call 911 without hesitating

Bleeding that doesn't stop after 10 minutes of direct pressure; any difficulty breathing; chest pain; a person who is unresponsive or won't wake up; signs of shock; a suspected head, neck, or back injury; a severe allergic reaction; or any injury that simply looks worse than you can handle. Calling and being wrong costs nothing. Not calling and being wrong can cost a life.

What to actually say, in order

Panic makes it hard to compose sentences from scratch. Say these four things, in this order, then stop talking and answer whatever the dispatcher asks:

1. **Your location first.** "The emergency is at [address or nearest cross streets/landmark]." Say this before anything else, even before what happened, since a dropped call with your location already given still gets help moving.
2. **A callback number.** "My number is [your phone number]," in case the call drops.
3. **What's happening, in one sentence.** "[Person] is [bleeding heavily from their leg / not breathing / having chest pain]."
4. **Stop talking, then answer.** The dispatcher will ask follow-up questions and may walk you through what to do before help arrives. Stay on the line until they tell you to hang up, not before, they may need to relay updates or give you further instructions.

Get hands-on trained

Reading this page once is a start, not a substitute for practicing under an instructor's eye. Both of the following are widely available and, in several forms, free:

- **CPR and AED use:** the American Red Cross runs in-person, online, and blended CPR/AED courses nationwide through its Find a Class tool; certification is valid for two years, and cost varies by format and location. Infant, child, and adult CPR are taught as distinct techniques (different compression depth, hand placement, and rate), so if the person you're most likely to need to help is a baby or young child, ask for a course that specifically includes the infant/child modules, not an adult-only class.
- **Severe bleeding control and tourniquet use ("Stop the Bleed"):** the American College of Surgeons runs a free Stop the Bleed program with both an interactive online course and in-person hands-on sessions nationwide. The Red Cross's First Aid for Severe Trauma course is offered at no cost to anyone under 19, and its shorter First Aid for Severe Bleeding online course (about 30 minutes) is available through the same class finder. *Watch it:* American College of Surgeons, "How To STOP THE BLEED®".

Write your own plan, in one sentence

A kit you've never actually opened isn't the same as one you know how to use. Finish this sentence with your own real plan:

"The next time *I check my first aid kit* _____, I will *check one expiration date* _____."

Know someone this guide would actually help? Being the person who's ready includes being the person who says something.

Send them this page ›

Sources

- American Red Cross, bleeding control and wound care guidance: Red Cross; Red Cross, Wounds
- Mayo Clinic, shock signs, symptoms, and first aid: Mayo Clinic
- American Red Cross, adult and child choking response: Red Cross
- American Red Cross, infant choking response (back blows and chest thrusts, no abdominal thrusts): Red Cross
- CDC, heat-related illness symptoms and first aid: CDC; Mayo Clinic, heat exhaustion first aid: Mayo Clinic
- Children's faster heat-illness progression (surface-area-to-mass ratio, acclimatization): UNICEF
- Hypothermia stages and first aid rewarming guidance: First Response Training
- Anaphylaxis recognition and epinephrine auto-injector use: HealthyChildren.org (American Academy of Pediatrics)
- EpiPen Jr vs. EpiPen weight-based dosing: GoodRx
- Basic splinting technique and immobilization principle: First Aid for Free
- Pediatric shock: prolonged compensation followed by sudden decompensation, versus gradual decline in adults: CPR Cart (PALS)
- American College of Surgeons, Stop the Bleed training program: stopthebleed.org
- American Red Cross, CPR/AED and First Aid for Severe Trauma class information, including infant/child/adult CPR distinctions: Red Cross
- Lymphangitis (red streaking), symptoms, and when it's an emergency: Cleveland Clinic
- Animal bite wound care and rabies post-exposure prophylaxis: CDC; high-risk wildlife species: Johns Hopkins Medicine
- Burn first aid, cooling duration, and degree classification: Cleveland Clinic; Red Cross
- Clinical evidence for honey as a wound dressing, including for burns specifically: PMC, evidence review; PMC, burn wound comparative study
- What to say when calling 911, correct order (location, callback number, nature of emergency) and staying on the line: UPMC Minutes Matter; City of Minneapolis 911
- Nosebleed first aid technique and duration: Mayo Clinic; Red Cross