

# Arizona Peace Officer Standards and Training

## Basic Curriculum Lesson Plan

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**LESSON TITLE: FIRST AID - ENVIRONMENTAL 8.1**

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SUBJECT:	First Aid (Environmental)
AZ POST DESIGNATION:	8.1.14
HOURS:	3.5
COURSE CONTENT:	Examines different types of environmental emergencies and treatments, including: Heat and cold emergencies, burns, drugs, poisons and stings.
PERFORMANCE OBJECTIVES:	Upon completion of this course of instruction, students using notes, handouts and other support materials as references, within the allotted time, will:
8.1.14.1	Given a written, verbal or visual description of a person suffering from an environmental emergency, identify the appropriate treatment steps, to include: <ul style="list-style-type: none"><li>A. Heat emergencies:<ul style="list-style-type: none"><li>1. Dehydration.</li><li>2. Heat cramps.</li><li>3. Heat exhaustion.</li><li>4. Heat stroke.</li></ul></li><li>B. Cold emergencies:<ul style="list-style-type: none"><li>1. Frostbite.</li><li>2. Hypothermia.</li></ul></li></ul>
8.1.14.2	Given a written, verbal or visual description of a person suffering from a burn, identify the appropriate treatment steps, to include: <ul style="list-style-type: none"><li>A. Types:<ul style="list-style-type: none"><li>1. Thermal.</li></ul></li></ul>

2. Electrical.

3. Chemical.

B. Degrees:

1. First.

2. Second.

3. Third.

8.1.14.3 Given written, verbal or visual descriptions of persons suffering from the following toxic reactions, identify the signs, symptoms and appropriate treatment steps:

A. Alcohol and drug abuse.

B. Bites (snake, animal and human).

C. Poisons (ingested, inhaled, injected and absorbed).

D. Insect stings, etc.

DATE FIRST PREPARED: January 1998

PREPARED BY: Wayne Lupinski

REVIEWED – **REVISED**: David Kleinman DATE: December 1998  
**REVIEWED** – REVISED: Sgt. Bill Wright  
ALEA Course Revision 2001 DATE: January 2001  
REVIEWED – **REVISED**: SME Committee DATE: October 2002  
REVIEWED – **REVISED**: Officer Tim Taylor, SME Chairman DATE: February 2004  
REVIEWED – **REVISED**: POST – Hours Corrected DATE: June 2006  
REVIEWED – **REVISED**: First Aid SME Group DATE: November 2017  
REVIEWED – **REVISED**: AZPOST (DocX) DATE: March 2022  
AZ POST – APPROVAL: Don Yennie DATE: November 2017  
AZ POST – APPROVAL: Lori Wait DATE: March 2022

**INSTRUCTOR REFERENCES:**

CLASS LEVEL: Student

**TRAINING AIDS:****INSTRUCTIONAL STRATEGY:**

SUCCESS CRITERIA: 70% or higher on a written, multiple-choice examination.

COMPUTER FILE NAME: 8.1.14 First Aid - Environmental

DATE RELEASED TO THE SHARE FILE: August 2023

**I. INTRODUCTION**

- A. Instructor – (self) introduction.
- B. Preview of performance objectives.

**II. ENVIRONMENTAL EMERGENCIES****A. Dehydration.****P. O. 8.1.14.1A1**

- 1. Signs and symptoms:
  - a. Dry mucous membranes.
  - b. Poor skin elasticity.
  - c. Excessive thirst.
- 2. Care:
  - a. If alert, give water to drink.

**B. Heat cramps.****P. O. 8.1.14.1A2**

- 1. Signs and symptoms: (Example: Changing a tire or a football player)
  - a. Severe muscle cramps, usually in the legs and the abdomen.
  - b. Exhaustion, often to the point of collapse.
  - c. Sometimes dizziness or periods of faintness.
- 2. Care:
  - a. Move the patient to a nearby cool place.
  - b. Give water to drink. The muscle cramps should ease shortly after the patient drinks water.
  - c. Help ease the patient's cramps by massaging the cramped muscles. You will be more effective if you massage with pressure rather than light rubbing actions.
    - i. Discuss half (½)-strength commercial electrolyte fluids. **INSTRUCTOR NOTE :** *A high sugar content found in commercial electrolyte fluid may cause the body to dump excess fluids.*

ii. The patient needs water more than salt.

d. Moist towels applied to the patient's forehead and over the cramped muscle provide added relief for some patients.

e. If cramps do not go away or if more serious signs and symptoms begin to develop, alert the EMS system dispatcher.

**C. Heat exhaustion.**

**P. O. 8.1.14.1A3**

**1. Signs and symptoms:**

a. Rapid and shallow breathing.

b. Weak pulse.

c. Cold and clammy skin, with heavy perspiration.

d. Total body weakness.

e. Dizziness, sometimes leading to unconsciousness.

**2. Care:**

a. Move the patient to a nearby cool place.

b. Keep the patient at rest.

c. Remove as much of the patient's clothing as is necessary to cool the patient without causing him/her to become chilled.

d. Fan the patient's skin.

e. Give the patient water. DO NOT try to administer fluids to an unconscious patient.

f. Treat for shock, but do not cover the patient to the point of overheating.

g. Alert the EMS system dispatcher. If the patient is unconscious, fails to recover rapidly, has other injuries or has a history of medical problems, be prepared for the patient to worsen.

**D. Heat stroke. (True medical Emergency)**

**P. O. 8.1.14.1A4**

**1. Signs and symptoms:**

- a. Deep breaths, followed by shallow breathing.
  - b. A rapid, strong pulse, followed by a rapid, weak pulse.
  - c. DRY, hot skin. **INSTRUCTOR NOTE:** *Due to the loss of body fluids, your body cannot sweat.*
  - d. Large (dilated) pupils.
  - e. Loss of consciousness – the patient may go into a coma.
  - f. Convulsions or muscular twitching become visible.
2. Care:
- a. Alert dispatch.
  - b. Cool the patient – do this in any manner possible and do it rapidly.
    - i. Move the patient out of the sun or away from the heat source.
    - ii. Remove his/her clothing and wrap the patient in wet towels and sheets.
    - iii. Pour cold water over these wrappings.
    - iv. The patient's body heat must be lowered rapidly or the brain cells will die!
  - c. If cold packs or ice bags are available, wrap them and place one (1) bag or pack under each of the patient's armpits, one (1) on each wrist and ankle and one (1) on each side of the patient's neck and inside of the groin.
  - d. Alert the EMS system and arrange for transport **AS SOON AS POSSIBLE**.
  - e. Should transport be delayed, find a tub or container and immerse the patient up to the neck in cooled water.
    - i. Use ice, if available, to cool this bath.
    - ii. Even a partial covering of the patient with cooled water will help.
  - f. Continue to monitor the patient's vital signs. **INSTRUCTOR NOTE:** *Do not cool to the point of shivering. Shivering will raise body temperature.*

### III. COLD EMERGENCIES

### P. O. 8.1.14.1B

A. Frostbite – local cooling of the body:

P. O. 8.1.14.1B1

1. The condition.
  - a. Seventy percent (70%) of the body is composed of water.
  - b. When the body is subjected to excessive cold, the water in the cells will freeze; the resulting ice crystals may even destroy cells.
  - c. It may be minor (frostnip), superficial or deep. **INSTRUCTOR NOTE:** *Never rub any condition of frostbite; the ice crystals in the tissue can cut and destroy cells.*
2. Frostnip.
  - a. Signs and symptoms:
    - i. Slow onset – frostnip usually takes some time to develop.
    - ii. Unawareness on the part of the patient – most people with frostnip are not aware of the problem.
    - iii. The area of the skin affected becomes white (blanches) – this color change can take place very quickly.
    - iv. The affected area will feel numb to the patient.
  - b. Care:
    - i. Warm the affected area.
3. Superficial frostbite.
  - a. Signs and symptoms:
    - i. The affected area of the skin appears white and waxy.
    - ii. The affected area will feel frozen on the surface. The tissue below the surface **MUST** still be soft and have its normal “bounce.” If it also feels frozen, then you are dealing with a case of freezing.
  - b. Care:
    - i. Protect the frostbitten area by covering the site of injury and handling the affected part as gently as possible.
    - ii. Apply a steady source of external warmth to the site of the injury. **NEVER**

use a heat source that is uncomfortable for you to hold with your bare hand.

- iii. Arrange for transport to a medical facility or do the above two (2) steps during transport. If at all possible, keep the patient warm and at rest. Avoid having the patient do any walking if any part of the foot is frostbitten.
- iv. If the transport is delayed, you must re-warm the affected body part.
- v. If you complete re-warming of the part (if it no longer feels frozen and is turning red or blue in color), dry the affected area and apply a clean dressing. Do not allow the area to refreeze.

4. Deep frostbite or freezing.

a. Signs and symptoms:

- i. The skin will turn spotted (mottled) or blotchy. Its color will turn white, then grayish yellow and finally a grayish blue.
- ii. At the site of the freezing, the surface of the skin will feel frozen and the layers of tissue below the surface will also be hard to the touch.

b. Care:

- i. Arrange for immediate transport and provide care during transport.
- ii. Provide the same care as you would for superficial frostbite.
- iii. If transport is delayed, re-warm the affected body parts the same as you would for superficial frostbite. Be very careful with frozen tissues. Do not allow the area to re-freeze.

B. Hypothermia – general cooling of the body.

**P. O. 8.1.14.1B2**

1. Signs and symptoms:

- a. Shivering.
- b. Feelings of numbness.
- c. Drowsiness and not willing to do even the simplest of activities.
- d. Slow breathing and pulse rates – this is seen in cases of prolonged hypothermia.
- e. Failing eyesight – this is seen in cases of prolonged hypothermia.



- f. Unconsciousness, usually with the patient having a “glassy stare,” this is seen in extreme cases.
  - g. Freezing of body parts – this is seen in the most extreme cases. Action must be taken immediately, for the patient may be near death.
  - h. Alcohol intensifies the effects.
2. Care – mild hypothermia.
- a. Do patient surveys and interviews to determine the extent of the problem.
  - b. Keep the patient dry.
  - c. Slowly apply heat to raise the patient’s body temperature. Move the patient to a nearby warm environment, if at all possible. Apply heat to the patient’s body in the form of heat packs, hot water bottles, electric heating pads, hot air, radiated heat and your own body heat and that of bystanders. A warm bath is very helpful, but you must guard the patient against drowning.
  - d. If the patient is alert, give him/her warm liquids.
  - e. Except in the mildest of cases (shivering), alert the EMS system. NEVER allow a patient to remain in, or return to, the same cold environment. Hypothermia will probably return.
3. Care – severe hypothermia.
- a. Signs:
    - i. Unconsciousness.
    - ii. Slowed or absent respirations.
    - iii. Slowed or absent pulse.
    - iv. Irrational or stuporous states.
    - v. Muscular rigidity.
  - b. Care:
    - i. Alert dispatch/activate EMS.
    - ii. Do not re-warm.

- iii. Handle with care.
- iv. Elevate feet.
- v. Keep the airway open.
- vi. Protect from additional cold.
- vii. Maintain vital signs.

#### 4. Mental exercise:

- a. You go to a family fight call. The husband advises you that the wife got mad and left about 15 minutes ago. She ran out of the house wearing only a short-sleeved shirt and light pants with no shoes. It is January in Flagstaff with three (3) feet of snow on the ground.
- b. You and another officer begin looking. About one (1) hour later, you find the woman curled up along the road lying in the snow. Her skin is white and is cold to the touch. She cannot remember who she is or where she is. She is shivering violently and cannot stop.
  - i. What is your first action? (Call EMS)
  - ii. What is your first intervention? ( Get them to a warm place)
  - iii. What else could you do? (Use blankets)
  - iv. What should you do until EMS arrives? (Monitor vitals)

#### IV. BURNS

- A. Burns are among the most painful of wounds. They are also among the most dangerous because of the severe risk of infection.
- B. There are three (3) sources of burn injuries. They are: Thermal, electrical and chemical. (Radiation is a fourth source that can be touched on.)
- C. Thermal burns. **P. O. 8.1.14.2A1**

1. Thermal burns occur when a heat source is applied to the human body with enough intensity to combust, scorch, melt, vaporize or otherwise destroy human flesh. Examples are:
  - a. Flame.

- i. Campfire or fireplace.
- ii. Accidental fire (i.e., auto accident or structure fire).
- b. Hot surface.
  - i. Hot pavement. (Placing suspects on the pavement in summer)
  - ii. Stove top, appliances.
- c. Hot liquid or scalding.
  - i. Opening an overheated car radiator.
  - ii. Child abuse.
- d. Hot vapor or superheated air.
  - i. Steam.
  - ii. Inhalation injury from heated air, “fireman’s lungs.” Be aware of airway burns and difficulty breathing.

D. Electrical burns.

**P. O. 8.1.14.2A2**

1. Electrical burns occur when electricity of sufficient voltage and amperage is passed through the human body, destroying tissue.
2. Common sources of electrical burns:
  - a. Lightning: Usually an entrance wound and an exit wound. It is rare and can be fatal. Tissue is damaged between wounds>
  - b. House current: Painful, but usually not fatal unless well grounded.
  - c. High voltage: Electrical substations, high transmission towers or downed power lines. High voltage is often lethal.
3. If voltage, amperage, ground or pathway is sufficient, electrocution can occur in addition to thermal burns. Examples are: ( Electrocution: Sudden death by heart stoppage)
  - a. A workman on an aluminum ladder contacts high voltage. The current travels through the line, through the workman and through the ladder to the ground resulting in entrance and exit wounds, heart stoppage, and thermal burns to his/her body. (The current is the flow of voltage) ( The top layer of skin may peel

like tissue paper)

- b. Electric chair: Only eight (8) amps, but 2,000 volts, causing heart stoppage, general body heating and scorching.
- c. Using an electrical appliance on a wet floor (e.g., adjusting the radio volume while standing in the bathtub).
- d. Tasers: Do not have the amount of voltage or amps to usually cause death.

4. Special considerations for electrical burns:

- a. Ensure that the power has been turned off prior to rescue, treatment or transport. Rescuers and victims have been killed by touching the victim that is STILL in contact with an electrical source.
- b. Prepare for CPR.
- c. Treat burns secondary to CPR.

E. Chemical burns.

**P. O. 8.1.14.2A3**

1. Common substances causing chemical burns:

- a. Household: Bleach, oven cleaner, scale remover, pool chemicals, etc.
- b. Automotive: Battery acid, radiator cleaner, gas, etc.
- c. Industrial: Just about every chemical in an industrial setting can cause burns to the skin. Look for hazardous material placards.

2. Special considerations for chemical burns:

- a. Flush area with clean water.
- b. Do not neutralize the chemical. Leave this to medical personnel.

F. Degree of burns and their treatment.

1. First degree: Superficial

**P. O. 8.1.14.2B1**

- a. Only the surface area is affected. (Epidermis - surface layer of skin)
- b. Redness and pain present.
- c. Apply cool water.

- d. Transport is rare unless large areas are involved.
2. Second degree: Partial Thickness. **P. O. 8.1.14.2B2**
- a. Both the surface and under layer of the skin are affected. (Dermis - The layer under the epidermis.)
  - b. Redness, pain and blistering. ( Blisters set first- and second-degree burns apart.)
  - c. Apply cool water.
  - d. Do not break the blisters. This may increase the risk of infection.
  - e. Cover with a dry, sterile dressing.
  - f. Protect the area.
  - g. Transport is rare unless large areas are involved.
3. Third degree: Full Thickness **P. O. 8.1.14.2B3**
- a. True medical emergency.
  - b. Charring of surface and under layer. Possible charring to the bone, muscle, nerves, blood vessels and even organs.
  - c. The charred area is painless.
  - d. Surrounding the burn site is extremely painful. This is due to nerve damage.
  - e. Fluid loss. (Open wounds)
  - f. Call EMS.
  - g. Cover the wound with sterile dressing. (Prevents fluid loss)
  - h. Do not attempt to cool by adding liquids.
  - i. Treat for shock.
  - j. Consider transport.
4. Other considerations for treatment.
- a. Stop the burning process first.

- b. Contact EMS when large areas are affected, the airway is involved or it is a third-degree burn.
  - c. Treat airway, breathing and circulation (ABC's) before treating the burns.
  - d. Don't apply creams, sprays, or ointments.
- G. Radiation burns. **INSTRUCTOR NOTE:** *This section is for information only. No test questions are based off of section G.*
  - 1. Burns are caused by exposure to harmful radiation, such as ultraviolet and gamma radiation.
  - 2. Ultraviolet radiation: (Sunburn is the most common.)
    - a. First- or second-degree burns are seen.
    - b. Cool the area.
  - 3. Gamma (nuclear radiation, Malfunctioned medical equipment).
    - a. Radiation cannot be felt.
    - b. Detection is by monitoring the equipment.
    - c. Clear people away from the source.
    - d. Do not treat or transport. (The rescuer would risk exposure and also becoming a victim.)
- H. Determining the Burn Surface Area (BSA)
  - 1. The Rule of Nines.
    - a. Each part of the body is 9% (head, chest, back, each arm, etc.)
  - 2. Palm Method.
    - a. The patient's palm is equal to 1% BSA.
- I. Mental exercise:
  - 1. You are on patrol working with another officer. Your patrol car overheats and dies at the side of the road. You lift the hood and go back inside to call for a tow truck.

2. Your partner goes outside to the front of the car. You hear a scream and see him fall to the ground. You go to the front of the car and see him lying on the ground holding his face and screaming. You see steam escaping from an open radiator. The skin on his arms is very red with large blisters already appearing. The skin on his face is very red.
  - a. What is your first step? (Call EMS)
  - b. What is your first intervention? (ABC's)
  - c. What is your biggest concern? (Airway swelling)
  - d. What is your treatment? (Dry, sterile dressings)

**V. POISONS****P. O. 8.1.14.3C****A. Poisons (ingested, inhaled, absorbed, or injected).****1. Important questions to ask:**

- a. What substance?
- b. When did you ingest/become exposed?
- c. If ingested, how much did you ingest?
- d. Over what time period?
- e. Interventions? Ask the victim if s/he has done anything to counteract the effects of the poison. (drinking milk, charcoal liquids etc.)
- f. How much do you weigh?

**2. Use your investigative skills.**

- a. Look around.
- b. Does what the patient is telling you match what you see?

**3. Use universal precautions.****4. Remember, the poison may still be in the area or on the patient.****B. Ingested poisons.****1. Signs and symptoms:**

- a. Burns or stains around the patient's mouth.
  - b. Unusual breath odors, body odors or odors on the patient's clothing or at the scene.
  - c. Abnormal breathing.
  - d. Abnormal pulse rate and character.
  - e. Sweating.
  - f. Dilated or constricted pupils.
  - g. Excessive saliva formation or foaming at the mouth.
  - h. Upset stomach or nausea.
  - i. Vomiting.
  - j. Diarrhea.
  - k. Convulsions.
  - l. Altered states of awareness, including unconsciousness.
2. Care:
- a. Maintain an open airway.
  - b. Contact the Poison Control Center for treatment recommendations.
  - c. Save all vomitus.
  - d. Treat for shock, while allowing for drainage.
  - e. Put the patient in a recovery position.
  - f. 1-800-222-1222 National Poison Control
- C. Inhaled poisons.
1. For inhaled poisons, such as carbon monoxide, the major concern is removing the patient from the source.
  2. Do not enter or try to provide care in a poisonous atmosphere.



3. Signs and symptoms:
    - a. Respiratory distress.
    - b. Altered level of consciousness.
  4. CPR should be administered, if required.
- D. Absorbed poisons.
1. Signs and symptoms:
    - a. Skin reactions – these can range from mild irritations to chemical burns.
    - b. Itching of the skin.
    - c. Irritation of the eyes.
    - d. Headache.
    - e. Increased skin temperature.
    - f. Anaphylactic shock.
    - g. PPE is very important as we don't want to also absorb the poison.
  2. Care:
    - a. Remove the patient from the source.
    - b. Remove contaminated clothing and jewelry.
    - c. Flood the affected area.
    - d. Wash the area with soap and water.
- E. Injected poisons/insect stings. **P. O. 8.1.14.3D**
1. Signs and symptoms:
    - a. Noticeable stings to the skin – usually there will be pain and swelling at the site. Scene safety is paramount as the insect (bees) may still be in the area.
    - b. Puncture marks to the skin – pay careful attention to the forearms and legs.

- c. Noticeable stings to the skin – usually there will be pain and swelling at the site.
- d. Weakness or collapse.
- e. Difficult breathing and unusual pulse rate.
- f. Headache.
- g. Treating for shock – this is done even if the patient does not present any of the signs of shock.
- h. Scraping away bee and wasp stingers and venom sacs – DO NOT pull out stingers, always scrape them from the patient's skin. **INSTRUCTOR NOTE:** Show a diagram or describe how a stinger/sac can be like a hypodermic needle, forcing more venom into the patient's tissue.

F. Mental exercise:

1. You respond to a man-down call in the alley behind a business. The reporting party tells you that he is always finding junkies in the alley and that this one looks dead.
2. You go into the alley and see a man lying on his side. You call out to him and he does not answer. You see a syringe stuck in his arm and his markings on the ground.
  - a. What is your first step? (Call EMS)
  - b. What is your next step? ( Officer Safety, approach cautiously, personal protection equipment (PPE) and ABC's. Identify the poison or substance.)

VI. BITES (SNAKE, ANIMAL AND HUMAN)

P. O. 8.1.14.3B

A. Signs and symptoms:

1. A bite to the skin – this may appear as nothing more than a discoloration.
2. Pain and swelling in the area of the bite – this may be slow to develop, taking 30 minutes to several hours.
3. Rapid pulse and labored breathing.
4. Weakness.
5. Vision problems.
6. Nausea and vomiting.

## B. Care:

1. Keep the patient calm and lying down.
2. Have someone alert the EMS system.
3. Locate the bite/fang marks and clean this site with soap and water.
4. Remove any rings, bracelets or other constricting devices.
5. Keep any bitten extremities immobilized – the application of a splint will help. Try to keep the bite at the level of the heart, or when possible, below the level of the heart.
6. Treat for shock, conserve the patient's body heat and monitor vital signs.
7. Snake bites – Cover with a sterile dressing.
8. Animal/human bites – treat as soft tissue injuries, remembering the high rate of infection from these types of bites. ( Tourniquets are no longer used. Do not try to such out the venom.)
9. Attempt to identify the animal, snake or human that bit the patient. Do not try to catch the animal or snake. Do not create a secondary victim.

## C. Mental exercise:

1. You are at a possible burglary-in-progress call. You are walking in the desert area around the back of a business. As you approach the back wall you hear a distinctive rattling noise and then feel a sharp pain in your leg. You look down and see a three (3)-foot rattler by your feet. The snake crawls away and then you sit down.
  - a. What should you do first? (Call EMS)
  - b. What should you do next? ( Keep your leg lower than your heart)
  - c. What is your first intervention? ( ABC's)
  - d. What else should you do? ( Take your shoe off and stay calm)

## VII. DRUGS AND ALCOHOL

## P. O. 8.1.14.3A

## A. Types of drugs – drugs are classified according to their effects on the user.

1. **Uppers** – are stimulants of the central nervous system. They include: Amphetamines, cocaine, caffeine, anti-asthmatic drugs and vaso-constrictor drugs.

2. **Downers** – are depressants of the central nervous system. They include: Barbiturates, tranquilizers, alcohol and marijuana which also has some hallucinogenic properties.
  3. **Hallucinogens** – they include: LSD, mescaline, psilocybin, peyote and marijuana which also has some downer properties.
- B. Care:
1. Provide life support measures as signs/symptoms dictate.
  2. Hyperactive patients should be protected from hurting themselves and others. They should be reassured and treated calmly.
  3. The level of consciousness should be maintained.
  4. Respirations should be carefully monitored since overdoses of depressants can cause respiratory depression and death.
  5. The rescuer should instill confidence. The patient should be assured that he/she will be alright.
  6. The rescuer should be alert for possible signs of allergic reactions and shock. Monitor vital signs and treat for shock.
- C. Alcohol.
1. Depressant – alcohol is a depressant, not a stimulant.
  2. Effects – alcohol affects the person’s judgment, vision, reaction time and coordination. In very large quantities, it can cause death by paralyzing the respiratory center of the brain.
  3. Signs:
    - a. An odor of alcohol on the breath.
    - b. Swaying/unsteadiness.
    - c. Slurred speech.
    - d. Nausea/vomiting.
    - e. Flushed eyes.
  4. Caution.

- a. These signs can mean illnesses or injuries other than alcohol abuse (e.g., epilepsy, diabetes, head injury, etc.).
  - b. It is, therefore, especially important that the person with apparent alcohol on his/her breath (which can smell like the acetone breath of a diabetic) not be immediately dismissed as a drunk.
  - c. He/she should be checked for other illnesses/injuries.
5. Alcohol combined with other depressants can result in the effects being greater than expected. When alcohol is taken in combination with analgesics, tranquilizers, antihistamines, barbiturates, etc., the depressant effects will be added together and, in some instances, the resultant effect will be greater than the expected combined effect.
6. Management.
- a. Perform a proper survey and interview to detect any medical emergencies or injuries.
  - b. Continuous monitoring of vital signs, staying alert for respiratory problems.
  - c. Keep talking in an effort to keep the patient alert.
  - d. Help the patient when vomiting so the vomitus will not be breathed in (aspirated).

### **VIII. CONCLUSION**

- A. Review of performance objectives.
- B. Final questions and answers.
- C. Instructor closing comment(s).