



Unit 6 Common Conditions and Illnesses

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Determine whether or not an adult or child has a safeguarding temperature
- ✓ Identify the signs and symptoms of a variety of common conditions
- ✓ Know how to react when faced with an individual who may be sick or injured

Unit 6

Common Conditions

Fever

Fever can accompany common illnesses like colds and flu, putting you out of commission for a short period of time or causing you to miss work and social activities. Learning to deal with, treat, and prevent these common conditions will also help you deal with the fear and worry that some common injuries cause, as well as prevent larger problems from occurring in some cases.

Fevers are one of your body's defense mechanisms against bacteria and viruses that thrive at 98.6°F or 37°C, the body's normal temperature. Increasing your body's temperature is one way to make it more difficult for those types of invaders to survive while also activating your immune system. A low fever is between 99.5°F (37.5°C) and 100.3°F (38.3°C), a mild to moderate fever is 101 degrees Fahrenheit to 103 degrees Fahrenheit (38 to 39.4 degrees Celsius), and a high fever is 104 degrees Fahrenheit (40°C) or higher. Hot weather, immunizations, bacterial and viral infections, too much sun, and allergies are all causes of fever. A hot, flushed face, sweating, loss of appetite, nausea and vomiting, feeling hot, body aches, constipation, or diarrhea are common symptoms of a fever.

Delirium and seizures are sometimes associated with high fevers. Oral temperatures exceeding 105°F can be dangerous and necessitate immediate medical attention. Treat as you would a cold or flu in children with a fever up to 101°F (38°C) and a runny nose who are also cranky and tired with nonaspirin OTC fever medicine—such as children's or infant's acetaminophen or ibuprofen—following package directions.

How to Take a Temperature

For oral, rectal, axillary, and even ear canal readings, most thermometers now have digital readouts. Always read the directions so you know what the beeps on the thermometer mean and when it's time to read it. Because of the dangers of mercury exposure or ingestion, glass mercury thermometers are no longer recommended.

To take a child's temperature rectally, follow these steps:

1. Lubricate the bulb end of the thermometer with petroleum jelly or another lubricant. Placing the child on her stomach is a good idea.
2. Carefully insert the thermometer into the rectum, about half an inch deep.
3. Hold the thermometer for three minutes while keeping the child still (don't let go of the thermometer).
4. Remove the thermometer and read it according to the manufacturer's instructions.

When taking an oral temperature is not possible or may be difficult, a rectal temperature is an option for people of all ages.

Place the bulb end of the thermometer under the tongue, close the mouth for the recommended time (usually three minutes), remove the thermometer, and read the reading. Although taking a temperature under the arm (axillary) is not the most accurate method, if you must, you can use an oral thermometer to take an armpit reading. Axillary temperature readings are one degree lower than oral temperature readings. Placing the thermometer under the arm with the arm down and the arms crossed across the chest is a good idea. Remove the thermometer and read the temperature after five minutes or the time recommended by the thermometer's manufacturer. Seek medical help if you have any of the following symptoms:

- Babies under the age of three months who have a rectal temperature of 100.4°F (38°C) or higher, even if they have no other symptoms.
- Babies older than three months with a temperature of 102 degrees Fahrenheit or higher
- Newborns with a lower-than-normal temperature, or a rectally temperature of less than 97°F (36.1°C)
- Children under the age of two who have had a fever for more than one day
- Children aged two and up who have had a fever for more than three days
- If a child develops a fever after being left in a hot car or other hot environment, seek medical attention right away.
- Adults with a fever of more than three days or a temperature of more than 103°F (39.4°C)

If you have a fever and one or more of the following symptoms, call your doctor right away.

- Severe headache
- Swelling of the throat (particularly severe swelling)
- Rashes on the skin
- Unusual sensitivity to bright light that appears out of nowhere
- Neck stiffness and pain when bending head forward, or inability to bend neck forward
- Mental confusion
- Continual vomiting
- Chest pain or breathing problems
- Excessive irritability or listlessness
- Pain in the abdomen or while urinating
- Any other troubling signs or symptoms

First Aid for Fever

Take the following steps for fever:

1. Verify temperature with multiple readings
2. Keep an eye on the temperature with a thermometer.
3. Get rid of any blankets or extra clothing.
4. Maintain a comfortable temperature in the room.
5. Use lukewarm water to give sponge baths.
6. Hydrate with plenty of fluids (watch for light-colored urine often, indicating a person is well hydrated).
7. Lower the temperature with acetaminophen as directed on the package.

Don't:

Give aspirin to anyone with fever

Use rubbing alcohol in a bath or rubbed on the skin

Any irregular breathing or shortness of breath, stiff neck, confusion, rashes, persistent sore throat, vomiting and diarrhoea, painful urination, or seizures should be reported to a doctor. Adults with fevers below 102°F (38.9°C) do not require medication unless their doctor advises otherwise. Take OTC medications like acetaminophen or ibuprofen for fevers of 102°F (38.9°C) or higher, and aspirin only if you're sixteen or older.

Febrile Seizures

Children experience febrile seizures (convulsions) as a result of a sudden high rise in body temperature caused by an infection. Although these seizures only last a few minutes, they are often startling and frightening for parents. Although they appear to be frightening and dangerous, this type of seizure is usually harmless and does not indicate the presence of a long-term or chronic problem. Seizures frequently occur before an illness or fever is even recognised. 2–4% of children aged six months to five years have febrile seizures. Although febrile seizures are fairly common and usually harmless, you should seek medical attention if you have one, especially if the underlying cause of the fever requires treatment. Treat fevers early in the course of a child's life if he or she is prone to febrile seizures.

Febrile Seizures: First Aid

The signs and symptoms of a febrile seizure range from eye rolling to severe shaking or muscle tightening. Loss of consciousness, shaking or jerking of both arms and legs, eyes rolling back in the head, trouble breathing, spontaneous urination, vomiting, and crying or moaning are all signs of a fever higher than 102°F (38.9°C). The most common type of febrile seizure is simple febrile seizures, which last anywhere from a few seconds to fifteen minutes before stopping on their own. For febrile seizures, take the following steps:

1. Remove any hard or sharp objects from the area.

2. Gently lay the child down on a soft surface (bed or carpet), turn him on his side to keep the airway open, and place a folded jacket or pillow under his head to protect the airway in the event of vomiting.
3. Remove any glasses and loosen any tight or restrictive clothing.
4. Look at your watch or a clock to try to time the seizure, and be aware of signs like which body part is moving or twitching so you can tell your doctor.
5. Call 999 for febrile seizures lasting longer than five minutes, for two or more seizures, a seizure accompanied by vomiting, or problems with breathing or extreme sleepiness after a seizure.
6. When the child regains consciousness, reassure him and follow up with a phone call or a visit to your doctor.

Don't:

- Try to hold the tongue or put anything in the mouth.
- Instead of trying to restrain the child, turn his head to the side so that his tongue or any vomiting does not obstruct his airway. During a seizure, try to bring the child's fever down by giving him or her fever medications or something to drink, but don't put the child in the bath.

When a child is awoken, he or she may cry, appear confused, or fall asleep. The severity of a seizure isn't always related to the level of fever. Within one to two hours of a febrile seizure, many children are up and running around. Regardless of how brief the febrile seizures are or how well your child appears afterward, have all first-time febrile seizures checked out by your doctor.

Seizures

Seizures are caused by abnormal electrical activity in the brain that occurs suddenly. Seizures come in a variety of forms, some of which have only minor symptoms. The two main types of seizures are focal or partial seizures, which affect only one part of the brain, and generalised seizures, which affect both sides of the brain. The majority of seizures are harmless and last between thirty seconds and two minutes. Seizures that last longer than five minutes, seizures that follow one another, and seizures in which a person does not wake up between are all medical emergencies. Seizures can be caused by a variety of factors, including diseases, medications, high fevers, and head injuries. Epilepsy is a brain disorder characterised by recurrent seizures.

First Aid for Seizures

If someone is having a seizure, take the following steps:

1. Lay the person down gently on a soft surface, place a folded jacket or pillow under her head, and look for any medical identification.

2. Instead of restraining the person, turn her head to one side to keep the airway open and protect it in the event of vomiting.
3. Remove any glasses and loosen ties, shirt collars, and clothing.
4. When the person regains consciousness, reassure her.

If a single seizure lasts less than five minutes, ask the person if they have any previous seizure history to see if a hospital evaluation is necessary. For any multiple seizures, a seizure that lasts for five minutes or more, or if the person is pregnant, injured, or diabetic, call 999.

Fainting

Fainting is a temporary loss of consciousness and muscle control that causes you to lose your balance and fall down. Fainting is usually caused by a drop in blood pressure, which causes a reduction in blood flow to the brain. Heat and dehydration, emotional distress, rising from a sitting position too quickly, certain medications, a drop in blood sugar (hypoglycemia), and heart problems are all potential causes of fainting. The most common cause of fainting is vasovagal syncope (fainting), which is caused by a stimulus that causes an exaggerated response in the part of your nervous system that controls involuntary body functions like heart rate and blood flow. When this response is triggered, your heart rate and blood pressure fall, reducing blood flow to your brain and resulting in fainting that can last anywhere from seconds to minutes. Having a bowel movement, standing for long periods of time, dehydration, the sight of blood, coughing, urination, and emotional distress are all common causes of vasovagal syncope. However, there are times when there is no obvious cause.

First Aid for Fainting

If you ever feel dizzy, lie down or sit with your head between your knees. If you see another person pass out, you should:

1. If possible, lay the person on her back with her legs elevated above her heart to restore blood flow to the brain.
2. Call 999 if the person does not regain consciousness after a minute.
3. Check for ABCs, start CPR if necessary, and keep an eye out for vomiting.

Sore Throat

Viruses that cause colds or other upper respiratory illnesses, as well as bacteria, such as strep throat, are the most common causes of sore throats. Chemicals in things like cigarette smoke, a scrape from something going down your throat the wrong way, allergies, postnasal drip, and even cancer can cause sore throats. Because a sore throat is caused by a viral or bacterial infection, symptoms such as fever, headache, nausea, and malaise are commonly felt throughout the body. Pus on the tonsil surface, redness in the back of the throat, tender neck

glands (inflamed lymph nodes), drooling and spitting due to painful swallowing, difficulty breathing, and small red blisters in the oral cavity are all symptoms of a sore throat.

First Aid for Sore Throat

The most important aspect of treating a sore throat is to alleviate pain. This can be accomplished in a variety of ways:

1. Rinse your mouth with warm salt water.
2. Use nonsteroidal anti-inflammatory drugs like ibuprofen, aspirin (for people over the age of sixteen), and naproxen.
3. Drink plenty of fluids to stay hydrated—fevers often increase fluid requirements, while painful swallowing can reduce fluid intake.

Increase your fluid intake by taking pain relievers. Caffeine is extremely dehydrating, so avoid it. Avoiding close contact with sick people during cold and flu season can help you avoid sore throats and other viral infections.

See a doctor right away if you have a severe sore throat with little coughing; a fever over 101°F (38.3°C) with headache, abdominal pain, or vomiting; signs of dehydration such as dry mouth, sunken eyes, severe weakness, or decreased urine output; or if a family member has recently had strep throat. If you're in so much pain that over-the-counter pain relievers aren't working, you should see a doctor. If swallowing causes you to drool, you are having extreme difficulty breathing, or you have signs of significant dehydration, go to the emergency room.

Croup

Croup is a type of laryngitis that affects children and causes a seal-bark cough as well as difficulty breathing due to swelling of the voice box (larynx) and windpipe (trachea). Croup is usually caused by a virus, but allergies, bacteria, or inhaled irritants can also cause it. Croup is most common in children between the ages of six months and three years, but it can affect children of any age. Croup is very common between the months of October and March. The majority of cases today are minor, but severe cases may necessitate hospitalisation.

Croup is characterised by a hoarse, deep, seal-bark cough that develops after several days of cold symptoms and is usually worse at night. Croup causes laboured breathing, a high-pitched squawking or crowing noise on inhalation, and a low fever in children. Croup is usually at its worst for the first two or three nights, then settles down after a week or so. Measles, Haemophilus influenzae (Hib), and diphtheria vaccines protect children from the more serious forms of croup.

First Aid for Croup

Air that is both moist and cold helps to reduce airway swelling. This can be done at home by following these steps:

1. Turn on the hot water in a bathroom shower or tub and close the door.
2. When the bathroom is steaming, take your child in and sit with him for fifteen to twenty minutes with the door shut.
3. You may also take your child out into the cold night air, dressed warmly.

Your child should sit straight up or stand to breathe more easily. The steam treatment may help, but it won't completely cure the cough, so you'll have to repeat this routine each time your child wakes up coughing. Additionally, you can:

1. Use a cool-mist humidifier in your child's room.

(To prevent the growth of mould or bacteria, humidifiers should be cleaned daily with a bleach and water solution.)

2. Make sure your child is well hydrated with fluids.

Fever should be treated with the appropriate dose of acetaminophen or ibuprofen. Never give aspirin to your child, and don't give cough medicine either; it won't help with the swelling in the throat, and it may make coughing up mucus more difficult.

If steam and cold air aren't providing any relief, consult your doctor about oral steroids to reduce swelling and make it easier for her to breathe. Croup can cause serious breathing problems in children, so if you suspect your child has croup, seek medical advice. Separate from a coughing fit, laboured breathing at rest could indicate a serious, potentially life-threatening swelling in the throat. If your child is drooling and struggling for breath, and her lips or skin is turning blue, dial 999 right away.

Black Eyes

Black eyes are most commonly caused by a blow or blunt trauma to the eye or nose, which causes one or both eyes to swell due to fluid collecting in the thin, delicate tissues of the eyelids. Black eyes can be caused by facelifts, jaw surgery, head injuries, or nose surgery. The term "raccoon's eyes" is used to describe both eyes that are black, blue, and swollen. (Because raccoon eyes can be a sign of a type of skull fracture, any raccoon eyes that aren't caused by eye trauma should be checked for a skull fracture.) Pain, bruising, and swelling are the most common symptoms of black eyes. Swelling and discoloration may be mild at first, with a slightly reddened colour that progresses to a darker shade. The skin around the eye may turn a deep violet, yellow, green, or black colour as it heals, but this fades after a few days as the swelling subsides. Because of the swelling, a black eye can cause temporary blurry vision or difficulty opening the eye, but lasting, serious vision problems are uncommon.

Due to the blow to the head or face that caused the injury, a black eye may be accompanied by a headache. Double vision, loss of vision, any loss of consciousness, loss of ability to move the eye, any blood or clear fluid from the nose or ears, blood on the surface of the eye, and persistent headache are all serious signs to watch for and report to your doctor.

First Aid for Black Eyes

First aid for black eyes includes the following:

1. Apply ice packs as soon as possible after the injury to help reduce swelling and pain.
2. Get as much rest as possible.
3. Sleep with your head elevated in your bed.

During the first twenty-four hours, use the packs for twenty minutes of every hour you are awake. Wrap the ice carefully; never apply ice directly to the skin or any other part of the body. You can also use a cloth-wrapped bag of frozen vegetables.

Until the eye has healed, avoid any activities that may re-injure the area. Although most black eyes heal without complications, you should consult an ophthalmologist to ensure that your eye has not been seriously injured. In addition, contact your doctor if you experience any of the following symptoms:

- Vision alterations
- Severe pain persists
- Swelling not related to an injury
- Signs of infection such as warmth, redness, or puslike drainage
- You're unsure about how to proceed with treatment or are concerned about any symptoms.
- You have any behavioural changes
- After a few days, the swelling doesn't start to go down.
- A bee sting has caused swelling near your eye.

If you experience any of the following symptoms, go to the emergency room or see your doctor right away:

- Loss of vision or changes in vision
- You are unable to move your eye.
- You believe something has pierced your eye or is lodged inside your eyeball.
- There is any blood in your eye
- Your eye appears to be deformed or to have fluid leaking from it.
- Any cuts to your eye, face, or head (lacerations)

If you have signs of a serious head or facial injury, such as the following, you should go to an emergency room.

- Teeth or bone fractures
- Vomiting following an injury
- You are unable to walk as a result of the injury
- Your nose or ears are leaking blood or clear fluids.

- You're on blood-thinning medication.
- You have a family history of bleeding disorders like haemophilia.

Broken Nose

A broken nose is a crack or fracture in the bony portion of the nose caused by trauma or a blow to the nose or face from things like sports injuries, personal fights or domestic violence, and car accidents. Tenderness when touching the nose, swelling of the nose or face, bruising of the nose or black eyes, a deformed or crooked nose, nosebleed, a crunching or crackling sound or sensation when touching the nose similar to the sound you make when rubbing hair between two fingers, and pain and difficulty exhaling through the nostrils are all signs of a broken nose.

First Aid for a Broken Nose

If you suspect a broken nose, follow the steps below:

1. To reduce pain and swelling, apply an ice pack to the nose for about fifteen minutes at a time, multiple times throughout the day and for one to two days after the injury. Always take breaks between cold-pack applications and avoid putting ice directly on your skin.
2. Over-the-counter pain relievers such as acetaminophen and ibuprofen can be used to relieve pain as needed and as directed. Aspirin should be avoided because it can cause bleeding and swelling.
3. Over-the-counter nasal decongestants may help with breathing through the nose.
4. To help with nose swelling, sleep with the head of your bed elevated.

If you're experiencing any of the following symptoms, call your doctor right away.

- If the pain or swelling persists after three days, consult a doctor.
- Your nose appears to be crooked.
- After the swelling has subsided, you are unable to breathe through your nose.
- You've got a fever.
- You start getting nosebleeds on a regular basis.
- You believe you have sustained an injury that necessitates medical attention.

If you are experiencing any of the following symptoms, go to an emergency room right away.

- You're dealing with a lot of bleeding that you can't seem to stop.
- You have a clear discharge from your nose.
- You have any other injuries to the face or the body
- You were knocked unconscious.
- You have severe headaches that aren't relieved by over-the-counter medications.
- You are vomiting a lot.

- Your vision has deteriorated or changed.
- You have any neck pain
- Your arms have numbness, tingling, or weakness.
- You're in excruciating pain in your nose.

Nosebleed

Nosebleeds can be dramatic and frightening, but they are usually not serious and can be treated quickly. The two types of nosebleeds are classified by whether the bleeding is coming from the front of the nose (anterior), which accounts for 90% of all nosebleeds, or the back of the nose (posterior), which accounts for 10% of all nosebleeds (posterior).

Anterior nosebleeds are easy to treat at home or with the help of a doctor. Posterior nosebleeds are more common in the elderly and are often more complicated, necessitating hospitalisation and treatment by an ear, nose, and throat specialist. A nosebleed affects the majority of people at some point in their lives, but it is most common in children aged two to ten and adults aged fifty to eighty. In dry, cold climates and during the winter, nosebleeds are more common in the morning.

Allergies, blunt trauma to the nose, trauma inside the nose from such things as nose picking or irritation from a cold or cocaine use, and dry nasal passages from cold, dry air are all causes of nosebleeds. You may experience nosebleeds if you have an underlying condition such as a blood clotting disorder; are taking blood-thinning medications or aspirin; have liver disease, abnormal blood vessels, or cancers in the nose. A nosebleed can be caused by high blood pressure, but it is unlikely to be the only cause.

Most of the time, you will only have bleeding from one nostril, but if you have heavy bleeding, blood from one nostril can overflow into the area inside the nose where the two nostrils converge and spill into the other nostril, causing bleeding on both sides. Blood can also drip down the back of the throat and be swallowed, resulting in blood in the mouth or vomiting.

First Aid for Nosebleeds

Follow the steps below if you have a nosebleed:

1. Keep your cool and sit up straight, leaning forward—don't tilt your head back because blood will run down your throat, causing you to gag and swallow it.
2. Pinch your nostrils together with your thumb and forefinger for ten minutes, then repeat if the bleeding does not stop after the first ten minutes.
3. Don't swallow any blood; instead, spit it out to avoid vomiting.

After the bleeding has stopped, try to avoid any further irritation for the next twenty-four hours, such as sneezing or blowing your nose.

Use ice packs sparingly because they are ineffective. If your home has dry air, as most do in the winter, add moisture to the air with a humidifier or vaporizer, or nasal gel and saline nasal spray to keep your nose from drying out. See your doctor:

- If you have nosebleeds on a regular basis.
- If you're experiencing other types of bleeding, such as in the urine or stool, in addition to nosebleeds.
- If you are prone to bruising
- If you're taking any blood thinners, tell your doctor.
- If you have a disease that affects your ability to clot your blood, such as liver or kidney disease or haemophilia.

If you are currently undergoing or have recently completed chemotherapy,

Motion Sickness

When your brain receives signals that do not match the signals from your inner ears, eyes, muscles, and joints, motion sickness occurs. When travelling by car, train, plane, boat, or ship, you may experience motion sickness, also known as airsickness, carsickness, or seasickness. Dizziness, fatigue, and nausea are common symptoms of motion sickness, which can lead to vomiting.

Some people are naturally prone to motion sickness, which is linked to migraines, while others are only bothered when travelling by boat or plane and experience extreme turbulence.

Motion Sickness First Aid

The following methods can be used to treat motion sickness:

- A large ship's interior or facing forward and looking out a ship or plane window are the best places to avoid seasickness.
- Cyclizine, Cinnarizine and Promethazine are effective for short trips and can also be used for intermittent symptoms.
- On long trips, Scopoderm, a prescription medication, is a patch that can be worn for up to three days.

Drowsiness, sedation, and dry mouth are common side effects of these medications. If you have glaucoma or a urinary obstruction, avoid taking motion sickness medication.

High Blood Pressure (Hypertension)

The amount of blood your heart pumps and the degree of resistance to blood flow in your arteries determine your blood pressure. Even if your blood pressure is extremely high, or even dangerously high, you usually don't have any symptoms, though some people with extremely high blood pressure may experience dull headaches, dizziness, or frequent nosebleeds.

High blood pressure becomes more common as you get older, and while it is more common in men, women often develop high blood pressure after menopause. Hypertension is extremely common among African Americans, and it is linked to serious complications such as stroke and heart attack.

First Aid for Hypertension

Hypertension has genetic risk factors because it runs in families, but you can reduce other risk factors by increasing your physical activity, which benefits both your heart and your waistline. The following lifestyle changes and medications are used to manage and control high blood pressure:

- Quit smoking and limit your alcohol intake to two drinks per day.
- Lose weight to stay in a healthy weight range.
- Exercise on a regular basis.
- Consume less sodium (salt).
- Follow the directions on your prescriptions.

For heart health, the American Heart Association recommends thirty minutes of exercise every other day, and the Surgeon General recommends thirty minutes of physical activity daily. Stress-reduction techniques like deep breathing and meditation, combined with a healthy lifestyle, can help reduce stress and blood pressure.

Panic

Panic attacks can strike anyone, anywhere, at any time—alone, with others, in public, at home, and even while sleeping. If you've ever had a panic attack, you know they're similar to an episode of extreme fear, and they come with the following symptoms:

- A fast heart rate
- Sweating
- Trembling
- Hyperventilation and shortness of breath
- Hot flashes or chills
- Nausea
- Cramps in the abdomen
- Chest discomfort
- Headache
- Dizziness
- Faintness

- A feeling of tightness in your throat Swallowing problems
- A feeling of impending doom

People who are having a panic attack frequently believe they are having a heart attack and seek emergency help. A panic attack usually begins abruptly, peaks within ten minutes, and lasts about a half hour, but some last longer, have different patterns, and in rare cases, can last up to twenty-four hours. Panic attacks can leave you exhausted and worn out. Panic disorder is a condition that affects people who have a lot of panic attacks. Panic attacks can be debilitating, but they can be controlled or prevented with the help of medications, therapy, and relaxation techniques. Panic attacks are more common in women than in men.

First Aid for Panic Attacks

Meditation, muscle relaxation, relaxed breathing, and guided imagery (visualisation) may help prevent attacks and relieve stress-related symptoms like headaches, anxiety, high blood pressure, difficulty falling asleep, hyperventilation, and clenching or grinding of teeth. Follow these steps to practise focusing on your body's relaxation:

1. Close your eyes and sit or lie down in a comfortable position.
2. Allow your jaw to drop and your eyelids to become heavy and relaxed, but not closed tightly.
3. Concentrate on each part individually, relaxing each area before moving on to the next, starting with your toes and working your way up to your legs, buttocks, torso, arms, hands, fingers, neck, and head.
4. Tighten the muscles in each area of your body in the same order, holding each one for a count of five before relaxing and moving on to the next. Tighten and relax the muscles in your face, shoulders, arms, legs, and buttocks as necessary. Focus on being relaxed and calm, the fact that your hands are warm (or cool if you prefer) and heavy, that your heart is beating peacefully, and that you feel perfectly serene while breathing deeply, slowly, and regularly while practising relaxation.

After you've relaxed, imagine yourself in a place you enjoy. You may gently rouse yourself after five or ten minutes of this peaceful state. Once a day, repeat this technique until you feel you have some control over your stress.

Get enough sleep, avoid caffeine, and maintain a regular exercise routine in addition to your stress-reduction techniques. If you have recurrent panic attacks, have been worrying about them for a month or longer, or believe you need to change your behaviour (for example, by avoiding places or situations where you've previously had an attack), you may have panic disorder and should see a doctor.

Further Reading:

- ✓ First aid at work Paperback – October 1, 2013 by Health and Safety Executive
- ✓ Community Care First Aid: Your Guide to First Aid in the Home and Workplace Paperback November 7, 2017 by Dynamic Health Systems LLC
- ✓ CPR, AED & First Aid Provider Handbook by by Dr. Karl Disque 2016