



ANZCOR Guideline 3 – Recognition and First Aid Management of the Unconscious Person

Summary

Who does this guideline apply to?

This guideline applies to all persons who are unconscious. **Unconsciousness** is a state of unrousable, unresponsiveness, where the person is unaware of their surroundings and no purposeful response can be obtained.

Who is the audience for this guideline?

This guideline is for use by bystanders, first aiders or first aid providers, first responders and health professionals.

Recommendations

The Australian and New Zealand Committee on Resuscitation (ANZCOR) recommends that in all emergencies, the rescuer should manage the unconscious person who is breathing normally as follows:

- 1. Ensure the safety of both the person and rescuer.
- 2. Assist the unconscious person to the ground and position on their side. Ensure the airway is open (Guideline 4). Do not leave the person sitting in a chair nor put their head between their knees.
- 3. Call an ambulance.
- 4. Promptly stop any bleeding (Guideline 9.1.1).
- 5. Constantly re-check the person's condition for any change.

If the person is unresponsive and not breathing normally, follow ANZCOR Basic Life Support Flowchart (Guideline 8).

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Guideline

1 Causes of Unconsciousness

The causes of unconsciousness can be classified into four broad groups:

- low brain oxygen levels
- heart and circulation problems (e.g. fainting, abnormal heart rhythms)
- metabolic problems (e.g. overdose, intoxication, low blood sugar)
- brain problems (e.g. head injury, stroke, tumour, epilepsy).

Combinations of different causes may be present in an unconscious person e.g. a head injury due to the influence of alcohol.

2 Recognition

Before loss of consciousness, the person may experience yawning, dizziness, sweating, change from normal skin colour, blurred or changed vision, or nausea.

Assess the collapsed person's response to verbal and tactile stimuli ('talk and touch'), ensuring that this does not cause or aggravate any injury. This may include giving a simple command such as, "open your eyes; squeeze my hand; let it go". Then grasp and squeeze the shoulders firmly to elicit a response.

A person who fails to respond or shows only a minor response, such as groaning without eye opening, should be managed as if unconscious¹ [Class B; LOE Expert Consensus Opinion].

3 Management

If the person is unresponsive and not breathing normally, follow ANZCOR Basic Life Support Flowchart (Guideline 8).

With an unconscious breathing person, care of the airway takes precedence over any injury, including the possibility of a spinal injury (Guideline 9.1.6). An unconscious person must be handled gently and every effort made to avoid any twisting or forward movement of the head and spine.

ANZCOR suggests that an unresponsive person who is breathing normally be positioned into a lateral, side-lying recovery (lateral recumbent) position as opposed to leaving them supine. ² (2015 CoSTR, weak recommendation, very-low-quality evidence)

- 1. Ensure the safety of both the person and rescuer.
- 2. Assist the unconscious person to the ground and position them on the side. Ensure their airway is open (Guideline 4). Do not leave the person sitting in a chair nor put their head between their knees.
- 3. Call an ambulance.
- 4. Promptly stop any bleeding (Guideline 9.1.1).
- 5. Constantly re-check the person's condition for any change.
- 6. Ideally, the most experienced rescuer should stay with the person.

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References

- 1. Koster RW, Sayre MR, Botha M et al. Part 5: Adult basic life support: 2010 International consensus on cardiopulmonary resuscitation and emergency cardiovascular care science with treatment recommendations. Resuscitation 2010;81:e48–e70. http://www.resuscitationjournal.com
- Zideman DA, Singletary EM, De Buck E, et al. (2015). Part 9: First aid: 2015
 International Consensus on First Aid Science with Treatment Recommendations.

 Resuscitation, 95, e225 http://www.cprguidelines.eu/assets/downloads/costr/S0300-9572(15)00368-8 main.pdf Accessed 19/11/2015
- Hamel MB, Goldman L, Teno J, et al. Identification of comatose patients at high risk for death or severe disability. SUPPORT Investigators. Understand prognoses and preferences for outcomes and risks of treatment. [Journal Article. Multicenter Study] JAMA 1995; 273(23):1842-8
- 4. Kapoor WN. Evaluation and outcome of patients with syncope. Medicine 1990; 69(3):160-75
- 5. Perkins GD, Travers AH, Berg RA, Castren M, Considine J, Escalante R et al. Part 3: Adult basic life support and automated external defibrillation. 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. *Resuscitation* 2015; 95: e43-e69
- Markenson D, Ferguson JD, Chameides L et al., on behalf of the First Aid Chapter Collaborators. Part 17: First Aid: 2010 American Heart Association and American Red Cross Guidelines for First Aid. Circulation. 2010;122(suppl 2):S934-S946.
- 7. Quinn, Stiell, McDermott et al. A Prediction Rule for Serious Outcomes of Syncope in Emergency Room Patients May Reduce Admissions. Ann Emerg Med 2004;43:224–32.
- 8. Colivicchia, Ammirati, Melina et al. Development and prospective validation of a risk stratification system for patients with syncope in the emergency department: the OESIL risk score. European Heart Journal (2003) 24, 811–819
- 9. Markenson D, Ferguson JD, Chameides L et al., on behalf of the First Aid Chapter Collaborators. Part 17: First Aid: 2010 American Heart Association and American Red Cross Guidelines for First Aid. Circulation. 2010;122(suppl 2):S934-S946.

Further Reading

ANZCOR Guideline 4 Airway

ANZCOR Guideline 8 Cardiopulmonary Resuscitation

ANZCOR Guideline 9.1.1 Principles of Control of Bleeding for First Aiders

ANZCOR Guideline 9.1.6 Management of Suspected Spinal Injury

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