Component I: Core

Module F: Medical Office Emergencies/CPR

Topic 2: Medical Office Emergencies

Statement of Purpose
To prepare the learner with basic knowledge and skills necessary to handle emergency procedures in the medical office.

Student Learning Outcomes
Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. Prepare the office setting for emergency situations.
3. Recognize emergency medical situations.
4. Describe types of telephone emergencies and appropriate ways to handle them.
5. Compare and contrast signs and symptoms of shock.
6. Identify types of musculoskeletal injuries.
7. Differentiate between open and closed wounds.
8. Demonstrate the application of emergency dressings and splints.
9. Explain how poisons can enter the body.
10. Distinguish between types and classification of burns.
11. Recognize symptoms of acute illness.
12. Define a cerebral vascular accident.
13. Describe the signs and symptoms of a heart attack.
14. Discuss legal and ethical issues related to the Good Samaritan Laws.

Terminology

1. Abrasion
2. Allergic reaction
3. Ambu bag
4. Anaphylaxis
5. Asthma
6. Avulsion
7. Body Surface Area (BSA)
8. Bronchodilators
9. Bronchospasm
10. Cardiogenic shock
11. Cerebral Vascular Accident (CVA)
12. Closed wounds
13. Coma
14. Crash cart or tray
15. Cyanosis
16. Diabetic coma
17. Dislocations
18. Fainting
19. Fever
20. First aid
21. First degree burn
22. Fractures
23. Grand mal
24. Hemorrhage
25. Histamines
26. Hyperglycemia
27. Hypertension
28. Hypoglycemia
29. Hypovolemic shock
30. Incision
31. Ingestion
32. Inhalation
33. Insulin
34. Insulin reaction
35. Laceration
36. Ligament
37. Neurogenic shock
38. Nitroglycerin
39. Occlusion
40. Open wounds
41. Oxygen tank
42. Petit mal

43. Second degree burn
44. Seizure
45. Septic shock
46. Shock
47. Sprains
48. Strains
49. Tendon
50. Third degree burn
51. Transient Ischemic Attack (TIA)
52. Triage

References

1. *BLS for Healthcare Providers; American Heart Association Guidelines for CPR 2010*, Ed. Hazinski, M.F., (2011), American Heart Association.
2. Davis, F.A. (2013). *Taber's Cyclopedic Medical Dictionary* (22nd Ed.). Philadelphia: F.A. Davis Company.
3. Dennerll, J.T., & Davis, P.E. (2010). *Medical Terminology: A Programmed Systems Approach (10th Ed.).* Clifton Park, NY: Delmar, Cengage Learning.
4. Kronenberger, J., Southard D. L., & Woodson, D. (2013). *Comprehensive Medical Assisting* (4th Ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
5. Blesi, M., Wise, B.A., Kelley-Arney, C, (2012) *Medical Assisting Administrative and Clinical Competencies* (7th Ed.) Clifton Park, NY: Delmar, Cengage Learning.
6. Lindh, W., Pooler, M., Tampara, C., Dahl, B., Morris J. (2009). *Comprehensive Medical Assisting Administrative and Clinical Competencies* (4th Ed.). Clifton Park, NY: Cengage Learning.
7. Blesi, M., Wise, B.A., & Kelley-Arney, C, (2012) *Medical Assisting Administrative and Clinical Competencies* (7th Ed.) Clifton Park, NY: Delmar, Cengage Learning
8. French, L.L., Fordney, M.T. & Follis, J. J. (2013) *Administrative Medical Assistant* (7th Ed.) Clifton Park, NY: Delmar, Cengage Learning.
9. Booth, K.A., Whicker, L.G., Wyman, T.D., & Moaney-Wright, S. (2011). *Medical Assisting: Administrative & Clinical Competencies with Anatomy and Physiology. (4th Ed.).* New York, NY: McGraw-Hill Company, Inc.
10. Proctor, D. B., & Young-Adams, A. P. (2011). *Kinn's The Medical Assistant: An Applied Learning Approach* (11th Ed.). Philadelphia, PA: Saunders Elsevier.

Content Outline/Theory Objectives	Suggested Learning Activities
Objective 1 **Spell and define key terms.** A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context.	A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman and concentration. B. Administer vocabulary pre-test and post-test. C. Discuss learning gaps and plan for applying vocabulary. D. Note: This is a review session only. Students will be required to take a CPR course.
Objective 2 **Prepare the office setting for emergencies.** A. Planning 1. Maintain a healthy environment a. Recognize the safety, security or operational hazards present. b. Inspect all furniture. c. Inspect all lamps and cords. d. Inspect carpets and flooring. e. Inspect drawers and cabinets. f. Push the exam table into corner for children. g. Lock all exam room cabinet doors. h. Keep hallways clear and well lit. 2. Prepare for emergencies a. Keep wheelchair near entrance. b. Consider private triage area near entrance. c. Keep crash cart or tray in triage area. 1) Tape. 2) Alcohol wipes. 3) Scissors. 4) Bandages. 5) Blood pressure cuff. 6) Stethoscope. 7) Gloves. 8) Cold pack. 9) Gown. 10) Mask. 11) Goggles. 12) One-way CPR mask. 13) IV tubing. 14) Tourniquet. 15) Needles and syringes. 16) Penlight.	A. Lecture/Discussion B. Assigned Readings C. Examine items on crash cart. D. Demonstrate use of oxygen regulator, tank and mask. E. Discuss scenarios that include the Medical Assistant working with a team of nurses and physicians. F. Discuss Medical Assistant's role in emergency when alone with physician and when with other health care providers available. G. Discuss when a 911 call is made on behalf of the patient. H. Discuss pertinent information to provide when speaking to the EMS dispatcher. I. Discuss Medical Assistant's scope of practice when working with a variety of patients and conditions with emergent symptoms.

17) Flashlight. 18) Suction machine and tubing. 19) Ammonia ampules. 20) Medications by physician preference • Note: keep expiration dates current. 21) Airway and associated equipment. 22) Ambu bag and related tools. 23) Pulse oximeter. 24) Oxygen mask and cannulas. 25) Oxygen tubing. 26) Oxygen tank with current inspection tag. 3. Post the emergency numbers on all phones B. Calling the EMS system for medical assistance and transport 1. Speak clearly and calmly. 2. Give the following information a. Name, telephone number and location. b. Nature of the emergency. c. Number of people in need of help. d. Condition of the injured or ill patient. e. Summary of the first aid that has been given. f. Directions on how to reach the location of the emergency. g. Do not hang up until the dispatcher gives you permission.	
Objective 3 **Recognize emergency medical situations.** A. Airway, breathing distress. B. Cardiac arrest. C. Hemorrhage. D. Poisoning. E. Shock. F. Burns. G. Fractures. H. Sprains. I. Seizures.	A. Lecture/Discussion B. Assigned Readings
Objective 4 **Describe types of telephone emergencies and appropriate ways to handle them.** A. Potential phone emergencies 1. Poison, ask to remain on line while you call poison control 2. Seizures 3. Cardiac arrest 4. Suicide threat 5. Broken bones	A. Lecture/Discussion B. Assigned Readings C. Discuss process for handling phone emergencies D. Discuss Medical Assistant's scope of practice when serving a patient over the phone.

B. If there are no licensed staff available 1. Refer to the physician 2. Call EMS system 3. Stay calm 4. Reassure the patient 5. Act with confidence and in an organized manner	Discuss serving a variety of patients and multiple conditions with emergent symptoms. E. Divide students into groups of three and provide phone scenarios. Have one student as the Medical Assistant, one as the patient and one student as an observer. F. Provide students with documentation forms. G. Observer, Medical Assistant document. If possible, tape record. H. Rotate roles. When all complete their exercise, re-unite. I. Play tapes and ask entire group to document, concluding with a round table discussion.
Objective 5 **Compare and contrast signs and symptoms of shock.** A. Types of shock 1. Hypovolemic a. Significant loss of blood or body fluids. b. Diarrhea, vomiting, heavy sweating. 2. Cardiogenic a. Caused by a heart attack. b. Heart is unable to pump effectively. 3. Neurogenic a. Injury occurs to brain or spinal cord. b. Blood vessels dilate, reducing blood flow. 4. Anaphylactic a. Results from hypersensitivity to a foreign substance. b. Can happen over minutes or hours. c. Histamine dilates blood vessels. 5. Septic a. Overwhelming infection in bloodstream. b. Blood pressure drops. B. Results 1. All types of shock result in the circulatory system not providing enough blood and oxygen to the body, which causes organ systems to fail. 2. Shock is a life threatening event. C. Sign and symptoms 1. Thirst. 2. Nausea. 3. Restlessness and fear. 4. Cool, clammy skin.	A. Lecture/Discussion B. Assigned Readings

5. Pale skin, cyanotic lips. 6. Rapid, weak pulse. 7. Low blood pressure. D. Immediate treatment 1. Maintain airway. 2. Control bleeding. 3. Take serial vital signs. 4. Take oxygen saturation. 5. Administer oxygen a. Oxygen is used as a drug. b. Amount must be ordered by physician. 6. Immobilize neck and spine. 7. Position patient in a supine position and elevate legs unless contraindicated. 8. Splint obvious fractures. 9. Maintain body heat. 10. Transport to hospital.	
3. Bones connected to tendons are affected. C. Fractures 1. Incomplete or greenstick. 2. Simple is a complete break, no skin involvement. 3. Open (compound) is a complete break with bone protruding through skin. 4. Impacted occurs when broken ends are jammed into each other. 5. Comminuted indicates more than 1 fracture; several bone fragments. 6. Spiral occurs from a severe twisting motion. 7. Depressed is a broken piece of skull, driven inward. 8. Colles is when the distal end of radius is displaced. 9. Dislocation a. 50% are shoulder dislocations. b. There is severe pain and obvious deformity. 10. Treatment a. All should be supported in position found to reduce further injury and long term effects. b. Splint above and below joint as needed. c. With shoulder dislocation, wrap affected arm to body. d. Splint an injured finger or toe by taping it to an adjacent finger or toe. e. Control Swelling With RICE Therapy 1) Rest the sprained or strained area. 2) Ice for 20 minutes every hour. 3) Compress by wrapping an elastic	A. Lecture/Discussion B. Assigned Readings C. Demonstrate and show pictures of fractures.

(Ace) bandage or sleeve lightly (not tightly) around the joint or limb. 4) Elevate the area above heart level.	
Objective 7 **Differentiate between open and closed wounds.** A. Closed wounds, no break in the skin 1. Bruise or contusion, collection of blood in soft tissue after an injury. 2. Hematoma, leakage of blood under the skin. B. Open wounds, skin is broken 1. Abrasion, scraping of the skin surface. 2. Avulsion, tearing loose of a flap of skin. 3. Incision, caused by a sharp object such as a knife or piece of glass. 4. Laceration, snagging or tearing of tissues, leaving a jagged wound. 5. Amputation, ripping, tearing of limbs from the body. 6. Puncture wound, caused by sharp or high velocity, penetrating objects such as a bullet. C. Wound care 1. The first steps in care of a wound are to stop the bleeding and prevent infection. 2. Locate the source of the bleeding. 3. Wash your hands and (when possible) wear gloves or use a barrier between you and the wound. 4. With a sterile or clean dressing, apply direct pressure. 5. If the dressing becomes soaked with blood, add a new dressing on top of the current dressing rather than replacing it. 6. Unless a broken bone is suspected, elevate the injured area above the heart.	A. Lecture/Discussion B. Assigned Readings C. Show pictures of wound types.
Objective 8 **Demonstrate the application of emergency dressings and splints.** A. Basic bandage principles 1. Bandages hold dressings in place. 2. Help maintain even pressure, support the affected part and protect wound from injury and contamination. 3. May be made of gauze, cloth, or elastic cloth rolls. 4. Spiral a. Each turn covers the two-third part of the preceding turn. b. Spiral technique of bandaging is most often used on body parts with uniform	A. Lecture/Discussion B. Assigned Readings C. Return demonstration D. Have tables with various types of wound care technology and bandages. E. In groups have students practice wrapping and placing wound care products on mannequin's extremities and or each other

circumference, such as leg or forearm. 5. Figure-of-eight a. The bandage is alternately passed upwards and downwards over and under the limb, roughly resembling the figure 8 with each double turn. b. This technique is most often used over the joints, in case of problems such as joint sprains. 6. Tube gauze a. Requires an applicator. b. Used for fingers and toes. B. Splints 1. Any device to immobilize above and below a joint. 2. Soft or rigid a. Padded board. b. Cardboard. c. Air splint. d. Wire ladder. 3. Bandage up the limb, using spiral turns. Be aware that conforming and crepe bandages mold to the shape of the body. While they should be applied firmly, take care not to over-stretch the bandage as this may impair circulation.	
D. Inhalation 1. Poor ventilation, various substances become toxic. 2. Cleaning fluids and petroleum products. 3. Carbon monoxide. 4. Drugs. 5. Fire and smoke related. E. Absorption through skin and mucous membranes 1. Plants such as poison oak and poison ivy. 2. Insecticides. 3. Fertilizers. F. Injection 1. Drugs of abuse. 2. Bee, spider and other insect stings. G. Treatment 1. Supportive care. 2. Notify EMS system. 3. Consultation with a poison control center is recommended for any poisonings. 4. Activated charcoal may be ordered serious oral poisonings. 5. Seriously poisoned patients may require assisted ventilation or treatment of cardiovascular collapse. 6. Patients with impaired consciousness require	A. Lecture/Discussion B. Assigned Readings C. Discuss contents of a first aid kit.

continuous monitoring.	
Objective 10 **Distinguish between types and classification of burns.** A. Types 1. Thermal. 2. Chemical, need to flush eye and skin with water. 3. Electrical, entry and exit burns, results in shock and airway obstruction. May need CPR. 4. Radiation, sunlight, radiation therapy sources. 5. First Degree, Superficial a. Involves epidermis only. b. Painful. c. Heals in one week. 6. Second Degree, partial thickness a. Blister formation and red skin. b. Epidermis and dermis involved. c. Painful. d. Some scarring may occur. e. Heals within one month. 7. Third Degree, full thickness a. Destroys all layers of skin, epidermis, dermis and subcutaneous layers; skin looks brown or charred. b. No pain if nerve endings destroyed. c. Requires immediate medical attention for shock and burns. d. Scarring usually results. e. Can have loss of digits and extremities. 8. Minor burn a. Less than 2% body surface area (BSA) third degree. b. Less than 15% BSA is second degree. 9. Moderate burn a. 2-10% BSA is third degree. b. 15-25% BSA is second degree. 10. Major burn a. Greater than 10% BSA is third degree. b. Greater than 25% BSA is second degree. B. Management 1. Remove source of burn. 2. Cool minor and moderate burns - hold the burned area under cool (not cold) running water for 10 or 15 minutes or until the pain subsides. 3. Maintain airway and circulation. 4. Remove clothing, unless stuck to the burn. 5. Cover patient with a clean, dry sheet. 6. Expect an order for oxygen. 7. Keep patient warm. 8. Treat for shock. 9. Transport to hospital. 10. Remember	A. Lecture/Discussion B. Assigned Readings C. Show pictures of wounds. D. Have students create posters with pictures and descriptions of wounds.

a. Do not apply ice. b. Do not break any blisters. c. Do not touch the burn, except with sterile dressing. C. Management of chemical burns 1. Remove the cause of the burn by first brushing any remaining dry chemical and then rinsing the chemical off the skin surface with cool and gently running water for 10 to 20 minutes. 2. Remove clothing or jewelry that has been contaminated by the chemical. 3. Wrap the burned area loosely with a dry, sterile dressing (if available) or a clean cloth. 4. Rewash the burned area for several more minutes if the person experiences increased burning after the initial washing.	
3. Treatment a. Remove source of reaction. b. Use antihistamines and other medications. B. Anaphylaxis 1. Exaggerated allergic reaction. 2. Can be life threatening. 3. Treatment a. Remove source of reaction. b. Use of antihistamines and other medications. c. Bronchodilators and steroids d. Maintain airway. C. Seizure 1. Normal brain functioning is disrupted. 2. Causes include fever, diabetes, infections, brain injury and epilepsy. 3. Partial seizure (absence seizure, petit mal) a. Patient appears to fall asleep or drift away momentarily. b. Some muscle twitching may occur. c. Patient awakes and continues interrupted activities without delay. 4. Tonic-clonic seizure (grand mal) a. First phase-aura or warning may include tingling, visual signs, sense of an odor or taste. b. Second phase 1) Loss of consciousness. 2) Extensive muscle twitching. 3) Patient may fall to the ground. 4) Loss of bladder and bowel control. c. Third phase 1) Postictal state is after the	A. Lecture/Discussion B. Assigned Readings C. Recall and discuss treatment D. Demonstrations E. Discuss Medical Assistant's scope of practice when working with a variety of patients and conditions with emergent symptoms.

seizure.
2) Patient slowly regains consciousness.
3) Remains drowsy for an extended time.

5. Management of seizures
    a. Loosen clothing around the person's neck.
    b. Do not try to hold the person down or restrain him or her, this can result in injury.
    c. Do not insert any objects in the person's mouth; this can also cause injury.
    d. Remove sharp objects (glasses, furniture and other objects) from around the person to prevent injury.
    e. After the seizure, it is helpful to lay the person on his or her side to maintain an open airway and prevent the person from inhaling any secretions.
    f. After a seizure, the person may be confused and should not be left alone.
    g. In many cases, especially if the person is known to have epilepsy, it is not necessary to call 911.
    h. Call 911 if the seizure lasts longer than five minutes, if another seizure begins soon after the first or if the person cannot be awakened after the movements have stopped.

D. Fainting and loss of consciousness
    1. Insufficient supply of blood to the brain.
    2. Lightheadedness.
    3. Weakness.
    4. Nausea.
    5. Unsteadiness.
    6. Treatment
        a. Prevent injury.
        b. Have patient lie down, elevate legs.
        c. Wave ammonia ampule inches away from patient's nose.
        d. Loosen clothing.
        e. Place patient on side if vomiting occurs.
        f. Determine causes to prevent future episodes.

E. Hemorrhage
    1. External bleeding
        a. Capillaries usually clot without first aid measures.
        b. Veins have continuous dark, red blood; usually requires emergency medical care.

c. Arteries are most serious, spurts of bright red blood which requires emergency medical care. 2. Internal bleeding a. Contusion or bruise is usually minor. b. Sharp blows may cause severe bleeding. 3. Control of external bleeding a. Locate the source of the bleeding. Wash your hands and (when possible) wear gloves or use a barrier between you and the wound. b. With a sterile or clean dressing, apply direct pressure. c. If the dressing becomes soaked with blood, add a new dressing on top of the current dressing rather than replacing it. d. Unless a broken bone is suspected, elevate the injured area above the heart. e. Monitor for shock 1) Rapid, weak pulse. 2) Low blood pressure. 3) Shallow breathing. 4) Cold, clammy skin. 5) Dilated pupils. 6) Dizziness. 7) Fainting. 8) Thirst. 9) Restlessness. 10) Anxiety. 11) Pain at the injury site. 12) Monitor vital signs. 13) Call 9-1-1. F. Asthma 1. Reversible inflammatory process involving small airways and bronchioles. 2. Bronchospasm, increased mucous production and inflammation. 3. Narrowing of the airways causes difficult breathing or dyspnea. 4. Coughing. 5. Wheezing. 6. Cyanosis. 7. Treated with various medications. 8. Can become life-threatening if patient does not respond to medication. 9. First aid for asthma a. Follow the person's asthma plan 1) Find out if the person has an individualized asthma action plan from a health care provider. 2) If so, follow its directions for	

giving asthma medication and seeking medical help for acute asthma attack.

b. If the person doesn't have an asthma plan
    1) Sit the person upright comfortably and loosen tight clothing.
    2) If the person has asthma medication, such as an inhaler, assist in using it.

G. Diabetic coma (hyperglycemia)
1. Cause is elevated blood sugar, lack of insulin and acidosis.
2. Gradual onset.
3. Skin is flushed and dry.
4. Dry tongue.
5. Breath smells like acetone.
6. Intense thirst may develop.
7. Deep respirations occur.
8. Vomiting is common.
9. Rapid and weak pulse.
10. Glucose and acetone present in urine.
11. Abdominal pain may be present.
12. Will be treated with insulin.
13. Insulin reaction (hypoglycemia)
    a. Cause is an overdose or too much insulin.
    b. Sudden onset.
    c. Pale and moist skin.
    d. Moist tongue.
    e. Odor not present on breath.
    f. Thirst is absent.
    g. Shallow respirations.
    h. Vomiting is rare.
    i. Rapid and bounding pulse.
    j. No glucose or acetone present in urine.
    k. Abdominal pain is absent.
    l. Treated with glucose.

H. Fever
1. Causes include:
    a. Bacterial infection.
    b. Increased physical activity.
    c. Exposure to heat.
    d. Pregnancy.
    e. Drugs that increase metabolism.
    f. Stress.
    g. Age; infants usually have a higher incidence of fever than adults.
2. Treatment
    a. Remove outer clothing or blankets to

allow body to release heat. b. Prevent shivering, keeping clothing dry. c. Drink clear liquids. d. Physician may order antipyretic medication Note: aspirin is not given to children younger than 18 years due to Reye's syndrome risk. e. Tepid bath is recommended. f. Cool compresses.	
Objective 12 **Define a cerebral vascular accident.** A. Cerebral Vascular Accident (CVA) (Stroke). B. Disorder of the cerebral blood vessels that results in an impairment of the blood supply to part of the brain. C. Transient Ischemic Attack (TIA), temporary neurological indicators of problem with blood supply to brain. D. Signs and symptoms include unconsciousness, paralysis, dyspnea, dysphagia, loss of bladder control, unequal pupil size, and slurred speech. E. May be treated with thrombolytics if diagnosed soon after incident occurs. F. "FAST" a first-letter mnemonic for stroke symptoms 1. "F" – Face, does one side droop when smiling? 2. "A" – Arms, is one weaker or numb? 3. "S" – Speech, is speech slurred? Can the person repeat words correctly? 4. "T" – Time is critical when treating a stroke victim. Get medical attention immediately. G. Treatment for a patient having a stroke 1. Call for emergency assistance (911) and alert the physician. 2. Asses the patient's airway. 3. Elevate head and shoulders. 4. Observe for vomiting. 5. Keep patient quiet and warm. 6. Take vital signs. 7. If the patient has dyspnea Turn patient on to paralyzed side or place patient in Recovery Position. Place the patient's arm that is farthest from you along the side and above the head and place the other arm across the chest. Bend the leg that is closest to you. Place one arm under the patient's head and shoulder and the other hand on the flexed knee. Roll the patient away from you while you stabilize the head and neck.	A. Lecture/Discussion B. Assigned Readings C. Use materials from American Heart Association for Adult Stroke.

Objective 13 **Describe the signs and symptoms of a heart attack.** A. Caused by a blockage of the coronary arteries that decreases the amount of blood being delivered to the myocardium. B. Signs of a heart attack 1. Most common signal of a heart attack is an uncomfortable pressure, squeezing, fullness or pain in the center of the chest; may spread to the shoulder, neck, jaw or arms. 2. Other symptoms include diaphoresis, nausea or indigestion, SOB, cold/clammy skin and general malaise. 3. If these signs persist longer than 5 minutes, the patient should activate EMS. C. Most people deny that the problem is serious. D. Myocardial infarction (MI) signs and symptoms in women include a combination of the following: 1. Back pain or aching and throbbing in biceps or forearms. 2. Shortness of breath. 3. Clammy perspiration. 4. Vertigo, unexplained lightheadedness or syncopal episodes. 5. Edema, especially of the ankles and/or lower legs. 6. Fluttering heartbeat or tachycardia. 7. Gastric upset. 8. Feeling of heaviness or fullness in the mediastinum. E. Treatment for patient with chest pain 1. Report symptoms to clinician, activate EMS. 2. Comfort and calm the patient. 3. Use wheelchair to move patient. 4. Use Fowler's position and make patient comfortable. 5. Keep patient quiet and warm. 6. Loosen tight clothing. 7. Take vital signs. 8. Start Oxygen (O_2) per physician's order. 9. Gather crash cart. 10. Obtain information from patient.	A. Lecture/Discussion B. Assigned Readings C. Female response to a heart attack and its difference to a male's heart attack experience. D. Ask student to search the web for heart attack and have them share their findings.
Discuss legal and ethical issues related to the Good Samaritan Laws. A. Intended to provide some degree of protection to the health care professional who offers emergency treatment during "off–duty" hours. B. Health care providers must act reasonably and prudent. C. Health care providers must only provide care within the scope of their abilities. D. Health care providers must attempt to prevent further	A. Lecture/Discussion B. Assigned Readings

injury when administering emergency first aid.	