

Pilgrim's guide for medical emergency situations



24 hours a day, 365 days of the year
accompanying you on your journey

XUNTA DE GALICIA

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for medical emergency situations



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Some advice

on how to have a good journey

1. A fortnight or a month before setting out, take long walks each day in order to be in good shape for your journey.
2. Once you start, it is very important to keep up a constant pace. You should never exceed a daily distance of 20-25 kilometres.
3. Your clothes must be light, comfortable and transpirable. Pack a light raincoat in case it rains.
4. Your socks must fit properly (avoid pleats, creases, etc. that can cause blisters), they should be highly transpirable, preferably made of lisle or cotton.
5. Footwear is of the utmost importance:
 - First and foremost, it must be comfortable.
 - It must have been used before starting. You should never wear a new pair of shoes when starting your journey.
 - It is advisable to take two pairs of shoes and use them alternately.
 - It must be supple and fit properly.
 - Soles must be made of thick light rubber.

- Wash your feet in cold water and change your footwear at the end of every day. It is essential to maintain standards of hygiene.
6. You must always protect yourself from the sun (use a cap, hat...). Apply a high sun protection factor of 25 or higher.
 7. To restore your energy while on the road, it is necessary to eat highly nourishing food, such as dried fruits, figs, chocolate...
 8. Drink frequently in small quantities. Avoid drinking alcohol. Do not drink water unless you are sure it is drinking water.
 9. If you have a wound, wash it thoroughly with water and soap and protect it adequately with gauzes and antiseptic products. If you are not sure that wounds have been cleaned and disinfected, do not burst blisters, do not try to suture them using a thread and do not cover them up with plasters.
 10. If you have any chronic health problem, are allergic to any medicine or suffer from any other significant health problem, it is advisable to have your medical records with you.



First
aid
Guide

Road Accidents and pedestrian casualties



WHAT TO DO?

- Find out how many of the passengers are injured, unconscious or trapped inside the vehicle.
- Alert the Emergency Medical Service (061) immediately and follow their instructions. Remember that it is of the essence to give as precise a location of the accident as possible, so that the Emergency Medical Service can send help from the nearest point.
- Try to mark the zone to prevent further accidents, but do not run unnecessary risks in doing so.
- Switch off the engine and lights of the vehicle, removing the keys from the ignition. Report the presence of any flammable or dangerous substances.
- Keep in contact with the 061 service so as to report on any change in the condition of the injured persons.
- Never move the injured persons unless a doctor gives you instructions on how to do so correctly.

- IMPORTANT -

- Give as much data as you can for the Emergency Medical Service to locate the scene of the accident as soon as possible. Please co-operate with us.

Allergies



Allergies are adverse reactions set off by contact with certain substances (medicines, food, insect bites...) which can cause symptoms varying from a burning sensation in the eyes and nose, dizziness, headache and rash, to breathing difficulties, loss of consciousness and cardiac arrest.

WHAT TO DO?

- Eliminate the cause of allergy (medicines, food, etc.).
- Loosen the patient's clothes.
- Call 061 and follow the doctor's instructions.

- IMPORTANT -

- Do not take any medicines unless prescribed by a doctor.
- Avoid exposing yourself to known allergenic substances, such as pollen, dust, fur...
- Always carry objects that identify you as an allergic patient, as well as identifying the substances to which you are allergic.

Choking

When somebody chokes accidentally on a piece of food or inhales an object, this foreign body obstructs the airways. This obstruction prevents the patient from breathing and can cause asphyxia.

WHAT TO DO?

- Call 061 and report what has happened. Follow the doctor's instructions.
- If the patient is conscious and can make clear sounds, cough or speak, it is only a minor choking episode. Try to get the patient to cough, as this is the body's natural way of unblocking the air passages. While he coughs, do not hit him on the back. Do not try to remove the foreign body with your hands (unless it can be seen and easily reached).
- If the patient is still conscious, but he cannot speak clearly or cough and starts to turn blue or is having difficulty breathing, it is a major choking episode. Therefore, you should start manoeuvres to unblock the air passages, following the instructions of the 061 doctor.
- If the patient falls unconscious, make him lie on his back, face upward, and start cardiopulmonary resuscitation (CPR).



MANOEUVRE TO UNBLOCK THE AIR PASSAGE IN A CONSCIOUS PATIENT

Place yourself beside the patient and get him to bend forward, taking his chin in one hand and strike the interscapular region with the palm of your other hand.

If after five attempts, we have not managed to eliminate the foreign body which is causing the obstruction, place yourself

behind the patient, encircle his abdomen, half way between the tummy button and the lower end of the breastbone. Make a fist, positioning your thumb to his tummy. Grab your fist with your other hand and with a sharp movement press up and into the tummy five times (Heimlich manoeuvre).

Repeat the manoeuvre until the foreign body is forced out or the patient loses consciousness.



MANOEUVRE TO UNBLOCK

THE AIR PASSAGE IN AN UNCONSCIOUS PATIENT



Make the patient lie on his back, face upwards, on a hard surface and start cardiopulmonary resuscitation manoeuvres, assessing whether or not there is any object in the mouth when you carry out ventilation (see chapter on CPR) and remove any object.

Contusions and muscular exhaustion

Contusions are injuries that do not result in wounds or breaking of the skin. They do not imply bone fractures either. They cause swelling of the damaged area, as well as bruising.



WHAT TO DO?

- Apply dry cold to the damaged zone. Fill a plastic bag with ice, wrap the bag in a cloth and apply it to the bruise.
- If the patient suffers acute pain when moving the bruised zone, call 061, report what has happened and follow the doctor's instructions.

Convulsions

Convulsions are sudden and uncontrollable movements, sometimes preceded by stiffness of the whole body, accompanied by loss of consciousness, irregular respiration, biting of the tongue and loss of control of bodily functions. After the seizure, there is usually a post-critical period, characterised by deep drowsiness. The patient does not usually remember what has happened to him.

WHAT TO DO?

- Keep calm. The seizure will be over in a few minutes.
- Stand by the patient. Put away any objects with which he could injure himself. Do not try to hold him down.
- Loosen his clothes (shirt collar, belt...).
- If the patient's mouth is open, insert a handkerchief, napkin or any other suitable object to prevent the patient from biting his tongue. If his mouth is closed, do not try to open it, as you could injure him.
- Call 061 and follow the instructions of the doctor on call.
- When the seizure is over, the patient should lie down on his side for a while. Do not let him stand up until he has completely recovered.



Foreign bodies

in the eye

The presence of a foreign body, e.g. grit, insects or wood or metal splinters, makes the eye fill with water and the eyelids contract.

WHAT TO DO?

- You will have to wash the eye with water. Place yourself behind the patient, who will lean his head backwards. Then let water trickle down his forehead into the eye, while you keep his eyelids wide open.
- Call 061, report what has happened and follow the doctor's instructions.
- Cover the eye with a gauze or a clean cloth.



Breathing difficulties

This is an increase of a person's normal breathing rate, accompanied by changes to the skin colour, which can turn either pale or bluish, and profuse sweating. The patient may also feel a shortness of breath.

It is important to differentiate between the above and nasal congestion, which can also cause a similar sensation but is not accompanied by the other symptoms.



WHAT TO DO?

- Make the patient sit down or lie half sitting up.
- Loosen his clothes and any objects that might cause compression.
- Call 061 and report what has happened. Follow the doctor's instructions.
- If the patient has a pre-existing respiratory or heart condition, you should point it out to the doctor, also indicating any medication the patient might be taking.
- Stand by the patient, and try to help him remain calm.
- In cases of patients with chronic respiratory diseases who are taking oxygen, do not change the dosage without previously asking the doctor.

- IMPORTANT -

In patients with chronic respiratory diseases:

- Avoid sudden changes of temperature.
- Do not remain in places where the atmosphere is smoky or suffocating.
- Do not smoke.
- Do not discontinue preventive or maintenance medication.
- Do not expose yourself to situations such as cold or humidity that may result in respiratory infections.
- If you are allergic, do not expose yourself to allergens.

Chest pain

It is an oppressive and constant pain which appears suddenly. It feels as if a hand were squeezing the heart, and it can extend to the neck and left arm. Sometimes, it is accompanied by sweating, and it can make the patient sick.



WHAT TO DO?

- Make the patient rest, either sitting down or half sitting up.
- Loosen his clothes and any objects that might cause compression.
- Call 061 and report what has happened. Follow the doctor's instructions.
- If the patient has a pre-existing respiratory or heart condition, you should point it out to the doctor, also indicating any medication that the patient might be taking.
- Stand by the patient, and try to help him remain calm until medical assistance arrives.

Haemorrhages



A haemorrhage consists of a loss of blood from blood vessels when they burst.

WHAT TO DO?

- Compress the bleeding zone, placing a gauze or a clean piece of cloth over it. Press down strongly with the palm of your hand until the haemorrhage diminishes or until help arrives.
- The patient must lie down to avoid becoming dizzy. If the wound is located in a limb, it is advisable to raise it.
- Call 061, report what has happened and follow the doctor's instructions.
- **NEVER EVER** contain a haemorrhage with a tourniquet.

Nasal haemorrhage

Bleeding from the nose is called epistaxis.



WHAT TO DO?

- Make the patient sit down and bow his head. Do not lean the head back and ensure that the patient does not blow his nose.
- Press both nasal cavities for at least ten minutes.
- Encourage the patient to spit out any blood that enters his mouth.
- Should the haemorrhage fail to stop, despite applying pressure, call 061, and report what has happened. Follow the doctor's instructions.
- Wad the bleeding nasal cavity with gauze or cotton soaked in hydrogen peroxide.
- If the patient is taking any medication, do not forget to point this out.

Wounds



Wounds imply abrasions of the skin surface and bleeding. This can cause an infection if germs enter the blood system.

WHAT TO DO?

- Contain the haemorrhage (as explained in the chapter on haemorrhages).
- Wash the wound with water and soap (it is important to keep it clean).
- Remove any foreign bodies if accessible and if they can be removed easily.
- Disinfect with hydrogen peroxide or povidone-iodine.
- Cover the wound with sterile or at least clean material (gauze, etc.).
- If the wound is deep and extensive, it may be necessary to transfer the patient to a health centre for it to be sutured. If in doubt, call 061, report what has happened and follow the doctor's instructions.
- Check that your anti-tetanus vaccinations are up to date.

Inhalation of **smoke** or **fumes**

Exposure to smoke or fumes may cause discomfort, breathing difficulties, drowsiness, loss of consciousness and death.



WHAT TO DO?

- Do not touch light switches.
- Do not light matches or lighters, as some gases are inflammable.
- Call 061. Report what has happened and follow the doctor's instructions.
- **NEVER EVER** go into a place without safety precautions.
- Ventilate the place thoroughly. Open or break down doors or windows.
- Take the injured person out of the place so that he can breathe in fresh air.

- If the patient is unconscious, check that he is breathing: kneel beside him, place your cheek close to his face and look towards his chest. If he is breathing, you will see that his chest is moving, you will hear him exhale and feel his breath on your cheek (see, hear, feel).
- If the patient is breathing, make him lie down on his side in a lateral safety position.
- If the patient is not breathing, start cardiopulmonary resuscitation manoeuvres (see chapter on CPR).



Sunstroke

Sunstroke is caused by prolonged exposure to excessive heat. Depending on the how long the exposure lasts, the organism may suffer alterations, including discomfort, redness of the exposed parts of the body, dizziness and headache.



WHAT TO DO?

- Loosen the patient's clothes.
- Place the patient in a cool shaded area. Make him lie down and raise his head.
- Apply cold compresses.
- Call 061 and follow the doctor's instructions.

- IMPORTANT -

- Drink plenty of liquids.
- Protect your head from the sun.
- Avoid falling asleep in the sun or any other prolonged exposures.

Skin and eye irritations



This kind of irritation happens when toxic substances come into contact with a person's skin or eyes, either accidentally or deliberately.

WHAT TO DO?

- Wash the affected area with abundant water for 5 to 10 minutes.
- If the toxic substance happens to be quicklime, do not wash the area. Take it out with a dry cloth instead.
- If the patient did not get burnt, take off the clothes exposed to the toxic substance.
- In the case of EYE IRRITATIONS:
 - Do not rub the eye.
 - Wash the eye continuously with abundant water at a moderate pressure, keeping the eyelids wide open.
- Call 061. Report what has happened and follow the doctor's instructions.
- Do not throw away the recipient (box, bottle...) containing the product, as it is essential to know its composition.



Loss of consciousness

Loss of consciousness is very easy to detect: the patient is not speaking and he does not respond when we talk to him or when we gently shake him. The causes, as well as the consequences, can be different.

We can classify them in three main groups:

- Dizziness: a feeling of fainting, without loss of consciousness.
- Syncope: the patient loses consciousness, but regains it completely and spontaneously after a few minutes.
- Unconsciousness: loss of consciousness, which is not regained. The patient may be breathing or not.



LOSS OF CONSCIOUSNESS

WHAT TO DO?

- Place the patient on the ground, lying face upwards.
- Check whether the patient is unconscious: talk to him, shake him gently...
- To check whether the injured person is breathing, place your cheek near his face and watch if his chest moves, listen to his breathing and notice his breath (see, hear, feel).
- Call 061 and follow the doctor's instructions.
- If he is breathing, place him in the lateral safety position and wait for the medics to arrive.



- If he regains consciousness, stay beside him and prevent him from standing up until he has totally recovered.
- If the patient is not breathing, start CPR manoeuvres and wait for the medics to arrive (see the chapter on cardiopulmonary resuscitation).

Bites: insects and snakes



The patient may present a painful local reaction, itching sensation, swelling, nausea, vomiting and in the most serious cases or in cases of sensitive patients, loss of consciousness and cardiac arrest may even occur.

INSECTS

WHAT TO DO?

- Keep the patient calm.
- Wash the affected area with water and soap.
- Apply dry cold locally.
- Call 061 and follow the doctor's instructions.



- IMPORTANT -

- Do not try to pull the sting out with your fingers.
- Avoid gardens with strong-smelling, brightly-coloured flowers.

SNAKES

WHAT TO DO?

- Keep the patient calm.
- The patient, and especially the affected limb, should be resting.
- Identify the species of snake if possible.
- Call 061 and follow the doctor's instructions.

- IMPORTANT -

- Do not touch the wound or try to suck the venom out.
- Do not apply tourniquets.
- Avoid walking barefoot.
- If you are walking in a rocky area, always look before placing your hand anywhere.



Burns and blisters



Depending on their degree and extent, burns may cause redness, swelling or blisters.

WHAT TO DO?

- Eliminate the heat source.
- Apply cold running water on the burnt area for ten minutes.
- Call 061 and follow the doctor's instructions.

- IMPORTANT -

- Do not put foreign substances on the burnt area (toothpaste, ointments, ice...).

Cardiopulmonary Resuscitation

Cardiopulmonary resuscitation (CPR) manoeuvres are aimed at substituting and reinitiating spontaneous respiration and circulation.

Therefore, basic CPR implies alternating compression and ventilation, with a frequency of 30/2, until medical assistance arrives.

CARDIOPULMONARY RESUSCITATION (CPR)

WHAT TO DO?

- Check if the patient is unconscious (shake his shoulders and ask him if he is feeling alright).
- If the patient is unconscious, call for help.
- Open the air passage by leaning the patient's head back, holding his head with one hand and raising his chin upwards with the other. This will prevent him from swallowing his tongue and will facilitate breathing.
- Check that he is breathing (see, hear, feel): if he is breathing, place him in the **lateral safety position**:



Make the patient lie down on his/her side, as shown in the drawing. This position prevents obstruction in the airways, as well as choking in case the patient vomits.

- Call 061, report what has happened and follow the doctor's instructions.
- If he is not breathing, start heart massage.

CARDIAC RESUSCITATION

Resuscitation must be carried out with the patient lying on the ground. Rest your hands on the lower part of the sternum at the centre of the chest (NEVER on the pit of the stomach). Place the heel of the hand on the patient's chest and cover it with your other hand, entwining your fingers. Press down and start to massage the heart at a rate of 100 compressions per minute. If the patient is an adult, his/her thorax can compress by between 4 and 5 centimetres. Apply 30 chest compressions and give 2 ventilations.



VENTILATION

Start the artificial mouth-to-mouth resuscitation. Press the nose with one hand so as to close it. Open the patient's mouth with the other hand. Inhale deeply and, applying your lips over the patient's, blow the air into his mouth, trying not to let it escape through the sides of the mouth. Withdraw your mouth from the patient's in order to let the air out. Check the patient's chest moves when blowing the air into his mouth.



You should bear in mind the fact that if the patient is a child, you must blow much less air into his mouth.

Alternate compression and ventilation with a frequency of 30/2.

Trauma:

HEAD TRAUMA

Owing to the intensity or characteristics of the blow, these traumas may result in brain damage. In some cases, they may be accompanied by loss of consciousness.

WHAT TO DO?

- Keep the patient lying down.
- Talk to the patient to calm him down and watch his level of consciousness. If he becomes drowsy or agitated or loses consciousness, report this fact to 061 headquarters.
- Do not move the patient.
- Do not give him food or water even if he has requested it.
- Call 061. Report what has happened and follow the doctor's instructions.

- IMPORTANT -

- Always wear a helmet if you are riding a bike or motorbike.
- Do not dive into shallow water.

BACK AND NECK TRAUMA

These traumas to the back or neck may affect the spinal cord, causing irreversible paralysis. Any sudden movement of the damaged zone could aggravate these injuries.



WHAT TO DO?

- Calm the patient down. Make sure he is kept warm.
- Do not give him food or water even if he has requested it.
- Do not try to move his head or neck.
- Do not move the patient under any circumstances.
- Call 061. Report what has happened and follow the doctor's instructions.

LIMB TRAUMA

WHAT TO DO?

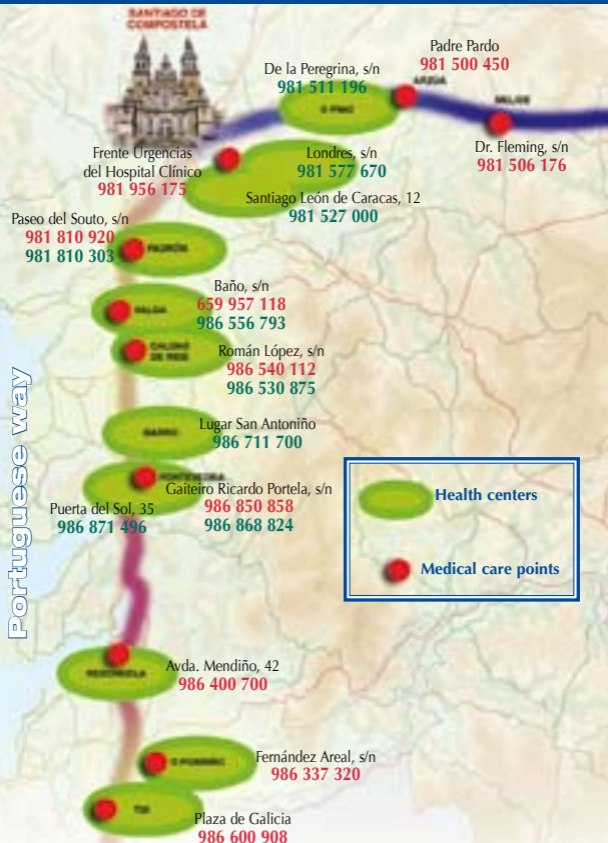
- Never move the damaged limb. You would only cause pain and this movement could aggravate the injuries.
- Call 061, report what has happened and follow the doctor's instructions.
- Do not move the patient without instructions from the doctor.



The background of the page is a high-angle, aerial photograph of a large, light blue, textured structure. The structure has a complex, irregular shape with many small, rectangular protrusions and recessions, giving it a map-like or architectural model appearance. The color is a uniform, pale blue. The word "Maps" is centered in the middle of the image in a bold, dark blue font.

Maps

Medical assistance on the road



French way

Dr. Bernardino Pardo Ouro, s/n
982 380 222

Avda. del Grupo Escolar, s/n
982 320 023

Calvo Sotelo, 138
982 530 958
982 532 111

Anovello, s/n
982 360 305

Lugo, s/n
982 545 114

Plaza de España, s/n
982 547 002

Ruxidoira, s/n
982 541 197

Acceso a Centro Sanitario, s/n
982 367 201

061 Emergency medical service for Xacobeo 2010

- Pilgrim Care Point at Monte del Gozo, centre with health care.
- Pilgrim Care Point at Vilar-1 (Santiago) with health care.

The personnel of 061 pilgrim care points are made up of a nurse and a receptionist.

*In the event of an emergency from anywhere
in Galicia you can call 061 or 902 400 116
if you require a consultation.*



How
and **when**
to call 061

DIAL 061

- Report the location of the place you are in as precisely as possible: the kilometric point or the place you started from and how long you have walked for.
- Tell us the phone number you are calling from or how you can be located.
- Report what has happened and how the patient is. Try to speak clearly and slowly.
- Keep calm until the Emergency Medical Service arrives.

24 hours a day, **365 days** of the year
accompanying **you on our journey**



Fundación Pública
Urxencias Sanitarias
de Galicia - 061

Información
divulgativa



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