



ISSN (E): 2277- 7695  
ISSN (P): 2349-8242  
NAAS Rating: 5.03  
TPI 2018; 7(12): 254-256  
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www.thepharmajournal.com  
Received: 18-10-2018  
Accepted: 19-11-2018

**KC Rajashree**

Assistant Professor, Saveetha  
School of Management, Saveetha  
Institute of Medical and  
Technical Sciences, Chennai,  
Tamil Nadu, India

**Radhika K**

MBA Student, Saveetha School  
of Management, Saveetha  
Institute of Medical and  
Technical Sciences, Chennai,  
Tamil Nadu, India

## Evidence - based level of awareness about first aid among patients

**KC Rajashree and Radhika K**

**Abstract**

The first aid demonstrates specific safety procedures that are recommended to patients at home to practice self-first aid deprived of aggravating additional injury. The minor injuries require medical guidance in order to decide the inevitability of a tetanus report. A doctor should scrutinize the bandaging in addition to medication. The first aid towards unexpected injuries such as burns and cardiac arrest helps to save the life of the patient. The first aid serves as a catalyst to diminish the level of injury thereby facilitating speedy recovery. This learning concentrates on the awareness of patients towards first aid. The outcomes of the study particularizes that patient's trust that first aid will perchance save the lives.

**Keywords:** First aid, patients, medication

**Introduction**

First aid is considered as the instantaneous care provided to a person who is being incapacitated or unexpectedly taken ill. This comprises of self-help besides home care. It also embraces upright words of motivation, indication of preparedness to help, as well as preferment of self-confidence by giving demonstration of proficiency. The person providing first aid, compacts with the entire situation, the wounded person, in addition to the damage or illness. The first aid makes a metamorphosis between living and dying. It also displays a difference between momentary and enduring disability. This may either lead to express recovery or extended hospitalization. An instantaneous assessment about sternness of injury and selection of appropriate treatment can save the life of patients. Drugs as well as medications should continuously be retained in a static place so that it will be easily reachable to staffs, patients and others. The list of first aid materials should be displayed above the box for easy handling of materials. The list should also include the possible substitution of materials that are unavailable. The practices to be followed for each and every emergency should be mentioned clearly. General suggestions are given to avoid or external bleeding. Some of the factors such as saving life, improving employee confidence, prevent excessive illness, reduced recovery time, support emergencies, minimise injury, reduces blood loss, prevent acquired infection, promotes recovery, avoid future disability, decreased cost expenses and retrieve consciousness.

**Literature review**

Watson and Zhou (2018) <sup>[1]</sup> advocate that choking first aid would possibly result in an enormous number of deaths every year. This in most cases upshots in brain damage. The cardiopulmonary resuscitation can serve as an aid to save the patients. The devices such as smart watches help to track the occurrence of sudden abnormal health conditions and help in immediate recovery.

Zhao *et al.* (2018) discussed about the knowledge with respect to epilepsy among the patients. This study expresses a general positive attitude towards the disease. The results show that there exist a noteworthy correlation among the edification, occupation and attitudes among patients towards first aid knowledge of seizures. This shows elevated awareness towards epilepsy.

Bennett *et al.* (2018) <sup>[3]</sup> elaborated about the various practices adopted in first aid. The verdict of this study spotlights that five percent children receive harmful first aid. In contrast, 26 % children believe that first aid is useful to them and therefore they recommend it. This study displays that first aid is significant for burns and also specific practices are implied in the burn first aid practices.

**Correspondence**

**KC Rajashree**

Assistant Professor, Saveetha  
School of Management, Saveetha  
Institute of Medical and  
Technical Sciences, Chennai,  
Tamil Nadu, India

Harish *et al.* (2018) [4] suggested that immediately when a burn occurs, running water can be used for about 20 minutes in order to cool it. This would result in decreased wound depth, quicker reepithelialisation and reduced skin grafting prerequisites. This study also recommends some techniques and practices about treating the burn instantaneously which would prevent serious injury.

Miguez – Navarro *et al.* (2018) [5] demonstrated about the knowledge of populace towards first aid. It is found that the first aid knowledge is lacking among people. The knowledge is specifically deficient in the topics of seizures, burns, cranial contusion, etc. The respondents were 405 parents. The mean analysis is carried out to find out the most prevailing problems.

Alomar *et al.* (2016) [6] implied that the awareness towards first aid for burn among caregivers were restricted. The antidotes for burn first aid are discussed in this study. It explains that use of cold water should be accentuated during the public education. The awareness towards first aid can be augmented if social media is used as an aid in the process of providing information.

Banfai *et al.* (2018) [7] elaborated fundamental lifesaving activities that should be developed in the early childhood. This includes teaching them about calling an ambulance in order to save an unconscious patient. The study displays that this would possibly improve the problem solving capability of the children. The verdict of this study shows that there are difference in attitude on comparing boys and girls.

Nurmatov *et al.* (2018) [8] discussed about the effective delivery of first aid procedures. The knowledge about the first aid procedure of burns gives a positive effect. This helps in facing emergency conditions. The first aid practices can be enhanced by indulging a number of clinical trials. This would

even assist in reducing the costs incurred, thereby reaching cost efficiency.

Buck *et al.* (2015) [9] explained the need for providing first aid especially cardiopulmonary resuscitation. This can be accomplished by providing a proper CPR training and educating them about the importance of cardiopulmonary resuscitation. This study examined about the need for using defibrillator, choking, poisoning, recovery positions and injuries.

Varley *et al.* (2016) [10] conversed that first aid education for children is very much important. The children should be educated and must be aware of the burns. They must be trained in such a way that immediate response towards burns should be seen. They must know that adequate cooling can reduce the negative effects of burns in the patients' body or skin.

Emir and Kus (2015) [11] highlighted the significance of first aid education in recovering the life of human beings. The lack of knowledge towards first aid will have an adverse effect towards the society. The awareness of first aid would possibly diminish the number of deaths due to life menacing situations such as accidents, disasters, war, terrorist molests, heart attacks and blocks.

**Awareness about first aid**

The objective of this study is to find out the level of awareness about first aid among patients. This is executed by circulating a questionnaire encompassing various benefits as a result of first aid practices. The data is collected from 110 patients. The demographic data contains gender of patient, age in years, as well as educational qualification. The frequency analysis for the above mentioned demographic data is displayed in table 1.

**Table 1:** Frequency Analysis for Demographic Data

Gender	Frequency	%	Age	Frequency	%	Education	Frequency	%
Male	58	52.7	<25	63	57.3	School	39	35.5
Female	52	47.3	25-35	20	18.2	UG	25	22.7
Total	110	100	>35	27	24.5	PG	38	34.5
			Total	110	100	Ph.D	8	7.3
			Total	110	100	Total	110	100

It is marked from the table content that majority of patients are male (52.7%) who are youngsters (57.3) and have completed schooling (35.5%). Table 2 gives data about the

mean for the various benefits as an outcome of first aid practices using likert's scale.

**Table 2:** Mean analysis of awareness towards first aid

S. No	Variables	Mean	Rank
1	First aid saves life(Saving life)	4.1818	1
2	First aid gives confidence and clarity to the employees during emergency(Improve employee confidence)	4.0636	4
3	First aid prevents excessive illness(Prevent excessive illness)	4.0182	5
4	Recovery time can be reduced by first aid(Reduced recovery time)	3.9182	9
5	First aid can provide support during several urgent situations(Support emergencies)	4.0082	6
6	First aid minimizes further injury(Minimizes injury)	3.8364	11
7	First aid reduces too much blood loss(Reduces blood loss)	4.1636	2
8	First aid prevents hospital acquired infections(Prevent acquired infection)	3.8818	10
9	First aid promotes recovery(promotes recovery)	3.9273	8
10	First aid avoids future disability(avoid future disability)	4.1364	3
11	Cost expenses can be decreased by giving first aid(decreased cost expenses)	3.6909	12
12	First aid can retrieve the consciousness of the patients(retrieve consciousness)	3.9455	7

Table 2 explains the mean analysis for level of awareness among the patients towards First aid. It is clear from the above table that the maximum mean value is obtained by the variable Saving Life. Therefore, the study displays patients

are aware and believe that first aid will save patient life. Table 3 gives details about the association among the various outcomes through factor analysis.

**Table 3:** KMO and Barlett’s Test

Sampling value		0.683
Bartlett's Test for Sphericity	Chi-Square value	196.213
	Significance value	.000

Table 3 explains the data sufficiency through testing the KMO and Bartlett’s. This test ind the KMO and significance value to be > 0.6 and 0.000 respectively. Accordingly, the congregated data is up to standard for undergoing factor analysis.

**Table 4:** Data Reduction

S. No	Total	Variance %	Cumulative %
1	1.975	16.460	16.460
2	1.907	15.890	32.350
3	1.561	13.012	45.363

Table 4 illustrates the variance values of components. This data reduction test decreases 12 favourable outcomes of first aid into 3 components which explains 45% of variance.

**Table 5:** Grouping of Outcomes and Component Labelling

S. No	Favorable Outcomes	Component		
		1 - Saving	2 - Prevention	3 - Recovery
1	First aid saves life(Saving life)	0.765	-	-
2	First aid gives confidence and clarity to the employees during emergency(Improve employee confidence)	0.755	-	-
3	First aid prevents excessive illness(Prevent excessive illness)	-	0.524	-
4	Recovery time can be reduced by first aid(Reduced recovery time)	-	0.799	-
5	First aid can provide support during several urgent situations(Support emergencies)	-	0.605	-
6	First aid minimizes further injury(Minimizes injury)	-	0.774	-
7	First aid reduces too much blood loss(Reduces blood loss)	-	0.423	-
8	First aid prevents hospital acquired infections(Prevent acquired infection)	-	0.674	-
9	First aid promotes recovery(promotes recovery)	-	-	0.824
10	First aid avoids future disability(avoid future disability)	-	-	0.429
11	Cost expenses can be decreased by giving first aid(decreased cost expenses)	-	-	0.772
12	First aid can retrieve the consciousness of the patients(retrieve consciousness)	-	-	0.608

It is clear from table 5 that the variables are grouped under components such as Saving, Prevention and Recovery.

**Conclusion**

The foremost goal of first aid is to treat the patients immediately rather than diagnosing for the cause. The end result of first aid must be stabilization of patients. The first aid prevents the three to life or any extremities thereby, reducing the level of injury. A proper first aid followed by an aggressive treatment can recover the patient in a shorter epoch of time. It is found that in militaries about 90% of survival rate is accomplished because of an effective first aid. An instantaneous response towards the injury is the secret formula of providing prompt and proper first aid.

**References**

1. Watson A, Zhou G. Breath EZ: Using smart watches to improve choking first aid. *Smart Health*, 2018.
2. Zhao T, Gao Y, Zhu X, Wang N, Chen Y, Zhang J *et al.* Awareness, attitudes toward epilepsy, and first aid knowledge of seizures of hospital staff in Henan, China. *Epilepsy & Behavior*. 2017; 74:144-148.
3. Bennett CV, Maguire S, Nuttall D, Lindberg DM, Moulton S, Bajaj L *et al.* First aid for children’s burns in the US and UK: An urgent call to establish and promote international standards. *Burns*, 2018.
4. Harish V, Tiwari N, Fisher OM, Li Z, Maitz PK. First aid improves clinical outcomes in burn injuries: Evidence from a cohort study of 4918 patients. *Burns*, 2018.
5. Míguez-Navarro C, Ponce-Salas B, Guerrero-Márquez G, Lorente-Romero J, Caballero-Grolimund E, Rivas-García A *et al.* The Knowledge of and Attitudes toward First Aid and Cardiopulmonary Resuscitation among Parents. *Journal of pediatric nursing*. 2018.
6. Alomar M, Al Rouqi F, Eldali A. Knowledge, attitude, and belief regarding burn first aid among caregivers

- attending pediatric emergency medicine departments. *Burns*. 2016; 42(4):938-943.
7. Bánfai B, Deutsch K, Pandur A, Bánfai-Csonka H, Betlehem J. Preliminary results of teaching first aid to 5–6 year old children—a longitudinal study. *Kontakt*, 2018.
8. Nurmatov UB, Mullen S, Quinn-Scoggins H, Mann M, Kemp A. The effectiveness and cost-effectiveness of first aid interventions for burns given to caregivers of children: A systematic review. *Burns*. 2018; 44(3):512-523.
9. De Buck E, Van Remoortel H, Dieltjens T, Verstraeten H, Clarysse M, Moens O *et al.* Evidence-based educational pathway for the integration of first aid training in school curricula. *Resuscitation*. 2015; 94:8-22.
10. Varley A, Sarginson J, Young A. Evidence-based first aid advice for paediatric burns in the United Kingdom. *Burns*. 2016; 42(3):571-577.
11. Emir O, Kuş G. A study into the level of first aid of hotel employees. *Procedia-Social and Behavioral Sciences*. 2015; 174:1036-1042.