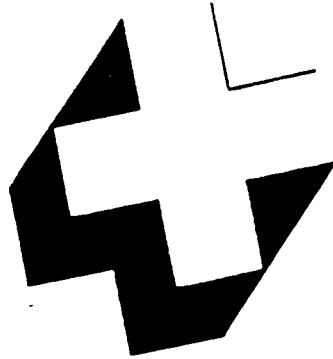


FM 21-11

**FIELD MANUAL**



**FIRST AID  
FOR  
SOLDIERS**

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FIELD MANUAL

\*FM 21-11

HEADQUARTERS  
DEPARTMENT OF THE ARMY  
Washington, DC, 27 October 1988

## FIRST AID FOR SOLDIERS

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### ★ PREFACE

This manual meets the emergency medical training needs of individual soldiers. Because medical personnel will not always be readily available, the nonmedical soldiers will have to rely heavily on their own skills and knowledge of life-sustaining methods to survive on the integrated battlefield. This manual also addresses first aid measures for other life-threatening situations. It outlines both self-treatment (self-aid) and aid to other soldiers (buddy aid). More importantly, this manual emphasizes prompt and effective action in sustaining life and preventing or minimizing further suffering. First aid is the emergency care given to the sick, injured, or wounded before being treated by medical personnel. The Army Dictionary defines first aid as "urgent and immediate lifesaving and other measures which can be performed for casualties by nonmedical personnel when medical personnel are not immediately available." Nonmedical soldiers have received basic first aid training and should remain skilled in the correct procedures for giving first aid. Mastery of first aid procedures is also part of a group study training program entitled the Combat Lifesaver (DA Pam 351-20). A combat lifesaver is a nonmedical soldier who has been trained to provide emergency care. This includes administering intravenous infusions to casualties as his combat mission permits. Normally, each squad, team, or crew will have one member who is a combat lifesaver. This manual is directed to *all* soldiers. The procedures discussed apply to all types of casualties and the measures described are for use by both male and female soldiers.

Cardiopulmonary resuscitative (CPR) procedures were deleted from this manual. These procedures are not recognized as essential battlefield skills that all soldiers should be able to perform. Management and treatment of casualties on the battlefield has demonstrated that incidence of cardiac arrest are usually secondary to other injuries requiring immediate first aid. Other first aid procedures, such as controlling hemorrhage are far more critical and must be performed well to save lives. Learning and maintaining CPR skills is time and resource intensive. CPR has very little practical application to battlefield first aid and is not listed as a common task for soldiers. The Academy of Health Sciences, US Army refers to the American Heart Association for the CPR standard. If a nonmedical soldier desires to learn CPR, he may contact his supporting medical treatment facility for the appropriate information. All medical personnel, however, must maintain proficiency in CPR and may be available to help soldiers master the skill. The US Army's official reference for CPR is FM 8-230.

This manual has been designed to provide a ready reference for the individual soldier on first aid. *Only the information necessary to support and sustain proficiency in first aid has been boxed and the task number has been listed.* In addition, these first aid tasks for Skill Level 1 have



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been listed in Appendix G. The task number, title, and specific paragraph of the appropriate information is provided in the event a cross-reference is desired.

### Acknowledgment

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### Standardization Agreements

The provisions of this publication are the subject of international agreement(s):

NATO STANAG	TITLE
2122	Medical Training in First Aid, Basic Hygiene and Emergency Care
2126	First Aid Kits and Emergency Medical Care Kits
2358	Medical First Aid and Hygiene Training in NBC Operations
2871	First Aid Material for Chemical Injuries

### Neutral Language

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

### Appendixes

Appendix A is a listing of the contents of the First Aid Case and Kits.

Appendix B discusses some casualty transportation procedures. Much is dependent upon the manner in which a casualty is rescued and transported.

Appendix C outlines some basic principles that promote good health. The health of the individual soldier is an important factor in conserving the fighting strength. History has often demonstrated that the course of the battle is influenced more by the health of the soldier than by strategy or tactics.

Appendix E discusses application of digital pressure and illustrates pressure points.

Appendix F discusses specific information on decontamination procedures.

Appendix G is a listing of Skill Level 1 common tasks.

### **Proponent Statement**

The proponent of this publication is the Academy of Health Sciences, US Army. Submit changes for improving this publication on DA Form 2028 directly to Commandant, Academy of Health Sciences, US Army, ATTN: HSHA-CD, Fort Sam Houston, Texas 78234-6100.

# CHAPTER 1

## FUNDAMENTAL CRITERIA FOR FIRST AID

### INTRODUCTION

Soldiers may have to depend upon their first aid knowledge and skills to save themselves or other soldiers. They may be able to save a life, prevent permanent disability, and reduce long periods of hospitalization by knowing *what* to do, *what not* to do, and *when* to seek medical assistance. Anything soldiers can do to keep others in good fighting condition is part of the primary mission to fight or to support the weapons system. Most injured or ill soldiers are able to return to their units to fight and/or support *primarily because they are given appropriate and timely first aid* followed by the best medical care possible. Therefore, all soldiers must remember the basics:

- Check for **BREATHING**: Lack of oxygen intake (through a compromised airway or inadequate breathing) can lead to brain damage or death in very few minutes.
- Check for **BLEEDING**: Life cannot continue without an adequate volume of blood to carry oxygen to tissues.
- Check for **SHOCK**: Unless shock is prevented or treated, death may result even though the injury would not otherwise be fatal.

#### Section I. EVALUATE CASUALTY

##### 1-1. Casualty Evaluation (081-831-1000)

The time may come when you must instantly apply your knowledge of lifesaving and first aid measures, possibly under combat or other adverse conditions. Any soldier observing an unconscious and/or ill, injured, or wounded person must carefully and skillfully evaluate him to determine the first aid measures required to prevent further injury or death. He should seek help from medical personnel as soon as possible, but must NOT interrupt his evaluation or treatment of the casualty. A second person may be sent to find medical help. One of the cardinal principles of treating a casualty is that the initial rescuer must continue the evaluation and treatment, as the tactical situation permits, until he is relieved by another individual. If, during any part of the evaluation, the casualty exhibits the conditions for which the soldier is checking, the soldier must stop the evaluation and immediately administer first aid. In a chemical environment, the soldier should not evaluate the casualty

until the casualty has been masked and given the antidote. After providing first aid, the soldier must proceed with the evaluation and continue to monitor the casualty for further medical complications until relieved by medical personnel. Learn the following procedures well. You may become *that soldier* who will have to give first aid some day.

**NOTE**

Remember, when evaluating and/or treating a casualty, you should seek medical aid as soon as possible. DO NOT stop treatment, but if the situation allows, send another person to find medical aid.

**WARNING**

Again, remember, if there are any signs of chemical or biological agent poisoning, you should immediately mask the casualty. If it is nerve agent poisoning, administer the antidote, using the casualty's injector/ampules. See task 081-831-1031, *Administer First Aid to a Nerve Agent Casualty (Buddy Aid)*.

a. *Step ONE.* Check the casualty for responsiveness by gently shaking or tapping him while calmly asking, "Are you okay?" Watch for response. If the casualty does not respond, go to step TWO. See Chapter 2, paragraph 2-5 for more information. If the casualty responds, continue with the evaluation.

(1) If the casualty is conscious, ask him where he feels different than usual or where it hurts. Ask him to identify the locations of pain if he can, or to identify the area in which there is no feeling.

(2) If the casualty is conscious but is choking and cannot talk, stop the evaluation and begin treatment. See task 081-831-1003 *Clear an Object from the Throat of a Conscious Casualty*. Also see Chapter 2, paragraph 2-13 for specific details on opening the airway.