



Basic Life Support and basic glossary for paramedics

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Piła 2023

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Dwieście szósta publikacja Akademii Nauk Stosowanych im. Stanisława Staszica w Pile

Piła 2023

e-ISBN

978-83-67684-05-7

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1. Preface

Przedmowa

The ability to speak English is a standard these days.

Learning English enables access to knowledge, the latest proceeding standards, research, and scientific work. It is a tool necessary to perform professional work.

The script for emergency procedures for paramedics in English was developed to assist student at the University of Applied Sciences (ANS) in Pila in their English language zourses. It is designed to support the Department of Medical Rescue at the ANS in Pila, focusing on the following subjects: trauma patient, adult first aid and pediatric first aid.

Compiling the essential phrases, concepts and medical procedures in English in one place will allow students to acquire English at a communicative level.

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2. Index

Indeks skrótów

AED - Automatic External Defibrillator

BLS - Basic Life Support

CPR- Cardiopulmonary Resuscitation

S.A.M.P.L.E - Rescue Interview

S – Symptoms – “What, where and how does it hurt?”

A – Allergy – “What are you allergic to?”

M - Medications - “What medications are you taking?”

P – Patient’s history- “What did you suffer from?”

L – Last meal/Lunch – “When and what did you eat last time?”

E- Event - “Do you remember what happened?”

FBAO – Foreign Body Airway Obstruction

EMS- Emergency Medical Services

3. BLS/AED algorithm

Algoritm BLS/AED

In the event of an accident or sudden health deterioration, follow the guidelines:

- stay calm,
- take steps to eliminate or reduce the risk,
- immediately call for help, or arrange for a person to do it for you,
- call emergency: 999 or 112

When calling an emergency, first:

- **Where?**

Describe the place of the event precisely: street name, building nº,

In the case of the academy, also point to the number of the academy building, floor nº, room nº.

! This is the best moment to choose someone who will wait for an emergency ambulance at the gate and guide the rescue team to the victim.

- **What happened?**

Specify the type of accident (fall, hit, convulsions, syncope, loss of consciousness, sudden deterioration of health condition, e.g. diabetes)

- **Number?**

What is the total count of individuals who are injured?

- **Information about the assistance provided**

- **Information about the victim** (consciousness, age, sex, history – is he/she ill or is he/she being treated for any disease)

- **Personal data**

BE SURE NEVER TO HANG UP FIRST WHEN CALLING THE EMERGENCY.

How to recognise a cardiac arrest:

- Initiate cardiopulmonary resuscitation (CPR) for individual who is unresponsive and not breathing normally.
- Laboured breathing or agonal breathing should be regarded as an indicator of a cardiac arrest.
- A short period of seizure-like movements can occur at the start of cardiac arrest. Evaluate the individual once the seizure has stopped: if unresponsive and with absent or abnormal breathing, start CPR [1,2].

Basic Life Support in steps:


Sequence	Description
Safety	Ensure that safety of yourself, the affected person and any onlookers
Response Check for a response	Safely jostle the person's shoulders and enquire loudly "Are you ok?"
Airway Open the airway 	If there's no response, lay the person on their back Place your hand on their forehead and your fingertips under their chin, gently tilting their head backward to raise the chin and open the airway. Observe, listen and feel for signs of breathing but do so for a maximum of 10 seconds. Notify emergency medical services (EMS) in case there is no breathing or of breathing is irregular.
Breathing Look, listen and feel for breathing.	Look, listen and feel for breathing for no more than 10 seconds. A victim who barely breathes or takes infrequent, slow and noisy gasps or does not breathe normally .

Fig.1. Airway obstruction. [Author's collection].



Fig.2. Assessment of the presence of breath.
[Author's collection].

Absent or abnormal breathing

Alert EMS

If breathing is absent or abnormal, ask a helper to call EMS or call them yourself.

Remaine with the victim

Active the speaker function or hands-free mode on your , allowing you to perform CPR while communicating with the dispatcher

Send for AED

Send someone to get an AED.

Request an AED and send someone to retrieve it..

If you are alone, **do not** leave the victim but start CPR.



Fig. 3. Automatic External Defibrillator.
[Author's collection].

Circulation

Start chest compressions

Kneel beside the person

Position the heel of one hand at the midpoint of their chest

Place the heel of your other hand on top of the first hand and interlock your fingers.



Fig.4. Chest compressions. [Author's collection].

Maintain your arms in an extended position

Stand directly above the victim's chest and start pressure to the breastbone (sternum), ensuring a depth of at least 5cm but not exceeding 6cm

Following each compression, completely release the pressure on the chest while keeping continuous contact between your hands and the breastbone

Repeat the chest compressions at a rate of 100-120 min.

Integrate rescue breathing with chest compressions.

If you are trained to do so, after completing 30 compressions, once more ensure the airway is open by employing the head tilt and chin lift technique

Gently squeeze the fleshy part of the nose using your hand's index finger and thumb on the forehead.

Permit the victim's mouth to open while sustaining the chin lift

Inhale normally and position your lips around the person's mouth ensuring a secure airtight seal

Exhale a continuous stream of air into the mouth, and observe the chest's elevation, maintaining a duration of approximately 1 second, similar to regular breathing.

While keeping the head in a tilted position and the chin lifted, remove your mouth from the victim and observe the chest as it descends when air is expelled

Inhale another regular breath and exhale into the victim's mouth again to achieve two rescue breaths.

Limit the pause in the chest compressions to a maximum of 10 seconds while administering the two



	<p>breaths, even if one or both are ineffective.</p> <p>Subsequently, promptly reposition your hands on the chest and administer an additional 30 chest compressions.</p> <p>Proceed with the pattern of 30 chest compressions followed by 2 rescue breaths</p>
<p>Compression-only CPR</p>  <p>Fig. 5. Chest compressions. [Author's collection].</p>	<p>If you are untrained or unable to give rescue breaths, give chest-compression-only CPR</p>
<p>When AED arrives</p> <p>Switch on the AED and attach the electrode pads.</p>  <p>Fig. 6. Turn on the AED. [Author's collection].</p>	<p>As soon as the AED arrives, activate Automated External Defibrillator (AED) and affix the electrode pads</p>
<p>Follow the spoken/visual directions.</p>	<p>Adhere to the instructions provided audibly and visually by the AED</p> <p>If a shock is advised, ensure that neither you nor anyone else touches the victim.</p>



Fig.7. Automatic External Defibrillator
[Author's collection].

Press the shock button following the provided instructions

Subsequently, promptly recommence CPR and proceed according to the guidance provided by the AED

If no shock is advised



Fig. 8. Chest compression. [Author's collection].

If the AED does not recommend administering a shock, promptly recommence CPR and proceed in accordance with the AED's instructions

If no AED is available

Continue CPR



Fig.9. Continue CPR. [Author's collection].

If no AED is available, or whilst waiting for one to arrive, continue CPR.

Do not interrupt resuscitation until.

In the case of unresponsiveness but regular breathing

Place in the recovery position

If you are confident that the person is breathing normally but remains unresponsive position him in recovery position



Fig.10. Recovery position. [Author's collection].

Stay ready to promptly reinitiate CPR if the person becomes unresponsive again and exhibits either no breathing or irregular breathing

Tab.1. Basic Life Support [Own study based on 2].

4. Other emergencies

Pozostałe stany zagrożenia życia

4.1 Recovery position

If a person is breathing, without any other life-threatening conditions, they should be positioned in recovery position

Placing a victim in the recovery position helps maintain an unobstructed and open airway. This position also prevents the risk of choking in the event of vomiting or fluid discharge.

The same recovery position can be used for adults and children.

Proceed with these instructions:

1. Kneel on the floor to one side of the person:



Fig.11. Recovery position. [Author's collection].

2. Position the arm of the victim closest to you at a 90-degree angle to their body:



Fig.12. Recovery position. [Author's collection].

3. Carefully lift their opposite hand placing your palm against theirs in a palm to palm manner. .
Now place the back of their hand onto their opposite cheek for example, against their left cheek if it is their right hand. Maintain your hand in that position to guide and provide support to their head while you roll them:

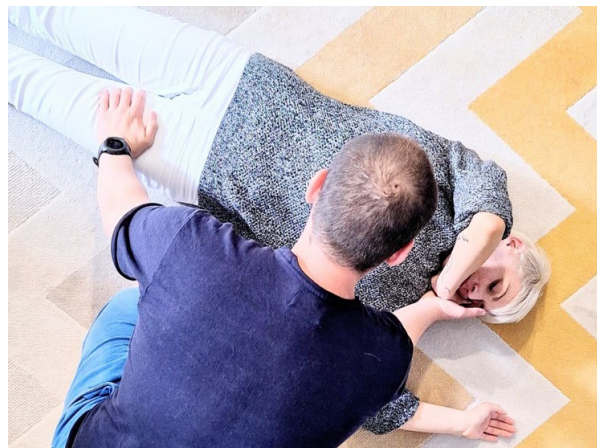


Fig.13. Recovery position. [Author's collection].

4. Use your opposite arm to extend across to the person's knee that is furthest from you, and pull it up so that their leg is bent and their foot is flat on the floor:



Fig.14. Recovery position. [Author's collection].

5. Carefully pull their knee towards you to facilitate their rotation onto their side facing in your directiono they roll over onto their side, facing you. Their body weight should assist in the smooth rolling process:



Fig.15. Recovery position. [Author's collection].

6. Move the bent leg nearest to you, in front of their body, so that it rests on the floor. This position will help to balance them:



Fig.16. Recovery position. [Author's collection].

7. Delicately lift their chin to create a slide backward tilt of their head, thereby unblocking their airway and facilitating breathing. Ensure there are no obstructions within their airway. If there is an obstruction, such as food in their mouth, attempt to remove it safely. Stay with them, giving reassurance, until help arrives:



Fig.17. Recovery position. [Author's collection].



Fig.18. Recovery position. [Author's collection].

! Bear in mind that it is essential to **continuously monitor their breathing until assistance arrives.**

If they stop breathing at any point – **start CPR! [1,2,3,4].**

4.2 Chest pain:

Suspicion of myocardial infarction (heart attack)

Follow the steps:

1. SAMPLE
2. call 999 or 112
3. calming the person
4. sitting position or half-sitting position
5. thermal insulation
6. psychological support
7. readiness to start CPR,
8. Aspirin (300mg) if no allergies
9. if the person has his own Nitroglycerine – help him to take the medicine



Fig.19. Halfway up position. [Author's collection].

4.3 **Strong allergic reaction:**

Anaphylaxis is a severe, life-threatening systemic reaction to substances such as insect stings, drugs, food, etc.

Symptoms:

- redness and itching of the skin, hives, swelling, strong shortness of breath,
- difficulty in breathing, rapid pulse, coughing, wheezing, diarrhoea,
- vomiting, runny nose, watery eyes

Follow the steps:

- eliminate the allergen (if possible),
- make cold compresses, for example, in place of the sting,
- provide ice cubes to suck
- If they lose their consciousness, rate them according to the ABC scheme,
- start CPR if necessary [1,2,4,5,6].

4.4 Stroke:

A stroke is the result of the interruption of blood supply to a particular brain area or extravasation of blood from a damaged cerebral vessel.

Stroke identification scheme:

- altered speech
- facial asymmetry on one side
- droopy corner of the mouth
- droopy eyelid
- weaker upper and lower limb on one side of the body
- visual disturbances
- blurred vision
- double vision
- one eye vision

If you recognize a stroke, call for help immediately at 112/999!

Follow the steps:

- the conscious injured, ensure a lying position with the head and torso raised about 30 degrees,
- what is important is the real, accurate time from the onset of symptoms to the arrival of a patient at the hospital specialist stroke unit,

the crucial period is the first 4 - 4.5 hours after the first symptoms

- It is important that the hospital requires the presence of the family, who certifies the real time of the onset of symptoms and sign the required agreement on behalf of the patient for the purpose of diagnosis and treatment [1,6].

4.5 Foreign Body Airway Obstruction

FBAO

Choking occurs when an object from a outside becomes stuck in the throat or airway, blocking the flow of air [1,5,6].

Follow the steps:

- encourage to cough:
- If the cough is an effective assessment of the state of the person until the **removal of foreign body**
- If the state of the person is getting worse: **give 5 back blows:**
 - a) stand behind the person,
 - b) put your one leg between the legs of the choking person,
 - c) put your one hand on the person's chest and lean the person forward
- If the person is still choking:
 - a) **give 5 abdominal thrusts** (Heimlich manoeuvre)

while remaining positioned behind the victim, encircle your arms around their waist, and position your closed fist just above their navel. still standing behind the person, wrap your arms around the waist, and place your clenched fist above the person's navel. Seize your fist with your opposite hand, quickly pull inward and upward as if trying to lift the person up.

- If the obstruction remains unremoved, persist with a pattern of 5 back blows followed by 5 abdominal thrusts until the **object is coughed up or the person starts to breathe or cough**
- Take the object out of his mouth **only if you can see it**

4.6 Epistaxis

Advise the victim to lean over the washbin so that the blood from the nose evacuates freely (bending the head backwards is a risk of choking!!) Apply a cold wrap on the neck, forehead and nose. Wait until the bleeding stops. Remember that blood is a potentially infected material. Provide help with gloves on. [1].

4.7 Seizures

Seizures are uncoordinated contractions of groups of muscles, or of all the muscles in the body, triggered by pathological electrical impulses in the brain - epilepsy, brain tumour, fever, head injury, poisoning [1].

Follow the steps:

- ease the person on the floor,
- protect the head from any injuries,
- after seizures have stopped, evaluate life functions (ABC),
- If the victim's breathing is stabilizing and circulation signs are evident, position the person into the safety position,
- secure thermal comfort for the person (blanket, coat),
- once the person fully regains consciousness, offer psychological reassurance and assistance [1].

Warning!

Do not insert hard objects between the teeth during seizures ! This may cause choking and breaking teeth out !

4.8 Trauma patient

Burn trauma:

Treatment of burns should commence at the site of the injury and be sustained during prehospital care and transportation to the nearest burn center, or to the closest emergency department (ED) with advanced life support capability, followed by transfer to a burn centre when appropriate [1,2,11].

Skin damage:

- direct injury from heat or caustic chemicals,
- inflammatory response

Sources of damage:

- thermal,
- electrical,
- chemical,
- radiation

Characteristics of various depths of burns			
	Superficial (first degree)	Partial thickness (second degree)	Full thickness (third degree)
Cause	Sun or minor flash	Hot liquids, flashes or flame	Chemical electricity, flame, hot metals
Skin colour	Red	Mottled red	Pearly white and/or charred, translucent and parchmentlike
Skin surface	Dry with no blisters	Blisters with weeping	Dry with thrombosed blood vessels
Sensation	Painful	Painful	Anaesthetic
Healing	3-6 days	2-4 weeks, depending on depth	Requires skin grafting

Tab.2. Characteristics of various depths of burns [1].

Burns first aid:

Call 112 or seek immediate care for major burns, which:

- are deep,
- cause the skin to be dry and leathery
- are larger than 3 inches (about 8 centimetres) in diameter
- are accompanied by smoke inhalation
- begin swelling very quickly [1,3].

Managing severe burns

While awaiting emergency assistance:

- **shield the injured person from additional risks.** If it safe for you to do so, ensure that the person you're helping is not in contact with the source of the burn. In cases of electrical burns, verify that the power source has been deactivated before you get near injured person. Don't try to remove clothing stuck in the burn.
- **Make certain that the person burned is breathing.** If needed, begin rescue breathing if you know how.
- **Remove jewellery, belts and other tight items,** especially from the burned area and the neck. Burned regions can swell rapidly.
- **Shield the burn place.** Loosely cover the area with gauze or a clean cloth [1,3, 7,8,9].

Treating minor burns

For minor burns:

- **Cool the burn.** Hold the area under cool (not cold) running water for about 20 minutes. For a mouth burn from hot food or drink, put a piece of ice in the mouth for a few minutes.
- **Avoid rupturing blisters.** Blisters help protect against infection. In case a blister happens to rupture, softly cleanse the area with water and administer an antibiotic ointment.
- **If needed, take a nonprescription pain reliever,** such as ibuprofen [1,3,10,12,13,14].

5. Patient Communications

Komunikacja z pacjentem

5.1 S.A.M.P.L.E.

The term SAMPLE is a mnemonic acronym used to ask key questions for a person's medical assessment. If the casualty is conscious, it is important to collect significant information from him, that may be crucial for EMS providers.

Meaning:

S – Signs/symptoms

A – Allergies

M – Medications

P – Past pertinent medical history

L – Last oral intake (sometimes also last menstrual cycle.)

E – Events leading up to present illness /injury [1].

5.2 Basic phrases

- Zatrzymanie krążenia - [Cardiac arrest](#)
- Resuscytacja krążeniowo-oddechowa - [Cardiopulmonary resuscitation](#)
- Reanimacja - [Resuscitation](#)
- Wstrząs krwotoczny - [Hemorrhagic shock](#)
- Wstrząs hipowolemiczny - [Hypovolemic shock](#)
- Migotanie komór - [Ventricular fibrillation](#)
- PEA – rozkojarzenie elektryczne serca - [PEA - Pulseless Electrical Activity](#)
- Częstoskurcz komorowy bez tętna - [Ventricular tachycardia without pulse](#)
- Częstoskurcz komorowy z tętnem - [Ventricular tachycardia with pulse](#)
- Asystolia - [Asystole](#)
- Potencjalnie odwracalne przyczyny zatrzymania krążenia - [Potentially reversible causes of cardiac arrest](#)
- Segregacja medyczna - [Medical triage](#)
- Śmierć mózgu - [Brain death](#)
- Nagła śmierć sercowa - [Sudden cardiac death](#)
- Poszkodowany nieprzytomny - [Injured unconscious](#)
- Poszkodowany urazowy - [Trauma victim](#)

- Wskazanie do defibrylacji - [Indication for defibrillation](#)

- Proszę zadzwoń po pogotowie
[Please, call for EMS](#)
- Czy jest w pobliżu Automatyczny Defibrylator Zewnętrzny AED ?
[Is there an Automated External Defibrillator \(AED\) nearby?](#)
- Proszę przynieś AED
[Please, bring an AED.](#)

- Co się stało?
[What happened?](#)

- Jak się masz?
[How are you doing?](#)

- Czy jesteś w stanie chodzić?
[Are you able to walk?](#)

- Czy możesz się poruszać?
[Can you move?](#)

- Proszę uspokój się, jestem ratownikiem medycznym zaraz Ci pomogę
[Please calm down, I'm a paramedic, I'll help you now](#)

- Musisz ze mną współpracować.

You have to work with me.

- Zaraz przyjedzie karetka i przewiezie Cię do szpitala.

An ambulance will arrive soon and take you to the hospital.

- Czy odczuwasz jakiś ból?

Do you feel any pain?

- Powiedz, proszę w skali od 1 do 10 powiedz jak bardzo Cię boli?

Tell me, please, on a scale of 1 to 10, how much does it hurt you?

- On/ Ona nie oddycha, konieczna jest Resuscytacja Krążeniowo Oddechowa

He/She is not breathing; CPR is necessary.

- Proszę wszystkich o odsunięcie się od poszkodowanego

Everyone please step away from the casualty

- Prowadź kompresję klatki piersiowej

Please provide chest compressions [7, 10,11].

5.3 An exemplary paramedic-patient dialogue

Paramedic: Good morning, are you identified as Tom?

Patient: Good morning, That's correct. Tom is my name

Paramedic: What happened that you called us?

Patient: I have severe chest pain...it hurts so much
it's tearing me apart...

Paramedic: For how long have you been in pain?

Patient: It'll be half an hour...it's hard to
catch my breath...

Paramedic: Right, can you lie down and expose your chest?
I would like to perform an ECG examination.

Patient: Of course, I've had this examination before

Paramedic: Perfect, so you know what it will look like?

Patient: Yes. Do you believe it's a matter of grave concern?

Paramedic: It's hard to say, I need more information from you.
While my co-worker will perform ECG please tell me, Do you
have any long-term medical conditions?

Patient: no, I've never had any health problems.

Paramedic: Do you take any medication?

Patient: Only vitamins

Paramedic: Ok, are you allergic to anything?

Patient: Nothing that I know about

Paramedic: When did you have your last meal?

Patient: Well, let me think... maybe an hour ago...something like that.

Paramedic: Is this chest pain the worst you've ever felt in your life?

Patient: I don't know...maybe...like 6 out of 10

Paramedic: I see. Any vomits? Nausea?

Patient: No, nothing in particular. Just the discomfort...

Paramedic: Right, after evaluating your ECG chart and the information I collected, I think you should come with us to the ER. Do you agree?

Patient: Yes, if I have to go, I will. Thank you.

6.Glossary

6.1 Anatomy:

Polish	English
Głowa i szyja - Head and neck	
Jama ustna	Mouth
Wzrok	Sight
Oko	Eye
Brew	Eyebrow
Szczęka	Jaw
Usta	Lips
Warga dolna ust	Lower lip
Warga górna ust	Upper lip
Policzki	Cheeks
Zęby	Teeth
Zęby mleczne	Primary teeth
Zęby stałe	Permanent teeth
Ząb	Tooth
Podniebienie	Palate
Dziąsło	Gum
Język	Tongue
Ślinianka podjęzykowa	Sublingual gland
Ślinianka podżuchwowa	Submandibular gland
Ślinianka przyuszna	Parotid gland
Nos	Nose
Jama nosowa	Nosal cavity
Błona bębenkowa	Eardrum

Błędnik	Labyrinth
Tarczycyca	Thyroid
Przytarczycy	Parathyroid glands
Gardło	Throat
Krtań	larynx
Klatka piersiowa - Chest	
Tchawica	Trachea
Oskrzela główne	Main bronchi
Oskrzele główne prawe	Right main bronchus
Oskrzele główne lewe	Left main bronchus
Drzewo oskrzelowe	Bronchial tree
Płuca	Lungs
Płuco	Lung
Opłucna	Pleura
Opłucna ścienna	Parietal pleura
Opłucna przeponowa	Diaphragmatic pleura
Opłucna trzewna	Visceral pleura
Jama klatki piersiowej	Thoracic cavity
Grasica	Thymus
Serce	Heart
Koniuszek serca	Heart tip
Lewa komora serca	Left ventricle
Prawa komora serca	Right ventricle
Przedsionki serca	Atriums
Przedsionek prawy serca	Right atrium
Przedsionek lewy serca	Left atrium
Jama brzuszna – Abdominal cavity	
Układ trawienny	Digestive system
Miednica	Pelvis
Wątroba	Liver
Nerka	Kidney
Żołądek	Stomach

Dwunastnica	Duodenum
Jelito cienkie	Small intestine
Jelito grube	Large intestine
Jelito czcze	Jejunum
Jelito kręte	Ileum
Jelito ślepe	Cecum
Odbytnica	Rectum
Odbyt	Anus
Pęcherz moczowy	Bladder
Cewka moczowa	Urethra
Wyrostek robaczkowy	Appendix
Jajnik	Ovary
Jajowód	Fallopian tube
Jama macicy	Uterine cavity
Macica	Uterus
Pochwa	Vagina
Jądro	Testicle
Najądrze	Epididymis
Nasieniowód	Ductus deferens
Gruczoł krokowy/stercz	Prostate gland/prostat
Moszna	Scrotum
Prącie	Penis
Owodnia	Amnion
Pępowina	Umbilical cord

6.2 Vital signs

Polish	English
Temperatura ciała	Body temperature
Temperatura głęboka	Core temperature
Temperatura powierzchowna	Superficial temperature
Ciśnienie krwi	Blood pressure

Cisnienie skurczowe	Systolic blood pressure
Ciśnienie rozkurczowe	Diastolic blood pressure
Ciśnienie obwodowe	Peripheral blood pressure
Puls/Tętno	Puls/heart rate
Napięcie tętna	Puls tension
Tętno wyczuwalne	Palpable pulse
Tętno niewyczuwalne	Not palpable pulse
Tętno centralne	Central pulse
Tętno obwodowe	Peripheral pulse
Miarowość tętna	Regular heart rate/pulse
Niemiarowość tętna	Irregular heart rate/pulse
Oddech	Breath
Częstość oddechu	Respiratory rate
Głębokość oddechu	Respiratory depth
Miarowość oddechu	Regularity of breathing
Tor oddechowy	Respiratory tract
Piersiowy tor oddechowy	Thoracic respiratory tract
Brzuszný tor oddechowy	Abdominal respiratory tract
Wdech	Exhale
Wydech	Inhale
Szmer oddechowy	Respiratory murmur
Oddech przyspieszony	Tachypnoe
Oddech zwolniony	Bradypnoe
Oddech nieregularny	Irregular breath

6.3 Ailments and diseases

Polish	English
Amputacja	Amputation
Astma	Asthma
Anafilaksja	Anaphylaxis
Ataksja	Ataxia
Ból	Pain
Ból brzucha	Stomachache

Ból głowy	Headache
Ból w klatce piersiowej	Chest pain
Bliźnieta	Twins
Bliźnięta jednojajowe	Identical twins
Bliźnieta dwujajowe	Fraternal twins
Czucie	Sensibility
Cukrzyca	Diabetes
Drgawki	Convulsions/seizures
Duszność	Shortness of breath
Gorączka	Fever
Hypoglycemia	Hypoglycemia
Hyperglycemia	Hyperglycemia
Krwiak	Hematoma
Krwiak opłucnej	Hemothorax
Kolatanie serca	Heart palpitations
Krwimocz	Hematuria
Krwioplucie	Hemoptysis
Krwawienie do przewodu pokarmowego	Bleeding into the digestive tract
Krwawienie z nosa	Epistaxis
Mocz	Urine
Naskórek	Epidermis
Niedowład	Paresis
Niestrawność	Indigestion
Niedrożność jelit	Bowel obstruction
Noworodek	Newborn
Nudności	Nausea
Obrzęk	Edema
Odbarczenie	Decompression
Oderwanie	Detachment
Ognisko przerzutowe	Metastatic focus
Objawy oponowe	Meningeal symptoms
Poród	Labour
Poród przedwczesny	Preterm birth
Przeszczep	Transplant
Przetoka	Fistula

Rak	Carcinoma/cancer
Rak łagodny	Benign cancer
Rak złośliwy	Malignant cancer
Rozcięcie	Cut
Rozwarstwienie	Dissection
Ropniak	Empyema
Skręcenie	Sprain
Sinica	Cyanosis
Tętniak	Aneurysm
Tętniak rozwarstwiający	Dissecting aneurysm
Udar	Stroke
Uszkodzenie	Damage
Uraz	Injury
Wycięcie wyrostka robaczkowego	Appendectomy
Wycięcie pęcherzyka żółciowego	Gall bladder removal
Wstrząs	Shock
Wziernikowanie	Endoscopy
Wlew doodbytniczy/lewatywa	Rectal enema
Wrzód	Ulcer
Wszczepienie	Implantation
Wytrzewienie	Evisceration
Wymioty	Vomiting
Zawał mm sercowego	Myocardial infarction
Zawroty głowy	Dizziness
Zakrzep	Blood clot
Zator	Embolism
Zator tętniczy	Arterial embolism
Zapalenie błony śluzowej jelit	Intestinal mucosa inflammation
Zwiotczenie	Faccidity
Zwichnięcie	Sprain
Zgorzel gazowa	Gas gangrene
Żółtaczka	Jaundice
Żylaki odbytu	Hemorrhoid

6.4 Rescue equipment

Polish	English
Analizator parametrów krytycznych	Critical parameters analyzer
Aparat do ogrzewania płynów infuzyjnych	Infusion fluids warmer
Aparat do przetaczania krwi	Blond transfusion device
Aparat do znieczulenia	Anaesthesia machine
Aparat do przetoczeń	Infusion set
Butla tlenowa	Oxygen cylinder/tank?
Cewnik tlenowy donosowy	Nasal cannula
Ciśnieniomierz	Blood pressure cuff/sphignomanomiter
Defibrylator	Defibrillator
Deska ortopedyczna	Backboard/spineboard
Gazik	Gauze
Glukometr	Glucometer
Igła	Needle
Igła doszpikowa	Intraosseous needle
Imadło chirurgiczne	Needles forceps
Kaniula dożylna (wenflon)	Intravenous cannula
Kleszczyki Magilla	Magill forceps
Kołnierz ortopedyczny/Schanca	Cervical Colmar/Shanc collar
Kombinezon covidowy	Covid suit
Kozetka lekarska	Medical couch
Krzesełko kardiologiczne	Stair chair
Laryngoskop	Laryngoscope
Mankiet	Cuff
Maseczka do resuscytacji	Resuscitation mask
Maska krtaniowa	Laryngeal mask
Maska z rezerwuarem tlenowym	Oxygen reservoir mask

Maska twarzowa	Face mask
Miska nerkowata	Kidney dish
Młotek neurologiczny	Reflex Hammer
Nić chirurgiczna	Surgical suture
Nosze	Stretcher
Nożyczki ratownicze	Trauma shears
Ostrze chirurgiczne	Surgical blades
Parawan	Medical divider
Pęseta	Tweezers
Pompa infuzyjna	Infusion pump
Prowadnica	Stylet
Pulsoksymetr	Pulseoximeter
Respirator	Respirator
Rezerwuar tlenu	Oxygen reservoir
Rękawiczki chirurgiczne	Surgical Gloves
Rękawiczki jednorazowe	Disposable Gloves
Rurka intubacyjna	Endotracheal tube
Rurka nosowo-gardłowa	Nasopharyngeal tube
Rurka ustno-gardłowa	Oropharyngeal tube
Ssak medyczny	Suction unit
Strzykawka	Syringe
Taca medyczna	Medical tray
Worek samorozprężalny	Self-expanding bag

6.5 Medical staff

Polish	English
Ratownik medyczny	Paramedic
Dyspozytor medyczny	Medical dispatcher
Lekarz pogotowia	Emergency doctor
Lekarz specjalista	Specialist doctor
Lekarz rezydent	Resident doctor
Pielęgniarka	Nurse
Diagnosta laboratoryjny	Laboratory technician
Technik RTG	X-ray technician

Zespół ratownictwa medycznego	Emergency medical team
Szpitalny oddział ratunkowy	Emergency medical ward/unit
Sekretarka medyczna	Medical secretary
Położna	Midwife

Tab.3. Medical staff [Own study based on 7,8].

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