Oral Presentation – 05

First Aid Practices for Acute Poisoning and Snakebite Patients in Sri Lanka – Findings from a Community Survey

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Abstract

Objectives: Lack of a mechanism to provide education on first aid for poisoning and snakebites has created a knowledge gap in rural communities. Existing practices which are not well documented can be potentially inappropriate and may affect prognosis. The objective of this study is to explore common first aid practices for poisoning and snakebites within rural communities and to identify knowledge sources used by community members to learn first aid practices.

Methods: This is a cross-sectional survey conducted in the Anuradhapura district, Sri Lanka. Twenty villages from five MOH divisions across the district were included and 25 participants from each village were randomly selected by field researchers. Interviewer administered questionnaire was used for data collection.

Results: 498 villagers aged from 18 to 78 years participated in the survey. Ninety-nine (20%) had a family member with a history of poison and 300 participants (60%) personally knew someone who ingested poison while 88 (16%) had personally involved in treating poisoned patients.

Inducing vomiting with water, soap water, coconut milk and other liquids (herbal extracts, straw boiled water and even sometime cow dung) was the most commonly used first aid for poisoning according to 278 (59%) participants. Less than ten participants knew that vomiting could be harmful for some patients. In addition to vomiting, liquid such as milk was given to neutralise the toxic content. Although these are the common practices, 245 (49%) participants considered taking the patient to a hospital immediately as the best option.

For snakebites, using tourniquet was still the most common practice according to 398 respondents (80%). Fifty respondents (10%) believed either sucking off the venom or cut and bleeding from the bite site adds benefits.

Although larger proportion of participants have either treated or seen poisoning and snakebite patients, nobody has received formal training in first aid for these conditions. They have learnt first aid from other villagers or by observing what others do.

Conclusions: Although community response is high in poisoning and snakebites, first aid practises are not based on proper knowledge and can be risky for the patients. There should be community education programs to improve poisoning and snakebite outcome by promoting appropriate first aid and discouraging risky practices such as emesis for patients with caustic ingestions or with impaired GCS and using tourniquet for snakebites. Future interventions to replace current practices such as tourniquet by pressure immobilisation and emesis by activated charcoal and to add practices such as using coma position will be useful.