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Hinkle

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[54] COMBINED POUCH FOR FIRST AID SAFETY KIT WITH INSTRUCTION CARD

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[57] CLAIM

[**] Term: **14 Years**

The ornamental design for combined pouch for first aid safety kit with instruction card, as shown and described.

[21] Appl. No.: **60,592**

DESCRIPTION

[22] Filed: **Oct. 1, 1996**

FIG. 1 is a perspective view of a combined pouch for first aid safety with instruction card showing my new design; shown in folded condition;

[51] LOC (6) Cl. **03-01**

[52] U.S. Cl. **D3/203**

[58] Field of Search D3/203, 200, 232, D3/243; D9/305, 306; 206/570, 571, 572, 803; D24/231

FIG. 2 is an elevational view in an unfolded condition; showing the outside of an instruction card;

FIG. 3 is an elevational view in an unfolded condition; showing the inside of the pouch filled with first aid items;

FIG. 4 is a left side elevational view of FIG. 2; the right side elevational view being a mirror image thereof;

FIG. 5 is a top plan view of FIG. 2; the bottom plan being a mirror image thereof;

FIG. 6 is an elevational view similar to FIG. 2; with an instruction card shown in a removable condition; and,

FIG. 7 is an elevational view of the other side of the instruction card shown in FIG. 2; showing typical instructional indicia.

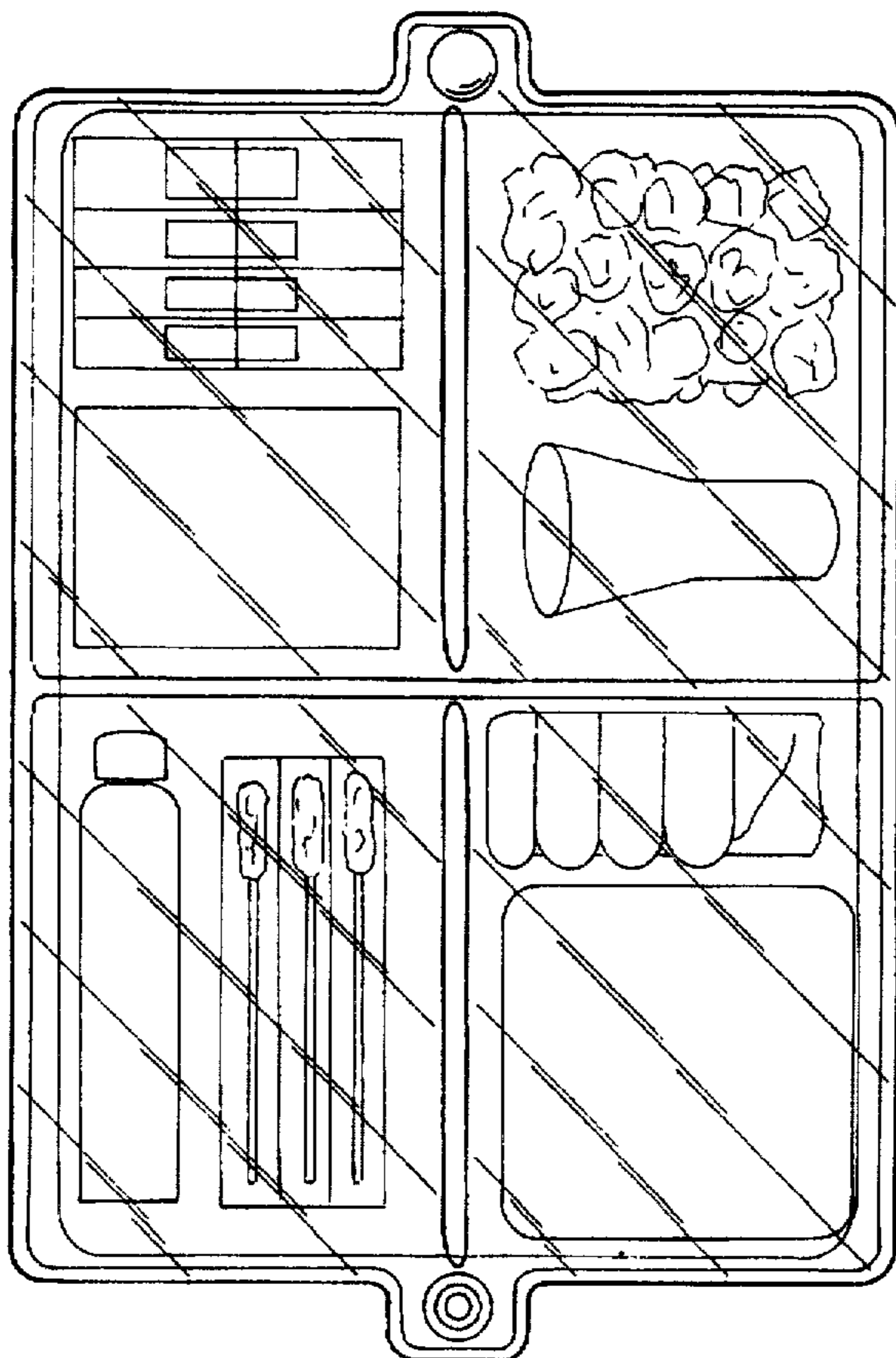
The first aid items shown in FIG. 3 are not shown in FIG. 1 for clarity of illustration.

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1 Claim, 4 Drawing Sheets



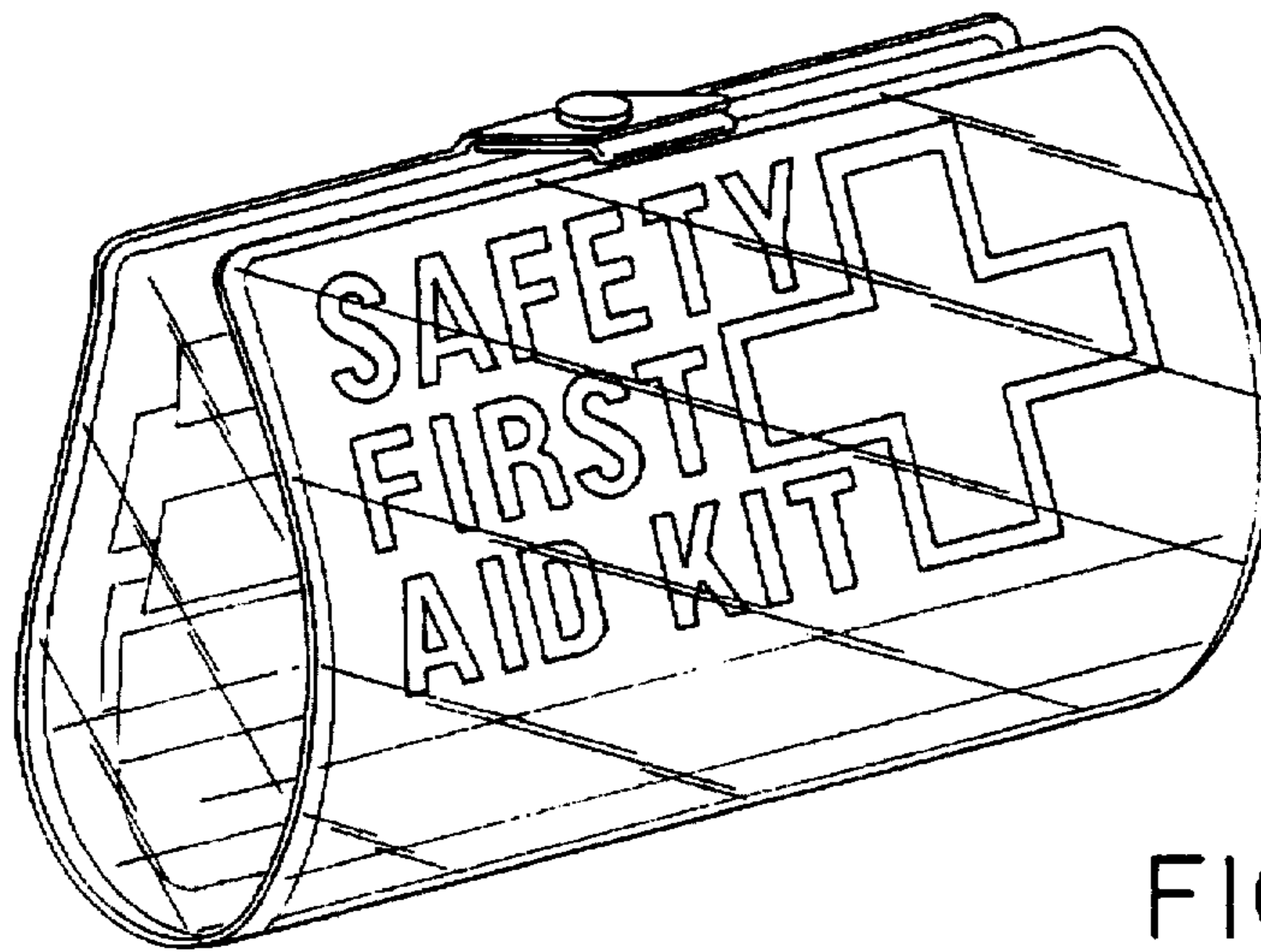


FIG. -1

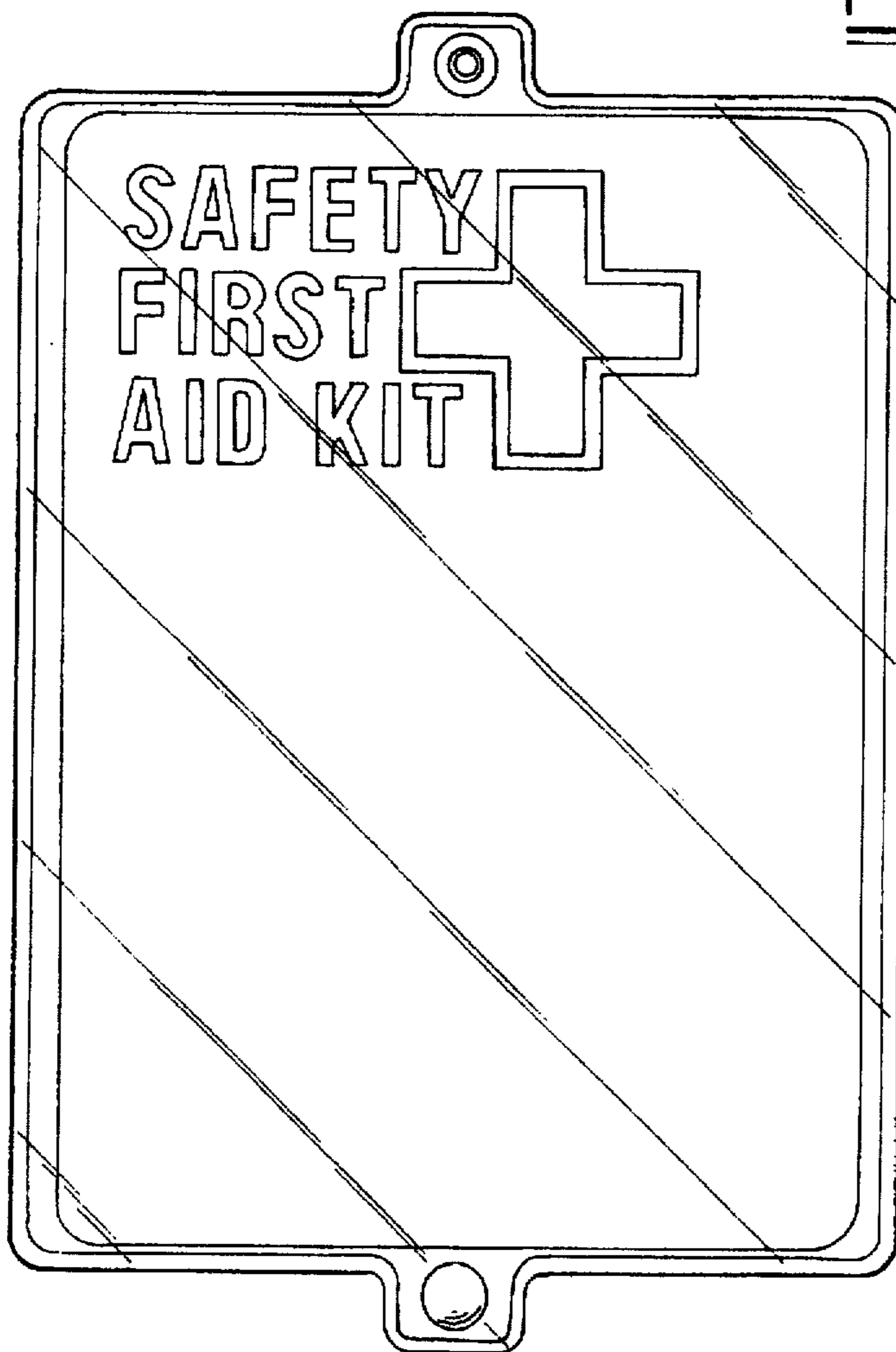


FIG. -2

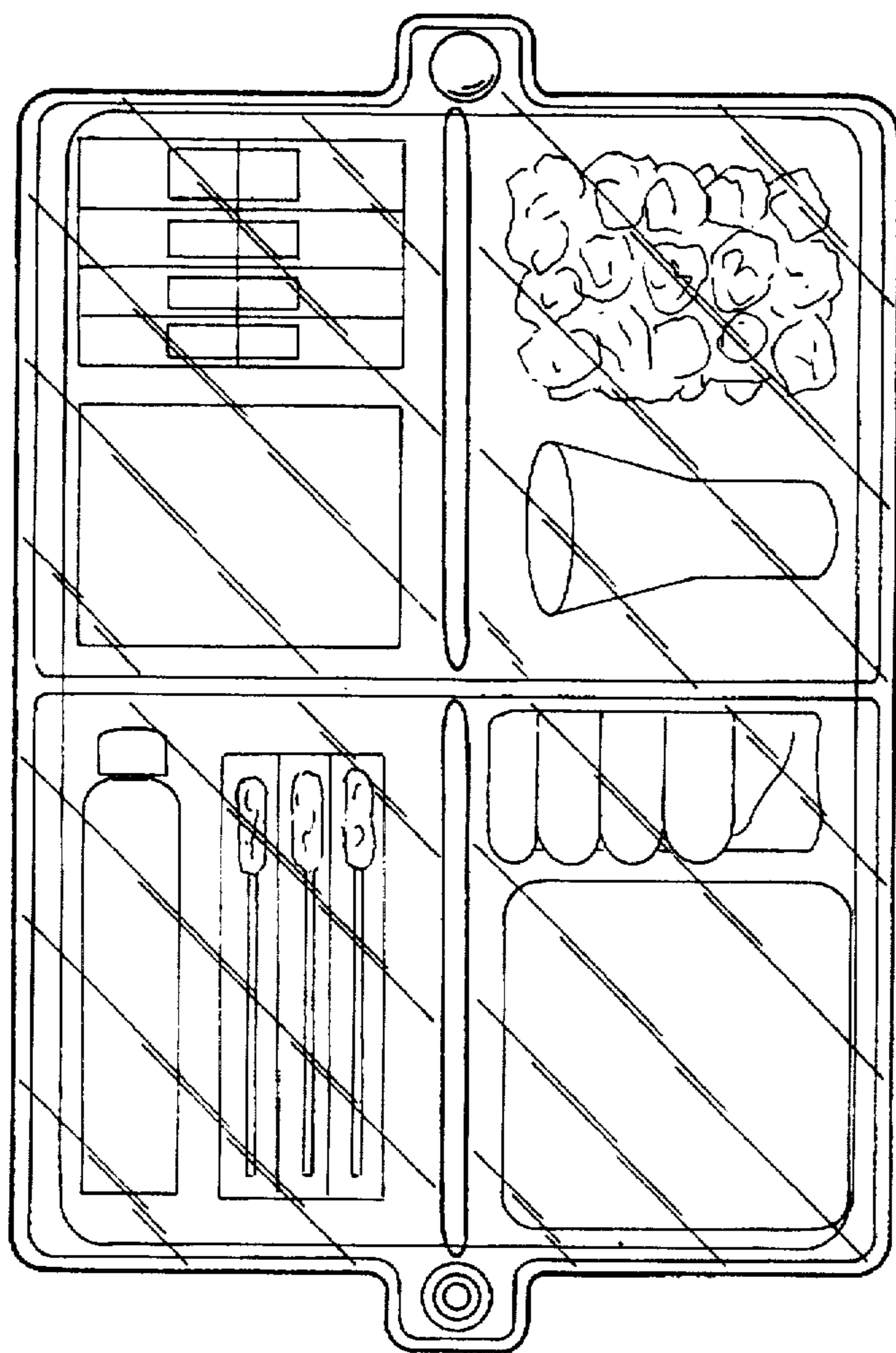


FIG. - 3



FIG. - 4



FIG. - 5

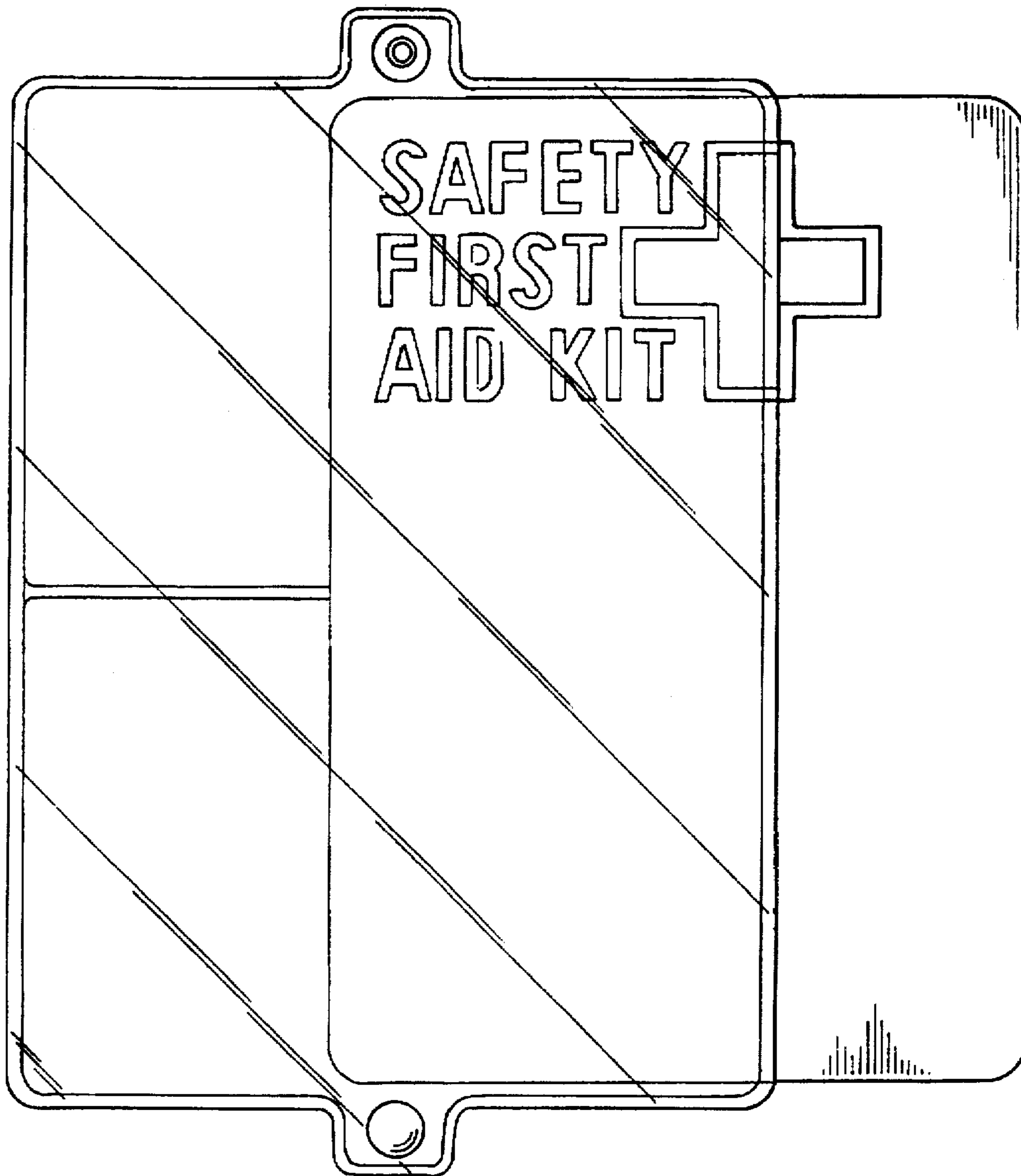


FIG.-6

FIRST AID

ASPHYXIATION: (breathing stopped): Get patient to fresh air. Send for physician. Start rescue breathing at once.

BITES, ANIMAL: Wash wounds with soap under running water. Have animal caught alive so that it can be tested for rabies. Take patient to physician.

BLEEDING: Press hard with sterile compress directly over wound until bleeding stops. If bleeding is severe, send for physician.

BURNS: *Mild* (skin unbroken - no blisters) - Hold under cold running water, or apply ice until pain subsides. *Severe* - Call physician. Apply loose dry sterile dressing or bandage. Do not break blisters or try to clean burn. Keep patient quiet and comfortably warm, see physician.

CHOKING: (foreign body in throat or windpipe): Stand behind victim, wrap arms around victim's waist. Make a fist with one hand and place thumb side of fist against middle of victim's abdomen just above navel and well below lower tip of breastbone. Grab your fist with your other hand. Keeping elbows out, press fist into victim's abdomen with a quick upward thrust. Each thrust should be a separate and distinct attempt to dislodge the object. Repeat thrusts until airway is cleared or victim becomes unconscious. If breathing stops, apply rescue breathing.

CONVULSIONS: Place patient on back on rug or bed where he can't hurt himself. Loosen his clothing.

Turn head to side to keep airway open. Nothing should be placed in the mouth. Don't try to hold tongue, it can't be swallowed. Send for physician.

CUTS, MINOR: Wash with soap under warm running water. Apply mild antiseptic and sterile compress.

ELECTRIC SHOCK: Turn off electric power if possible. Do not touch patient until contact is broken. Pull him from contact using rope, wooden pole, or loop of dry cloth. If breathing has stopped, start rescue breathing. Send for physician.

EYE, CHEMICALS IN: Have patient lie down at once. Pour cupfuls of water immediately into corner of eye, letting it run to other side, until chemical is thoroughly removed. Cover with sterile compress. Send for physician.

EYE, FOREIGN BODIES IN: If object can be seen, touch it lightly with moistened corner of handkerchief. If object does not come out after two or three attempts, or if it cannot be seen, take patient to physician. Never rub the eye, as this may force the foreign body in even deeper.

SHOCK: Lay victim down to improve circulation. If you do not suspect head or neck injuries, place victim on back and elevate feet and legs 8 to 12 inches using blankets, boxes, books etc. If you suspect neck or back injury, keep victim lying flat and wait for EMS. Maintain body temperature. Keep victim warm enough to keep from chilling. Put blankets underneath as well as around the body.

FALLS: If patient has continued pain, send for physician. Stop any severe bleeding and cover wound with sterile dressing. Keep patient warm and comfortable. If a broken bone is suspected, do not move patient unless absolutely necessary (as in case of fire, etc.).

POISONING: (by mouth) Call physician. If container is available, use antidote recommended on label. If

patient is conscious, induce vomiting, except for lye, other caustics and petroleum products. If antidote or poison is unknown, give milk.

UNCONSCIOUSNESS: Place the patient on his stomach with his head turned to the side. Keep him warm. Send for physician. If breathing stops, start rescue breathing. Never give an unconscious person food or liquids.

MOUTH-TO-MOUTH RESCUE BREATHING

Turn victim on his back.

1. Wipe out victim's mouth quickly. Turn his head to the side. Use your fingers to get rid of mucus, food, sand, and other matter.
2. Straighten victim's head and tilt back so that chin points up (Figure 1). Push or pull his jaw up into jutting out position to keep his tongue from blocking air passage. (Figures 2 & 3). This position is essential for keeping the air passage open throughout the procedure.
3. Place your mouth lightly over victim's mouth and pinch nostrils closed to prevent air leakage (Figure 4). For a child, cover both nose and mouth tightly with your mouth. (Breathing through handkerchief or cloth placed over victim's mouth or nose will not greatly effect the exchange of air.)
4. Breathe into victim's mouth or nose until you see his chest rise. (Air may be blown through victim's teeth, even though they may be clenched.)
5. Remove your mouth and listen for the sound of returning air. If there is no exchange, recheck jaw and head position. (Figures 2 & 3). If you still do not get air exchange, turn victim on side and slap him on back between shoulder blades to dislodge matter that may be in throat. Again, wipe his mouth to remove foreign matter.
6. Repeat breathing, removing mouth each time to allow for escape of air. For an adult, breath about 12 times per minute. For a child, take relatively shallow breaths, about 20 per minute. Continue until victim breathes for himself.



FIG. 1
Head Position



FIG. 2
Pull Jaw Up



FIG. 3
Push Jaw Up



FIG. 4
Breathe

IN CASE OF ACCIDENT INFORMATION

DATE _____ TIME _____

LOCATION _____

OTHER DRIVER _____ ADDRESS _____

LICENSE NO. _____ MAKE OF CAR _____ REG. NO. _____

OWNER _____ ADDRESS _____

POLICEMAN _____

WITNESS _____

INSURANCE AGENT _____

PHONE _____

PHONE _____

PULL HERE

FIRST AID INFORMATION

FIRST AID INFORMATION

FIG. 7