PROCEDURE

Unconsciousness - first aid

First aid for unconsciousness supports breathing and circulation until the person recovers or emergency help takes over.

PURPOSE
Preserve breathing and circulation until recovery or emergency help arrives

PROCEDURE TYPE
Therapeutic bedside first aid using positioning, CPR, and an AED

WHERE IT IS DONE
At the scene or bedside before emergency care

ANAESTHESIA
None

HOW LONG IT TAKES
Minutes to longer, until recovery or responders take over

PREPARATION
Check scene safety and use protective equipment if available

RECOVERY
Medical assessment before driving, work, eating, or normal activity

MAIN RISKS
Delayed CPR, aspiration, unnecessary neck movement, chest-compression injury

RESULTS
Responsiveness and breathing reassessed immediately and continuously

Overview

Unconsciousness first aid is the immediate care given when someone cannot be awakened or does not respond normally. Unconsciousness is not ordinary sleep. It can affect the person's ability to keep their airway open and protect themselves from choking.

Your first priorities are to make sure the scene is safe, check for a response, call emergency services, and assess breathing. If the person is breathing normally, place them in the recovery position when appropriate. If they are not breathing normally, begin cardiopulmonary resuscitation, or CPR, and use an automated external defibrillator, or AED, as soon as one is available.

Occasional gasps, snorting, or irregular breaths are not normal breathing. If you are unsure, the emergency call handler can guide you.

Why the procedure is performed

First aid helps keep oxygen moving to the brain and other organs while the cause of unconsciousness is assessed and treated. It also reduces the chance of choking on saliva, blood, or vomit.

A person may become unconscious for many reasons, including fainting, a seizure, a head injury, low blood sugar, poisoning, an opioid overdose, stroke, or cardiac arrest. First aid does not diagnose or correct every possible cause. Its purpose is to protect breathing and circulation until professional care is available.

Who should and should not have it

Use these first-aid steps for anyone who does not respond when you speak loudly and gently tap their shoulders.

The recovery position is for an unresponsive person who is breathing normally. It is not appropriate when breathing is absent, irregular, or only gasping. In that situation, CPR is needed.

Do not perform CPR on someone who is awake and breathing normally. If the person responds but remains confused, weak, very drowsy, or unwell, keep them still and arrange urgent medical assessment.

Movement may worsen some neck or back injuries. Avoid unnecessary twisting after a fall, collision, or diving injury. However, opening the airway and supporting breathing take priority. Move the person if the area is dangerous or if positioning is needed to keep the airway clear.

Do not enter a scene that places you at serious risk, such as moving traffic, fire, deep water, exposed electricity, or toxic fumes. Call emergency services and follow their instructions.

How to prepare

Unconsciousness is usually unexpected, so there is no fasting or other personal preparation. Before approaching, look for hazards and use gloves or a breathing barrier if they are available without delaying care.

Call your local emergency number or ask someone else to call. Put the phone on speaker so you can continue helping. Send another person to find an AED if one may be nearby.

If the event occurs in a healthcare or care facility, the treating facility's own instructions take

priority. Activate its emergency response system and use the equipment provided.

If you know the person has an emergency care plan, prescribed rescue medicine, or a medical identification bracelet, give that information to emergency responders.

What happens during the procedure

Act promptly but move through the steps in order:

To use the recovery position, kneel beside the person and arrange the nearest arm at a right angle. Bring the far hand against the near cheek, bend the far knee, and roll the person toward you. Tilt the head slightly back so the airway stays open. Keep checking breathing.

For CPR, press hard and fast in the centre of the chest. If you are trained and willing to give rescue breaths, use cycles of 30 chest compressions and two breaths. Otherwise, continue hands-only chest compressions. Follow the emergency call handler's instructions, especially for a child or infant.

Turn on an AED as soon as it arrives. Attach the pads to the bare chest as shown and follow its spoken instructions. The AED will only advise a shock when it detects a rhythm that may respond.

If opioid overdose is suspected and naloxone is available, use it according to the product instructions. Naloxone does not replace CPR or emergency care.

During a seizure, protect the person from nearby hazards but do not restrain them or put anything in their mouth. When the movements stop, check breathing and provide the appropriate first aid.

- Check for danger. Make sure it is reasonably safe to approach.
- Check for a response. Speak loudly and gently tap the person's shoulders. Do not shake them forcefully.
- Call for emergency help. Ask for an ambulance and an AED.
- Open the airway. Place the person on their back. Use a gentle head tilt and chin lift unless a trained responder uses another method because of a suspected neck injury.
- Check breathing. Look for chest movement and listen and feel for breathing for no more than 10 seconds.
- Choose the next action. Use the recovery position if breathing is normal. Begin CPR if breathing is not normal.

Recovery and what to expect afterward

Pain depends on what caused the episode and whether there was a fall or injury. A person who received CPR may later have chest soreness or rib injuries. These risks do not outweigh the need for CPR when normal breathing is absent.

Do not give food, drink, or tablets until the person is fully awake and can swallow safely. A healthcare professional may recommend waiting longer if tests, sedation, or surgery could be needed.

Keep the person resting and supervised. Do not let them stand suddenly after they wake. Activity should resume only after they have been assessed and any underlying problem is considered stable.

They should not drive home after unexplained unconsciousness. Driving may remain unsafe until a healthcare professional has assessed the cause and advised when it can resume.

Return to work also depends on the cause, injuries, treatment, and type of job. Work involving driving, machinery, heights, water, or responsibility for others may require a longer restriction.

Risks and possible complications

The greatest risks usually come from the underlying emergency or from delayed action. First aid itself can also cause problems if performed incorrectly.

Possible complications include:

Chest injury can occur even when CPR is performed correctly. Do not stop necessary compressions because you are worried about causing a rib injury.

Do not slap the person, splash water on them, place a pillow under their head, or try to make them drink. Do not leave them alone while waiting for help.

- Choking or inhaling vomit if the airway is not protected
- Delayed CPR because gasping is mistaken for normal breathing
- Neck or back movement when rolling an injured person
- Rib, breastbone, or chest injuries from CPR
- Exposure to blood, vomit, medication, electricity, or unsafe surroundings

Results and follow up

The immediate result is assessed continuously: does the person respond, and are they breathing normally? If breathing returns during CPR, stop compressions, place the person in the recovery position when safe, and continue monitoring.

Someone may wake quickly yet still need medical assessment. The cause may not be clear until healthcare professionals check blood sugar, heart rhythm, blood tests, imaging, or other information. Some results are available immediately, while others take longer.

After discharge, follow the healthcare team's instructions about medicines, activity, driving, work, and follow-up appointments. Arrange routine follow-up when advised to discuss test results or treatment for the underlying cause.

Alternatives

There is no safe watch-and-wait alternative for a person who remains unresponsive. Calling emergency services and checking breathing should not be delayed.

The next step is chosen according to breathing:

If the person is awake and responding normally, unconsciousness first aid is no longer required. They may still need urgent assessment, depending on what happened and how they feel.

- Recovery position: protects the airway when normal breathing continues, but does not support circulation
- CPR: supports blood flow when breathing is absent or abnormal, but may cause chest injuries
- AED: checks the heart rhythm and may deliver a shock, but does not replace CPR
- Naloxone: may reverse an opioid overdose, but does not treat other causes or replace breathing support
- Advanced emergency care: provides oxygen, airway equipment, medicines, and diagnosis once trained responders arrive

When to call your healthcare team

Call emergency services now if a person is unconscious, cannot be awakened, is not breathing normally, has repeated seizures, has a serious injury, or may have taken a poison or overdose. Begin the appropriate first aid while help is coming.

Also seek emergency help if the person wakes but has chest pain, trouble breathing, new weakness, difficulty speaking, severe confusion, a severe headache, or worsening symptoms.

Seek prompt medical advice after any unexplained loss of consciousness, even if recovery seems complete. Assessment is particularly important after a first episode, an injury, an episode during exercise, or an event accompanied by heart symptoms.

Routine follow-up is for reviewing test results, adjusting ongoing treatment, or discussing return to driving, work, and usual activity after the immediate emergency has been managed.

Common questions

Will I be asleep during first aid?

Unconsciousness is not normal sleep. You may not be aware of the first aid being given, but awareness can return at any time. A responder should continue speaking calmly and explaining what is happening.

Can I drive home after I wake up?

No. Do not drive after an unexplained loss of consciousness. You should be assessed, and someone else should provide transport if emergency transport is not required.

How painful is it?

The first-aid positioning itself should not be painful, although injuries or the cause of unconsciousness may cause pain. CPR can lead to chest soreness or rib injury in someone who survives.

When will I know what caused it?

Some causes may be identified during the first assessment. Others require heart monitoring, blood tests, scans, or follow-up. Waking up does not by itself explain why the episode happened.

What if they are breathing but making strange gasping sounds?

Occasional gasps are not normal breathing. Call emergency services, begin CPR, and follow the call handler's instructions.

Should I put something in their mouth during a seizure?

No. Do not place fingers, objects, food, drink, or medicine in the mouth. Protect the person from nearby hazards, and check their breathing once the movements stop.

Sources

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