

Self-harm: Limiting the Damage

This leaflet has been designed to help you limit the damage of self-harm.

We do not recommend self-harm and would strongly urge people to always consider alternatives to self-harm first, such as talking about your feelings (if you can), distracting yourself, or trying safer alternatives. See the end of this document for some distraction Ideas.

If you are going to self-harm, or you already have, we hope you find the following information useful. *Please note that by its nature, this leaflet contains words that vividly describe injuries and overdoses.*

If you self-harm...

- Be aware of basic first-aid and have a well-stocked first aid kit handy.
- Make sure you are up to date with your tetanus jab (check with your GP – you should have a tetanus vaccination every ten years). Tetanus is a serious infection.
- Avoid alcohol and drugs - being intoxicated might mean you cause more damage than you planned, and might affect your ability to react to an emergency.
- Work on developing your other coping skills, to reduce the desire to self-harm.
- Don't ever feel that you are unworthy of medical care, and try not to let the possible response of medical staff put you off seeking help – your health is more important.
- Take care of yourself - you might not feel like it at the time but may later be glad.

Seeking medical help

In an emergency call 999 and ask for an ambulance, or go straight to the nearest hospital's Emergency Department (A&E).

If the situation is less serious, you could visit your GP, NHS walk in centre or call NHS Direct on 0845 46 47

To identify how serious your condition is, contact NHS 24 on 08454 24 24 24 (24 hours a day), to speak to a trained professional who will advise you on what action to take.

IMPORTANT! If you're ever in ANY doubt as to how serious the injury is, *always* seek medical advice.

Items to include in your first aid kit (available from high street chemists)

Bandages, plasters, skin closure dressings

Adhesive strips (such as steri-strips)

Adhesive tape for securing dressings, and scissors

Antiseptic spray or wipes

Basic first aid book or leaflet

Dealing with cuts

Seek medical attention if....

- The blood is pumping – continue to apply pressure and call 999.
- The bleeding does not stop after 10 minutes of applying pressure.
- The cut is very large or very deep, or may require stitches (see below).
- There is a chance that nerves or tendons have been affected.
- You go into shock (see next page)
- The injury is on a joint – this can cause long-term movement difficulties.
- Something is embedded (stuck) in the wound.
- The cut involves the mouth, face, hand or genitals.
- The cut does not heal properly.
- The cut shows signs of infection (it is red, sore, or painful, hard or has pus oozing out)

General advice

- Make sure anything you cut yourself with is clean; for example, use new blades.
- Never cut near your wrists over visible major blood vessels.
- Don't cut deeply.

If you have a **small** cut, scratch or graze, you should:

1. Clean the wound with running water (avoid antiseptic lotions or creams).
2. Pat the area dry with clean, non-fluffy material.
3. Cover the cut completely with a sterile dressing or plaster.

For more **serious** cuts that bleed more, you should:

1. Apply direct pressure to the wound using a clean, non-fluffy pad or cloth. Apply the pressure for a good 10 minutes, and avoid lifting up the pad to look – give it a few minutes.
2. Raise the injured area (unless it is broken) above the level of the heart to slow down the bleeding.
3. Bandage the pad or dressing firmly to control bleeding, but not so tightly that it stops the circulation to fingers or toes.
4. Do not remove bandages as this can interfere with blood coagulation (when your blood cells clot together to seal the wound). If bleeding seeps through the first bandage, cover with a second bandage. If bleeding continues to seep through, remove the bandage and reapply.
5. If you lose a lot of blood, you can go into shock. This can be very serious and needs medical attention (see next page).

If something is embedded (**stuck**) in the wound:

1. Leave it in place – don't try to remove it as this may cause further bleeding.
2. Raise the body part if possible.
3. If you can, firmly push together the edges of the wound to try to stem blood loss.
4. Gently cover the wound and object with a sterile dressing if possible.

Your cut may need stitches if:

- The cut will not stop bleeding.
- The cut is more than ¼ of an inch or 1 cm long.
- The cut is gaping (i.e. the edges don't stay together and you can see tissue or fat).

If you go to the hospital for stitches, you may be offered traditional stitches (suturing), steristrips, or surgical glue.

Burns and scalds

Seek medical attention if:

- If the burn is larger than a 50 pence piece, painful, charred (white) or seems to be getting worse.
- If the burn is on the face, hands, genitals or across the joints – burns to these areas can cause long-term movement problems.
- If the burn is chemical.

If you have a minor burn, you should:

1. Hold the burn under cold, slowly running water for 10 minutes.
2. Chemical burns, for example from strong cleaning fluids, should be rinsed under cold, slowly running water for 20 minutes. Never try to neutralise the chemical by adding an acid chemical to an alkaline chemical or vice versa – seek medical advice instead.
3. If you can easily remove jewellery or clothing in the area of the burn, gently do so. The burnt area may swell up and/or become sticky and attached to clothing or jewellery. However, if clothing or jewellery is already stuck to the burn, or cannot be removed without touching the burn, leave it alone and seek medical advice.
4. Do not apply any creams, oils, grease, butter, ointments, adhesive dressings or cotton wool. Cling film can be used to loosely cover the burn and prevent infection.
5. If the burn is painful, taking 1-2 pain killers can help.
6. Never interfere with the burn or break any blisters – this will delay the healing.

Poisoning and overdoses

Seek urgent medical attention if:

- You have overdosed on substances or medication, or ingested toxic (poisonous) substances. Contact NHS Direct if you are unsure if what you have taken is an overdose. You might feel physically well, but the effects of an overdose can be delayed and fatal.

If you have taken an overdose or poisoned yourself, you should:

- Seek help immediately – the longer you leave it, the greater the likelihood of serious damage.
- Write down what medication you've taken, including the number of tablets and dosage, and also if you have drunk any alcohol.
- Take the packaging and any remaining medication with you to the Emergency Department (A&E).
- **Don't** try to make yourself vomit – this can be dangerous.
- **Don't** drive yourself to hospital. If you are too unwell to use public transport, call an ambulance.

Remember that there are no safe limits to self-poisoning. Not seeking medical help can result in serious, long-term, irreversible damage to your health, including death.

Shock

Severe cuts and burns can cause your body to go into physiological shock, which can result in a massive reduction in blood flow. If left untreated, shock can lead to collapse, coma, and even death. The symptoms of physiological shock are:

- A fast, weak pulse.
- Feeling faint, dizzy, weak or nauseous.
- Rapid, shallow breathing.

If you are in shock your friends or family may notice the following:

- A fast weak pulse
- Blue lips
- Cold, clammy skin

If you are experiencing any of these symptoms, seek urgent help – call 999 and:

1. Lay flat and elevate your legs at least 25cm or 10 inches to help restore blood pressure.
2. Continue to apply direct pressure to any bleeding wound.
3. Loosen tight clothing, and stay warm with layers of blankets.
4. Do not try to eat or drink – this may cause vomiting.
5. If you have called an ambulance or other help, consider leaving your door unlocked so that they can get in if you lose consciousness.

Aftercare

Looking after yourself

- Drink lots of fluid to make up for any blood you've lost. If you do this and you're still experiencing dizziness when you stand up, see your doctor.
- Follow the advice of the medical staff that treated you.
- Seek further medical help if you notice any sign of infection (if the wound is red, sore, painful, hard or has pus oozing out, or if you have a fever).

Preventing, reducing and disguising scars

- Scars are more likely to form on joint areas such as the knees and elbows.
- Infected wounds are more likely to cause scarring - try to keep the wound clean.
- Skin closure plasters and adhesive strips can help keep some wounds closed, which can help prevent further scarring.
- Picking at scabs interferes with natural healing and is likely to worsen scars.
- There are some products available that might help to reduce the appearance of scarring slightly, such as silicone gel sheets and lotions containing vitamins E and A.
- Should you wish to conceal the scar at any time, the British Red Cross offers a skin camouflage service, free of charge. Their trained volunteers can teach individuals how to self-apply specialist cover creams. The service is provided free of charge and referrals are accepted from GPs and consultants. Camouflage creams are available on prescription and last between six months and two years, depending on the area to be camouflaged and the frequency of use. For more information, call 0844 871 11 11 or visit www.redcross.org.uk

Distracting yourself or trying safer alternatives

You might wish to consider some of the following suggestions:

- Letting your feelings out via exercise, screaming, playing music, drawing, writing etc.
- Comforting yourself by having your favourite food, staying in bed, having a bath.
- Thinking about how you will feel about the self-harm tomorrow – will you regret it?
- Feeling pain in a safer way, for example - holding ice cubes to your body, wearing an elastic band loosely round your arm and snapping it.

This leaflet has been provided for general information only, and should not be treated as a substitute for the medical advice of your own doctor or any other health care professional.

