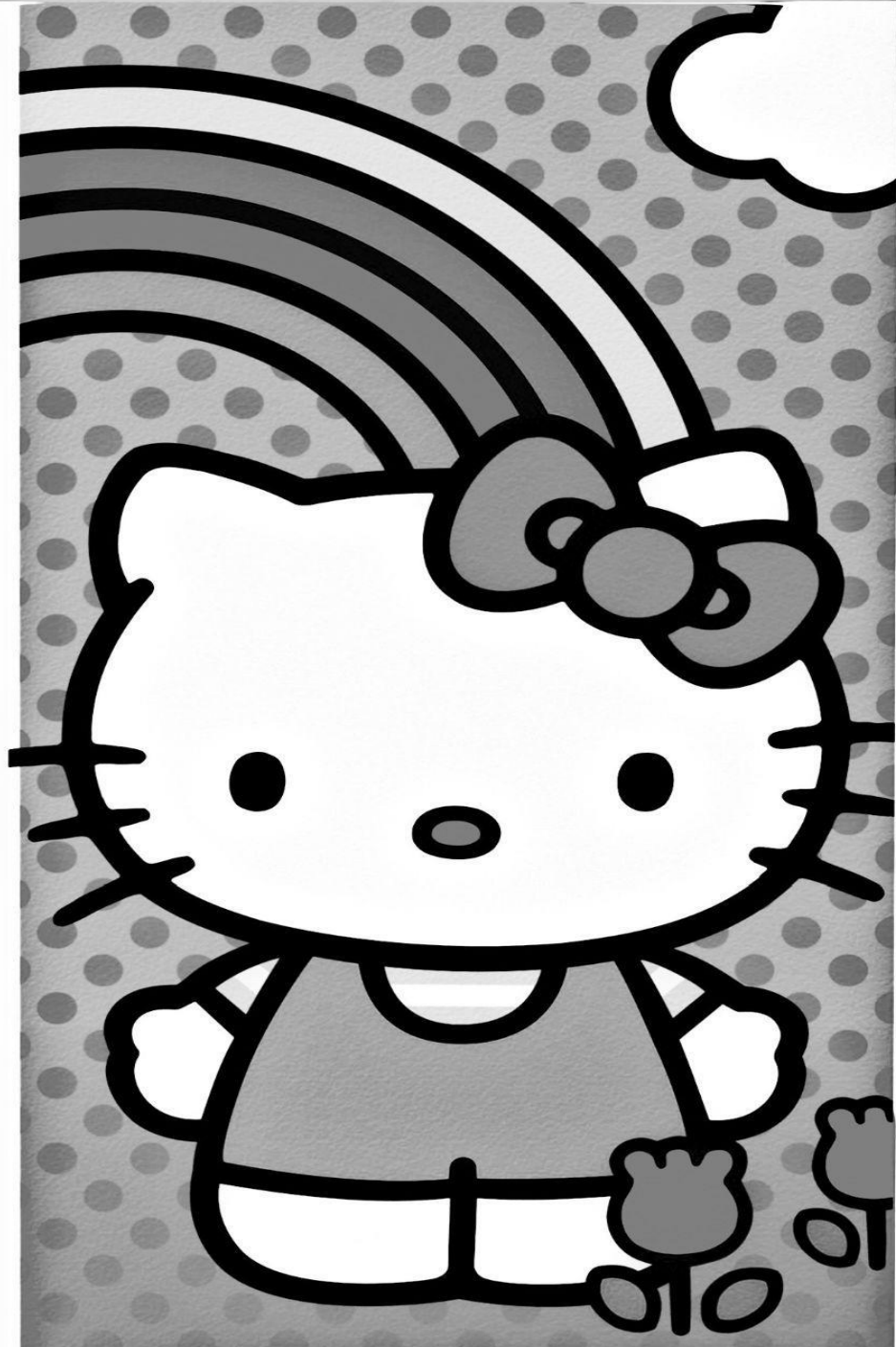


# HELLO KITTY'S GUIDE TO NARGAN & FRIENDS



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Nursing, while a skilled profession, is not only for professionals. It's for you, your friends, siblings, coworkers and comrades. The more people understand how to care for their health, the less dependent we are on a for profit, pharmaceutical, patriarchal, overburdened health system.

I know that most people would doubt themselves as being capable of caring for themselves or others in a daily or emergency situation. We don't know how, it can be grisly and scary. We don't want to make it worse. But with the knowledge and practice I believe you can do it too, or at least help until an ambulance comes. The world is in better hands, thanks to us.

Some points I'll mention you may be offended by, wondering why I felt the need to mention it. One reason is to be comprehensive; skipping on basics can have dire consequences. And, prevention is by far the best treatment. This is in hand with being prepared, which is why you're reading/sharing this. Speaking of hands:

## 1: Wash Your Hands

Hand washing stops the spread of disease. Researchers found that not washing your hands after you poop is even more likely to spread drug-resistant E. coli than consuming raw or undercooked meat. Yes, proper hand washing could prevent 1 in 3 diarrheal diseases and 1 in 5 respiratory infections. So love your homies and wash those dirty mits for 20 seconds with warm water and soap. Remember under your nails and the backs of your hands. If you can't use soap and water, bring hand sanitizer like you'd bring your keys or phone.

- After returning home
- After going to the bathroom
- After handling diapers
- After touching animals
- Before handling food
- Before feeding children/eating

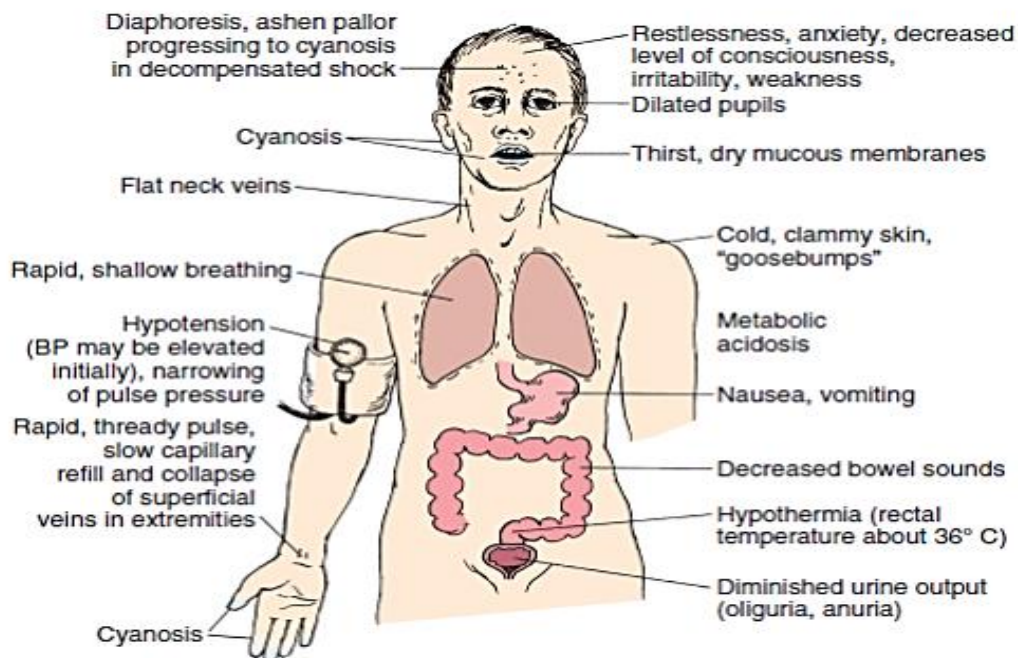


I'll bring our attention to emergency situations as well as information on how to care for ourselves. We all need care, sometimes urgently and through a lifetime.

2: How to spot and treat a shock situation or overdose

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# Clinical Signs of Shock



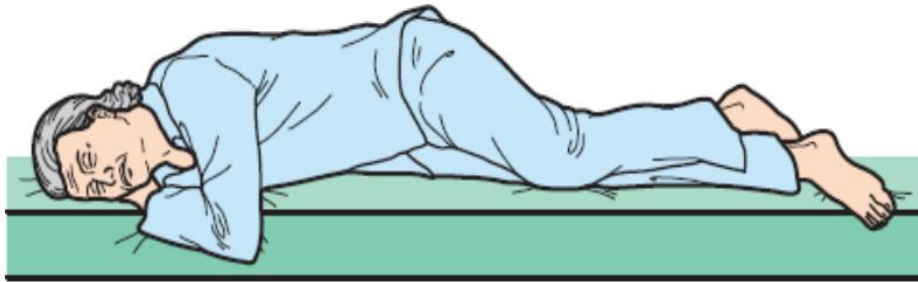
Shock may be caused by trauma (car crash/fall), heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes. When a person is in shock, organs aren't getting enough blood or oxygen.

If the cause is allergic reaction, the patient needs a shot of epinephrine (an epi pen). Ask people around them if they know of any. If they're alone, quickly search the patient's pockets/bag/car, there may be one. If you find one, give it in the outer thigh.

No matter the cause, place the patient in the recovery position.

Right side, left arm under head, left knee over right

## Recovery Position

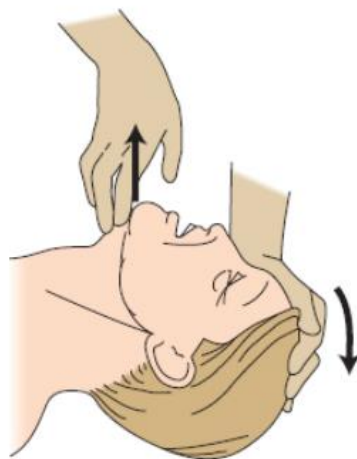


Listen for breathing near the mouth.

A person may have vomited. They may be choking on it (not breathing). You'll have to clear their airway if they can't by coughing.

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## Opening the Airway



Head tilt–chin  
lift maneuver



Jaw-thrust  
maneuver

Many overdoses are due to fentanyl, an opioid. It's sold as heroin, in counterfeit pills, in crack, and in cocaine. Some people just use fentanyl. It's impossible to know if your drugs have fentanyl in them unless they're tested with a test strip. Over 150 people die daily from fentanyl.

Time is of the essence for an overdose. Having naloxone (Narcan) for opiate overdoses can save a life. You may find some free Narcan in your area. Here's how to administer it:

- Remove the spray from the box. Peel back the tab with the circle to open it.
- Do not prime or test the nasal spray. It contains a single dose of naloxone and cannot be reused.
- Hold the spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Lay the patient on their back. Support the patient's neck by your hand and allow the head to tilt back before giving this medicine.
- Gently insert the tip of the nozzle into one nostril of the patient, until your fingers on either side of the nozzle are against the bottom of the patient's nose.
- Press the plunger firmly to give the dose. Remove the nasal spray from the patient's nostril after giving the dose.
- Move the patient on their side (recovery position) after giving the medicine and get emergency medical help right away.
- Watch the patient closely. You may also give additional doses to the patient every 2 to 3 minutes until the patient responds or emergency medical assistance becomes available.

Call for help, give the naloxone, place patient in the recovery position, check for breathing and pulse. If there is no breathing or pulse, attempt CPR (Cardio Pulmonary Resuscitation).

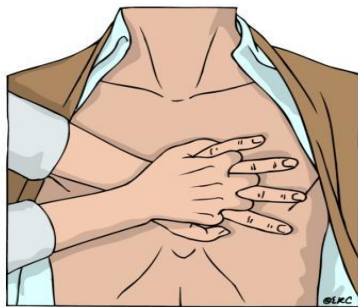
A note on Xylazine/tranq: Narcan can't reverse the effects of xylazine, however it is most often mixed in with fentanyl and other opioids like heroin. Narcan can reverse overdoses caused by those drugs and should still be used if you think someone has overdosed.

### 3: Basic CPR

- Call 911 or ask someone else to.
- Lay the person on their back on a firm surface and open their airway using the head lift, chin tilt maneuver. Put your palm on the person's forehead and gently tilt the head back. Then with the other hand, gently lift the chin forward to open the airway.
- Check for breathing. If they are not breathing, start CPR.
- Kneel next to the person's neck and shoulders.
- Perform 30 chest compressions. Keep elbows straight. Use entire body weight. Allow chest to spring back after each push. Roughly 2 compressions/sec.



#### CHEST COMPRESSIONS



- Place the heel of one hand in the centre of the chest
- Place other hand on top
- Interlock fingers
- Compress the chest
  - Rate 100 min<sup>-1</sup>
  - Depth 4-5 cm
  - Equal compression : relaxation
- When possible change CPR operator every 2 min

- Perform two rescue breaths.
- Repeat until an ambulance or automated external defibrillator (AED) arrives.
- Remember CAB for the order of steps for CPR (C-Compressions, A-Airway, B-Breathing)

The chest compressions are deeper than you think, about the length of your thumb. You may break a rib, especially on a small/weak person. That's ok, even if you do break a rib (you'll hear and feel it), don't stop, they need air and blood

more. If you can't or won't give rescue breaths, that's alright, do the chest compressions anyway.

#### 4: Oral Care

About 50% of the US sees a dentist annually. 20% never go, or only go in an emergency. Plaque buildup can cause cavities, infections (mouth and brain), even heart attacks. So here's some info on getting a deeper clean than twice daily brushing, and once daily flossing and rinsing. If there isn't access to a dentist for more than 6 months, make time for this. You may perform it on a homie if they need help (young, old, sick/injured, unwilling, etc). For clarity and succinctness, the self performed procedure is written in standard font, the specific info on performance on another is in italics.

Bring a large container of water with a straw, an empty container for spit, cloth for spilled mouth liquid, a bin for used floss, toothbrush, baking soda, floss, coconut oil, a bottle containing a capful of apple cider vinegar and 8 oz (a normal drinking glass) of water

Sit comfortably in a position you can maintain in front of a mirror

*Lay the patient in a comfortable position, head and neck supported on a couch or floor*

If there's already a cavity or some ongoing problem, numb the area with a dental numbing gel or a drop of clove oil on a wet q tip

Use a bright light to assist seeing inside the mouth

Take breaks between steps to not strain the neck, jaws, or patience Remember to breathe

A: fix light, wash hands and apply gloves, *mask on dentist, sunglasses on patient*

Rinse the mouth with plenty of water throughout this process

B: Touch the floss section about to be used to the coconut oil. Wrap the ends of the floss around the tip of each index finger. Floss back and forth at least twice between each tooth. Change the section of the floss at least every 5 teeth

C: Brush each surface of each tooth with the baking soda, spending at least 20 seconds in each quadrant of the mouth. Brush the tongue - *carefully, not too far back to trigger the gag reflex*. Brush the crevices where the jaws meet the gums, top and bottom, inside and out. Brush the gums gently. Brush the lips

D: Rinse the mouth three times with the apple cider vinegar + water mix

*If a patient is ill/injured for more than a few days they will need assistance with oral care. Do not forget this because you can't see it. The patient can feel it.*

5: Care regarding a menstrual cycle

I hope everyone in the world knows how to care for a menstrual cycle, similarly to how people know how to care for teeth. People need help with their own, and sometimes others need help and teaching about teeth. The shame surrounding the cycle only stops knowledge and care from reaching those who need it.

There's so much I've only recently learned:

To detail this section, I'll use PWU as an abbreviation for person with uterus/people with uteri.

PWU usually begin menstruation around age 12, but it may begin as early as age 8. And so, menstruation does not signify sexual (or mental) maturity.

While many uteri cycle through building up the inner lining and shedding for a month, or 28 days, many uteri have longer cycles, which can vary dramatically cycle to cycle.

Rising levels of the hormone estrogen cause the ovary to develop and release an egg (ovulation). The womb lining also starts to thicken.

In the second half of the cycle, the hormone progesterone helps the womb to prepare for implantation of a developing embryo.

The egg travels down the fallopian tubes. If pregnancy doesn't occur, the egg is reabsorbed into the body. Levels of estrogen and progesterone fall, and the womb lining comes away and leaves the body as a period (the menstrual flow).

Many things can affect this such as but not limited to; stress, eating disorders, PCOS, Pelvic Inflammatory Disorder, travel, medications (such as steroids, antidepressants, ADHD medications), birth control, drugs/alcohol/smoking, pregnancy/breastfeeding, obesity.



As you may have assumed, a menstrual cycle is closely related to health, particularly hormones; hormones are what signal a uterus to move through its different phases of the cycle. As mentioned earlier, periods (the bleeding, shedding part of the menstrual cycle) can be delayed by many things, but too long of a delay isn't healthy - amenorrhea, or the lack of a period has some significant implications for health all throughout a PWU's lifetime, such as: cardiovascular disease (caused by a lack of estrogen), osteoporosis (brittle bones), ovarian cancer, thyroid (hormone) dysfunction, pelvic pain, and stress. An additional concern of amenorrhea is infertility.

As menstruation can begin so young and be so irregular, access to items like tampons, pads, menstrual cups is a necessity for the majority of a PWU's lifetime. They will also need fresh underwear and bottom garments periodically as bleeding through is common.

To promote a healthful menstrual cycle, getting enough sleep nightly, annual gynecological exams, tracking the cycle (and abnormalities), maintaining genital hygiene with plain clean water + loose clean clothes, and maintaining a healthy weight through diet and exercise should be prioritized.

However, some PWU's menstruation is symptomatic to the point of debilitation. The symptoms usually occur before the menstruation, during the luteal phase (premenstrual syndrome, or PMS). They may include anxiety, depression, crying, appetite changes, insomnia, social withdrawal, trouble concentrating, joint/muscle pain, headache, fatigue, weight gain/bloating, acne, constipation/diarrhea, alcohol intolerance. But as the menstruation is only part of the cycle, symptoms may persist throughout. These health problems can be very personal and distressing, and are directly influenced by a PWU's cycle. Instead of treating the problem as a fragmented part (as a man's) of the PWU, it should be seen holistically.

PMS is not uncommon in PWU of menstruating age, some experience it in varying degrees. What may develop in some is a more severe case, called premenstrual dysphoric disorder, or PMDD. PMDD also occurs during the luteal phase of the menstrual cycle. The symptoms are similar to PMS, yet more extreme, including; suicidal thoughts, crying spells, overwhelming feelings,

intense muscle/joint pain, headaches, overeating/cravings, sleep problems, rage/conflict, and feelings of rejection.

Some advice for treatment on these beyond health maintenance: as the hormones surge and cause both local (on the uterus) and systemic (on the body) effects, the body reacts to them with the unpleasant symptoms. The hormones must be kept moving, as they are in a cycle. The cycle is moved by fluids, in water. By being extra hydrated, the hormones and their symptoms can be diluted and eased. A premenstrual and menstruating person should keep a bottle of water near them at all times. However, without dilution, the hormones building up causes cravings, which usually are for something other than water, mainly sweet or salty foods. While some foods are comforting, having too much leads to further dehydration and more cravings, and increased effects of the hormones. Movement during the premenstrual and menstrual phase is key for this as well. Walking, light yoga or work, swimming, will likely leave the PWU feeling more level. Drink lots of water after the exercise!

They may consider a hormonal birth control (HBC) to manage this and other health conditions, such as acne, fibroids, endometriosis-related pain, and migraines. HBCs may help with, or further worsen symptoms with heavier, more unpredictable bleeding or unceasing mood problems.

**A NOTE ON ANTIBIOTICS: THEY CAN INHIBIT THE BIRTH CONTROL PILL. YOU NEED A BACK UP METHOD UNTIL THE ANTIBIOTIC IS OUT OF THE SYSTEM**

Another common side effect of hormonal birth control (HBCs) that I need more people to be aware of are mental health problems related to the PWU's hormonal cycle. This is sensitive. With some HBCs such as IUDs, implants, shots, pills, NuvaRings (vaginal birth control ring), patches, the effects are not immediately reversible. If severe anxiety or depression comes on (which can lead to suicidal impulses), the HBC needs to be reevaluated and the PWU needs constant support until they're well again. That may be as long as 3 months or more after the HBC is discontinued. This happened to me and is not an unusual effect.

Any support during a suffering person's medical problems is better than no help at all. A listening ear is crucial. A knowledgeable listening ear is vital.

Which is my final piece of health knowledge for this zine - psychological first aid. Here are some steps to take when a homie gets awful news, sees something upsetting (like someone getting hurt), or is mentally distraught.

1: make the area with the upset person Safe enough to work in. If there's no more harm coming, it'll do, if you're not sure, take the person to a more secure place if it's possible. If it's not safe or you can't move with them, call for help and don't move in. 2 hurt distressed people is worse than 1

2: Listen to the persons thoughts and feelings. Feeling trapped, alone, and distressed makes a persons mental condition worsen quickly. Show them care

3: Hope for help. Reassure the person that emergency responders (or someone) are on their way. They may be transported to a hospital. Tell them what can reasonably be expected to happen next

4: Connect the person to their friends and family. You probably can't stay with them for very long, their familiar loved ones will support them, helping them feel more stable

5: Self help for the future; share resources to continue aid after the distressing event has passed. Support groups are great for healing and promoting hope



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