

First Aid for Children

INTRODUCTION 1.

The Principles of First Aid are the same whether it's a child or an adult being treated. That is to preserve life, prevent deterioration and to promote recovery.

WHEN TO GET HELP

Always seek help when you are concerned for a child's health. This may be from your GP, Accident Department or by calling the Emergency Medical Services (EMS).

HOW TO CALL THE EMS

- 1 Use 999 in Scotland.
- 2 Stay clearly the entire time.
- 3 The operator will ask you a series of questions so the best appropriate help can be sent as quickly as possible.
- 4 The staff usually need to give your name, location, number and age of recipient, the type of injury or illness.
- 5 The operator may stay on the phone to get further information that you or the child give further first aid instructions do not put down the phone until the operator instructs you to do so.

ESSENTIAL INFORMATION

A completed card you have for following information for the child in your care. For 16.

- 1 The parent's or guardian's correct contact number.
- 2 Any illness or disease the child has such as asthma.
- 3 Any medication the parent has given that day prior to you being responsible for the child.

CHILDREN'S REACTION

Children react to a caring person in a different way to an adult after what they see & try to give them the best and give clear instructions and explanations.



CHOKING 2.

Choking occurs when an object becomes lodged in the windpipe. The child can't breathe and may become unconscious.

RECOGNITION

- 1 Coughing or silent choking that doesn't resolve.
- 2 Hoarse breathing.
- 3 Blowing sputa to the side.
- 4 Increased respiratory movement of the chest, especially around the upper third.
- 5 Inability to speak.
- 6 Decreasing levels of consciousness.



ACTION

- 1 Encourage the child to cough.
- 2 If this is ineffective measure the child and lean them forward.
- 3 Give up to 5 back slaps between the shoulder blades.
- 4 Perform up to 5 abdominal thrusts. Place your fist between the navel and the bottom of the breastbone. Grasp it with your other hand and pull sharply upwards and forwards up to 6 times.
- 5 Alternate between 5 back slaps and 5 abdominal thrusts until the object is dislodged.

ADAPTATIONS FOR A CHILD UNDER 1

- 1 To perform back slaps, lay the baby down on your forearm.
- 2 Perform slaps on the back with your thumb.
- 3 Perform slaps on the back with one hand. Do this prior to begins on the abdomen and give up to 5 sharp chest thrusts.

Abdominal thrusts should never be used on a child under 1 year.

If a second child who is older than the original child or additional children become obstructed, always request medical attention.

UNCONSCIOUSNESS 3.

This is when the brain's pathway is interrupted. There are several causes of unconsciousness such as a head injury, low blood sugar, poisoning, suffocation and stress.

ACTION

- 1 Perform the actions from danger to shouting to the ambulance.
- 2 Examine the casualty quickly. Check for a pulse to see if they're alive, any obvious injuries.
- 3 Place the casualty in the recovery position (see recovery position Box 4).
- 4 Seek urgent medical assistance for all children who have been unconscious.
- 5 Monitor the level of consciousness by checking the RPLV scale.
- 6 Monitor and record the casualty's pulse, respiration rate and conscious level every 10 minutes, until medical assistance is available.
- 7 Be prepared to take further action should the casualty stop breathing.



A	Alert	Casualty is conscious and is responding appropriately.	If the casualty's condition has gone down the RPLV scale you are waiting for the EMS to arrive the casualty may be getting better. Use RPLV 4.
V	Voice	Casualty responds to voice commands.	If the casualty's condition improves from the condition they're getting better. Use RPLV 4.
P	Pain	Casualty responds to pain.	If the casualty's condition improves from the condition they're getting better. Use RPLV 4.
U	Unresponsive	Unresponsive - no response from the casualty.	If the casualty's condition improves from the condition they're getting better. Use RPLV 4.

RECOVERY POSITION 4.

The recovery position is used when a casualty is unconscious and breathing. The recovery position allows the head to be placed flat and allows the airway to be kept open.

UNDER 1 YEAR OLD (INFANT)

- 1 The baby's head downwards with nothing on it.
- 2 The baby's head is turned to the side.

AGE 1 YEAR TO PUBERTY (CHLDS)

- 1 Same as an adult.



ADULT RECOVERY POSITION

The European Resuscitation Council recommends:

- 1 The casualty is on their side.
- 2 The head is turned downwards to allow fluid and vomit to drain.
- 3 The head is in a position so the chest that is facing downwards.
- 4 The casualty should be able to breathe easily and safely on to their back.
- 5 Good observation and access to the airway.
- 6 Should not cause further injury.



RESUSCITATION 5.

Check for any LIFESIGNS such as pulse, eye or breath.



Check for RESPONSE. To do this, tap the shoulder of the casualty and shout into both ears. Then wave an object in front of the casualty's face.

Check for BREATHING. To do this, place your ear near the child's mouth and nose. Look, listen and feel for breath for up to 10 seconds.



RESUSCITATION (cont) 6.

CPR (CARDIO PULMONARY RESUSCITATION)

- 1 NO COMPRESSIONS
- 2 Place the casualty in a flat, firm surface.
- 3 Place hands in the centre of the casualty's chest.
- 4 Compress the chest approximately one third of the chest depth. Compress 30 times at a rate of 100 compressions per minute using 1 or 2 hands in a shallow moderate depth of compression. 2 fingers to the middle or air in infant.
- 5 The compressions and releases should take no longer than 10 seconds.
- 6 After 30 compressions, open the airway again using head tilt chin lift.
- 7 Seal the mouth with your thumb and fingers.
- 8 Blow steadily into the mouth until you see the chest rise.
- 9 Remove your mouth to the side and inhale pump fresh air. When breathing for the casualty, take about a second to make the chest rise.
- 10 Repeat as you have given 2 effective rescue breaths in total.
- 11 Return your hands to the correct position on the chest and give a further 30 chest compressions.

CONTINUE WITH CPR UNTIL:

- 1 The casualty shows signs of recovery.
- 2 Emergency services arrive.
- 3 You become exhausted and unable to continue.

If you are on your own, perform 1 minute of CPR before going for help.

The following modifications are recommended by the resuscitation council and can be used in most children for use in children.

- 1 Give 2 initial rescue breaths before starting chest compressions.
- 2 If you are on your own, perform 1 minute of CPR before going for help.

FEVER 7.

Children often have a raised temperature as a reaction to an illness. In small children this can lead to febrile convulsions (febrile fits).

RECOGNISING A FEVER

- 1 Hot flushed skin.
- 2 Dry, hot tongue.
- 3 Headache.
- 4 Feeling hot alternating with shivering.



COOLING A CHILD

- 1 Place in cool surroundings.
- 2 Remove excess clothing.
- 3 Encourage drinking sips of cool fluids to help prevent dehydration.
- 4 Sponge the skin with tepid water.
- 5 Give recommended medication to reduce fever (see below).
- 6 Seek medical help if the temperature does not return to normal, or if you are concerned.

RECOGNISING SEIZURES

- 1 All at once of the above symptoms.
- 2 High pitched scream.
- 3 Duration of being locked.
- 4 Drowsiness or blood pouring in case in a child or breathing that does not go away when it is compressed with a gloved hand.

ACTION IN A SEIZURE

- 1 Protect the child from injury.
- 2 Position pillows or soft padding to protect the child's head.
- 3 If the child becomes unresponsive place in the recovery position.
- 4 Do not give the child anything.

GIVING MEDICATION

- 1 If you are not the parent of the child you must have parental permission to give medication.
- 2 You must be trained and competent.
- 3 Medical advice or procedures should be followed.
- 4 Only give the correct dose.

ASTHMA + BLEEDING 8.

This is when the muscles of the breathing start to go into spasm and the airway narrows. This leads to a narrowing of the passages making breathing difficult.

ASTHMA RECOGNITION

- 1 Difficulty in breathing, wheezing, coughing.
- 2 Dry, itchy throat.
- 3 Cough and tightness.

ACTION

- 1 Stay calm and move other children away from the child.
- 2 Sit them down in a comfortable position.
- 3 Feed the child's medication and give one dose if you are trained to do so (see medication box).
- 4 Call an ambulance if the attack does not ease, if the casualty becomes unresponsive or you are concerned.

SEVERE BLEEDING

ACTION

- 1 Protect yourself from the blood by wearing gloves.
- 2 Apply direct pressure to the wound. Do not remove any embedded objects in the wound but apply pressure on either side of the wound.
- 3 Apply a clean cloth dressing. If it is a thick wound, elevate the limb, check the circulation beyond the bandage.
- 4 If further bleeding occurs, apply a second dressing on top of the first. If blood soaks through this dressing, remove both dressings and apply a fresh one, ensuring that pressure is applied accurately to the point of bleeding.
- 5 Seek medical assistance.

WOUNDS TO GET ASSISTANCE	
Wounds	Yes
Wounds that are deep	Yes