

First Aid For Children

1. INTRODUCTION

The Principles of first aid are the same whether it is a child or an adult being treated. That is to preserve life, prevent deterioration and to promote recovery. A child in first aid terms is aged from 1 to adolescence.

WHEN TO GET HELP

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

HOW TO CALL THE EMS

- Dial 999 / 112 in Europe.
- State clearly the service you require.
- The operator will ask you a series of questions so the most appropriate help can be sent as quickly as possible.
- You will usually need to give your name, location, number and age of casualty, the injury or likely illness.
- The operator may stay on the phone to get either further information from you or to give you further first aid instructions do not put down the phone until the operator instructs you to do so.

ESSENTIAL INFORMATION

It is essential that you know the following information for the children in your care, treat or:

- The parent's or guardian's current contact number.
- Any illness or diseases the child has such as asthma.
- Any medication the parent has given that day prior to you taking responsibility for the child.

CHILDREN'S REACTION

Children need a calm reassuring person to look after them when they are ill.

Try to get to their eye level and give clear simple instructions and explanations.



2. CHOKING

Choking occurs when an object becomes lodged in the windpipe. This could lead to the brain being starved of oxygen.

RECOGNITION

- Child clutching their throat.
- Unable to breathe/cough.
- Noisy breathing.
- Unusual exaggerated movement of the chest, especially around the collar bone.
- Unable to speak.
- Decreasing levels of consciousness.

ACTION

1. Encourage the child to cough.
2. If this is ineffective measure the child and lean them forward.
3. Lean child forward and give up to 5 back blows between the shoulder blades.
4. Check mouth between each back blow to see if object has been dislodged.
5. Perform up to 5 abdominal thrusts. Place your fist between the navel and the bottom of the breasts/bones. Grasp it with your other hand and pull sharply upwards and forwards up to 5 times.
6. Alternate between 5 back slaps and 5 abdominal thrusts until the object is cleared.

ADAPTATIONS FOR A CHILD UNDER 1

1. To perform back slaps, lay the baby down on your forearm.
2. If back slaps do not work use chest thrusts. To do this place 2 fingers on the breasts/bones and give up to 5 sharp chest thrusts.

Abdominal thrusts must not be used on a child under 1 year.

It is essential that any child who has received chest or abdominal thrusts receive urgent medical attention.



3. UNCONSCIOUSNESS

This is where the brain's activity is interrupted. There are several causes of unconsciousness such as a head injury, low blood oxygen, poisoning, asthma and illness.

ACTION

1. Follow the actions from danger to breathing in the resuscitation section. (See box 3 - resuscitation)
2. Examine the casualty quickly from head to toe to identify any serious injuries.
3. Place the casualty in the recovery position. (See box 4 - recovery position)
4. Seek urgent medical assistance for all children who have been unconscious.
5. Monitor the level of consciousness by checking the AVPU scale.
6. Monitor the casualty's pulse, respiration rate and conscious level continuously 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 spontaneously.	If the casualty's consciousness level drops down to V or P, you are waiting for the EMS to arrive the casualty may be getting worse i.e. from U towards U.	If the casualty's condition improves then the casualty may be getting better i.e. from U towards U.
V Verbal	Casualty responds to voice commands.		
P Pain	Casualty responds to pain (picking level).		
U Unresponsive	Unresponsive reaction from the casualty.		

8. DEFIBRILLATION

Use an AED (Automated External Defibrillator) if available and follow prompts.

The AED must not be used on a child under 1 year.



6. FEVER

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

RECOGNISING A FEVER

- Hot flushed skin.
- Feeling hot sometimes alternating with shivering.
- Crying / irritable.

COOLING A CHILD

1. Place in cool surroundings, i.e. place a fan next to them.
2. Remove excess clothing.
3. Encourage drinking sips of cool fluids to help prevent dehydration.
4. Sponge the skin with tepid water (only if severe).
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.
7. DO NOT over cool.

RECOGNISING MENINGITIS (All or some of the symptoms)

- High pitched scream.
- Rash that does not go away when it is compressed with a glass if found call 999 / 112 straight away.
- Dislike of being handled.

ACTION IN A SEIZURE

1. Protect the infant from injury do not restrain, do not place anything in the mouth.
2. Time how long the seizure lasts for.
3. Position pillows or soft padding around them to protect the child.
4. Once the worst of the seizure is over check airway and breathing, if breathing normally and unconscious place in recovery position.
5. Call EMS.

GIVING MEDICATION

- If you are not the parent of the infant you must have parental permission to give medication.
- Written orders or procedure should be followed.
- Only give the stated dose.
- You must be trained and competent.

4. RECOVERY POSITION

The recovery position is used when a casualty is unconscious and breathing. The recovery position allows the head to be placed other back and down. This stops the tongue from blocking the airway and will allow any vomit and fluid to drain from the mouth.

UNDER 1 YEAR OLD (INFANT)

- Tilt the baby's head downwards whilst cradling him in your arms, ensuring that the airway is open.

AGE 1 YEAR TO PUBERTY (CHILD)

Same as an adult. The European Resuscitation Council recommends:

- The casualty is on their side.
- The head tilts downwards to allow fluid and vomit to drain.
- There is no pressure on the chest that restricts breathing.
- The casualty should be able to be turned easily and safely on to their back.
- Good observation and access to the airway.
- Should not cause further injury.



7. ASTHMA AND BLEEDING

This is where the muscles of the breathing tract go into spasm and the lining swells. This leads to a narrowing of the passages, making breathing difficult.

ASTHMA ATTACK

RECOGNITION

- Difficulty in breathing, wheezy breathing.
- Grey blue tinge to the skin and pale.
- Crying and frightened.

ACTION

1. Keep calm and move other children away from the infant.
2. Sit them upright in a comfortable position only if able to (this may not be possible with young babies).
3. Find the child's medication and give one dose if you are trained to do so.
4. Call an ambulance if the attack does not ease after a few minutes, if the casualty becomes exhausted or you are concerned.
5. Monitor their condition.

SEVERE BLEEDING

ACTION

1. Protect yourself from 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 first aid dressing, if it is a limb 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 seeps 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.

WHERE TO GET ASSISTANCE

Name	Location	Exit
Nearest First Aid box		

Remember to document all incidents and inform the parent or guardian if the child.

5. RESUSCITATION

- Check for any DANGER such as water, fire or fumes.

- Check for RESPONSE. To do this, gently shake the casualty's shoulders and stroke into both ears. For infants under 1 year old stroke the heel of their foot to check for response. Take care not to shake a baby as this could cause serious injury.

- Open the child's AIRWAY to stop the tongue obstructing the throat. Lift the chin and tilt the head back. Be careful not to over extend the neck.

- Check for BREATHING. Place your ear near to their mouth and nose. Look, listen and feel for breath for up to 10 seconds.

IF BREATHING IS PRESENT

If breathing is present place in the recovery position.

IF BREATHING IS ABSENT

Commence resuscitation CPR.

CPR (CARDIO PULMONARY RESUSCITATION)

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

The following modifications as recommended by the resuscitation council (UK) and will make it more suitable for use in children:

1. Give 5 initial rescue breaths before starting chest compressions.
2. If you are on your own, perform 1 minute of CPR before going for help.

TO COMMENCE CPR

1. Ensure the casualty is on a firm, flat surface.
2. Place the heel of one hand over the lower third of the sternum. Lift fingers to ensure no pressure is applied to ribs.
3. Compress the chest by 4-5cm. Compress 30 times at a rate of 100-120 compressions per minute using 1 or 2 hands to achieve adequate depth of compression. (2 fingers to be used on an infant).
4. The compressions and releases should take an equal amount of time.
5. After 30 compressions, open the airway again using head tilt chin lift.
6. Seal the nostrils with your thumb and forefinger.
7. Blow steadily into the mouth until you see the chest rise. Give 2 rescue breaths. Blow for 1 second, 2 breaths within 5 seconds.
8. Remove your mouth to the side and inhale some fresh air. When breathing for the casualty, take about a second to make the chest rise.
9. Repeat so you have given 2 effective rescue breaths in total.
10. Return your hands to the correct position on the chest and give a further 30 chest compressions.

CONTINUE WITH CPR UNTIL:

- The casualty shows signs of recovery (e.g. movement).
- Emergency services arrive.
- You become exhausted and unable to continue.
- The situation changes and you are now in immediate danger.
- An authorised person pronounces life extinct.

