

# 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.
- 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 casualties, 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, that is:

- The parent's or guardian's current contact number.
- Any illnesses 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 breath/cough.
- noisy breathing.
- Unusual exaggerated movement of the chest, especially around the collar bone.
- Unable to speak.
- Decreasing levels of consciousness.

### ACTION

- Encourage the child to cough.
- If this is ineffective measure the child and lean them forward.
- Give up to 5 back blows between the shoulder blades.
- Check mouth beneath each back blow to see if object has been dislodged.
- 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 inwards and upwards up to 5 times.
- Alternate between 5 back slaps and 5 abdominal thrusts until the object is cleared.

**ADAPTATIONS FOR A CHILD UNDER 1**

- To perform back slaps, lay the baby down on your forearm.
- If back slaps do not work use chest thrusts. To do this place 2 fingers on the breastbone 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, seizures and illness.

### ACTION

- Follow the actions from danger to breathing in the resuscitation section (Box 5).
- Examine the casualty quickly from head to toe to identify any serious injuries.
- Place the casualty in the recovery position (see recovery position Box 4).
- Seek urgent medical assistance for all children who have been unconscious.
- Monitor the level of consciousness by checking the AVPU scale.
- Monitor the casualty's pulse, respiration rate and conscious level continuously, until medical assistance is available.
- Be prepared to take further action should the casualty stop breathing.

### A

Alert

Casualty is conscious and is responding spontaneously

### V

Voice

Casualty responds to voice commands

### P

Pain

Casualty responds to pain

### U

Unresponsive

Unresponsive - no reaction from the casualty

If the casualty's conscious level goes from A to B while you are waiting for the EMS to arrive the condition may be getting better i.e. from U towards A

If the casualty's condition improves then the condition may be getting worse i.e. from A towards U

i.e. from U towards A

i.e. from U towards A