

# 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's carer/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 or your child. Fill in:

- 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 their own best and give their own reactions and responses.



## 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 4 times.
- 5 Alternate between 5 back slaps and 5 abdominal thrusts until the object is dislodged.

### CAUTIONS FOR A CHILD UNDER 1

- 1 To perform back slaps, lay the baby down on your forearm.
- 2 Front slaps do not work on chest thrusts. To do this place 2 fingers on the breastbone and give up to 5 sharp chest thrusts.

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

It is essential that you call the ambulance when advised or additional help when you require further advice.

## 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, asthma and stress.

### ACTION

- 1 Perform the actions from danger to breathing in the resuscitation section (see 5).
- 2 Examine the casualty quickly from head to toe to identify any further injuries.
- 3 Place the casualty in the recovery position (see recovery position (see 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 consciousness level every 10 minutes, until medical assistance is available.
- 7 Be prepared to take further action should the casualty stop breathing.



	Causally is conscious and is responding appropriately	If the casualty's condition has worsened since you were last checking for the RPLV to confirm the casualty may be getting better	If the casualty's condition improves from the condition they were getting better to from a level 4
<b>A</b> Alert			
<b>V</b> Verbal			
<b>P</b> Pulse			
<b>U</b> Unresponsive			

## 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 clear. This allows the lungs to expand and will allow any vomit and fluid to drain from the mouth.

### UNDER 1 YEAR OLD (INFANT)

At the bottom hand downwards while holding the 2nd arm across, ensuring that the airway is open.

### AGE 1 YEAR TO PUBERTY (CHLDS)

Same as an adult.



### ADULT RECOVERY POSITION

The European Resuscitation Council recommends:

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



## RESUSCITATION 5.

Check for any **obvious** neck or chest wounds or fractures.

Check for **RESPONSE**. To do this, tap the forehead of the casualty and shout into both ears. Then open the airway by tilting the head back.

Check for **breathing**. To do this, look for chest rise and listen for breath sounds.

Open the child's **airway** to allow the tongue obstructing the throat. Lift the chin and tilt the head back. Do not tilt to avoid neck injury.

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

**IF BREATHING IS PRESENT**  
Proceeding to a first aid in the recovery position.

**IF BREATHING IS ABSENT**  
Commence resuscitation CPR.



## RESUSCITATION (cont)

### CPR (CARDIO PULMONARY RESUSCITATION)

- 1 **NO CORONARY CPR**
- 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 adults. Minimum depth of compression: 2 fingers to the chest on an 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 forefinger.
- 8 Blow steadily into the mouth until you see the chest rise.
- 9 Return your hands to the side and make sure your air is clear. 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 6.

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 Use a forehead thermometer.
- 2 Check for a hot forehead.
- 3 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 unconscious 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 7.

This is when the muscles of the breathing start to give spasms and the airway constricts. This leads to a narrowing of the passage making breathing difficult.

### ASTHMA RECOGNITION

- 1 Difficulty in breathing, wheezing, coughing.
- 2 Dry, itchy throat to the skin.
- 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.

### WARNING TO GET ASSISTANCE

Name	Address	Age
Mobile phone no. (if any)		