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 is 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. They 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 other 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 illness or diseases the child has such as asthma.
- Any medications the parent has given that may arise in 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.
- Uncontrolled/agitated 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, reassure the child and lean them forward.
- Give up to 5 back blows between the shoulder blades.
- Check mouth between 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 receives 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, shock and illness.

ACTION

- Protect the casualty from danger by breathing to the resuscitation action (Box 6).
- Examine the casualty quickly, 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 brain unconscious.
- Monitor the level of consciousness by checking the AVPU scale.
- Monitor the casualty's pulse, respiration rate and consciousness 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 appropriately	If the casualty's unconscious level goes down the scale contact you are making the (for EMS to advise this condition may be getting worse i.e. from U towards P)	If the casualty's condition improves from this condition may be getting better i.e. from U towards A
V	Verbal	Casualty responds to voice commands		
P	Pain	Casualty responds to pain		
U	Unresponsive	Unresponsive to stimulus from the casualty		

4. RECOVERY POSITION

The recovery position is used when a casualty is unconscious and breathing. The recovery position allows the head to be placed tilted 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 backwards while 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.

5. RESUSCITATION

D Check for any DANGER such as water, fire or flames.

R Check for RESPONSE. To do this tap the shoulders of the casualty and shout into both ears. Take care not to shake a baby as this could cause serious injury.

S SHOUT for help. If not already done do so without abandoning.

A 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.

B 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

Place in the recovery position.

IF BREATHING IS ABSENT

Commence resuscitation (CPR).

6. RESUSCITATION (cont)

CPR (CARDIO PULMONARY RESUSCITATION)

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

The following modifications are recommended by the resuscitation council (uk) and make it more suitable for use in children.

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

C TO COMMENCE CPR

- Ensure the casualty is on a firm, flat surface.
- Place your hands over top of the sternum in the centre of the casualty's chest.
- Compress the chest approximately one third of the chest depth. Compress 15 times at a rate of 100 compressions per minute using 1 or 2 hands to achieve adequate depth of compression. (2 fingers to be used on an infant).
- The compressions and release should take an equal amount of time.
- After 30 compressions, open the airway again using head-tilt/chin lift.
- Seal the nostrils with your thumb and forefinger.
- Blow steadily into the mouth until you see the chest rise.
- Remove your mouth to the side and inhale some fresh air. When breathing for the casualty, take about a second to make the breathe rise.
- Repeat so you have given 2 effective rescue breaths in total.
- Return your hand(s) to the correct position on the chest and give a further 30 chest compressions.

CONTINUE WITH CPR UNTIL:

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

7. 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.
- Crying / irritable.
- Headache.
- Feeling hot alternating with shivering.

COOLING A CHILD

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

RECOGNISING MENINGITIS

- All or some of the above symptoms.
- High pitched screech.
- Dislike of being handled.
- Septicaemia or blood poisoning is when an a rash or bruising that does not go away when it is compressed with a glass.

ACTION IN A SEIZURE

- Protect the child from injury.
- Position gently or soft padding to protect the head.
- If the child becomes unconscious place in the recovery position.
- Call EMS.

GIVING MEDICATION

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

8. ASTHMA + 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

RECOGNITION

- Difficulty or wheezing, wheezy breathing.
- Grey blue tinge to the skin.
- Crying and frightened.

ACTION

- Keep calm and move other children away from the child.
- Sit them upright in a comfortable position.
- Find the child's medications and give one dose if you are trained to do so.
- Call an ambulance if the attack does not pass after 5 minutes, if the casualty becomes exhausted or you are concerned.

SEVERE BLEEDING

ACTION

- Protect yourself from the blood by wearing gloves.
- Apply direct pressure to the wound, do not remove any embedded objects or the wound but apply pressure on either side of the wound.
- Apply a first aid dressing, if it is a limb wound, elevate the limb, once the circulation beyond the bandage.
- If further bleeding occurs, apply a second dressing on top of the first. If blood seeps through the dressing, remove both dressings and apply a fresh one, ensuring that pressure is applied accurately to the point of bleeding.
- Seek medical assistance.

WHERE TO GET MORE HELP		
Name	Location	Date
Nearest First Aid Box		

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