THE Honest Midwife

Infant & Child First Aid

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Welcome to Let's Talk Birth and Baby Paediatric First Aid Awareness Class. This course focuses on newborns from birth until one year of age and older children up to 12 years of age.

The course content is designed to give you the skills and confidence to act appropriately in an emergency.

However, the skills and knowledge learnt today should in no way be seen as a replacement for professional, qualified help.

Assistance should always be sought but it is great to know what to do until help arrives.

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COURSE AIMS

This class will give you helpful information on:

Assessing a child casualty
Recovery position
CPR
Bumps to the head
Choking,
Burns
Meningitis
Allergic reactions,
Febrile Seizures,
Fever and croup.

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FIRST AID KIT

What should you have in your First Aid Kit?

There is no right or wrong in terms of what you should have in your first aid kit.
Standard items include:

Scissors
Sterile plasters
Bandage
Sterile eye pads
Safety Pins
Disposable gloves

It is important to ensure that all medicines that you currently have are in date and out of reach.

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PRIMARY ASSESSMENT

In order to act appropriately in any emergency situation it is important that you assess what action needs to be taken.

To enable us to make measured decisions the first task is to assess the situation.

To aid you in this process the Resuscitation Council have provided the algorithm DRAB.

Following this will enable you to determine what assistance the casualty needs.

D - DANGER
R - RESPONSE
A -AIRWAY
B- BREATHING

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D - DANGER

It is important to fully assess that the area is safe to both you and the casualty and anyone else that may be close by. If there is someone else around getting them telephoning the emergency services is one of the most important tasks to be undertaken.

- Ensure the area is safe for yourself and the casualty.
- If you deem that the area is NOT safe you must remove yourself and the casualty. However, this must be done only as a last resort.
- Turn off any electrical items if it is safe to do so.

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R = RESPONSE

Once you are satisfied that it is safe to remain where you are, you need to check the child for a response.

It is important that you do not shake the child as this could make any injuries worse.

Firmly pat the child and check for response. At the same time you can ask loudly if they can hear you.

If the child is unresponsive CALL FOR HELP but avoid leaving the child alone. It is important that you assess for:

Breathing
Burns
Breakages
Bleeding

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A= AIRWAY

Next you must check if the child's airway is clear.

Gently place your hand on the child's forehead and tilt the head back.

Lift the chin with two fingers and remove any obvious obstruction to the airway.

If you are unable to easily remove any obstruction do not try as doing so could push it further into the airway.

If removing the obstruction results in the child breathing again place them into the recover position.

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B= BREATHING

To check if the child is breathing tilt the head back and lift the chin.

Watch the chest to see if there is any rise in the chest wall and listen and feel for breathing by putting your cheek down towards the child's mouth.

It is important to listen for up to 10 seconds. If in doubt start CPR.

If the casualty is breathing normally (not agonal gasps) place them into the recovery position.

If they are not breathing start CPR. Call for help. Only leave if absolutely necessary.

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CPR - CARDIO PULMONARY RESUSCITATION

If you determine that the child is not breathing you must CALL FOR HELP and administer CPR immediately.

If you are alone, to help the child's circulation administer CPR for 1 minute and then call 999.

When performing CPR on a child the rate should be carried out at 30 chest compressions to every 2 breaths. This is around 2 compressions per second.

For children over the age of 1 year old, breaths should be administered mouth to mouth.

For infants under 1 year of age breaths should be administered mouth to mouth and nose.

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PERFORMING CPR

FIRSTLY: Administer 5 rescue breaths before commencing compressions. Ensure that the chest wall rises to be sure of having delivered the breaths.

When administering chest compressions to a child over 1 year of age push down one third of the depth of their chest using ONE HAND AND NOT TWO.

Deliver 30 chest compressions followed by 2 rescue breaths. Continue until help arrives or you are physically unable to continue. If you have help take turns as CPR can be physically very demanding.

For infants, use two fingers to deliver the chest compressions on the infants breastbone, in-between the nipples and following having delivered 5 rescue breaths continue at a rate of 30 compressions to 2 rescue breaths.

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OVERVIEW OF CPR ON A CHILD AGED 1 TO 12 YEARS OF AGE AND AN INFANT UNDER 1 YEAR OF AGE

- Ensure child is on a flat surface
- As you lean over ensure your arms are fixed straight
- Only minimal tilting of the infants chin is needed. Their head should be in a neutral position.
- Administer 5 rescue breaths before commencing compressions. For infants seal your mouth over their mouth and nose. Children over one seal your mouth over their mouth only.
- For a child use the palm of one hand, for an infant use two fingers, placed on the sternum (centre of the chest)
- Press down to a depth of one third 30 times and follow with 2 rescue breaths. These actions should be administered at a rate of 100-120 actions per minute. To help you with this you can use the tune "Staying Alive" to keep to the correct beat! Ask your helper to count actions if you are doing this. If you are alone - just count.

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TIME FOR A CHAT

Now that you are reassured that the child is breathing and conscious you can assess for any other injuries. Reassure the child and, if you do not know them, tell them your name and ask them theirs.

Ask them:
What happened?
Does it hurt?
Where does it hurt?
How are they feeling?

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SECONDARY INJURIES

Once you have assessed the child using DRAB (Danger, Response, Airway, Breathing) you can move on to addressing any secondary injuries.

Assessing the child from top to toe for any cuts, bruises or breakages will help to get a picture of what the situation is and what action should be taken.

Take note of any areas of swelling, pale skin, breakages to the skin, rashes or areas that are indicated by the child.

If you determine that the child is breathing but unconscious the most important course of action is to place them into the RECOVERY POSITION. This action can save lives as it prevents the tongue falling back and blocking the airway.

IT IS IMPORTANT TO REMEMBER
"IF IN DOUBT SHOUT FOR HELP"

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RECOVERY POSITION FOR A CHILD

- Move their closest arm towards you with the elbow bent and palm facing upwards
- Remove any glasses
- Straighten the legs.
- Bring their other arm across their body and hold the back of their hand against their cheek.
- Place one hand under the knee joint of the child's leg and bend upwards until the foot is flat on the floor.
- Keeping the child's hand in place under the cheek gently roll the child towards you.
- Adjust the upper leg so that it is at a right angle
- Adjust the head to that it is tilted slightly back to ensure the airway remains open.
- CALL FOR HELP

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RECOVERY POSITION FOR AN INFANT

As is often the case, the recovery position for an infant is different to that of a child or adult.

To place an infant in the recovery position:

- With the infant facing you cradle the casualty in your arms so that they are on their side

- The infant should be pointing downwards slightly with their head tilted backwards.

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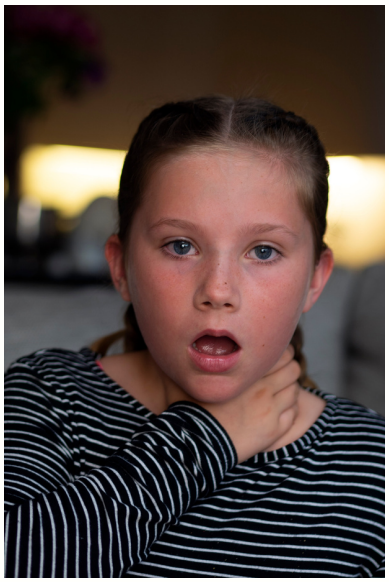
CHOKING CHILD OVER THE AGE OF ONE

Choking is one of the most common situations that you may encounter that needs immediate first aid.

If you encounter a child that is choking:

- Encourage them to cough. If they are able to give a productive cough continue to encourage them to do so.
- If this doesn't work, administer 5 back blows with the heel of you hand, between the shoulder blades with the child leant forwards.
- After 5 back blows, if the obstruction hasn't moved, stand or kneel behind the child, wrap your arms around their upper body.
- Placing a fist under the sternum and cup this with your other hand. Perform an abdominal thrust by pulling sharply inwards and upwards.
- Perform this 5 times unless object is removed before you reach 5.
- If this doesn't remove the obstruction commence a cycle of 5 back slaps followed by 5 abdominal thrusts. Should the child collapse call 999 and start CPR.
- NEVER PERFORM ABDOMINAL THRUSTS ON AN INFANT



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CHOKING INFANT

For baby that is choking and unable to cough, breathe or cry lay them flat along either your arm or thigh. SHOUT FOR HELP.

- Check for obvious obstruction but DO NOT sweep inside the infants mouth as this can push the obstruction further down.
- Lay the baby over your arm or lap with their bottom slighlty higher than their head (downward tilt - see image)
- Give 5 firm back blows with the heel of your hand between the shoulder blades.
- If the back blows are unsuccessful turn the baby over and administer 5 chest thrusts using two fingers. Downwards and upwards against the baby's breastbone.
- Check to see if the obstruction has been removed and repeat the cycle if needed.
- If the obstruction does not clear after the first 5 back blows call 999.

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BLEEDING

Encourage the child to sit or lay on the floor. Avoid chairs as the casualty may fall off this if they become dizzy or lightheaded

Take a look at the wound and if possible wash to remove any superficial debris. Do not remove objects that are imbedded.

If the wound is bleeding apply direct pressure. Only if you consider the bleeding to be life threatening should you use a tourniquet.

If available dress the wound with a sterile dressing. Ensure the dressing is not too tight as this could hinder circulation to the rest of the limb.

Dressings are applied to stem bleeding and reduce the risk of infection

If the bleeding is significant call 999.

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SHOCK

Shock can be life threatening and is a result of the body's blood volume not flowing properly through the body resulting in cell damage due to lack of oxygen.

SIGNS OF SHOCK:

- Weak pulse
- Clammy / cold skin & pale appearance
- Rapid breathing
- Dizziness and or nausea

TO TREAT SHOCK:

- Check for injuries
- Call emergency services
- Lay the child down and raise their legs
- Treat any secondary injuries
- Keep the casualty warm
- Monitor the breathing
- Reassure
- Do not give food or fluid

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ADDITIONAL SECONDARY INJURIES

It is important that once immediately life threatening injuries have been ruled out that you have a look at what else may be a cause for concern.

This course is designed to give you an overview but it is important to remember that if you are unsure of how to proceed call 999.

If you do not think the situation is an immediate emergency you can call 111 for advice.

This section will cover:

- Burns
- Eye injuries
- Spinal injuries
- Amputation

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BURNS

Burns can be caused by:

- Chemicals: strong acids and alkalis, cleaning or battery fluids
- Electrical: faulty or exposed wiring
- Dry: fire, flame or sun
- Wet: (Scalds) steam or hot fluid
- Radiation: sun burn
- Cold: exposure to extreme low temperatures can cause frostbite burns

TREATING THE BURN:

- Remove any clothing that is not touching the burn.
- Hold the burn under cold running water for 20 minutes to relieve the pain. DO NOT USE ICE
- Once cooled dress with a sterile dressing, cling film is best before seeking further medical assistance.
- Keep the casualty warm by wrapping a blanket round them.
- It is important that you use sterile gloves, especially if managing a chemical burn for your own safety and that of the child.
- You can administer paracetamol and ibuprofen - always check dosage and allergy instructions

NEVER:

- Pop blisters
- Apply Ointments
- Apply sticky dressings
- Remove clothing

It is important to call for help immediately if you suspect a burn is significant.

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BURNS

When you should seek professional help:

- Signs the burn is deep or has charred / skin
- Burns on genitals, hands, feet, face or neck
- Burn is bigger than the palm of casualty's hand
- any chemical or electrical burn should be checked
- if casualty is under 10 or has another health condition

TREATING SUNBURN:

- At any point that you notice your childs skin is becoming redor feels hot, take them out of the direct sunlight
- Child should have a cool shower or bath (not freezing) to soothe the area.
- Gently apply aftersun.
- Administer paracetamol and/or ibuprofen - following instructions on packet.
- Hydration is essential so encourage lots of fluids
- Look out for signs of heatstroke such as vomiting and dizziness. Heatstroke can be very serious so seek medical advice if your child doesn't start to feel better after having done the above.

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EYE INJURIES

Many eye injuries are superficial however, they can be serious and so should be managed immediately.

Dust or dirt:

If a child has dust or dirt in the eye

- Using either sterile fluid or tap water wash the eye.
- Ensure the flow of water moves away from the unaffected eye.
- Do not try to remove any embedded debris
- For chemical injuries gently lift the eyelid to wash away as much of the chemical as possible.
- Hold a clean, sterile pad over the eye
- Take the child to the emergency department as soon as possible.
- In serious injuries encourage the child to hold a pad over the injured eye without pushing any EMBEDDED debris further into the eye, close their good eye to avoid movement and call 999.

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HEAD INJURIES

The following are the different types of head injury that can occur

Cerebral concussion: caused by shaking of the brain causing dizziness, nausea, vomiting, headache, problems with concentration.

Cerebral Compression: caused by a blow to the head. Symptoms include; heavy breathing, temperature, slow pulse rate, unequal dilatation of the pupils, one sided paralysis, severe headache.

Skull Fracture: a cracking of the skull

TREATMENTS:

- Apply a cold compress to reduce swelling
- If the child becomes drowsy phone 999
- For obviously serious injuries telephone for emergency assistance immediately
- Monitor the injury for 48 hours and if the child shows any sign of deterioration seek medical assistance.
- Look out for changes in behaviour and seek immediate help if your child suffers from: headache, dizziness, vomiting, drowsiness, speech difficulties or visiual problems

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FEBRILE SEIZURES

Around 1 in 20 children will experience a febrile seizure. These episodes are nearly always triggered by a raised temperature. Most occur between the ages of 6 months to 3 years with the average age being around 18 months.

SYMPTOMS& MANAGMENT:

- Unusually quiet behaviour
- A temperature of 40 degrees or over
- Rapid Shaking
- Phone 999
- Lay your child on a flat surface and place a pillow under their head
- Once the shaking stops put child into the recovery position & monitor their breathing,

REDUCING TEMPERATURE:

- Avoid over cooling but allow fresh air into the room
- Remove heavy clothing / bed sheets
- Monitor the child's breathing
- Use a cool compress on the forehead
- Administer paracetamol following the dosage instruction on the packaging
- Seek medical assistance if temperature persists

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MENINGITIS AND SEPTICEMIA

These diseases can be deadly and can kill within hours.

Causing inflammation of the lining around the brain and spinal cord Meningitis can cause symptoms such as severe headache, vomiting, sensitivity to light, rash new stiffness, severe vomiting and high fever, joint and muscle pain, severe lethargy.

In babies the fontanelle (soft spot) can bulge and the baby can have a very sleepy or staring expression.

Septicaemia is a form of blood poisoning and can spread quickly.

CHECKING FOR A SEPTICAEMIA RASH

Running a glass over the rash can determine if it is a septic rash. In the case of a septicaemia rash the spots would not disappear under the pressure.

It should be noted that the rash is often one of the last symptoms to appear and you should always seek early medical advice if you are concerned. DO NOT WAIT FOR A RASH TO APPEAR

IT'S IMPORTANT TO:

- Trust your instincts
- Seek medical assistance

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CROUP

Croup is a condition that affects children and causes a distinctive barking cough and wheeze when breathing in.
You will often notice increased effort of the abdominal muscles when the child is breathing in.
Croup can usually be treated at home but if you are worried the condition is worsening take the child to the emergency department or phone 111

NOSEBLEEDS

There are various reasons that a child may suffer from a nosebleed.

- Sit the child down and tilt their head forward
- Nip the tip of the child's nose for up to 10 minutes to stem that bleeding
- Encourage breathing through the mouth
- If the bleeding persists take the child to the emergency department
- It is important to see your GP if your child suffers from frequent nose bleeds.

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ANAPHYLAXIS (ANAPHYLACTIC SHOCK)

Anaphylactic Shock is caused by the body mistakenly identifying a normally harmless substance as a threat to the body and attacking.

During an attack the body releases chemicals to fight the allergen which cause:

- Watery eyes
- Difficulty breathing
- Drop in blood pressure
- Rash
- Tightening Airway
- Hives
- Nausea
- Vomiting
- Collapse / unconsciousness

Common allergens include::

- Seafood
- Nuts
- Eggs
- Dairy
- Bites
- Stings
- Latex

Someone suffering from an anaphylactic shock can deteriorate very quickly. If the child has an epi-pen administer immediately. You must then call 999 immediately.

IF THE PATIENT BECOMES UNCONSCIOUS OR STOPS BREATHING COMMENCE CPR!

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CHANGES IN GUIDENCE

The information booklet has been complied to compliment our Infant & Child First Aid Awareness Class. The information in this booklet should never be used as a substitute for seeking professional help or emergency services.

Every care has been taken by Let's Talk Birth and Baby Limited to ensure that the information in this booklet is accurate however, the author does not take or accept any liability for any inaccuracies or changes to guidance.

Should you feel that any advice given in this booklet has become out of date or does not fall in line with NHS recommendations please do let us know by emailing info@letstalkbirthandbaby.co.uk and any necessary alterations will be made.