

FIRST AID

Call 911 or an emergency number for a severely ill or injured child. Call 1-800-222-1222 (Poison Center) if you have a poison emergency.

GENERAL

- Know how to get help.
- Make sure the area is safe for you and the child.
- When possible, personal protective equipment (gloves, etc) should be used.
- Position the child appropriately if her airway needs to be opened or CPR (cardiopulmonary resuscitation) is needed. (Please see other side.)
- DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY (from a fall, motor vehicle crash, or other injury, or if they say their neck or back hurts).
- Look for anything (medical jewelry, paperwork, etc) that may give you information about health problems.

STINGS, BITES, AND ALLERGIES

Stinging Insects Remove the stinger as soon as possible with a scraping motion using a firm item (such as the edge of a credit card). Put a cold compress on the bite to relieve the pain. If trouble breathing, fainting, or extreme swelling occurs, call 911 or an emergency number right away. For hives, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Center (1-800-222-1222) and describe the spider. Have the pediatrician check any bites that become infected.



Animal or Human Bites Wash wound well with soap and water. Call the pediatrician. The child may need a tetanus or rabies shot.

Ticks Use tweezers or your fingers to grasp as close as possible to the head of the tick and briskly pull the tick away from where it is attached. Call the pediatrician if the child develops symptoms such as a rash or fever.

Snake Bites Take the child to an emergency department if you are unsure of the type of snake or if you are concerned that the snake may be poisonous. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at or slightly below the level of the heart. Identify the snake, if you can do so safely. If you are not able to identify the snake but are able to kill it safely, take it with you to the emergency department for identification.

Allergy Swelling, problems breathing, and paleness may be signs of severe allergy. Some people may have emergency medicine for these times. If possible, ask about emergency medicine they may have and help them administer it if necessary.

FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medicines, an environment that is too hot, or an extreme level of overactivity. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) a sign of a fever. However, the way the child looks and acts is more important than how high the child's temperature is.

Call the pediatrician right away if the child has a fever and

- Appears very ill, is unusually drowsy, or is very fussy
- Has other symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or the taking of steroids)
- Has had a first seizure
- Is younger than 2 months and has a temperature of 100.4°F (38°C) or higher
- Has been in a very hot place, such as an overheated car

To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medicines. Do not use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.



SKIN WOUNDS

Make sure the child is up to date for tetanus vaccination. Any open wound may need a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child needs a tetanus booster.

Bruises Apply cold compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.

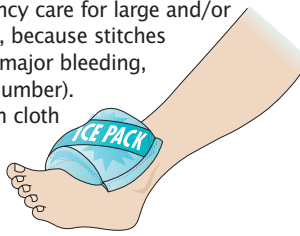
Cuts Rinse small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding. If cut is not deep, apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician or seek emergency care for large and/or deep cuts, or if the wound is gaping, because stitches should be placed without delay. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.

Scrapes Rinse with clean, running tap water for at least 5 minutes to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Apply a triple antibiotic ointment and a bandage that will not stick to the wound.

Splinters Remove small splinters with tweezers, then wash and apply local antiseptic. If you cannot remove the splinter completely, call the pediatrician.

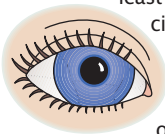
Puncture Wounds Do not remove large objects (such as a knife or stick) from a wound. Call for help (911 or an emergency number). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.

Bleeding Apply pressure with gauze over the bleeding area. If still bleeding, add more gauze and apply pressure. Wrap an elastic bandage firmly over gauze and apply pressure. If bleeding continues, call the pediatrician or seek emergency care.



EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call the Poison Center or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do **NOT** touch or rub an injured eye. Do **NOT** apply medicine. Do **NOT** remove objects stuck in the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help. The child may need a tetanus booster.



FRACTURES AND SPRAINS

If an injured area is painful, swollen, or deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or other firm material to hold the arm or leg in place. Apply ice or a cold compress wrapped in thin cloth for not more than 20 minutes. Call the pediatrician or seek emergency care. If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care.

If the foot or hand below the injured part is cold or discolored (blue or pale), seek emergency care right away.

BURNS AND SCALDS

General Treatment First stop the burning process by removing the child from contact with hot water or a hot object (for example, oil). If clothing is burning, smother flames and cool clothing by soaking with water. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not apply ice, butter, grease, medicine, or ointment.

Burns With Blisters Do not break the blisters. Ask the pediatrician how to cover the burn and about burns on the face, hands, feet, or genitals.

Large or Deep Burns Call 911 or an emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

Electrical Burns Disconnect electrical power. If the child is still in contact with electrical source, do **NOT** touch the child with bare hands. Pull the child away from the power source with an object that does not conduct electricity (such as a wooden pole), *only after the power is turned off*. **ALL** electrical burns need to be seen by a doctor.



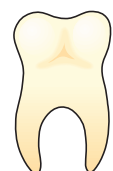
NOSEBLEEDS

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 10 minutes. If bleeding continues, or is very heavy, call the pediatrician or seek emergency care.

TEETH

Baby Teeth If knocked out or broken, apply clean gauze to control bleeding and call the pediatric dentist.

Permanent Teeth If knocked out, handle the tooth by the top and not the root (the part that would be in the gum). If dirty, rinse gently without scrubbing or touching the root. Do not use any cleansers. Use cold running water or milk. Place the tooth in clean water or milk and transport the tooth with the child when seeking emergency care. Call and go directly to the pediatric dentist or an emergency department. If the tooth is broken, save the pieces in milk and call the pediatric dentist right away. Stop bleeding using gauze or a cotton ball and pressure in the socket.



CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent choking. Make sure the child is safe from objects that could injure her. Be sure to protect her head. Do not put anything in the child's mouth. Loosen any tight clothing. Start rescue breathing if the child is blue or not breathing. (Please see other side.) Call 911 or an emergency number for a prolonged seizure (more than 5 minutes).

HEAD INJURIES

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, AND/OR BACK INJURY. This may cause further harm.

Call 911 or an emergency number right away if the child loses consciousness or has a convulsion (seizure).

Call the pediatrician for a child with a head injury and any of the following:

- Drowsiness
- Difficulty being awakened
- Persistent headache or vomiting
- Clumsiness or inability to move any body part
- Oozing of blood or watery fluid from ears or nose
- Abnormal speech or behavior

For any questions about less serious injuries, call the pediatrician.

POISONS

If the child has been exposed to or ingested a poison, call the Poison Center at 1-800-222-1222. A poison expert in your area is available 24 hours a day, 7 days a week.

Swallowed Poisons Any nonfood substance is a potential poison. Do not give anything by mouth or induce vomiting. Call the Poison Center right away. Do not delay, but try to have the substance label or name available when you call.

Fumes, Gases, or Smoke Get the child into fresh air and call 911 or the fire department. If the child is not breathing, start CPR and continue until help arrives. (Please see other side.)

Skin Exposure If acids, lye, pesticides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with large amount of water or mild soap and water. Do not scrub. Call the Poison Center for further advice.

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or an emergency number. Bring the poisonous substance (safely contained) with you to the hospital.

FAINTING

Check the child's airway and breathing. If necessary, call 911 and begin rescue breathing and CPR. (Please see other side.)

If vomiting has occurred, turn the child onto one side to prevent choking. Elevate the feet above the level of the heart (about 12 inches). Do **NOT** give the child anything to drink.

Does your community have 911? If not, note the number of your local ambulance service and other important numbers below.

**BE PREPARED! CALL 911
KEEP EMERGENCY NUMBERS
BY YOUR TELEPHONE**

PEDIATRICIAN _____

PEDIATRIC DENTIST _____

POISON CENTER 1-800-222-1222 _____

AMBULANCE _____

EMERGENCY DEPARTMENT _____

FIRE _____

POLICE _____

DIRECTIONS TO THE LOCATION
(ADDRESS, ETC, FOR BABYSITTERS, CAREGIVERS) _____

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Turn Over for Choking and CPR Instructions

CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk, or looks blue.
- The child is found unconscious. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF...

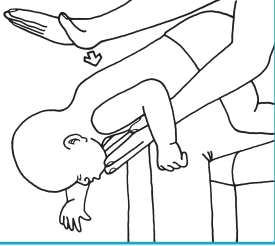
- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

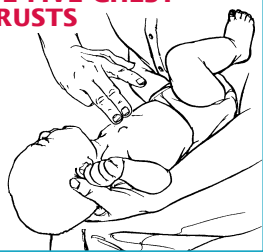
If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

1 GIVE FIVE BACK SLAPS



ALTERNATING WITH

2 GIVE FIVE CHEST THRUSTS



Alternate back slaps and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

INFANT CPR

To be used when the infant is unconscious or when breathing stops.

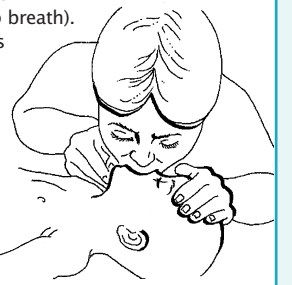
1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. **Look** for up and down movement of the chest and abdomen. **Listen** for breath sounds at the nose and mouth. **Feel** for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing **look** for a foreign object in the mouth. **If you can see** an object in the infant's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. **Do NOT** try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the infant's mouth and nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise.



If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

3 CHEST COMPRESSIONS

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest $\frac{1}{2}$ to $\frac{1}{2}$ the depth of the chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute.



Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

CONSCIOUS

FIVE ABDOMINAL THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage. Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.



If the child becomes unconscious, begin CPR.

CHILD CPR

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. **Look** for up and down movement of the chest and abdomen. **Listen** for breath sounds at the nose and mouth. **Feel** for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing **look** for a foreign object in the mouth. **If you can see** an object in the child's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. **Do NOT** try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the child's mouth.
- **Pinch** the child's nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise and fall.



If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

3 CHEST COMPRESSIONS

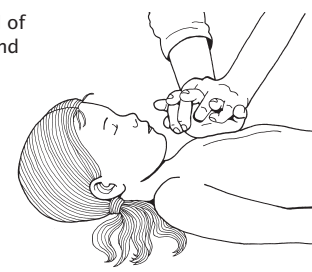
Place heel of 1 hand over the lower half of the breastbone OR use 2 hands: place heel of 1 hand over the lower half of the breastbone, then place other hand over first hand and intertwine fingers (to keep them off of the chest).

- Compress chest $\frac{1}{2}$ to $\frac{1}{2}$ depth of chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute.

Check for signs of normal breathing, coughing, or movement after every 5 cycles (about 2 minutes).



1-hand technique



2-hand technique

Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

The information contained in this publication should not be used as a substitute for the medical advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

*For children 8 years and older, adult recommendations for choking/CPR apply.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.