

Resuscitation

Babies 0-1 year

The initial **D.R.A** checks as per the child resuscitation are the same for a baby.

B Breathing

When breathing for a baby it is easier for you to seal your mouth around the baby's mouth and nose. Use the same number of breaths as for Child Resuscitation.

C Circulation

To apply chest compressions on a baby, you should only need to use two fingers mid nipple line. Use the same number of Compressions as for Child Resuscitation.

Please note that these are a set of Guidelines. They can be adapted to suit the size of the Baby/Child. E.g. For a big baby you may find it easier to use three or four fingers to do compressions. For a small child you may find it easier to seal your mouth around the child's mouth and nose.

Please remember that "the only thing that you can do wrong in a resuscitation emergency is to do nothing!"

Other Courses run by ABC Medical Services (Reading) Ltd

Paediatric Emergency Aid (PFAA Approved)

This is one of our most popular courses and can be run over 3, 6 and 12 Hours.

It is an ideal course for Parents and baby sitters. The 6 & 12 Hour courses are the recommended courses for Nursery Nurses, Pre-School Workers and Child Minders. A certificate of attendance valid for three years is awarded at the end of the course.

Anaphylactic Shock Awareness (Epi Pen)

This 2 Hour course is designed to give information on Anaphylaxis and the use of an Epi-Pen/Ana Pen. It will also cover Basic Life Support for the Child. A certificate of attendance valid for three years is awarded at the end of the course, the certificate will state that the named person has been trained in the safe use of an Epi-Pen/Ana Pen.

Other courses that are available range from Road Side Emergency Aid, Pool Side Emergency Aid, Outward Bound Emergency Aid, and many more.

For more information please contact our office at any time.

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Child and Baby Resuscitation & Emergency Aid Course



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Making 999 Calls

There are two numbers that are used to summons the emergency services.

999 – the standard emergency number from any phone.

112 – which can be used on mobile phones.

When making a 999 call remember to :

➤ Give clear and concise information with regard to: Location. Give landmarks to help with directions. Type of incident Number of casualties. What has happened. Any special hazards that may be encountered e.g. chemical spills.

➤ Do not put the phone down until you are told to do so by the operator.

THE RECOVERY POSITION



Nearest arm palm up
- as if to 'stop traffic'
DO NOT FORCE IT TO THE FLOOR.



Bring furthest arm over and hold against casualty's cheek (palm out).



Lift furthest leg up, keeping foot flat on the floor. **Support head.**

Adjust final position:
- head back
- leg up at right angles



Resuscitation

Child 1-8 Years

D Danger

Is it safe for you to approach the casualty? Check for any dangers to you!

R Response

Try to get a response from the child

A Airway

If no response, gently tilt the child's head back, this will prevent the tongue from blocking the child's airway.

B Breathing

Check to see if the child is breathing adequately. If yes turn the child on to his/her side (The Recovery Position). If no seal the child's nose and give Five mouth to mouth ventilations. If no response from the Child, commence full resuscitation using a ratio of:

30 Compressions : 2 Breaths

Head Injuries

All head injuries should be taken seriously, if the casualty shows no signs of improvement or the symptom return you should seek medical aid. Compression is a condition that needs to be identified and treated. When in doubt take the child to hospital to be reviewed

Symptom and Signs:

Concussion:

- Headache
- Dizziness
- Nausea
- Feeling or being sick

Compression:

- Intense Headache
- Slow loud deep breathing
- Strong but slow pulse
- Excessive drowsiness
- Pupils differ in size and dilation
- Flushed red face with increasing temperature
- Disorientation and irritability

Warning!!

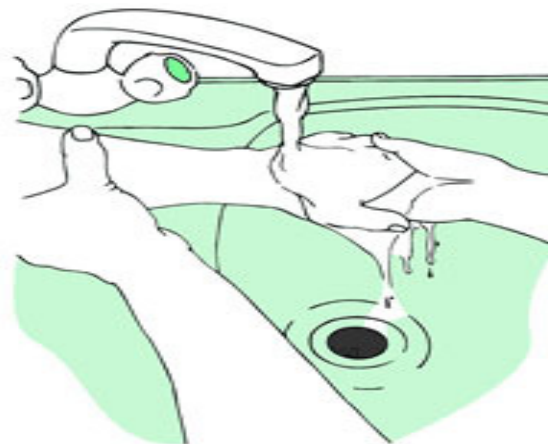
The symptoms and signs of compression can take a while to show. If you see any of these dial 999.

Burns and Scalds

A burn or scald can be one of the most painful injuries. The treatment of a burn is quite simple, all burns and scalds on children should be reviewed by a Doctor.

Treatment:

- Stop the burning process by cooling the burn with cool water. Remember to keep the child's temperature as normal as possible.
- Cover the burn with a non stick non fluffy dressing. A good dressing for large burns is cling film
- If clothing is stuck to the burn DO NOT pull it off
- DO NOT use any lotions, creams, butter etc on a burn if you are taking the child to hospital.
- DO NOT apply cotton wool to a burn
- DO NOT burst blisters
- DO NOT give the casualty anything to eat or drink if going to hospital.



Poisoning

Poisons or toxins can be swallowed, absorbed through the skin, inhaled, splashed into the eyes or injected and can do permanent or temporary damage to the body.

Swallowed poisons

Chemicals that are swallowed may harm the digestive tract, or cause other damage.

Common household substances such as bleach, dishwasher detergent, etc.

Drugs, whether they're prescribed or bought over the counter, are also poisons if not used as directed.

Recognising poisoning

Depending on the poison, there may be:

- Vomiting, sometimes bloodstained.
- Impaired consciousness.
- Pain or burning sensation.
- Empty containers in the vicinity.
- History of ingestion/exposure.

Your aims:

- To maintain the airway, breathing and circulation.
- To remove any contaminated clothing.
- To identify the poison.
- To arrange urgent removal to hospital.

- Ask them what they have swallowed.
- Try to reassure them and keep them calm.
- Dial 999 for an ambulance.

Give as much information as possible about the swallowed poison. This information will assist doctors in giving the appropriate treatment once the casualty reaches hospital.

A febrile seizure is a convulsion that occurs in some children with a high temperature (fever). The vast majority of febrile seizures are not serious. Most occur with common illnesses such as ear infections and colds. Serious infections such as pneumonia, kidney infections, meningitis, etc, are less common causes. Full recovery with no permanent damage is usual. The main treatment is aimed at the illness that caused the fever.

Treatment:

- Note the time and duration of the seizure
- Ensure the child is in a safe area, move objects that could cause an injury to the child
- DO NOT restrain the child or put anything in their mouth
- First time seizures should reviewed by a Doctor or Ambulance Crew.











Meningitis is inflammation of the meninges, the linings that surround and protect the brain. It can be caused by many different organisms including bacteria, viruses and fungi. Vaccines are the only way to prevent meningitis, and until we have vaccines to prevent all types you need to know the signs and symptoms to look out for and the action to take.

Septicaemia (blood poisoning) is caused when bacteria enter the bloodstream and multiply uncontrollably. Meningococcal bacteria can cause both meningitis and septicaemia. Together these are known as meningococcal disease

Symptoms and Signs

Babies and Toddlers

Meningitis and Septicaemia often occur Together

 <p>Fever, cold hands & feet</p>	 <p>Floppy, listless, unresponsive</p>
 <p>Refusing food</p>	 <p>Drowsy, difficult to wake</p>
 <p>Vomiting</p>	 <p>Spots/Rash see Glass Test</p>
 <p>Pale, blotchy skin</p>	 <p>Rapid breathing or grunting</p>
 <p>Fretful, dislike being handled</p>	 <p>Unusual cry, moaning</p>