

WHAT TO DO IF YOUR CHILD GETS A BURN

- Burns on children are typically caused by close exposure to high temperatures (like fires or boiling water), chemicals or electrical current. For children under 5, burns should always be seen by medical personnel.
- First, assess the burn. The area and size of a burn is more critical than the depth - if 10% or more of the body's surface is burned, the injury is life threatening. As a quick guide, a patient's hand represents approximately 1% of their body surface.
- Cool the burn by placing the burnt parts in gently flowing cool or tepid (not cold or icy) water for at least 20 minutes. Tepid water instead of cold limits tissue damage and restores blood flow to burned areas.
- Cover the burn with a cool flannel or with cling wrap ie GladWrap. Do not use adherent dressings like bandages or plasters.
- For chemical burns, wear gloves to avoid burns yourself. If the chemical is in a powder form, such as lime, brush it off the skin before running under water.
- You don't want to aggravate or inflame the burn in any way so:
 - **DO NOT** touch or remove anything stuck to the burn, unless it is jewellery that will hold the heat in.
 - **DO NOT** pull clothing over the burn.
 - **DO NOT** break blisters or remove any loose skin.
 - **DO NOT** apply fat, ointment or lotions to burnt area.

WHAT TO DO IF YOUR CHILD IS HAVING A FIT OR CONVULSION

- Seizures are triggered by excessive electrical activity within the brain. The result is uncontrolled muscle convulsions throughout the body. They're usually over quite quickly and result in little injury to the patient - but they are scary to watch. A prolonged or recurring seizure is a serious medical emergency and, if untreated, can result in death.
- Many things can be behind a seizure, including diabetes, epilepsy, head injury after a blow to the head or fall, meningitis, stroke, high temperature (called a febrile convulsion) or hypoxia which is a lack of oxygen to the brain, fainting, poisoning, heart attack or shock.
- Signs and symptoms of a fit or convulsion include jerking movements of the body, breathing may seem absent, loss of bladder control and the child may go quiet and stare.

During the seizure:

- Protect your child from injuring themselves on any hard objects. Pad or move the object, move them (if practical)

- Protect their head as much as possible
- Do not put anything in the mouth, including your finger. Don't worry about them swallowing their tongue - there is no danger of that
- Keep bystanders clear of the area
- Allow the seizure to run its course

When the seizure stops:

- Reassure your child
- Provide privacy
- Continue to monitor until they returns to normal
- If they are unconscious, place in a stable side (recovery) position (as above)

For febrile (infantile) convulsions:

- A high body temperature (usually greater than 38°C) can cause seizures in young children. The cause is often a recent ear, nose or throat infection that raises their core temperature. Their brain is unable to control this temperature increase, which results in a seizure. Signs and symptoms are the same as for general seizures, but the child is hot.
- Follow steps for other seizures, but when the seizure stops seek medical advice as hospitalization may be required.
- Lower the patient's temperature by removing clothing.
- Sponge with tepid water, starting at the head, then the trunk.
- When the child's temperature returns to normal or when the child shivers, cover lightly.

When to call 111 for an ambulance:

- If the muscular contractions last longer than 5 minutes, or more than one seizure occurs
- If they have a head injury
- If this is a first seizure
- If other injuries have occurred
- If the seizure has taken place in water

NEED FIRST AID TRAINING?

If you're interested in attending a Heart Saver first aid course with your coffee group to learn how to do first aid on your baby or infant please feel free to contact us.



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BABIES AND SMALL CHILDREN

EMERGENCY FIRST AID GUIDE

IF YOU NEED HELP CALL 111



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FIRST STEPS, EVERY TIME, IN ALL CASES

- Check the scene for danger and remove the patient from risk if necessary.
- ✓ Check for response – ask if they're ok, tap an uninjured part.
- ✓ If unresponsive, seriously ill or injured, send for help and call 111 for an ambulance immediately.
- ✓ Check their airway for obstruction. If there seems to be something in their mouth, try sweeping it out with your finger. If the airway is blocked, follow first aid for choking (below). If airway is clear, tilt their head and lift their chin.
- ✓ If they're not breathing, start CPR.
- ✓ If they're bleeding, stop bleeding.

HOW TO PERFORM CPR ON A BABY/CHILD

1. If your child isn't breathing, start CPR while you wait for medical help.
2. Start with 30 compressions. Place your child on a firm, flat surface such as the floor or a table. For an infant (0-1), use two fingers of one hand just below the nipple line. For a child (1-8), place the heel of one hand on the centre line of the chest, in line with the armpits. Place your other hand directly on top of the first hand, trying to keep your fingers off the chest by interlacing them or holding them upward. Press straight down. Use a smooth up and down pressure. Your compressions should go one third the depth of the chest.
3. After 30 compressions, give the infant two effective breaths. Open the airway by tilting the head and lifting the chin. Gently pinch the nose closed. Open their mouth slightly and create an airtight seal with your lips outside of the patient's mouth. (For babies

you may be able to cover their mouth and nose with your mouth.) Give a gentle puff of air. Blow only until the chest starts to rise. If the chest doesn't rise, repeat the head-tilt maneuver and then give the next breath. Take your mouth away, turn your head to the side and take a breath. Repeat.

4. Continue your 30 compressions, 2 breaths until the patient is breathing normally or until paramedics arrive.

WHAT TO DO IF YOUR CHILD IS CHOKING

- If your baby or child is suddenly unable to speak, cough or cry, check their airway to see if it's blocked. Their skin may turn blue or bright red and they make odd noises or no sound at all while opening and shutting their mouth.
- If they are coughing or gagging, it means their airway is only partially blocked – encourage them to cough to dislodge the blockage.
- If they're unable to cough up the object, call 111. Then start back blows.

For a baby (0 to 1 year):

- Lay them in a face-down position over your forearm, supporting the baby's face and body with your arm. They should be inclined downwards.
- Give 5 back blows between the shoulder blades using the heel of your hand.
- If obstruction is still present, turn them over onto their back, still inclined downwards.
- Using two fingers, give 5 chest thrusts between the infant's nipples.
- Look in the mouth to see if you can carefully remove any obstruction using a finger sweep.
- * If your baby becomes unconscious, perform CPR.

For a child (1-7):

- Stand or kneel slightly behind him and provide support by placing one arm diagonally across their chest and leaning them forward.
- First, try back blows: strike the child between the shoulder blades with the heel of your other hand. Each back blow should be a separate and distinct attempt to dislodge the obstruction. Try five of these.
- If still choking, do abdominal thrusts. Stand or kneel behind the child and wrap your arms around their waist. Locate their belly button with one or two fingers. Make a fist with the other hand and place the thumb side against the middle of the child's abdomen, just above the navel and well below the lower tip of their breastbone. Grab your fist with

your other hand and give five quick, upward thrusts into the abdomen. Each abdominal thrust should be a separate and distinct attempt to dislodge the obstruction. Try five of these.

- Continue alternating five back blows and five abdominal thrusts until the object is forced out or the child starts to cough forcefully. If they're coughing, encourage them to cough up the object.
- If your child becomes unconscious, perform CPR.

WHAT TO DO IF YOUR CHILD UNCONSCIOUS BUT BREATHING

- Place the child in the stable/recovery position to prevent them from swallowing their tongue or having their windpipe blocked if they happen to be sick.
- For a baby (0-1), simply cradle them in your arms with their head tilted downwards.
- For a child (1 year plus), place the arm closest to you at a right angle. Place the hand of the other arm against the cheek nearest to you. Grasp the far leg just above the knee and pull it up, keeping the foot flat on the floor. Keep that hand pressed against the cheek and pull on the far leg to roll them towards you and on their side. Tilt their head back and tilt the chin so that the airway remains open.

Disclaimer: These hints will enable you to be of assistance to a child in an emergency. However, everyone should be trained to give skilled first aid and these notes cannot replace such training.

