

Be Prepared!

A reference guide to emergency preparedness for the infant and child.

INFANT CPR



1. Shout and tap

Shout and gently tap the child on the shoulder. If there is no response and not breathing or not breathing normally, position the infant on his or her back and begin CPR.



2. Give 30 Compressions

Give 30 gentle chest compressions at the rate of at least 100 per minute. Use two or three fingers in the center of the chest just below the nipples. Press down approximately one-third the depth of the chest (about 1 and 1/2 inches).



3. Open The Airway

Open the airway using a head tilt lifting of chin. Do not tilt the head too far back.



4. Give 2 Gentle Breaths

If the baby is not breathing or not breathing normally, cover the baby's mouth and nose with your mouth and give 2 gentle breaths. Each breath should be 1 second long. You should see the baby's chest rise with each breath.

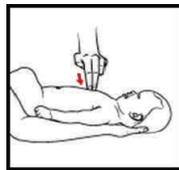
****CALL FOR HELP & CONTINUE WITH 30 PUMPS AND 2 BREATHS EVERY 20 SECONDS UNTIL HELP ARRIVES****

INFANT CHOKING

1. Determine if the infant can cry or cough. If not, proceed to next step.



2. Give 5 back blows

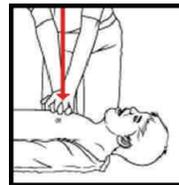


3. Give 5 chest thrusts

4. Repeat steps 2 and 3 above until effective or the infant becomes unconscious. If you see an object in the mouth or throat, remove it.

*If the infant is unresponsive, **START CPR!***

CHILD CPR



1. Give 30 Compressions

Use the heel of one or two hands for chest compression.

2. Push Hard and Fast

Press the sternum approximately one-third the depth of the chest (about 2 inches) at the rate of least 100/minute.



3. Give 2 Breaths

Tilt the head back and listen for breathing. If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.

CPR for children is similar to CPR for adults. The compression to ventilation ratio is 30:2. If you are alone with the child give 2 minutes of CPR before calling 911.

****CALL FOR HELP & CONTINUE WITH 30 PUMPS AND 2 BREATHS EVERY 20 SECONDS UNTIL HELP ARRIVES****

CHILD CHOKING



1. Determine if the person can speak or cough. If not, proceed to the next step.

2. Perform an abdominal thrust (**Heimlich Maneuver**) repeatedly until the foreign body is expelled.



3. A chest thrust may be used for obese children.



4. If you see an object in the throat or mouth, remove it.

*If child becomes unresponsive **START CPR!***



Cultivating Healthy Lives!

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WOUND CARE

1. Apply pressure.

- Most bleeding can be stopped by applying direct pressure with clean gauze or cloth **five to ten minutes**.
- Most common mistake is interrupting the pressure too early, don't risk bleeding to just peek at the wound.
- If bleeding starts again after five minutes of continuous pressure, reapply pressure and call your doctor for help.
- Do not use a tourniquet or tie-off unless you are trained in its use or it is a true emergency. Tourniquets cause severe damage if left on too long.

2. Stay calm.

- The sight of blood frightens most people, but this is an important time to stay in control. You'll make better decisions if you are calm.
- Remember, by using direct pressure you will be able to control bleeding from even the most severe lacerations until help can arrive.
- Know that minor cuts to the head and face tend to bleed more because of more small blood vessels, treat them the same.

3. Seek medical advice for serious cuts.

- Call your doctor if the laceration is deep (through the skin) or more than 1/2 inch long. Deep cuts can severely damage underlying muscles, nerves, and tendons, even if on the surface the wound does not appear serious. If in doubt about whether sutures are needed, call your doctor for advice.
- To reduce unsightly scarring, sutures should be placed within eight hours after injury occurs.
- You should be able to treat short, minor cuts yourself, as long as the edges come together by themselves, or with the aid of a "butterfly" bandage.
- Have your doctor examine your child if there is any possibility that foreign matter, such as dirt or glass, is trapped in the cut.

4. Cleanse and dress the wound.

- Wash the wound with plain water and examine it carefully to be sure it is clean.
- Apply an antibiotic ointment, then cover it with a sterile dressing.
- If any redness, swelling, or pus appears around the wound, or if bleeding recurs, call your physician as soon as possible.
- Antiseptics such as iodine and alcohol are not necessary and increase the discomfort for your child, so do not use them on cuts.
- Your child might need a tetanus shot, consult your doctor.

BURN CARE

Types of Burns

- **1st degree burns** are minor and heal quickly—symptoms are redness, tenderness, and soreness
- **2nd degree burns** can be serious injuries. First aid should be given ASAP—symptoms are blistering, pain, and swelling.
- **3rd degree burns** are severe injuries. Treatment is emergent—symptoms are white, brown, or charred tissue and little or no pain at first.
- **4th degree burns** are severe injuries that involve skin, muscle, and bone. These often occur with electrical burns and may be more severe than they appear. They may cause serious complications and should be treated by a doctor right away.

First Aid for Burns

1. Cool the burn.

- For 1st and 2nd degree burns, run under *cool* water for a few minutes. This helps stop the burning process, numbs the pain, and prevents or reduces swelling. *Do not use ice on a burn.*
- For 3rd degree burns, cool the burn with wet, sterile dressings until help arrives.

2. Remove burned clothing.

- Lay the person flat on their back and take off the burned clothing that isn't stuck to the skin. Remove any jewelry or tight-fitting clothing from around the burned area before swelling begins. If possible, elevate the injured area.

3. Cover the burn.

- After cooled, cover burn loosely with a dry bandage or clean cloth. Do not break blisters. *Never put greasy ointments on the burn. Grease holds in heat, making the burn worse.*

****Keep the child from losing body heat. Keep their body temperature normal. Cover unburned areas with a dry blanket****