FIRST AID

Call 911 or an Emergency Number for any severely ill or injured child.

STINGS AND BITES

Stinging Insects Remove the stinger as quickly as possible with the scraping motion of a fingernail. Put a cold compress to reduce the pain. Also treat all other symptoms of swelling, breathing, fainting, or extreme swelling occurs, call 911 or an emergency number immediately. For hives, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Center and describe the spider. If you are unable to identify the spider examine any bites that become infected.

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

Ticks Use tweezers or your fingers to grasp as close as possible to the head of the tick and slowly pull the tick away from the point of attachment. 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 concerned that the snake may be poisonous or if you are unsure of the type of snake bite. 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. Try to identify the snake, if you can do so safely.

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, tar). 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 the burn until pain stops. Do not use ice or apply any butter, grease, medication, or ointment.

Burns With Blister(s) Do not break the blisters. Call the pediatrician for advice on how to cover the burn and about any 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. Do NOT touch the victim with bare hands. Pull the victim away from the power source with a wooden pole. ALL electrical burns need to be seen by a doctor.

FRATURES AND SPRAINS

DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY, as this may cause serious harm. Call 911 or an emergency number.

If any injured area is painful, swollen, deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or another rigid material to hold the arm or leg in place. Apply ice or a cold compress, 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, seek immediate emergency care.

FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medications, 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°F (38°C) a sign of a fever. However, the way the child looks and behaves is more important than how high the child’s temperature is.

Call the pediatrician immediately if the child has a fever and

• Appears very ill, is unusually drowsy, or is very fussy
• Has been in an extremely hot place, such as an oven or car
• Has additional 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 a seizure
• Is less than 2 months of age and has a rectal temperature of 100.4°F (38°C) or higher

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 medications. Do not use aspirin to treat a child’s fever. Aspirin has been linked with Reyes syndrome, a serious disease that affects the liver and brain.

FAINTING

Lay the child on his back with his head to the side. Do NOT give the child anything to drink. If the child does not wake up right away, call the pediatrician, or dial 911 or an emergency number. If the child is not breathing, begin CPR.

TEETH

Baby Teeth If knocked out or broken, apply clean gauze to control bleeding and call the pediatric dentist. Permanent Teeth If knocked out, find the tooth and, if dirty, rinse gently without scrubbing or touching the root. Do not use cleaners. Use milk or cold running water. Place the tooth into 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 immediately.

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. Do not put anything in the child’s mouth. Loosen any tight clothing. Perform rescue breathing if the child is blue or not breathing. Call 911 or an emergency number.

SKIN WOUNDS

Make sure the child is immunized for tetanus. Any open wound may require a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child should receive a tetanus booster.

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

Cuts Wash small cuts with water until clean. Direct pressure with a clean cloth to stop bleeding. Apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician 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 Wash with soap and water to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Use antiseptic soap. Apply an 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 are unable to 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 emergency medical assistance (911). Such objects must be removed by a doctor.

Call the pediatrician for all puncture wounds. The child may need a tetanus booster.

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 immediately if the child loses consciousness and does not awaken within a few minutes. Call the pediatrician for a child with a head injury and any of the following.

• Loss of consciousness
• Drowsiness that lasts longer than 2 hours
• Difficulty being awakened
• Persistent headache or vomiting
• Cluminess or inability to move any body part
• Oozing of blood or watery fluid from ears or nose
• Convulsions (seizures)
• 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 800/222-1222.

Swallowed Poisons Any nonfood substance is a potential poison. Call the Poison Center immediately. Do not induce vomiting except on professional advice. The Poison Center will give you further instructions.

Fumes, Gases, or Smoke Get the victim into fresh air and call 911 or the fire department. If the child is not breathing, start cardio-pulmonary resuscitation (CPR) and continue until help arrives.

Skin Exposure If acids, lyes, 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 quantities of water or mild soap and water. 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.

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.

Does your community have 911? If not, call 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

AMBULANCE

EMERGENCY DEPARTMENT

FIRE

POLICE

Turn Over for Choking and CPR Instructions

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®
CHOKING/CPR

LEARN AND PRACTICE CPR

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS FOR 1 MINUTE. 3. CALL 911 OR AN 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, talk, or make a normal voice sound.

DO NOT START FIRST AID FOR CHOKING IF...

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

FOR INFANTS LESS THAN 1 YEAR OF AGE

INFANT CHOKING

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following. Depending on the infant’s condition, call 911 or the pediatrician for further advice.

1 FIVE BACK BLOW

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

2 FIVE CHEST THRUSTS

Health care professionals can assess pulse before starting CPR.

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

Begin the following if the child is choking and is unable to breathe. However, if the child is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following, but call the pediatrician for further advice.

CONSCIOUS

FIVE QUICK INWARD AND UPWARD THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage (modified Heimlich maneuver).

The child can cough, talk, or make a normal voice sound.

OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- 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. Do not try a finger sweep if the object is in the infant’s throat because it could be pushed further into the throat.

RESCUE BREATHING

- Position head and chin with both hands as shown—head gently tilted back, chin lifted.
- Seal your mouth over the infant’s mouth and nose.
- Blow gently, enough air to make chest rise and fall 2 times.

CHEST COMPRESSIONS

- Compress chest 1” to 1 ½” deep.
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.

ASSESS RESPONSE

- Place your ear next to the infant’s mouth and look, listen, and feel for signs of normal breathing or coughing.
- Look for body movement. If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.

CHEST COMPRESSIONS

- Compress chest 1” to 1 ½” deep.
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.

*For children 8 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 the pediatrician for further advice. Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.

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For more information, see the AAP website at www.aap.org.