**CHOKING AND CPR PROCEDURES FOR INFANTS UNDER ONE YEAR**

*THIS INFORMATION IS FOR INTRODUCTION ONLY*

- Call 911 whenever you recognize an emergency or are unsure
- Learn CPR and first aid

**Infant Choking**

Observe infant's breathing difficulties. If infant can cough or cry, watch them closely to ensure they expel object. Call doctor for further advice. If unable to cough or cry, provide care for choking.

1. **Five Back Blows**
   - If infant becomes unresponsive, begin CPR

2. **Five Chest Thrusts**
   - If infant becomes unresponsive, begin CPR

**Infant CPR**

Unconscious infant. No breathing.

1. **Airway.**
   - Check airway
     - Tilt the head, lift the chin.
     - Remove foreign object if observed.

2. **Breathing.**
   - Check breathing
     - Look, listen, and feel for 5, but no more than 10 seconds.
     - If the infant is not breathing, give 2 breaths that make the chest visibly rise, but no more than that.

3. **Compressions**
   - Give 30 chest compressions, 2 rescue breaths. Repeat.
   - Use 2 fingertips, just below the nipple line.
   - Push hard and fast (100x per min.) 1/3 to 1/2 the depth of the chest.
   - Allow the chest to recoil completely. Minimize interruptions.
   - Continue 30:2. If alone, alert EMS after 5 cycles.

Each time the airway is opened for rescue breaths, look for an object in the infant’s throat. If you see it, remove it.
**Child Choking**

Ask child, “are you choking?” If child can cough or speak, watch them closely to ensure object is expelled. Call doctor for further advice. If they cannot cough or speak, provide care for choking.

**Child CPR**

Cardiopulmonary Resuscitation

Unconscious child; NO breathing.

1. **AIRWAY. OPEN AIRWAY**
   - Tilt the head, lift the chin.
   - Look for an object in the throat.

2. **BREATHING. CHECK BREATHING**
   - Look, listen, and feel for 5, but no more than 10 seconds.
   - If the child is not breathing, give 2 breaths that make the chest visibly rise, but no more than that.

3. **QUICK UPWARD THRUST, JUST ABOVE THE NAVEL**

4. **COMPRESSIONS**
   - Give 30 chest compressions, 2 rescue breaths. Repeat.
   - Middle of the chest between the nipples.
   - Push hard and fast (100x per min.) 1/3 to 1/2 the depth of the chest.
   - Allow the chest to recoil completely.
   - Minimize interruptions.
   - Continue 30:2 if alone, alert EMS after 5 cycles.

If child becomes unconscious, BEGIN CPR.
Bleeding Emergencies

1. Apply Direct pressure
   - Direct pressure is considered the most safe and effective technique that can be used in the control of bleeding.

2. Apply Pressure Bandage
   - Wrap an elastic bandage snugly over the pad to maintain pressure and hold the gauze in place.
   - Snugly means a finger can be slipped under the bandage.

CAUTION: Wear gloves and use barriers when handling or in contact with body fluids.

First aid for minor wound with minimal bleeding

1. Wash with clean, running tap water for about 5 minutes or until there appears to be no foreign matter in the wound.
2. Apply triple antibiotic lotion or cream to speed healing and reduce infection.
3. Cover the area with an adhesive bandage or gauze pad.
4. Change the dressing frequently.
First Aid Care for Shock

Care for shock in all emergencies.
- Keep the child lying down, if possible.
- Try to make the child comfortable.
- Speak in a comforting and reassuring tone to relieve stress or anxiety.
- Control bleeding (if necessary).
- Maintain normal body temperature. If possible, provide a barrier between child and surface. Do not move child if you suspect spinal damage.
- Don’t give child anything to eat or drink.
- Provide child with plenty of fresh air.
- If child is sick to his or her stomach or begins to vomit, place the child on his/her side.
- Alert EMS!

Burn Care

1st Degree/Superficial
- Skin is red and dry, usually painful.
- Cool the burn with water.
- Cover with clean, dry dressing.

2nd Degree/Partial Thickness
- Top layers of skin are burned. Skin will be red and have blisters. These burns are usually painful.
  - Cool the burn with water.
  - Cover with clean, dry dressing.

3rd Degree/Full Thickness
- All layers of skin are destroyed as well as underlying structure (fat, muscle, bones, and nerves). Do not pull off any clothing that may be sticking to burn area.
  - Call EMS.
  - Cover with clean, dry dressing.
  - Treat for shock.

Burn severity can depend upon:
- depth of burn
- specific area burned
- amount of body burned

Avoid cooling severe burns covering large body areas, as hypothermia may occur.
Strains and Sprains

Rest
Discontinue activity.

Ice
Apply a cold pack. Limit application to 20 minutes or less.
Do not place ice directly on skin.

Dislocations and Fractures
A dislocated bone or a broken or cracked bone:

Signs and Symptoms
- Deformity
- Swelling and discoloration
- Grating sound
- Pain
- Inability to move injured area
- Exposed bone (compound fracture)

First Aid Care

I
- Immobilize area
  (Use pillows, jackets, blankets, etc. Stop movement by supporting injured area.)

A
- Alert EMS (911)
  (or transport child to a medical center)

C
- Care for Shock
  (See “First Aid Care for Shock” on page 25)

T
- Treat other injuries.
Head, Neck or Spinal Injury

1. Manually Stabilize Suspected Spinal Injury
   • Tell responsive child not to move.
   • Place your hands on both sides of the head to stabilize it.
   • Keep head, neck, and spine in line.
   • Comfort, calm, and reassure the child.

2. Alert EMS.
   (call 911 or local emergency number)

*It is important to remember that you should never move child unless life-threatening factors are present at the location of the emergency.

Medical Emergencies/Sudden Illness

If child becomes ill while you are caring for them, do not hesitate to contact parents. Call 911 if you think it is an emergency.

Signs to observe for illness

- Low activity level
- Look or act sick
- Pale, ashen or flushed
- Unusual spots or rashes
- Swelling or bruises
- Sores
- Severe coughing, sneezing
- Discharge from nose, eyes, ears
- Breathing difficulties

General First Aid Care

- Help child rest comfortably.
- Interview child/bystanders:
  1. Are you allergic to anything?
  2. Are you on medication?
  3. When did you last eat?
  4. What led up to this problem?
- Look for medical alert tags.
- Reassure child.
- Watch for signals and changes in breathing and consciousness.
- Don't give the child anything to eat or drink (diabetic emergencies are an exception).
- Keep child from getting chilled or overheated.
- Seek medical attention if appropriate.
• Poisoning
Keeping a watchful eye on the children can help in stopping a poisoning from occurring. But poisonings do happen, and you need to know what to do.

Signs and Symptoms
• Unusual breath odors
• Burns or stains around the mouth, lips, tongue or chin
• Stomachache, nausea, vomiting
• Child is unresponsive
• Seizure activity (body shaking)
• Opened and empty bottle of medicine, household cleaners
• No matter how minor the injury is, always let the parents know what happened. If you didn’t actually see the accident occur, tell the truth!
• The more watchful you are, the less likely injuries will occur.

If the child is unconscious, unresponsive or seizing, call 911 or the emergency number immediately!

• Call the Poison Center 1-800-222-1222 to talk to a poison expert.

• Have all medicine bottles, containers or samples of poisoning substance available.

Preventing Poisonings
• Always supervise children in your care.
• Inspect the home, from a child’s eye view, for poison safety.
• Keep poisons locked up and out of sight and reach of children.
• Return products to safe storage immediately after use.
• Read and follow label directions on all products before using.
• Never tell children that medicine is candy.
• Never take medicine in front of children. They often imitate others.
• Keep all purses, diaper bags and backpacks out of reach of children.
• Keep products in original containers. Never put them into food containers.
• Do not turn your back on a child when a hazardous product is within reach.
• Discourage children from mouthing paint brushes, fingers, crayons, or other art objects and materials.
• Teach children not to put any part of plants in their mouth.
• Keep the phone number of the Poison Control Center attached to the telephone.
• When prevention fails, learn to act immediately in a calm manner.
• Sudden Illness

**Signs and Symptoms for Asthma**
- Wheezing/difficulty exhaling
- Increased pulse rate
- Anxiety
- Distended/bulging neck veins
- Coughing
- Shoulders hunched and chest pulled up by breathing effort

**First Aid Care for Asthma**
- Calm child/give reassurance.
- Assist child with any prescribed medication.
- Make child comfortable.
- Contact EMS if signs and symptoms remain the same or get worse.

**Signs and Symptoms for Seizures**
- Wheezing/difficulty exhaling
- Increased pulse rate
- Anxiety
- Distended/bulging neck veins
- Coughing
- Shoulders hunched and chest pulled up by breathing effort

**First Aid Care for Seizures**
1. Clear the area of any objects that can harm the child.
2. Do not hold or restrain child or place anything in child’s mouth.
3. Cushion the child’s head with pillow, blanket, etc.
4. Place child on his/her side after seizure activity subsides. This act will help to prevent choking.
5. Call 911 if:
   - You are uncertain about cause of seizure.
   - The seizure lasts more than a few minutes or repeated seizures occur.
   - The child does not regain consciousness.
   - The seizure occurs while child is in water.
   - The child is injured.

**NOTE:** If you recognize any signals of a breathing emergency, you should not hesitate – get help quickly! If for any reason, the brain stops receiving oxygen, damage or death may occur in minutes.

**First Aid Care for a Diabetic Emergency**
1. Interview child. Check for responsiveness and medical alert tag. (Hopefully, parent discusses this situation with you prior to care.)
2. Conscious - give orange juice or sugar.
   - Unconscious - Call 911. Monitor breathing. Provide necessary care.
3. No response to sugar - Call 911 immediately and monitor breathing.
4. Responds to sugar - Continue to monitor child until you are sure that he/she is all right and all signs and symptoms of diabetic emergency are gone.
**Care for Critter Bites**

**First Aid Care for Insect Stings**
- If present, remove the stinger as quickly as possible.
- Wash site.
- Apply ice to the injury to reduce pain and swelling. To prevent cold injury, place a thin towel or cloth between the cold source and the skin. Limit an application to 20 minutes or less.

**First Aid Care for Snake Bites**
- Call the Poison Control Center or EMS.
- Do not cut skin or attempt to suck the venom out of the child.
- Keep the affected limb below heart level.
- Calm and reassure child.

**Heat or Cold-Related Emergencies**

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>First Aid Care</th>
</tr>
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</table>
| **Heat Cramps**  | • Move to cool place  
|                  | • Give water or saline solution  
|                  | • Massage muscle |
| **Heat Exhaustion** | • Move to cool place  
|                       | • Elevate legs  
|                       | • Remove sweat-soaked clothing  
|                       | • Apply cool packs  
|                       | • Give water  
|                       | • Monitor! |

**Heat Stroke**
- Hot, red, dry skin, or sweating
- Confusion or unconsciousness
- Little or no sweating
- Full, rapid pulse
- Move to cool place
- Immediately cool child by fanning and applying cool water, cold packs
- Remove any excess clothing
- Call 911. Life-threatening!
**Signs & Symptoms of Frostbite**

<table>
<thead>
<tr>
<th>Frostbite</th>
<th>Frozen</th>
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<tbody>
<tr>
<td>• White and waxy skin appearance</td>
<td>• Hard skin that will look blotchy white to yellow-gray or blue-gray</td>
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<tr>
<td>• The affected area may feel frozen on the surface; do not rub or squeeze the affected tissue</td>
<td>sides of container. Add warm water (100°F to 105°F) as needed. You should be able to put your hand in water without feeling discomfort. Once area thaws, bandage loosely with a sterile dressing and place padding between fingers or toes. SEEK MEDICAL ATTENTION! Transport to medical center immediately, or call 911.</td>
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**First Aid Care**

- Remove child from cold environment.
- Call parents or contact number. Child needs to go to a medical facility.
- Do not rewarm area if there is any chance of refreezing.
- Only rewarm the area if medical authorities advise you to do so. If you are advised to rewarm, place affected body part in warm water, being sure that it is not touching the bottom or

**Signs and Symptoms of Mild Hypothermia**

- Shivering, slurred speech, stumbling or staggering
- Usually the child is conscious and can talk

**First Aid Care**

- Removal from cold environment.
- Have a source of heat (warm water, fireplace, etc.).
- Replace wet clothing with dry.
- Provide a hat, blankets, coats. Insulate child.
- Seek medical attention.

**Signs and Symptoms of Severe Hypothermia**

- Body core temperature below 90°F
- Shivering has stopped
- Muscles are stiff and rigid
- Skin has a bluish appearance
- Skin does not react to pain
- Pulse & respiration slow
- Pupils dilated
- Child may appear dead

**First Aid Care**

1. Call 911.
2. Keep child from getting colder.
3. Rewarming in the field is not recommended for children with severe hypothermia.
4. Be careful when moving child. Treat child as though he/she could break.
Specific Body Injuries and Care

• Abdominal Injury
Always suspect internal damage and bleeding. Call 911 and provide care for shock (see page 25 for “First Aid Care for Shock”). Never touch protruding organs! Do not try to reinsert organs. Always cover with a moist dressing. Keep dressing moist until EMS arrives.

• Eye Injury
Any eye injury will require advanced medical care.
1. Penetrating object in eye – Protect eye with padding around the object. Place a paper cup or cone over object to prevent it from being disturbed. Cover undamaged eye with a patch in order to stop movement in the injured eye. Calm and reassure child.
   SEEK MEDICAL ATTENTION!
2. Cuts or blow to eye – Patch both eyes and SEEK MEDICAL ATTENTION!
3. Immediately flood the eye with a large amount of water. Use a drinking fountain, faucet, or garden hose.
4. Loose object in eye – Pull upper eye lid over lower lid. Pull lower lid down and if object is seen, remove with wet gauze. Lift upper eyelid. If object is seen, remove with wet gauze. Never touch cornea of eye.

• Blister Care
Do not break a blister. For an unbroken blister, cut a hole in several pieces of gauze and then tape over blister area. Wash opened blister and cover with sterile gauze.

• Chest Wound
Open chest wound caused by a penetrating object: Do not remove an impaled object. Bandage around object and stabilize it from movement. Keep child from moving about. Call 911 immediately.

If open wound without an impaled object, cover wound to prevent outside air from getting into the chest cavity. You can use household plastic wrap folded several times to place over opening. Leave one corner untaped. This will prevent air from being trapped in the chest. Call 911 immediately!

Closed chest wound caused by a blow to the chest area: Have child hold a pillow against injured area. Watch for signs of shock because internal bleeding may be present. SEEK MEDICAL ATTENTION!

• Dental Injuries
The following first aid recommendations may provide a temporary solution for dental emergencies, but you should contact your dentist immediately if injury results in extensive pain or damage.

• Toothache
Rinse mouth with warm water. Floss any debris that may be causing irritation to surrounding gum tissue. Do not place aspirin on tooth.
Dental Injuries (cont’d.)

- **Knocked-out Tooth**
  A knocked-out tooth should be placed in a container of whole milk and brought to the dentist. This is only effective if the tooth can be replaced within 30 minutes.

- **Broken Tooth**
  Seek dental assistance.

- **Nose Bleed Care**
  1. Position child in a sitting position.
  2. Keep head tilted slightly forward.
  3. Pinch the nose with thumb and index finger for 10 minutes.
     - Have the victim spit out any blood that collects in the mouth.
     - If the bleeding does not stop, seek immediate medical care.

- **Severed Body Part**
  Control bleeding with direct pressure. Do not scrub body part. Do not place part directly on ice. Wrap part in a sterile or clean cloth. Place part and cloth in a sealed plastic bag. Place bag containing part on a bed of ice. Do not bury in ice.

- **Bites (Animal/Human)**
  Control bleeding. Clean area with soap and water for at least 5 minutes. Cover the wound with a sterile dressing. **Seek medical attention for any bites that break the skin. Human bites and animal bites may cause infection.** If someone suffers from an animal bite, it is best to contact the animal’s owner, or in the case of wildlife, call 911, police or animal control.

- **Infection**
  An injury that breaks the skin can lead to infection. Common symptoms are:
  - Wound area becomes red, swollen and painful;
  - Wound may discharge pus;
  - Red streaks may develop near wound;
  - Child may become ill and feverish.