

Fever

Cuts / Nosebleed

Fractures  
Foreign Bodies

Bites and Stings  
Burns

Frostbite  
Heat Stroke

Breathing Difficulties  
Asthma

Poisoning / Convulsions  
Internal Bleeding

Major Accidents  
Head Injury  
Drowning

Choking

Cardiorespiratory  
Arrest  
CPR

**BARRON'S**

# First Aid for Kids



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Prevention of accidents and illnesses is always better than treatment of the consequences. Yet, despite the best efforts of parents to maintain a safe and healthy home, all children experience injuries and sickness at some point in their lives. Most of these episodes are minor, but a few will clearly or potentially threaten the well-being of the affected children. This book offers guidance in dealing with the first few minutes of such crises.

## **Some words of caution**

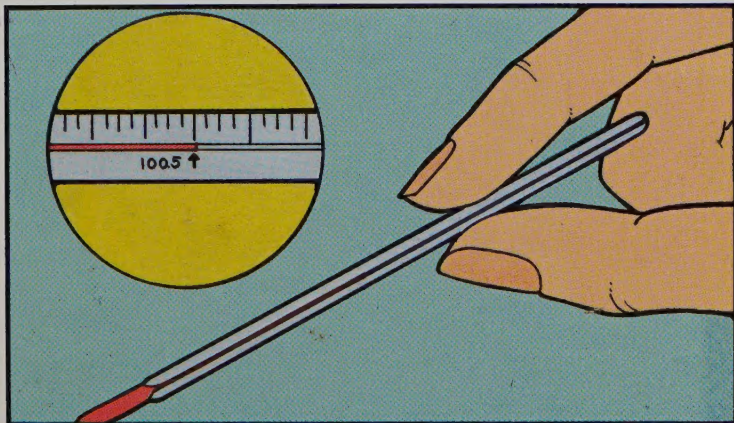
- Always seek medical help when in doubt. While the text offers general guidelines, it cannot address every situation. Absence of the danger signals mentioned does not guarantee that a serious disorder is not present.
- There are limits to what can be accomplished with no medical expertise or equipment. In particular, bystander CPR is usually not effective for more than several minutes. Keep your list of phone numbers up to date in a convenient spot.
- Physicians differ in their approaches to certain situations. You may wish to find out the opinions of *the child's physician*.



## FEVER

Fever is an elevation of the body temperature above 100.5° F (38° C) taken rectally or 99.5° F (37.5° C) taken orally. It is the body's response to infection.

Most fevers are associated with only minor illnesses, but occasionally some serious disorders manifest themselves only with an elevated temperature initially.



Rotate the thermometer slowly until you see the mercury line—in this case at 100.5° F.

### SIGNS OF POSSIBLE SERIOUS ILLNESS

- Lethargy, confusion, or irritability
- Stiff neck
- Sudden onset of noisy or difficult breathing
- Appearance of bruises on the skin

Even watchfulness for these signs cannot assure the absence of serious illness, so be sure to be in contact with the child's physician, particularly if the fever rises above 104° F (40° C) or lasts longer than 48 hours.

### ACTION TO TAKE

- Give acetaminophen (5–7 mg per pound) every 4 hours. For example, a 10-pound child should be given 60 mg of acetaminophen.
- If the temperature remains elevated after acetaminophen and the child is uncomfortable, sponge him/her in tepid water for 15–20 minutes. (Do not use cold water or alcohol.)

Attempts to lower the fever are particularly important in a young child with a history of febrile convulsions (page 15).



## CUTS AND SCRAPES

When cuts occur, first decide if medical evaluation is necessary. Generally, if bleeding persists or the tissues under the skin are visible, sutures (stitches) may be needed.

### ACTION TO TAKE

- If the laceration occurs as part of a serious accident or involves the head, follow directions on page 16.
- Try to stop bleeding by applying pressure on the wound. Use a clean cloth or towel, or, if necessary, your bare hand. Pressure applied consistently almost always works.



Apply pressure to stop bleeding.



Clean a small wound with soap and water.

- Do not use a tourniquet (see snakebites, page 8) unless there is a large amount of bleeding on the arm or leg that does not stop with direct pressure. In those cases, be sure to call emergency services immediately or take the victim to an emergency room.
- Minor wounds that do not require stitches should be cleansed with soap and water. Any obvious foreign body or dirt should be removed. A bandaid or bandage can then be applied.



- Do not attempt to remove any object (e.g., stick) protruding from a wound.

**Remember:** With all wounds, even minor ones, be sure that tetanus (DPT “shots”) prevention is up to date.

## NOSEBLEEDS

Nosebleeds occur frequently, and, as long as there are no other types of bleeding or other signs of illness, can be assumed to be not serious.

Nosebleeds that are persistent, recurrent, or occur in a child with a bleeding disorder, require medical attention.

### ACTION TO TAKE

- Have the child sit and lean forward slightly. This position allows you to see if the bleeding continues, as it will cause the blood to drip out of the nose, rather than down the throat.
- Using a washcloth, squeeze firmly on both sides of the soft portion of the nose for 10 minutes without releasing pressure. This will help a clot to form. (Pressure on the bony portion of the nose is not effective, nor is ice.)
- Seek medical attention if the bleeding is not stopped by the pressure.

To reduce the incidence of nosebleeds, do not have the child “blow” his/her nose, keep the child’s nails short and free of rough edges, and do not let the air become too dry.



Squeeze on the soft portion of the nose to stop bleeding.



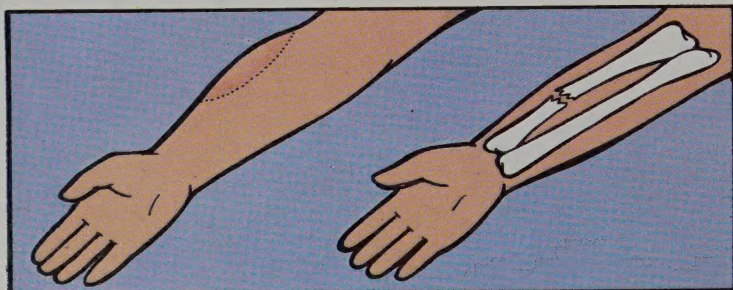
## FRACTURES

A fracture is a break in a bone and requires medical evaluation in every case. Occasional fractures, such as those of the nose without any deformity, require no treatment. However, most fractures involve the arms or legs and need to be immobilized with a cast or sometimes with surgery.

Suspect a fracture if there is a forceful blow or twisting of an extremity.

### SIGNS

- Abnormal bending or deformity
- Marked swelling
- Significant tenderness at the point of injury



Swelling and bruising may indicate a fractured bone.



Use a sling to try to immobilize the injured area.

### ACTION TO TAKE

- If the fracture occurs as part of a serious accident, proceed as instructed on page 16.
- Immobilize the injured part. This can be done with a splint or sling in many cases.

**Slings** are indicated for fractures of the collarbone, upper arm, or forearm. Loop a cloth under the extremity and around the neck as shown.

**Splints** are useful with injuries to the arm or leg. By immobilizing the bones at the site of the fracture, splints limit swelling and reduce pain. Splints can be made from wooden planks, metal, or cardboard.

For leg fractures, the splint should extend from the hip to the toes.

For ankle fractures, place the splint from the knee to the toes.

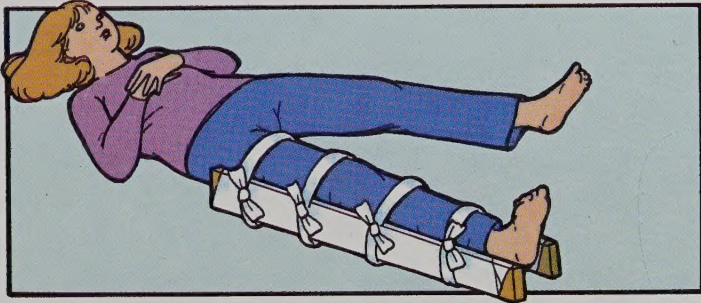
Be careful not to wrap a splint too tightly as this will limit the blood flow.





## Fractures Foreign Bodies

If the upper arm is injured, use a newspaper or towel to form a padded splint.



Use a board to help immobilize an injured leg.

## FOREIGN BODIES

The frequency and variety of foreign objects removed from children is amazing. Objects may be swallowed, inhaled, or lodged in the eyes, ears, nose, or other areas.

### Inhaled foreign bodies

- If the child is not breathing or is experiencing respiratory distress, follow the instructions under choking (page 18) or CPR (page 20).

- Suspicion that an object has passed into the airways or lungs is a potential emergency. Call an ambulance or go to an emergency room.

### Ingested foreign bodies

- If the child has respiratory distress, drools, or complains that something feels like it is stuck in the chest, go to an emergency room. In these cases, the object is often in the esophagus (the “food pipe” between the mouth and the stomach) and must be removed by a physician.
- In other cases call your physician for advice. Depending on the type and size of the swallowed object, X-rays may be advised. Note that “button” batteries are potentially dangerous.

### Foreign bodies in the ears or nose

- Objects easily seen may be removed with a blunt tweezers. For foreign bodies in the nose, have the child sit up so as to prevent accidentally pushing the object into the air passages.
- If the object is not visible, call or visit the child’s physician or go to an emergency room.

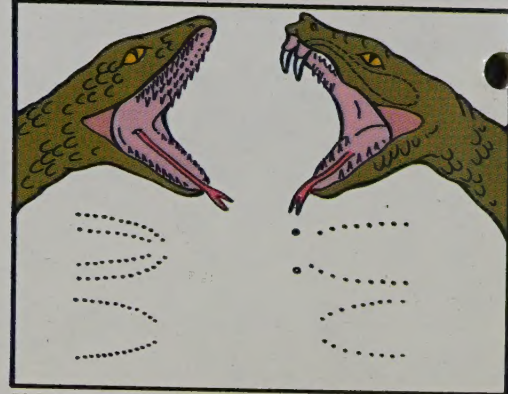


## BITES AND STINGS

### Insect or spider bites

Most insect bites cause only local discomfort but occasionally more severe problems develop. In particular, bee and wasp stings can be serious if they are numerous or if the child is allergic to the venom.

- If the child appears to be having an allergic reaction (shortness of breath, wheezing, or fainting), alert emergency services. If epinephrine (adrenaline) is available and you are familiar with its use, inject it under the skin of an arm or leg.
- If there is any suspicion that the bite is due to a scorpion, a brown recluse spider (white, violin-shaped marking on a brown body) or black widow spider (red, hourglass-shaped marking on a black body), seek medical attention.
- If fever or a rash develops, following a tick bite, take the child to a physician.
- Other insect bites (flea, mosquito) usually require only local cleansing with soap and water.
- If signs of infection—swelling, tenderness, redness, pain, fever—develop, contact a doctor.



If fang marks are present, assume that the bite was by a poisonous snake.

### Bites by poisonous snakes

- Keep the child as still as possible; immobilize the injured area (to slow the spread of the venom); and transport to an emergency room.
- If it will require several hours to reach an emergency room, apply a tourniquet on the injured arm or leg between the back and the body. Tie the tourniquet loosely, so that a finger can be easily passed under it.

### Bites by large animals: dogs, cats, sharks

- If bite is extensive, consider as a serious accident (page 16).
- If bite is confined, treat as a laceration (page 4).

**Remember:** In bites by mammals, the possibility of infection and/or rabies (especially with skunks, foxes, bats, raccoons) must be considered.



Estimate the depth of the burn.	
Degree	Signs
first	pain; skin is red
second	pain; blisters on skin
third	no pain; skin white and leathery or charred

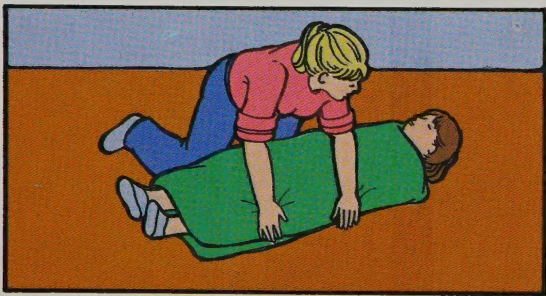
## Bites and Stings Burns

### LOCAL BURNS

Extensive burns should be treated as serious accidents (page 16). Also, children burned during a housefire should always be evaluated at an emergency room, due to the possibility of damage to the lungs from heat and smoke.

#### ACTION TO TAKE

- Carefully remove hot material from contact with the child's body and extinguish any flames.



To put out flames, wrap the child and place on the floor.

- Estimate the seriousness of the burn.
  - All third degree burns are serious.
  - All burns involving the face, hands, feet, or genitals are serious.
  - All burns larger than the size of the child's palm are serious.

- Place a washcloth soaked in cool water on local burns.
- If the burn is serious in terms of degree (third), size, or location, go to an emergency room.
- If the burns are minor, cleanse with soap and water and make a bandage with antibiotic ointment or nonadhesive gauze followed by a loose wrapping with dry gauze. Change the dressing daily and gently cleanse the area.
- Watch for signs of infection: pain, redness, pus, fever.
- If pain is not relieved by acetaminophen and cool compresses, or if signs of infection develop, obtain medical evaluation.



Place a cloth soaked in cool water on a local burn.





Bundle the child to try to lessen heat loss.

## **HYPOTHERMIA (OVEREXPOSURE TO COLD)**

Hypothermia is a chilling of the body produced by exposure to cold. It occurs more rapidly at subzero temperatures, but children may experience serious hypothermia with prolonged exposure to temperatures above freezing, especially if their clothing is wet.

The child with mild hypothermia (body temperature between 90°–94° F, or 32–34° C) usually has no symptoms other than complaints of being chilled.

In a child with moderate to severe hypothermia (body temperature below 90° F, or 32° C), the level of consciousness decreases until coma ensues.

### **ACTION TO TAKE**

- If cardiopulmonary arrest has occurred, begin CPR (page 20).
- If the child is in a coma but continues to breathe, allow him or her to lie quietly. Cover with a blanket to reduce further heat loss and alert emergency services. Note that excessive motion may cause the condition to worsen.
- If child has only mild hypothermia, remove the

child from the cold environment or attempt to lessen heat loss by bundling.

## **FROSTBITE**

Frostbite is a local injury to the skin and underlying tissues that results from exposure to cold. The fingers, toes, ears, nose, and cheeks are most often involved. Children are more susceptible than adults and can develop frostbite even if temperatures are not extremely low, particularly if clothing gets wet.

In **superficial frostbite**, a feeling of “pins and needles” is followed by loss of sensation. White spots may appear on the skin. The frozen layers are readily movable over deeper tissues.

In **deep frostbite**, the skin is not movable over the deeper tissues.

### **ACTION TO TAKE**

- If the frostbite appears deep, immediately bring the child to an emergency room. Keep the child well insulated, attempting to maintain normal





Remove covering from a frostbitten spot, but do *not* massage.

## Frostbite Heat Stroke

body temperature. Warm the frostbitten area by bundling or contact with skin at normal temperature (e.g., fingers may be placed in an armpit). Do **not** allow the area to freeze again after rewarming has started.

- For superficial frostbite, rewarming, as above, is sufficient. The area should **not** be massaged or rubbed.

## HEAT STROKE

Heat stroke is caused by severe overheating of the body without a chance to cool off.

Young children are more susceptible than adults and may be affected if kept in a closed space. *Never* leave a child unattended in a car during warm weather, even if the window is open a “crack”; the temperature of the vehicle may quickly rise and cause heat stroke.

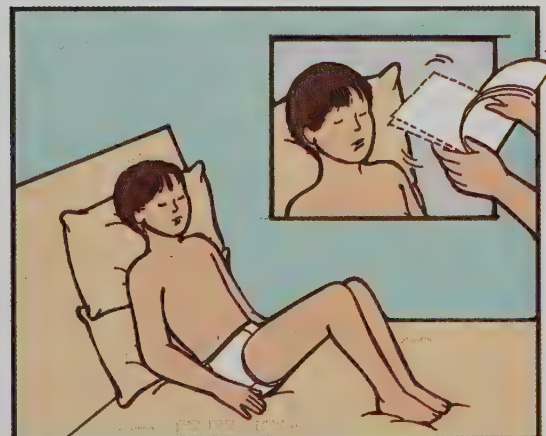
Adolescents occasionally experience heat stroke during heavy physical exertion.

## SIGNS

- Temperature more than 104° F (40° C)
- Confusion or lethargy

## ACTION TO TAKE

- Immediately take the child to an emergency room.
- Cool the child by removing clothing and fanning.
- If ice is readily available and transport will be lengthy, place ice around the child.



If child is overheated, remove clothing and fan.



## BREATHING DIFFICULTIES

### POSSIBLE CAUSES

Breathing difficulties may be caused by several conditions. Some, such as croup, usually require minimal treatment; others, such as pneumonia, require prompt medical attention, and a few, such as aspiration of a foreign object or epiglottitis, may be life-threatening.

### SIGNS OF CROUP

Croup is marked by barking cough, hoarseness, and noisy breathing due to obstruction of the larynx that occurs primarily with viral respiratory infections.

### SIGNS OF EPIGLOTTITIS

Epiglottitis is a bacterial infection of the epiglottis, a flaplike tissue above the windpipe. Early signs are somewhat like those of croup. Epiglottitis should be suspected particularly in a child over 3 years



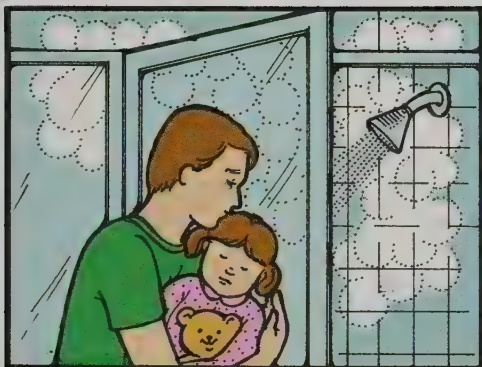
Mist from a vaporizer or shower may help a child with mild breathing difficulties.

when the onset of the disease is sudden (less than 6 hours) and when there is a fever over 102° F (39° C). Epiglottitis requires **immediate** attention in a hospital.

### ACTION TO TAKE

- If **epiglottitis** is suspected, immediately call emergency medical services or go to an emergency room. Allow the child to assume the position of comfort, usually sitting. Do not agitate.
- For **croup**, call emergency services or go to an emergency room, if there are signs of significant respiratory distress. In mild cases, call the child's physician. Mist (vaporizer or steam from a shower) is often helpful.





## Breathing Difficulties Asthma

### ASTHMA

Asthma is a disorder characterized by repeated episodes of narrowing of the breathing passages (bronchoconstriction) which causes wheezing. A wheeze is a high-pitched sound made as air is squeezed through the breathing passages during exhalation. Many asthma "attacks" are mild, but some are more serious. Families with children that have frequent episodes of asthma should work out a treatment plan with the child's physician.

### ACTION TO TAKE

- If cyanosis (bluish skin), lethargy, confusion, agitation, or other signs of severe respiratory distress develop, call emergency services or go to an emergency room immediately.
- If wheezing is mild, administer medications prescribed by the child's physician to open up the breathing passages.
- If wheezing or respiratory distress worsen or there is no improvement after two hours, call the child's physician or go to an emergency room.

**Caution:** Severe narrowing of the air passage may cause wheezing to stop (due to lessened air flow) during an asthma "attack," and an adult may mistakenly think there is improved air flow. When the absence of wheezing signifies better air flow, the child will appear less distressed. In cases of lessened air flow, the child will show increased distress and may be confused, lethargic, or agitated.



Physicians may recommend certain medications for children with mild attacks of asthma.



## POISONING

Children display an endless curiosity that helps them to develop and learn but also predisposes them to the accidental ingestion of poisons.

### ACTION TO TAKE

- If cardiorespiratory arrest occurs, begin CPR (page 20) and alert emergency services.
- If coma, confusion, breathing problems, or other signs of serious poisoning occur, call for rescue.
- Call a Poison Control Center or your child's physician and follow the instructions given. If help is unavailable and you are not certain about the danger, go to an emergency room.

In certain types of poisoning, the Poison Control Center may recommend using syrup of Ipecac to induce vomiting. Families with young children should keep syrup of Ipecac in the home. In other cases (ingestion of lye or gasoline), vomiting should **not** be induced.

**Remember:** If you take a child to an emergency room, take any remains of ingested material, its original container, any contaminated clothing, or vomited material with you.



If internal bleeding is suspected, place child on the back with legs elevated.

## INTERNAL BLEEDING

Internal bleeding is bleeding within the body that is not at first visible. The possibility of internal bleeding should be assumed in serious injuries and may occur rarely with medical conditions as well.

### SIGNS OF SIGNIFICANT INTERNAL BLEEDING

- Bloody vomitus; bloody or black stool
- Pale, sweaty appearance
- Complaints of being cold
- Confusion or lethargy
- Fast heartbeat

### ACTION TO TAKE

- Following an accident, proceed as directed on page 16.
- If cardiorespiratory arrest occurs, follow the instructions on page 20.
- In other cases of suspected or proven internal bleeding, place the child flat on his/her back with the legs elevated and go to an emergency room.



Move furniture to protect a child having a convulsion.

## CONVULSIONS

Convulsions result from the rapid and repetitive release of electrical impulses by nerve cells in the brain. They may be associated with serious illnesses or, in some children, be related to high fevers (febrile convulsions).

The entire body or parts of the body undergo rapid and repetitive movements—twitching, jerking, becoming rigid—and the child becomes unconscious.

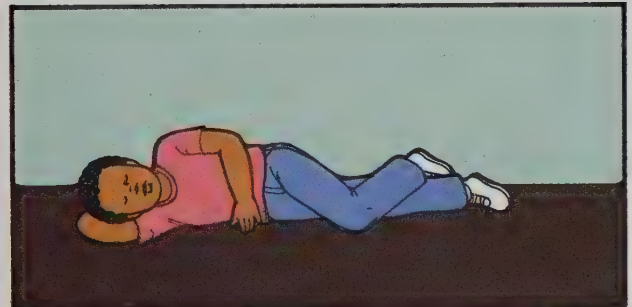
Regardless of the cause, the child usually recovers quickly. Only rarely does a convulsion cause the child to stop breathing completely or lead to a blockage of the air passage by the tongue.

### ACTION TO TAKE

- In the rare episode in which the child cannot

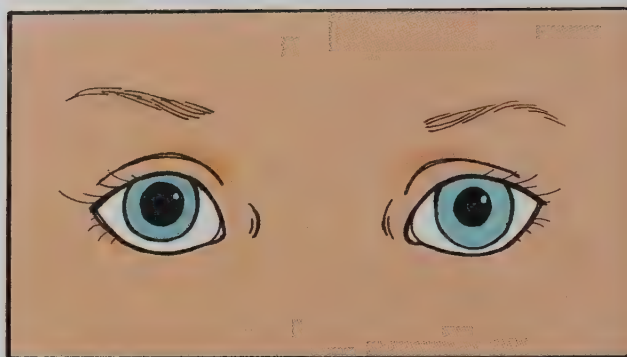
breathe, begin CPR (page 20) and call emergency services. If the child continues to breathe but experiences difficulty, also call emergency services.

- Protect the child from harm by moving him or her away from heights, or sharp objects. Loosen any constrictive clothing around the neck.
- When possible, position the child on his or her back or side on a soft surface such as a carpeted floor.
- Do *not* place a spoon, stick, or other foreign object into the child's mouth.
- Take the child to an emergency department if this is a first convulsion or the convulsion lasts more than 10 minutes.



As child recovers from a convulsion, try to position him or her on the side or back.





Unequal pupils may indicate a serious head injury.

## HEAD INJURY

Children “bump” their heads more often than is brought to the attention of their parents and do fine in most cases. However, the occasional occurrence of severe injuries, even with seemingly mild trauma, makes it important to be watchful.

### SIGNS THAT MAY INDICATE A SERIOUS HEAD INJURY:

- Loss of consciousness
- Slowing of the rate of breathing
- Change in the level of consciousness (drowsiness)
- Severe headache other than at the site of “bump”
- Vomiting more than once or twice
- Convulsions
- Difficulty seeing
- Weakness in an arm or leg
- Unequal pupils

### ACTION TO TAKE

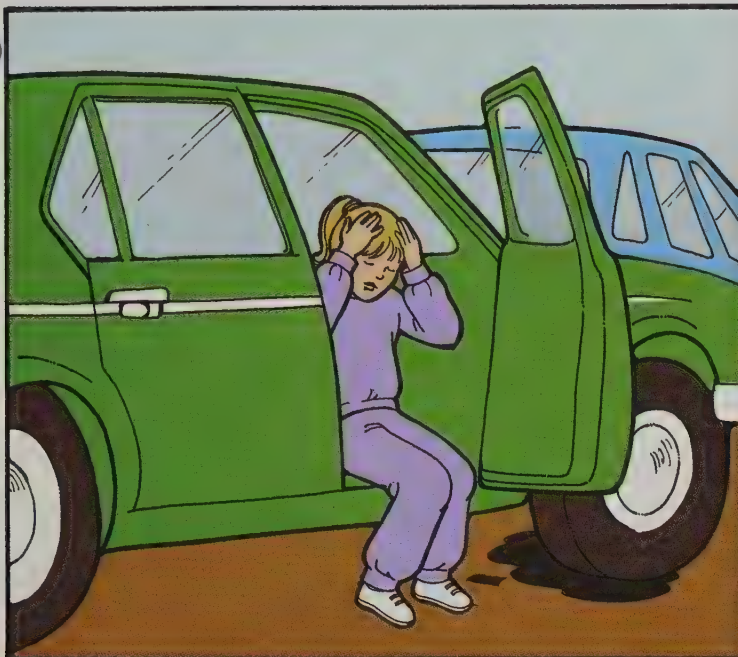
- If breathing stops, proceed as directed on page 20. Remember that neck injuries may occur with head trauma, so be careful not to bend the neck.
- Keep the unconscious child still, as long as he/she is able to breathe. Call emergency services.
- Apply pressure to any lacerations. Wounds of the scalp may bleed profusely in children and require prompt attention.
- Look for danger signs. If the child was unconscious at any time, seek a medical evaluation.

## MAJOR ACCIDENTS

Injuries are the most common cause of death in children over the age of one year. The major types of trauma include car accidents, falls from heights, burns, and drowning.

When a child is injured, it is often difficult to assess the damage: it is always safer to seek a medical evaluation. A child who is struck by a vehicle traveling more than 20 mph or who falls more than one story is at particular risk.





In a major accident, always seek a medical opinion.

## ACTION TO TAKE

- If the child is not breathing, begin CPR (see page 20). Attempt to maintain the neck in line with the trunk.
- Control any visible bleeding by applying pressure to the wounds. Use a towel, sheet, or, if necessary, a bare hand. Pressure applied consistently will almost always work.
- If any object (stick, knife, etc.) is protruding from a wound, do not pull it out. Removal is best done under medical supervision.

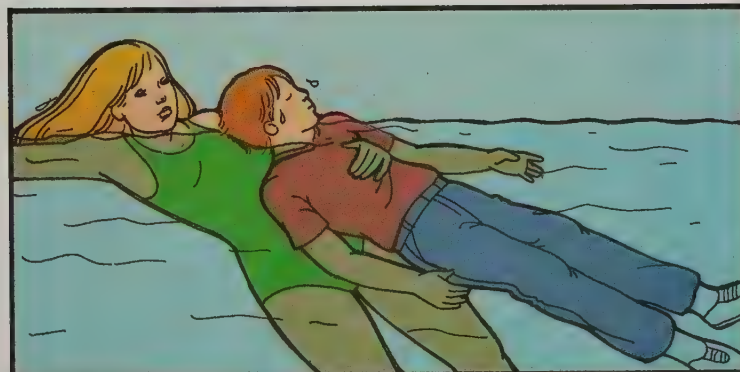
## DROWNING

Drowning is one of the more common causes of accidental death in childhood.

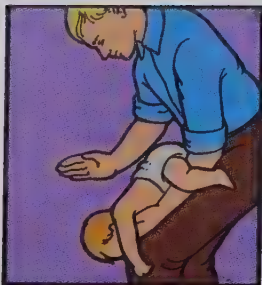
- Remove the child from the water. If there is any

concern about neck injury (e.g., diving accident), try to maintain the head and neck in line with the trunk.

- If the child is not breathing, begin CPR as outlined on page 20.
- Call for help. Do not attempt to “squeeze” water out of the child.
- If the child is breathing, transport him/her to an emergency room or call an ambulance.
- Wrap the child in blankets or towels to prevent chilling and shock.



Immediately after removing the child from the water, begin CPR if needed.



Strike the infant's back to try to dislodge a foreign body.

## CHOKING

Children often put small objects in their mouths. These may lodge in the windpipe and cause choking. The child may subsequently not be able to breathe properly. This situation is serious. Alert emergency medical services immediately.

### SIGNS

- Gagging, coughing, noisy breathing
- Face becomes bluish
- Loss of consciousness

### ACTION TO TAKE

**Infant under 1 year of age**—If the infant is able to breathe or cry, wait for help to arrive.

- If the infant is unable to breathe or cry, place the infant face down over one arm with the head lower than the body, supporting the head at the jaw with your hand. Rest your forearm on your thigh and strike the infant's back between the shoulder blades 4 times with the heel of your other hand.
- While supporting the head, turn the infant over and place the infant's body against your thigh.

Deliver 4 chest thrusts by placing 2 fingers on the lower portion of the breastbone (just below an imaginary line drawn between the nipples) and press upward  $\frac{1}{2}$  to 1 inch.

- If the foreign body is not expelled or if breathing does not resume, rescue breathing should be given (see page 20).
- If rescue breathing is unsuccessful, maneuvers to remove the foreign body should be repeated.



In a baby, use fingers to try to dislodge a foreign body.





If child is conscious and choking, perform Heimlich maneuver.

**Child over 1 year of age**—If the child is able to breathe or speak (cry), wait for help to arrive.

- Perform Heimlich Maneuver if the child is unable to breathe or speak. With the sitting or standing conscious child, stand behind the child and wrap your arms around the child's waist with one hand made into a fist. The thumb of the fisted hand should rest against the child's abdomen, well above the navel and just below the tip of the breastbone. Grasp the fist with your other hand and press into the child's abdomen with an upward thrust.

For the unconscious victim on the ground, position the child face up on his or her back and then kneel at the feet. Place the heel of one hand on the abdomen just below the tip of the breastbone. Place your other hand on top of the first and press into the abdomen with an upward thrust.

- Give 6 to 10 thrusts until the foreign body is expelled.
- If the object is not expelled, or breathing does not resume, rescue breathing should be given (page 20).
- If rescue breathing is unsuccessful, maneuvers to remove the foreign body should be repeated.



Position an unconscious, choking child on the ground and press into the abdomen with an upward thrust.



Immediately call for help—911 or \_\_\_\_\_

This is often the single most important factor in saving children with cardiopulmonary arrest.

## CARDIORESPIRATORY ARREST

**1. Determine responsiveness.** If there is no question of neck injury, gently shake the unconscious child or pinch the skin to see if he/she can be awakened.

**2. Call for help.** If the child is unresponsive or having a hard time breathing, ask someone to notify emergency medical services.

**3. Position the child.** Place the child on his or her back on a firm, flat surface. Try not to move the victim with possible head and neck injuries.

### 4. Open the airway.

**Possible neck injury**—Place two or three fingers under each side of the lower jaw and lift upward.

**No neck injury**—Place a hand on the child's forehead and gently tilt the head back. To open the



If there is no neck injury, tilt the head and lift the chin upward to open the airway.

airway further, place the fingers under the bony portion of the chin and lift upward.

### 5. Determine if the child is breathing.

Look, listen, and feel for the movement of air by placing your ear to the child's mouth and watching to see whether or not the chest moves.

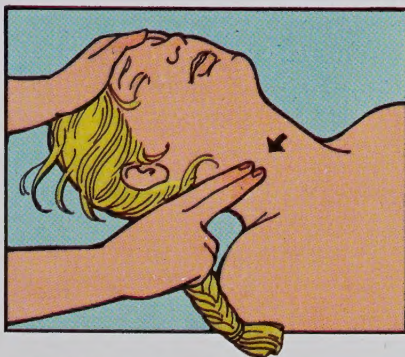


Give enough air to make child's chest rise.





In an infant, feel the pulse just above the elbow.



In a child, feel the pulse on the side of the neck.

## 6. Breathe for the child if no air movement is detected.

While keeping the airway open, the rescuer takes a breath and places his or her mouth over the mouth, or mouth and nose, of the child. If the seal is just with the mouth, pinch the nose. Then give two slow breaths, about 1 second for each, with a pause in between to take a breath. Give enough air to make the child's chest rise. If no air gets in, open the airway (step 4) and try again. If successful, breathe 20 times per minute for an infant and 16 times per minute for a child.

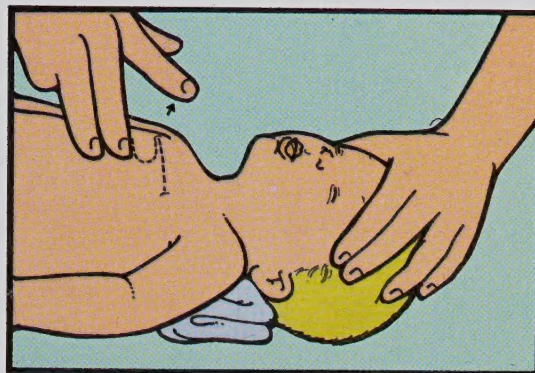
## 7. Check the pulse.

**Infant**—Feel the pulse just above the elbow (brachial artery) toward the inside of the arm.

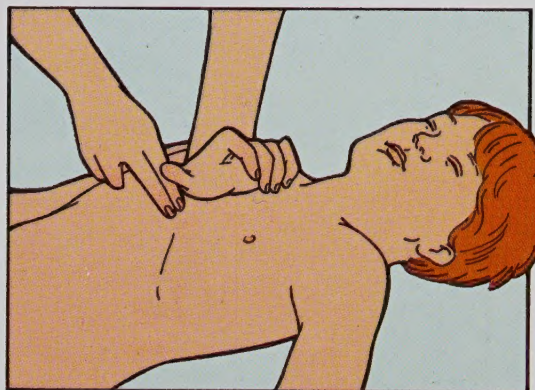
**Child**—Feel the pulse in the carotid artery, which lies on the side of the neck at the level of the Adam's apple.

## 8. If no pulse is detected, begin chest compressions.

**Infant**—Kneeling by the infant's side, place the



In a baby, use fingers to give chest compression.



In a child, press the heel of one hand into the chest.

index finger of the hand farthest from the head just below the midpoint of an imaginary line between the nipples. Use 2 or 3 fingers to push the breastbone downward  $\frac{1}{2}$  to 1 inch at a rate of 120 times per minute.

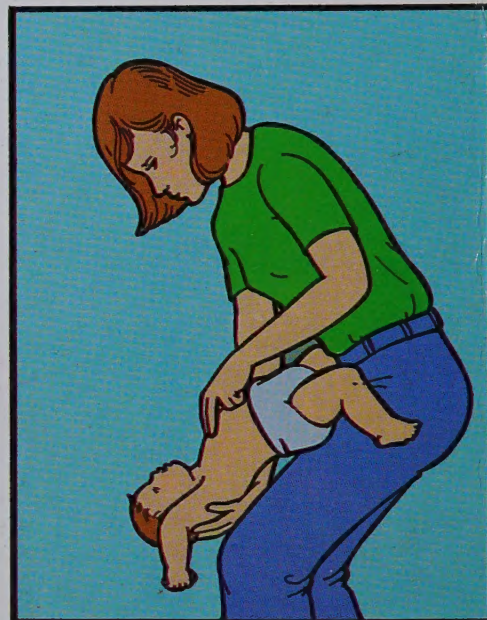
**Child**—Place the heel of one hand over the lower  $\frac{1}{3}$  of the breastbone and compress 1 to  $1\frac{1}{2}$  inches at a rate of 100 per minute.

(Actual delivery of compressions is 100 per minute for the infant and 80 per minute for the child, due to pauses for breathing.)

## 9. Coordinate breathing and compressions.

At the end of every fifth compression give a breath for one second.





Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Any Allergies \_\_\_\_\_

Any chronic illnesses or medications taken regularly

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Any Allergies \_\_\_\_\_

Any chronic illnesses or medications taken regularly

**When you call for help in an emergency situation, state your name, exactly what happened and your exact location.**

**Ambulance: 911 or** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**Poison Control Center** \_\_\_\_\_

**Doctor** \_\_\_\_\_

**Police** \_\_\_\_\_

**Fire Department** \_\_\_\_\_

**Other** \_\_\_\_\_

**When you call the doctor to discuss an illness, have this information ready:**

- Time of onset of illness
- Physical signs present, in order of appearance
- Child's general appearance
- Appetite and oral intake during last 24 hours
- Temperature
- Anyone else in family ill
- Any remedies or medicines already administered

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