

- *Dr. ABC*

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## **FIRST AID - children**



More than one million children a year are involved in an accident at home. Most aren't serious, but it's sensible to make sure you know what to do in this or that case and will not be confused if it happens.

Below you will read some of the common situations which may happen to a child, and what you should do in those situations. But first, some very basic necessary information:

1. The first, and most important phone number, that you must always remember – ambulance, **113!!** There are situations, in which it's quite difficult for a person to control him/herself, shock or stress can happen, and obviously, it's better to have this number written down somewhere where you can always check in case of such situations.
2. The second number is the contact number of **your host family** (both host mom and host dad) available. It's important to remember this number by heart, and to have it somewhere in your notes also, in case you will lose your mobile or it will be off.
3. If you're staying with the child alone and it suddenly needs a medical help fast – you should immediately call ambulance. But, for ambulance to come on a right time to a right place, you have to tell where you actually are. So, it's the third point – **the home address**. You need to know by heart the full correct address of your host family's house. Better also write down the full address, together with contact numbers of the host parents and ambulance number, and keep it somewhere with you always.
4. If you are experiencing such a bad situation, but it's not that much critical and you have time – you can always call the emergency call center (**legevaktssentralen**). You will get detailed instructions about what you should do in a particular situation and, if needed, a doctor can come to the house also. **Fastlege** (family doctor) is also able to help you during the "working hours". So, the telephone number of the host family's personal doctor is another number you should write down in your notes.

## Dr. ABC

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First of all, you should remember the following, easy acronym – **Dr. ABC**:

**Danger** – but you should still stay calm, not to panic, and remember, that in any case, the situation you are about to enter is not dangerous for you, you are there to help, to save child's life.

**Response** – this step involves in some way, providing some stimulus to the child, getting the response, ensuring that child shows signs of life (if the child is unconscious.) It usually includes some mildly painful stimulus, like pinching the ear or some other kind of uncomfortable thing that will bring the child from unconsciousness.

**Airway** – for a baby the best position for the airway is lying on the back. You need to place the head of the child in such a way, that the tongue is away from the throat and the air has the way to get in freely. In order to check whether the child is breathing, you need to place your head very close to the child's mouth and listen carefully for 10 seconds. If baby can breathe, you can feel it on your ear, you can also hear it and see whether their chest rise and fall. You should listen for 10 seconds, because children are breathing irregularly, and in such emergency cases, they can breathe more slowly.

**Breathing** – if a child is not breathing, here where you should administer breathing for the child, using mouth-to-mouth breathing. You should press your mouth to the mouth of a baby as well as the nose, to form a seal, and then blow in rescue breaths, 1 second per breath. While doing this, you should see the chest rising, which means that the airway is free and the breaths are available to get in.

**Circulation** – if the child isn't conscious, it's important that circulation of blood is still provided all over the body. That's why the chest compressions are very important. So, if the child is still unconscious, you need to give more air to the heart, for the circulation of blood to stay normal. You should do it by giving this time 2 rescue breaths at a time and then 30 chest compressions, then again 2 rescue breaths and 30 chest compressions. You should perform this till the time the paramedics get your home and take the further steps.

***If you have found a child and it seems to be dead, you have to call 113 and start CPR***

## CPR

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### 1. Check to see if the child is conscious.

- Make sure you and the child are in safe surroundings.
- Tap the child gently.
- Shout, "Are you OK?"
- Look quickly to see if the child has any injuries or medical problems.



## 2. Check Breathing

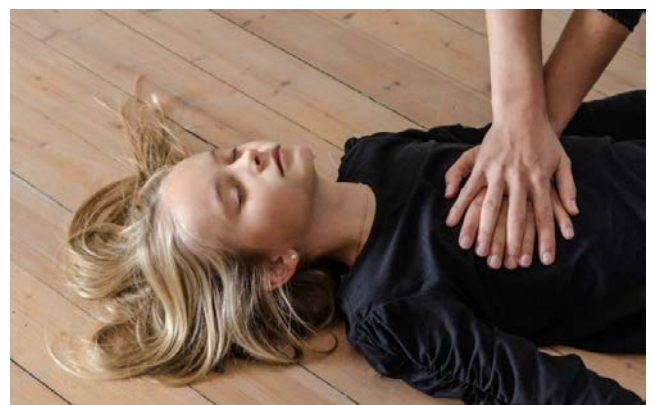
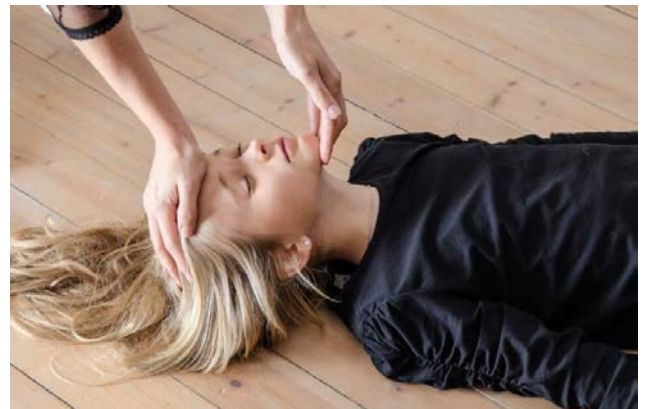
- Place your ear near the child's mouth and nose. Is there breath on your cheek? Is the child's chest moving?



## 3. Begin Chest Compressions

If the child doesn't respond and isn't breathing:

- Carefully place child on back. For a baby, be careful not to tilt the head back too far. If you suspect a neck or head injury, roll baby over, moving entire body at once.
- For a baby, place two fingers on breastbone. For a child, place heel of one hand on center of chest at nipple line. You also can push with one hand on top of the other.
- For a child, press down about 2 inches. Make sure not to press on ribs.
- For a baby, press down about 3-4 cm (1 1/2 inches), about 1/3 to 1/2 the depth of chest. Make sure not to press on the end of the breastbone.
- Do 30 chest compressions, at the rate of 100 per minute (it takes approx. 18 seconds) and then then give 2 breaths (see below). Let the chest rise completely between pushes.
- Check to see if the child has started breathing.
- Continue CPR until emergency help arrives.



#### 4. Do Rescue Breathing

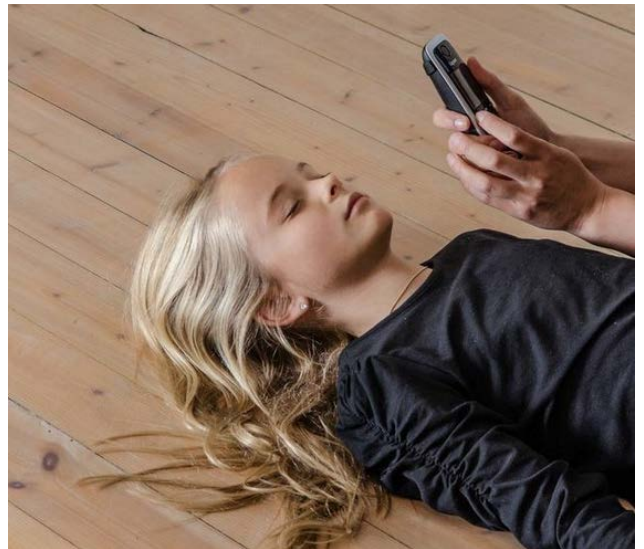
- To open airway, lift child's chin with one hand. At the same time, tilt head by pushing down on forehead with other hand. Do not tilt the head back if the child may have a neck or head injury.
- For a child, cover mouth tightly with yours. Pinch nose closed and give breaths.
- For a baby, cover mouth and nose with your mouth and give breaths.
- Give child two breaths, watching for chest to rise each time. Each breath should take one second.

#### 5. Repeat Compressions and Rescue Breathing if Child Is Still Not Breathing

- Two breaths can be given after every 30 chest compressions.
- Continue this cycle of 30 compressions and 2 breaths until the child starts breathing or emergency help arrives. If someone else is helping you, you should give 15 compressions, then 2 breaths.
- If you are alone with the child and have done 2 minutes of CPR (about 5 cycles of compressions and breathing), call 113.

**Stop doing CPR only when you call 113.**

- Continue CPR until emergency help arrives or the child starts breathing.



## Drowning

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Drowning can happen in as little as 20 seconds, even in water that is only few centimeters deep. Most childhood drowning or near-drowning cases occur in pools, bath tubs, and inflatable pools. Be sure to monitor your child at all times when he/ she is in, or near, water. Also, watch for signs of drowning because a child in distress may not be able to yell for help.

#### These signs may include:

- head tilted back with mouth open
- floating face down
- trying to swim in a particular direction and not making any progress
- gasping for air

It is important that you do not put your life in danger trying to rescue your child. If your child is in a swimming pool, lay belly-down close to its edge and reach for him with your arms. If a life-saving ring is nearby, use it to pull your child to safety. If your only option is to enter the water, bring a flotation device with you. This can be a life-jacket or even a pool noodle. When you are safely out of the water, begin CPR right away (see the previous paragraph).



### ***P.S Delayed drowning***

Delayed drowning happens when a child dies from complications after a near-drowning experience. This can occur one to 24 hours after the rescue.

**Seek medical attention right away if you see any of these signs in your child:**

- persistent coughing
- difficulty breathing
- tiredness
- decreased activity
- mental confusion
- blue colouration on skin and lips
- loss of consciousness
- loss of bowel or bladder control

## **Choking child**

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If a child is suddenly unable to cry, cough, or speak, something is probably blocking her airway, and you'll need to help her get it out. He/ she may make odd noises strange sounds or no sound at all while opening her mouth. His/ her skin may turn bright red or blue.

If she's coughing or gagging, it means her airway is only partially blocked. If that's the case, encourage her to cough. Coughing is the most effective way to dislodge a blockage. Ask the child to cough!!!

If you suspect that the child's airway is closed because her throat has swollen shut, call 113 immediately. She may be having an allergic reaction – to food or to an insect bite. Also call 113 right away if the child is at high risk for heart problems.

If the child isn't able to cough up the object, ask someone to call **113 (cry for help!)**.

**If the child cannot cough (but is conscious):**

- a. Give up to 5 back slaps between the shoulder blades with the heel of your hand.
- b. Check the mouth quickly after each one and remove any obvious obstruction.



- c. Give up to 5 abdominal thrusts.  
Place a clenched fist between the navel and the bottom of the breastbone and pull inwards and upwards, check the mouth again.
- d. If the blockage hasn't cleared, repeat these steps 1-3 times. Call 113 (tell what happened, the name of the child, your id-number and address).



Continue repeating these steps until the object is forced out, or the child starts to cough forcefully, or until the child become unconscious, or until the ambulance comes.

**If your child becomes unconscious and is not breathing normally**, you should follow such steps:

- ask someone to call **113 (cry for help!)**.
- **if you're alone with the child**, give **one minute** of CPR (30:2. See the instruction below), then call 113.
- Open the airway and check breathing. Before blowing carefully check whether there is some visible obstruction in the mouth.
- Continue doing CPR until helps arrive or until the object is forced out.

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## Choking baby

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Once the baby starts eating solid foods, it's exciting to watch him discover and sample all sorts of tastes and textures for the first time. But do you know what to do if baby swallows something too big and begins to choke?

The typical signs of choking are when the baby:

- is unable to breathe probably,
- is unable to talk, cry, or is making strange sounds and noise,
- turns blue,
- starts to panic.

**In this case, you should do the following:**

1. Carefully position the baby faceup on one forearm, cradling the back of his head with that hand. Place the other hand and forearm on his front. He is now sandwiched between your forearms. Use your thumb and fingers to hold his jaw and turn him over so that he's facedown along the other forearm. Lower your arm onto your thigh so that the baby's head is lower than his chest.
2. Give up to 5 back slaps between the shoulder blades with the heel of your hand,
3. Check the mouth quickly after each one and remove any obvious obstruction.
4. Use your thumb and fingers to hold his jaw while sandwiching him/her between your forearms to support his/her head and neck. Lower your arm that is supporting his back onto your opposite thigh, still keeping the baby's head lower than the rest of his body. Place the pads of two or three fingers in the center of the baby's chest, just below an imaginary line running between his nipples. To do a chest thrust, push straight down on the chest about 3-5 cm (aprox. 1 1/2 inches). Then allow the chest to come back to its normal position.
5. Do five chest chest compressions, in attempt to get the obstruction out. Keep your fingers in contact with the baby's breastbone.
6. *Repeat back blows and chest thrusts.* Continue alternating five back blows and five chest thrusts until the object is forced out or the baby starts to cough forcefully, cry, or breathe on his own. If he's coughing, let him try to cough up the object.



## Shock

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In the case of a serious injury or illness, it is important to watch for signs of shock.

Shock is a life-threatening condition that occurs when the circulatory system fails and, as a result, deprives the vital organs of oxygen. This is usually due to severe blood loss, but it can also happen after severe burns, severe vomiting, a heart attack, bacterial infection or severe allergic reaction (anaphylaxis).

The type of shock described here is not the same thing as the emotional response of feeling shocked, which can also occur after an accident.

Signs of shock include:

- pale, cold, clammy skin
- sweating
- rapid, shallow breathing
- weakness and dizziness
- feeling sick and possibly vomiting
- thirst
- yawning
- sighing

If you notice any signs of shock in a casualty, seek medical help immediately:

- 113 as soon as possible and ask for an ambulance.
- Treat any obvious injuries.
- Lay the person down if their injuries allow you to, and raise and support their legs.
- Use a coat or blanket to keep them warm, but not smothered.
- Do not give them anything to eat or drink.
- Give lots of comfort and reassurance.
- Monitor the person. If they stop breathing, start **CPR** (five chest compressions followed by one rescue breath) until the ambulance arrives.

## Burns

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**In the event of a burn or scald:**

- Cool the burn as quickly as possible with cold (but not ice-cold) running water for a minimum of 10 minutes or until the pain is relieved. (if water isn't available, use another liquid such as milk).
- Call 113 or seek medical help if necessary.
- While cooling the burn, carefully remove any clothing, unless it is attached to the skin.
- Keep the child warm using a blanket or layers of clothing (avoiding the injured area) to prevent hypothermia. This is a risk if you are cooling a large burnt





area, particularly in babies, children and elderly people.

- Cover the burned area with clean, non-fluffy material to protect it from infection. You can use a clean sheet or pillow case. The dressing does not need to be secured.
- Do not put creams, lotions or sprays on the burn.
- If appropriate, raise the limb to reduce the swelling and offer pain relief.
- Do not give a child anything to eat or drink and watch for signs of shock.
- **Burns to the mouth and throat** are very serious as they cause swelling and inflammation of the air passages. You should act quickly. If necessary, loosen clothing from around the child's neck.

For chemical burns, wear protective gloves, remove any clothing affected, brush the chemical off the skin if it is a powder and rinse the burn with cold running water for a minimum of 20 minutes. If possible, determine what has caused the injury.

Be careful not to injure yourself, and wear protective clothing if necessary. Call 113 and arrange immediate medical attention.

## Bleeding

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If someone has severe bleeding, the main aim is to prevent further loss of blood and minimize the effects of shock.

- First, dial 113 and ask for an ambulance as soon as possible.
- Press firmly on the wound to stop the bleeding. Press over a clean pad or handkerchief or put the palm of your hand directly on the wound. Raise the injured part above the level of the child's heart, which will help to stop the bleeding.
- Lay your child down, and keep the injured part raised above the heart. Keep pressing on the wound for up to 10 minutes.
- Still keeping the injured part raised, cover the wound with a sterile dressing that is larger than the wound. The bandage should be firm, but not too much tight in order not to cut off the blood supply.
- If blood still keeps coming through the bandage, apply another bandage firmly, on top of the previous one. If blood comes through both bandages, remove them and apply new dressings, making sure the pressure around the wound is applied.
- If you still cannot stop the bleeding and ambulance is still on the way, raise the child's legs high and support them with, for example, folded blankets or clothing.



- Loosen any tight clothing, and, if necessary, cover the child with a blanket to keep her warm. If the child is thirsty, moisten her lips with water, but don't let her drink or eat anything.

## Fractures

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It can be difficult to tell if a person has a broken bone, or a joint or muscle injury. If you're in any doubt, treat the injury as a broken bone.

If the child is unconscious, has difficulties with breathing or is bleeding severely, these should be dealt with first.

If the child is conscious, prevent any further injury by keeping them still until you get them safely to hospital. Assess the injury and decide the best way to get them to hospital. If they have a broken finger or arm, you may be able to drive them yourself without causing more harm. If they have a broken spine or leg, call for an ambulance.

- Support the limb. Do not move the person but keep them in the position you found them in. Support the injured part with anything you have handy, for example rolled up blankets or clothes.
- Get them to hospital, either by driving them yourself (if they have a minor fracture) or call for an ambulance.
- Look out for signs of shock. If the person is pale, cold and clammy, has a weak pulse and rapid shallow breathing, they are probably in shock.

If you think that the child may have shock, lie her down and loosen any tight clothing. Do not raise an injured leg. Otherwise, if her injuries allow, raise their legs above the level of her heart by placing something suitable under their feet such as blankets or cushions.

Do not give anything to eat or drink as she may need a general anesthetic when reaching hospital.

## Frostbite

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If children are accidentally exposed to extreme weather conditions, the tissues of the fingers and toes may freeze. In this case you should immediately get the child to the shelter.

The child has got frostbite if she feels:

- Pins and needles
- Numbing
- Hardly feels her skin
- If the skin is turning white

In this case you should do the following:

- Take a child into a warm place. Sit her down and remove very gently shoes, socks and so on;
- Remove gloves and any rings. Also remove the coat. Tell the child to warm her arms with his own body heat, which means to put her hands under armpits.
- If the feet or toes are frozen, raise the child's feet and warm her toes under your own armpits to reduce the swelling and provide warmth.



- **DO NOT** warm by rubbing frozen places or using direct heat, such as hot water or electric heater.
- If the skin is broken or the color does not return rapidly, use a soft dressing and bandage it lightly in a frozen place.

## Fever

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Fever is a sign of a variety of medical conditions, including infection. A high temperature can be alarming and serious in some cases, but a fever often means that a body is working the way it should and fighting off infection.

Signs and symptoms of fever may be obvious or subtle. The younger the child is, the more subtle the symptoms.

- Infants
  - Irritable
  - Fussy
  - Quiet
  - Feel warm or hot
  - Cry
  - Breathe rapidly
  - Exhibit changes in sleeping or eating habits
- Verbally children may complain of
  - feeling hotter or colder than others in the room who feel comfortable,
  - body aches,
  - headache,
  - having difficulty sleeping or sleeping more,
  - and poor appetite.

### How to take a temperature

Most thermometers have digital readouts. Some take the temperature quickly from the ear canal and can be especially useful for young children and older adults. Other thermometers can be used rectally, orally or under the armpits.

If you use a digital thermometer, be sure to read the instructions so that you know what the beeps mean and when to read the thermometer. Under normal circumstances, temperatures tend to be highest around 4 to 6 p.m. and lowest around 6 a.m.

The most accurate way to take a temperature is rectally. If you are uncomfortable with this, take temperature under the armpit or orally.

Get medical help for a fever if:

- A baby younger than 3 months has a rectal temperature of 38 C (100.4 F) or higher, even if your baby doesn't have other signs or symptoms
- A baby older than 3 months has a temperature of 38.9 C (102 F) or higher
- A child younger than age 2 has a fever longer than one day, or a child age 2 or older has a fever longer than three days
- An adult has a temperature of more than 39.4 C (103 F) or has had a fever for more than three days

# Poisoning

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Accidental poisoning is common, especially among young children. Symptoms and treatment can vary depending on what and how much has been swallowed, spilt on the skin or sprayed in the eye. A child may also be poisoned if they are given the wrong medicine or wrong dose of medicine. Always call an ambulance (113) in an emergency.

Poison may be swallowed, spilt on the skin, sprayed or splashed in the eye or inhaled. Most poisonings involving children happen at home, but they can also occur while visiting friends and family or while on holiday. Often, the substance is left within sight, ready to be used but left unattended.

Visitors' bags may be left within the reach of children, which is a problem if they contain medicines or other poisonous substances. At other times, children may climb up high to get something they are interested in. Sometimes, parents and carers underestimate their child's climbing ability.

If you suspect a child has been exposed to a poison – whether swallowed, spilt on the skin, splashed in the eye or inhaled – or if a child has been given the wrong medicine or wrong dose of medicine **113** immediately.

If the child or anyone else has collapsed, stopped breathing, is having a fit or is suffering an anaphylactic reaction, also call for an ambulance immediately.

## ***Many medications and everyday household items can be poisonous, including:***

Medicines – such as pain-relieving medication, diabetes medicines, iron tablets, sedatives, heart and blood pressure tablets.

Cleaning products – such as bleaches, dishwasher powders, oven cleaners, drain cleaners, methylated spirits and turpentine.

Other household products – such as essential oils, pesticides, herbicides, some car products and gardening products.

Poisonous plants and mushrooms – poisonous plants include oleander, datura and foxglove. Some plants with berries and coloured leaves, which are attractive to children, may be harmful. There are also some poisonous mushrooms that typically grow in autumn and winter.

## **Symptoms of poisoning**

If the child has had a significant poisoning, any symptoms that develop will depend on a number of factors, such as which medicine or chemical is involved and how much the child has been exposed to.

### ***Symptoms of poisoning may include:***

- Nausea
- Vomiting
- Drowsiness
- Tummy pain
- Fitting.

If a child in your care has been or may have been poisoned or given the wrong medicine or wrong dose of medicine, do not wait for symptoms to occur.

Do not try to make the child vomit. This can do more harm than good.