

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 on the bite to relieve the pain. If trouble 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. Have the pediatrician 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 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 burned skin until the pain stops. Do not use ice or apply any butter, grease, medication, or ointment.

Burns With Blisters 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.

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. The pediatrician may recommend acetaminophen for pain.

Cuts Wash small cuts with water until clean. Use 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 Rinse 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.



EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call the Poison Center or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medication. Do NOT remove objects stuck into the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help. An eye injury may require a tetanus booster.

FRACTURES 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 an 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, 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 exertion. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°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 overheated 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 had 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 Reye 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 within 1 minute, 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 chemical cleaners. Use milk or cold drinking 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.

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
- Clumsiness or inability to move any body part
- Coughing or 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.

Fire, Gas, or Smoke

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

Skin Exposure If acids, lye, pesticides, chemicals, poisons, 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, note 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™

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Emergency First Aid Recent Printable Manual

Ali Farazmand



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Trauma Care for Nurses and Paramedics Kate Curtis,Clair Ramsden,2011-08-15 Emergency and Trauma Care is written for Australian emergency care providers including paramedics emergency nurses pre hospital care providers nurse practitioners general practice nurses and allied health practitioners including occupational therapists and physiotherapists who are caring for trauma patients This book follows the patient journey from pre hospital to definitive care Using a body systems approach each chapter provides comprehensive coverage of all aspects of adult and paediatric emergencies Implications for clinical practice is supported by chapters of professional practice clinical skills research evidence based practice and legal ethical and cultural issues Clinical assessment physiology management and rationale for intervention of common and not so common emergency presentations are provided with each chapter providing clear and relevant examples for both Paramedics and Nurses Emergency and Trauma Care brings together a team of highly respected clinical practitioners and academics to deliver the most up to date text dealing with the practical procedures and evidence experienced by emergency and trauma care providers every day Chapter 2 Pre hospital care overview in Australia and NZ Chapter 10 Scene assessment management and rescue Chapter 11 Pre Hospital Clinical Reasoning Triage and Communication Pre hospital and emergency nursing considerations included in all relevant chapters Chapter 5 Cultural Considerations in Emergency Care addresses cultural diversity beliefs and values and focuses on Aboriginal and Torres Strait Islander health and Maori health Chapter 19 Resuscitation includes advanced life support airway management and incorporates the 2010 Australian Resuscitation Council guidelines Chapter 37 People with disabilities provides assessment examination and communication strategies for working with clients with intellectual and physical disabilities Section 5 focuses on examination and communication strategies for working with unique population groups including the elderly disabled obstetric and paediatric patients Section 6 details major trauma assessment and management blast injury and trauma to specific body regions Essentials outline the main points addressed in each chapter Practice tips assist with communication skills procedures and assessment Case studies supported by questions throughout Summaries and Key points review questions web links and references provide for consolidation and further research Evolve resources include Power point slides 30 additional Case studies image bank web links Three paramedic specific chapters including scene assessment

and management *Occupational Outlook Handbook* ,1992 Describes 250 occupations which cover approximately 107 million jobs *The Disaster Preparedness Handbook* Arthur T. Bradley,2011-07-20 Let survival expert Army veteran NASA scientist help you and your family prepare for any kind of disaster flood civil unrest hurricane fire war earthquake Ninety nine percent of the time the world spins like a top the skies are clear and your refrigerator is full of good food But the world is a volatile place storms rage fires burn and diseases spread No one is ever completely safe Humans live as part of a very complex ecosystem that is unpredictable and merciless Could you protect your family in the case of an emergency domestic or global The Disaster Preparedness Handbook will help you to establish a practical disaster plan for your entire family covering all fourteen basic human needs in case the unpredictable happens Additional information is also presented for those with special needs including the elderly and disabled children pregnant women and even pets Well researched by an army veteran and current NASA engineer this is the essential guide every family should have study and keep handy in case the unthinkable should occur Global Cases in Best and Worst Practice in Crisis and Emergency Management Ali Farazmand,2016-04-19 Global Cases in Best and Worst Practice in Crisis and Emergency Management is the first book to focus on select global cases from the perspective of best and worst practices in the context of crisis and emergency management Bringing together the most established scholars and experts in the field it offers theories along with an empirical success *Reproduction equipment repair specialist* United States. Department of the Army,1978

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