

A Pediatric Quick Reference Guide

**Procedures for Emergency Medical Care
for Children**



**Always
Call 911
FOR EMERGENCIES**



Child Care Center Name: _____

Child Care Center Address: _____

Child Care Center Phone Number: _____

If a Child is having an Allergic Reaction:

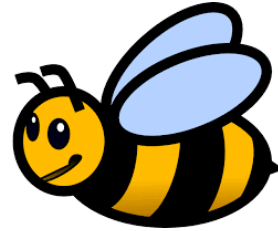
Allergic reaction can be mild or severe. Most common allergies begin in childhood and some allergies run in families. An allergic reaction is the body's way of responding to an "invader" by using the immune system.

Children can be allergic to many things including: food, insect bites or stings, latex, medicine, plants/pollen and pets/animals.

Food Allergy

Symptoms vary, but things to look for include:

- Swelling (near site of contact or bite)
- Itchy skin, red raised bumps (hives), or blotchy skin
- Upset stomach, vomiting
- Runny nose, itchy watery eyes



In some cases, children can experience a severe allergic reaction called anaphylaxis, which can be life threatening. This usually happens within seconds or minutes of exposure, but (on rare occasions) the reaction may occur later so continue to monitor the child.

If child has known allergy. Follow the child's allergy action plan. If Epi-Pen is needed, administer and call 911. Keep Epi-Pen to give to emergency personnel. Contact parent/guardian and document.

CALL 911 if the child:

- Has difficulty breathing—wheezing sound or gasping
- Has a swollen tongue, airway, or lips
- Is unconscious
- Change in voice or difficulty swallowing
- Vomiting repeatedly

If child becomes unconscious, follow the steps for [Seizures/Unconscious](#) or [CPR](#) if the child stops breathing.

Allergic Reaction

If a child experiences bruising or bleeding:

Bruising, bumps or bleeding: Children receive bumps and scrape their knees frequently. Most of the time, a band-aid takes care of the problem, however, more serious injuries do occur.

BRUISES AND BUMPS:

A bruise is a blue or black-and-blue mark under the skin surface. The skin is not broken and it is tender to the touch.

1. Crushed ice in a bag or an ice pack wrapped in a towel may provide comfort.
2. Contact parent/guardian.
3. If the bruise occurs from a twisted joint, or is followed by swelling and/or pain, apply ice, elevate (if it is a leg or arm), and contact parent/guardian.
4. If child is unable to participate in regular group activities, he/she should be excluded from care.

BLEEDING: Bleeding can happen with a scrape, cut or any injury that opens the skin.

1. Gently clean the wound with warm soapy water and remove loose gravel, dirt and grime from the injury.
2. After drying the area to prevent infection, cover with a sterile dressing or band-aid. Watch for signs of infection like redness, swelling, or warmth.
3. Have parent/guardian contact medical professional.
4. Sometimes pressure is needed to stop bleeding. With sterile gauze, apply pressure and raise the extremity to slow blood flow to the area.
5. Do not pull, or remove torn skin. After cleaning the wound, gently cover the skin with sterile dressing.
6. Contact parent/guardian.
7. Document.

DO NOT:

- Press directly on the bruise or bump .
- Try to remove embedded objects - seek medical assistance.
- Remove gauze used to stop bleeding, bandage in place.



CALL 911 if:

If the bleeding is severe, or lasts longer than 5 minutes.

- The child loses consciousness - see Seizures/Unconscious.
- Complains of neck/back pain, or has difficulty walking or moving injured limbs.
- Displays signs of shock which include chills, blue lips or fingernails, severe pain, dizziness or rapid breathing.

Bruising/Bumps/Bleeding

If a Child has been Bitten:

If bleeding, wear disposable gloves when exposed to blood or other body fluids and follow the steps for Bruising/Bumps/Bleeding.

Human Bite or Animal:

1. Wash any broken skin with soap and water.
2. Apply a cold compress to any bruise.
3. Contact parent/guardian.
4. Document.



If bite is from an animal, medical attention may be needed because of possible rabies. If bite is from a snake, hold the bitten area still and below the level of the heart and call Poison Control. Call Health Department or law enforcement to report the animal.

If a child is burned:

1. STOP THE BURNING

If child is on fire, cover with blanket or coat and put the flames out.

2. COOL THE BURNING

Flush with large amounts of cool water for a minimum of 15 minutes. Remove clothing contaminated with chemicals and remove any jewelry if possible. Do not try to remove clothing that is sticking to the skin. Flush chemical burns for a minimum of 20 minutes.

3. COVER THE BURN

Cover the area with a dry, clean dressing. The bandage should not put pressure on the burn.

Do not break blisters or apply ointments or creams.

4. Call parent/guardian.

5. Document.

CALL 911 If:

- The burn causes breathing difficulty.
- Burns are located on the head, neck, hands, feet or genitals.
- The child has special health care considerations.
- Burns are on more than one body part.
- Burns are a result of chemicals, electricity, or explosions.
- There is a third degree burn (a burn that goes thru all layers of skin).



Bites/Burns

CPR for a child (1 year and older) & (Less than 1 year old):

If you find a child unconscious or a child becomes unconscious during a choking episode, follow these steps:

1. Make sure the scene is safe and the child is on a firm flat surface.
2. Gently tap the child and shout. Check to see if the child responds.
3. If the child does not respond, send someone to call 911 and ask them to get an Automated External Defibrillator (AED), if available.
4. Begin CPR.

CPR

1. Move clothes out of the way.
2. Position the child face up. Make sure to turn/move child in a way that limits neck movement.
3. Compressions:
Child: Put the heel of 1 hand between the nipples on the chest (use two hands for older children).
Infant: Put 2 fingers just below the nipple line on the chest.
4. Give 30 compressions. Push hard and fast and straight down.
 - * Compress the chest at least 2 inches deep for child and at least 1.5 inches deep for infant.
 - * Let the chest come back up to its normal position.
 - * Give at least 100 compressions per minute.
 - * Try not to interrupt compressions for more than a few seconds.
5. Breaths (If you do not wish to give rescue breaths, continue chest compressions)
6. After 30 compressions, open the airway with a head tilt-chin lift.
7. Check the mouth for foreign objects and remove any objects you see.
Do not put your finger in their mouth if no object is seen.
8. After the airway is open and clear, take a normal breath.
9. Child: Pinch the nose shut and cover the child's mouth with your mouth.
Infant: Cover the infant's mouth and nose with your mouth.
10. Give 2 breaths (blow for 1 second each).
11. Watch for the chest to begin to rise as you give each breath.
12. Repeat sets of 30 compressions and 2 breaths.

If you are alone, after 2 minutes or 5 sets of 30 compressions and 2 breaths, phone 911 and then resume sets of 30:2.

Keep giving sets of 30 compressions and 2 breaths until the child regains consciousness, or more advanced training arrives and takes over, or you become too exhausted to continue.

1. Contact parent/guardian immediately.
2. Document.

When the AED arrives:

1. Turn AED on by lifting the lid or pressing the "ON" button.
2. Use child pads/key or switch. Use adult pads if no child pads are available.
3. Follow the prompts.

CPR

If an infant is Choking: CONSCIOUS/AWAKE CHOKING CHILD (Less than 1 year old)



If the baby can cough, cry, or breathe: Do not interfere.

Send someone to call 911 and stay with the baby until help arrives.

If alone, bring the phone with you.

If the baby cannot cough, cry, or breathe:

1. Send someone to call 911. Use back slaps and chest thrusts to relieve the choking infant.
2. Sit on a chair or kneel. Hold the infant face down on your forearm supporting the head and jaw with your hand. Rest your arm on your lap or thigh keeping the head lower than his/her diaper.
3. Give 5 back slaps with the heel of your hand between the shoulder blades. If the object does not come out, turn the child over. Keep the head down and remove the clothes from the chest area.
4. Support the head, and give up to 5 chest thrusts using your middle and index fingers from your free hand on the breastbone between the nipples.
5. Alternate 5 back slaps and 5 chest thrusts until the object comes out and the infant can breathe, cough or cry, or loses consciousness. If the infant loses consciousness, begin the steps for CPR.
*** Do not put your finger in the mouth if you cannot see the object causing the choking.**
6. Contact parent/guardian immediately.
7. Document.

If a child is Choking: CONSCIOUS/AWAKE CHOKING CHILD (1 year and older)

If the child can cough, speak, or breathe: Do not interfere. Send someone to call 911 and stay with the child until help arrives. If alone, bring the phone with you.

If the child cannot cough, speak, or breathe:

1. Send someone to call 911 and use abdominal thrusts.
2. Kneel or stand firmly behind him and wrap your arms around him so that your hands are in front.
3. Make a fist with one hand and place your other thumb inside the fist.
4. Put the thumb side of your fist just above the belly button.
5. With your other hand, grasp the fist and give quick upward thrusts into the belly until the object is forced out and the child can cough or speak or breathe or loses consciousness. If the child loses consciousness, begin the steps for CPR.
*** Do not put your finger in the mouth if you cannot see the object causing the choking.**
6. Contact parent/guardian immediately.
7. Document.



Choking

If a Child has a facial injury:

In children, most facial injuries occur during sports or playtime.

EYES: Foreign body/objects like dirt/sand/slivers can fall or be blown into the eye. Chemicals can splash into the eyes and even a stray eyelash can be painful. Our eyes make tears naturally to flush objects out, but eyes can become very irritated.

DO:

1. Encourage the child to blink and use natural tears to flush the object out.
2. Using warm water, flush the eye over the sink. If the eyes were splashed with chemicals, flush immediately for at least 20 minutes.
3. If the object does not easily wash out, cover both eyes with dry gauze.
4. Contact parent/guardian.
5. Apply an ice pack to bruises/redness around the eye following an injury.
6. Document.



As shown in picture

DO NOT:

- Rub or put pressure on the affected eye to dislodge foreign body.
- Squirt or spray water forcibly into the eye.
- Use your fingers to take an object out of the eye.

CALL 911 if:

- An object is impaled into the eye.
- Blood and/or severe pain in the eye or deformity of the bones around the eye following a strike to the face or fall—follow the steps for [Head Injuries](#).

EARS: Injuries to the ear can include inner ear, ear canal, and outer ear. Possible injuries include: Ruptured eardrum, infection, cut/bruise/abrasion, burn, bites, or foreign body in the ear.

DO:

1. Wash a cut or abrasion (gently) with warm soapy water for 5 minutes.
2. Cover with sterile gauze or a bandage to keep it clean and dry.
3. Contact parent/guardian to report complaints of pain, fever, and itching/discomfort. Child may need to be seen by a medical professional.
4. Document.

DO NOT:

- Push items into the ear to retrieve objects from the ear canal.
- Squirt or spray water forcibly into the ear.

CALL 911 if:

- The ears are bleeding after a fall or strike to the child's head—follow the steps for [Head Injuries](#).
- An object is impaled into the ear (do not try to remove it).
- A bite (animal or human) is severe and/or bleeding continues more than 10 minutes.

Facial Injuries—Ears/Eyes

If a Child has a facial injury:

MOUTH: Injuries of the mouth are usually not serious but they can bleed a lot. Along with other emergency numbers, have the number for child's dentist listed for quick reference. Mouth injuries include: broken/chipped tooth, knocked-out tooth, cuts to the tongue, lips or inside of cheeks, impaled object.

TOOTH INJURIES:

1. For a chipped or broken tooth, gather the pieces.
2. Put tooth in a container of milk or water.
3. Call parent/guardian. The child's dentist should be contacted immediately for guidance. If medical help is sought the first hour, often the tooth can be saved.
4. Use sterile gauze to stop bleeding.
5. Don't scrub or clean the tooth or handle the root.
6. Document.



SOFT TISSUE OF THE MOUTH: Bumps to the mouth can result in injuries to the lips and tongue.

1. Apply ice wrapped in a paper towel or a cool washcloth. Stop any bleeding and soothe the injured child.
2. If the injury is severe, or bleeding does not stop after 10 minutes, the child should be evaluated by a medical professional. (Lip burns from an electric cord should be evaluated immediately by a medical professional.)
3. Contact parent/guardian.
4. Document.

CALL 911 if:

- An object is impaled in the child's mouth (do not try to remove it).
- The child is unconscious from the blow to the mouth or fall - follow the steps for Unconscious.
- The child is having difficulty breathing.

If a Child has a facial injury:

NOSE: Injuries can occur on the outside or inside of the nose. Some common conditions include: broken nose, bloody nose, foreign object in the nose, bruising/swelling, and abrasions/cuts.

External Bleeding:

1. Apply 10 minutes of pressure with a sterile gauze to stop bleeding.
2. Use warm soapy water to (gently) wash any cuts/scrapes and cover with a bandage only if it does not interfere with breathing.
3. Contact parent/guardian.
4. Document.



Nose Bleed:

1. Have the child sit or stand up, and gently pinch the nose shut with a tissue or washcloth.
2. Lean forward so that blood does not accumulate in the mouth or throat and provide a cup or bowl for spit.
3. Contact parent/guardian.
4. Document.

Foreign Object:

1. Push the unaffected nostril shut and have child blow out the other nostril to see if the object will come out.
2. Remove object if it is protruding from the nostril and can be easily grabbed with fingers.
3. Contact parent or guardian.
4. Document.

Broken Nose:

If you suspect the child's nose is broken:

1. Apply ice to a bruised or swollen nose, but only lightly, without pressure.
2. Recommend child be seen by a medical professional.
3. Contact parent/guardian.
4. Document.

DO NOT:

- Use tweezers, cotton swabs or other tools to retrieve a foreign object **you cannot see**.

CALL 911 if:

- The child has trouble breathing.
- The child is unconscious due to a fall or strike to the nose - follow the steps for Unconscious until help arrives.

If a Child Falls:

Falls can be serious and may require more attention.

The injuries caused by a fall depend on the distance of the fall and the type of landing surface.

Common injuries from slipping, tripping, or falling include: bruises, cuts/scrapes, neck or back injury, facial injury, head injury, and broken bones/teeth.

DO:

1. Follow the steps for Facial Injuries if one occurs.
2. Follow the steps for Bruising/Bumps/Bleeding if one occurs.
3. Contact parent/guardian to take the child to a medical professional if they have an obvious deformity (lump).
4. Check for bleeding, follow the steps for Head Injuries if the child strikes their head.
5. Document.
6. Contact parent/guardian.



DO NOT:

- Leave an infant or child unsupervised.
- Try to move the child if you suspect serious injury.
- Apply pressure to a deformity (lump) or try to straighten deformed limbs.

CALL 911 if the child:

- Is unconscious and follow the steps for Unconscious.
- Cries inconsolably and or vomits repeatedly.
- Complains of neck/back pain or has difficulty walking or moving limbs.

If a child has a fever:

Children with fever (100°F—axillary or 101°F—oral or higher) and other symptom should be sent home.

Fevers can be caused by a minor illness such as a cold, or by a more serious infection. When you suspect a child has a fever, follow these steps:

DO:

1. Take child's temperature. Don't rely on touch or appearance.
2. Give him/her lots of clear fluids to drink. Don't worry if he isn't hungry.
3. Dress the child in light, loose fitting clothing, diaper or underpants.
4. Place cool washcloths over the forehead for comfort.
5. Contact parent/guardian.
6. Document.



DO NOT:

- Cover the child in heavy clothes or blankets.
- Give aspirin to children.
- Bathe or spray the child in cold water, ice water, or alcohol.

CALL 911 if the child/infant:

- Has trouble breathing—if the child stops breathing, follow the steps for CPR.
- Complains of a stiff neck or displays limited movement.
- Has a seizure—if the child has a seizure follow the steps for Seizures.
- Is extremely difficult to awaken or appears disoriented.
- Develops a dark red/purple rash.
- Cries inconsolably (non-stop).

Fever in Children is a temperature above:

100°F (37.8°C) - Axillary (armpit)

101°F (38.3°C) - Oral

102°F (38.9°C) - Rectal

Infants younger than 4 months with fever should be evaluated by a medical professional.

If a Child has a head injury:

Children frequently bump their heads. Even minor cuts can bleed heavily. Watch the child closely after a fall. Some symptoms develop right away and other develop later. If a child begins to play or run immediately after getting a bump on the head, serious injury is unlikely. Continue to watch the child closely after the incident and inform the parent/guardian to monitor the child for 24 hours after the incident.

DO:

1. Place an ice bag or cold pack on the injured area to stop swelling.
2. Call parent/guardian.
3. Document.
4. Closely watch the child to see if symptoms develop or worsen.

DO (head injury with bleeding):

1. Place sterile (clean) dressing on the wound to stop the bleeding.
2. Apply pressure to the wound.
3. Contact parent/guardian.
4. Document.
5. Monitor for signs of infection such as fever, swelling, redness or discharge.



DO NOT:

- Move the child if neck or back injury is suspected.
- Give anything by mouth if the child is unconscious or semi-conscious.

Has **CALL 911** if the child:

- Is unconscious or hard to wake up.
- Is having seizures.
- vomited.
- Is dizzy or complains of blurred vision or has trouble crawling or walking.
- Is unable to move arms or legs.

POISONING / ALLERGIC REACTION

Poison Control 1-800-222-1222

When a child/infant has been poisoned:

A poison is any harmful substance taken into or placed on the body. A poison can be swallowed, inhaled, or injected. Some poisons have an immediate effect or problems may be delayed for hours. Children can be poisoned by many things, possible sources include: prescription medication, household cleaning products, vitamins, lead, illegal drugs, carbon monoxide, plants, and alcohol.

If you suspect a poison emergency, call the Poison Center immediately at 800-222-1222. Do not delay waiting for symptoms to appear. Always call the poison center or a medical professional.

If the child/infant is found unconscious or is experiencing immediate distress call 911 and follow the steps for Unconscious or CPR if they are not breathing.

- Stains around the mouth or strange smelling breath.
- Lethargy (sleepiness)
- Vomiting
- Seizures
- Bright red skin or rash
- Stomach pain
- Confusion
- Headache

Other signs the child may have been poisoned can include:

Other helpful tips for poisoning emergencies:

DO:

1. Have drug/poison containers available for medical personnel
2. If conscious, place child in sitting position and monitor breathing.
3. Provide bucket for the child in case of vomiting.
4. Stay with the child and monitor the airway.
5. If chemicals have contacted the skin, check with the poison center before flushing with water.
6. Contact parent/guardian.
7. Document.

DO NOT:

- Give the child anything to eat or drink.
- Induce vomiting without direction from a medical professional.



Poisoning

If a Child has a seizure:

Seizures may cause the entire body or parts of the body to shake. Seizures occur for many reasons, especially in children and can be frightening. If you suspect a child is having a seizure, follow these steps:

DO:

1. Stay calm. Most seizures only last a few minutes.
2. Send someone to call 911.
3. Keep the child on the floor. Make sure the child is safe, remove objects from around him.
4. Check for breathing during and after seizure activity.
5. Note the type of movement and duration of seizure activity.
6. When the seizure is over, lay the child on his side and make sure the mouth is clear of saliva (drool) or vomit.
7. If the child stops breathing take the steps for CPR.
8. Contact parent/guardian.
9. Document.

DO NOT:

- Place or force objects between the child's teeth or in the mouth.
- Hold the child or try to stop the jerking movements.
- Give the child anything to eat or drink.

Care of children experiencing seizures:

After a seizure the child may:

- Be confused or not remember the seizure.
- Complain of a headache or feeling dizzy.
- Experience loss of bladder or bowel control during the seizure and need to be cleaned/change of clothes.
- Feel sick to his stomach and vomit or have excess saliva (drool) following the seizure. Be sure to maintain the airway by rolling the child on his side or supporting an infant in your arms.

If a Child/Infant is Unconscious:

UNCONSCIOUS CHILD (1 year old and older)/Infant (under 1 year of age)

If you find a child/infant unresponsive, follow these steps:

1. Send someone to call 911.
2. If you suspect head or neck injury due to the child/infant falling from a height (stairs/playground equipment) or an accident, limit movement to the head and neck when opening the airway.
3. Gently tap the child/infant and shout their name to see if the child/infant awakens or responds.
4. Position the child/infant face up and open the airway. Look for chest rise, listen for breath sounds, and feel for his breath on your face (no more than 10 seconds).
5. **Child**—If the child is breathing, roll the child on their side even if there may be a neck injury and stay with the child until help arrives. Check for breathing frequently.
6. **Infant**—If the baby is breathing, ensure the airway remains open and stay with them until help
7. arrives. Check for breathing frequently.
8. If the child/infant is not breathing or stops breathing, begin the steps for CPR.
9. Call parent/guardian.
10. Document.

Heat and Cold Weather Injuries:

Injuries caused by heat or cold can be serious. Remember to dress children appropriately for the weather. Injuries from the heat and cold include: heat exhaustion/heat stroke, heat cramps, frostnip/frostbite and hypothermia.

HEAT: Babies and young children are very sensitive to the effects of high temperatures. They become dehydrated very quickly because of their small size. They are also unable to help themselves if they become overheated.

	Heat Cramps	Heat Exhaustion	Heat Stroke
Symptoms	Painful muscle, cramps, sweating	Heavy sweating, tired, pale, nausea, headache, rapid breathing	Red dry skin, confusion, seizure, high temp. (103° orally), vomiting, unconsciousness
First Aid	Move away from heat and give sips of cool water. Cramps can be massaged with gentle pressure.	Move away from heat and give sips of cool water. Remove clothing. Set child near a fan, if possible.	Move away from heat and begin cooling steps for heat exhaustion. Follow steps for <u>Unconscious</u> . If the child has passed out.
Action	Contact parent/guardian. Have parent/guardian contact medical professional. Document.	Call 911 if the child's condition does not improve and contact parent/guardian. Document.	Call 911 and contact parent/guardian. Document.

DO NOT:

- Give the child/infant a cold bath, or immerse him/her in ice.
- Let the child/infant return to the heat or active play for at least four hours.
- Leave the child unattended during cooling steps or recovery.

COLD: Babies and young children lose heat rapidly. Small ears, fingers and toes are especially vulnerable to cold temperatures and wind chill. Dress children appropriately for the winter, and limit exposure to severe weather.

	Frostnip	Frostbite	Hypothermia
Symptoms	An early warning of frostbite—affected skin becomes white and numb.	Affected skin becomes very cold and turns white or yellowish-gray and feels hard and swollen. Blisters may appear.	Cold, pale skin, confusion, shivering, loss of coordination, slurred speech, fatigue or lethargy (feeling sleepy).
First Aid Care	Bring the child inside and remove all wet clothing and immerse chilled body parts in warm (not hot) water until sensation returns.	Bring the child inside. If feet are affected, carry the child. Call 911 and remove wet clothing. Place clean cotton gauze between affected toes/ fingers.	Bring the child inside and remove wet clothing. Call 911 if the child is unconscious and follow the steps for <u>Unconscious</u> .
Action	Contact parent/guardian. Have parent/guardian contact medical professional. Document.	Call 911 if the child's condition does not improve. Contact parent/guardian. Document.	Call 911 and contact parent/guardian. Document.

DO NOT:

- Give the child/infant a hot bath, or immerse affected skin in hot water.
- Rub or massage the skin.
- Use direct heat, like heating pads on the child's skin.
- Disturb any blisters.
- Administer medication.



Weather Injuries (Heat & Cold)

Remember:

- Notification of Child care licensing is required when a child is hospitalized or has treatment at a medical facility.
- Parents should be notified if a child required emergency care.

This information is designed to help early childhood professionals give reasonable care during some of the most common childhood emergencies. The guidelines listed in this reference are not intended for the professional rescuer nor should be used to replace a certified CPR and First Aid Course.

If you believe you have witnessed or are experiencing an emergency, always call 911.

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