

Pediatric First Aid/CPR/AED

Ready Reference



American Red Cross

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Guide to the icons used in this reference:



Check the scene and the person.



Get consent from a parent or guardian, if present.



Put on disposable gloves or other PPE as appropriate.



Next Steps



Call 9-1-1.

Checking an Injured or Ill Child or Infant

Appears to Be Unconscious



1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you okay?"

For an infant, you may flick the bottom of the foot.



2 IF NO RESPONSE, SEND SOMEONE TO CALL 9-1-1 OR THE LOCAL EMERGENCY NUMBER AND TO GET AN AED

If an unconscious child or infant is face-down, roll him or her face-up supporting the head, neck and back in a straight line.

If ALONE, give about 2 minutes of care, then call 9-1-1.

If the child or infant responds, call 9-1-1 or the local emergency number for any life-threatening conditions and obtain consent to give care. Check the responsive child or infant from head-to-toe and ask questions to find out what happened.

3 OPEN THE AIRWAY

Tilt head back slightly; lift chin.

4 CHECK FOR BREATHING

Check for no more than 10 seconds.

Occasional gasps are not breathing.

Infants have periodic breathing, so changes in breathing pattern are normal for infants.



5 IF NO BREATHING, GIVE 2 RESCUE BREATHS

Tilt the head back and lift the chin up.

Child: Pinch the nose shut then make a complete seal over child's mouth.

Infant: Make a complete seal over infant's mouth and nose.

Blow in for about 1 second to make the chest clearly rise.

Give rescue breaths, one after the other.

If chest does not rise with the initial rescue breath, retilt the head before giving the second breath.

If you witnessed the child or infant suddenly collapse, skip rescue breaths and start CPR.



6 QUICKLY SCAN FOR SEVERE BLEEDING

If the second breath does not make the chest rise, the child or infant may be choking. Give care for unconscious choking by performing CPR, starting with compressions.

If there is no breathing, perform CPR or use an AED if an AED is immediately available. (See Panels 7 and 8.)

If breathing, maintain an open airway and monitor breathing and for any changes in condition.



Conscious Choking—Child

Cannot Cough, Speak or Breathe



1 GIVE 5 BACK BLOWS

Bend the child forward at the waist and give 5 back blows between the shoulder blades with the heel of one hand.

Stand or kneel behind the child, depending on his or her size.



2 GIVE 5 ABDOMINAL THRUSTS

Place a fist with the thumb side against the middle of the child's abdomen, just above the navel. Cover your fist with your other hand. Give 5 quick, upward abdominal thrusts.



3 CONTINUE CARE

Give sets of 5 back blows and 5 abdominal thrusts until the object is forced out, the child can cough forcefully or breathe, or the child becomes unconscious.



If the child becomes unconscious, carefully lower him or her to the ground and begin CPR, starting with compressions. (See Panel 7.)

Conscious Choking—Infant

Cannot Cough, Cry or Breathe



1 GIVE 5 BACK BLOWS

Give firm back blows with the heel of one hand between the infant's shoulder blades.



2 GIVE 5 CHEST THRUSTS

Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about 1½ inches.

Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.



3 CONTINUE CARE

Give sets of 5 back blows and 5 chest thrusts until the object is forced out, the infant can cough forcefully or breathe, or the infant becomes unconscious.



If the infant becomes unconscious, carefully place him or her on a firm, flat surface, and begin CPR, starting with compressions. (See Panel 7.)

CPR—Child and Infant

No Breathing



1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest at a rate of at least 100 compressions per minute.

Child: Push about 2 inches deep.

Infant: Push about 1½ inches deep.

The child or infant must be on a firm, flat surface.



2 GIVE 2 RESCUE BREATHS

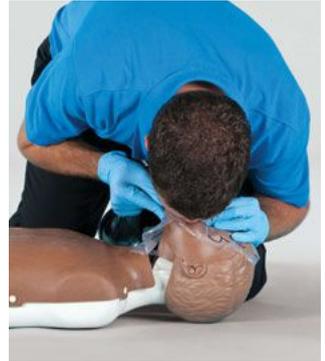
Tilt the head back and lift the chin up.

Child: Pinch the nose shut then make a complete seal over child's mouth.

Infant: Make a complete seal over infant's mouth and nose.

Blow in for about 1 second to make the chest clearly rise.

Give rescue breaths, one after the other.



If chest does not rise with the initial rescue breath, retilt the head before giving the second breath.

If the second breath does not make the chest rise, the child or infant may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.

3 DO NOT STOP

Continue cycles of CPR. Do not stop unless you find an obvious sign of life (such as breathing), an AED is ready to use, another trained responder or EMS personnel take over, you are too exhausted to continue or the scene becomes unsafe.



Use an AED as soon as one is available. (See Panel 8.)

If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

AED—Child and Infant Younger Than 8 Years

No Breathing



When available, use pediatric settings or pads when caring for children and infants. If pediatric equipment is not available, use AEDs configured for adults.

1 TURN ON AED

Follow the voice and/or visual prompts.



2 WIPE BARE CHEST DRY

3 ATTACH PADS

If pads risk touching each other, use front-to-back pad placement.



4 PLUG IN CONNECTOR, IF NECESSARY



or Weighing Less Than 55 Pounds

5 STAND CLEAR

Make sure no one, including you, is touching the child or infant.

Say, "Everyone, STAND CLEAR."



6 LET THE AED ANALYZE HEART RHYTHM

Push the "analyze" button if necessary.

7 DELIVER SHOCK, IF ADVISED

Make sure no one, including you, is touching the person. Say "Everyone, STAND CLEAR."

Push the "shock" button, if necessary.



8 PERFORM CPR

After delivering the shock or if no shock is advised, perform 2 minutes (5 cycles) of CPR and continue to follow the prompts of the AED.

If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

If two trained responders are present, one should perform CPR while the other operates the AED.

Controlling External Bleeding



1 COVER THE WOUND WITH A STERILE DRESSING

2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS



3 COVER THE DRESSING WITH A BANDAGE

Check for circulation (feeling, warmth and color) beyond the injury.



4 IF BLEEDING DOES NOT STOP, CALL 9-1-1 AND APPLY MORE PRESSURE

Add more dressings and bandages and apply additional pressure.

Take steps to minimize shock.

Wash hands with soap and water after giving care.

Burns



1 REMOVE PERSON FROM SOURCE OF BURN

2 COOL THE BURN

Cool the burn with cool running water at least until pain is relieved.



3 COVER LOOSELY WITH STERILE DRESSING



4 IF THE BURN IS SEVERE, CALL 9-1-1

Call 9-1-1 or the local emergency number if any other life-threatening conditions are found.

5 CARE FOR SHOCK

Poisoning



1 CALL 9-1-1 OR THE POISON CONTROL HOTLINE

For life-threatening conditions (child or infant is unconscious or not breathing, or level of consciousness changes), call 9-1-1 or the local emergency number.

If the child or infant is conscious and alert, call the National Poison Control Center hotline at 1-800-222-1222 and follow the advice given.

2 PROVIDE CARE BASED ON CONDITIONS FOUND

Do not induce vomiting or give the child or infant anything to eat or drink unless medical professionals tell you to do so.

Seizure



1 CALL OR HAVE SOMEONE CALL 9-1-1 OR THE LOCAL EMERGENCY NUMBER

2 REMOVE NEARBY OBJECTS

Do not hold or restrain the child or infant.

Do not place anything between the teeth or in the mouth.

3 AFTER SEIZURE PASSES, MONITOR BREATHING AND FOR CHANGES IN CONDITION



Comfort and reassure the child or infant. If fluids or vomit are present, roll the child or infant to one side to keep the airway clear.

Provide care based on conditions found.

