

# CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

START FIRST AID FOR CHOKING IF

DO NOT START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk, or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

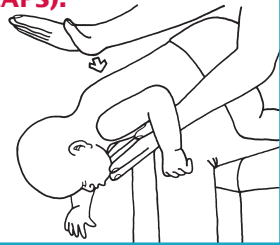
- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

## FOR INFANTS YOUNGER THAN 1 YEAR

### INFANT CHOKING

If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911.

#### 1 GIVE 5 BACK BLOWS (SLAPS).



ALTERNATING WITH

#### 2 GIVE 5 CHEST COMPRESSIONS.



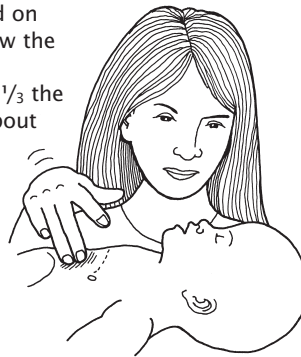
Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.

### INFANT CPR

To be used when the infant is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place infant on flat, hard surface.

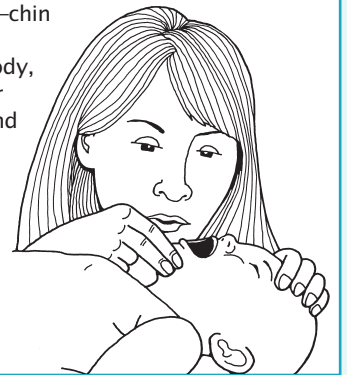
#### 1 START CHEST COMPRESSIONS.

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest at least  $\frac{1}{3}$  the depth of the chest, or about 4 cm (1.5 inches).
- After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
- Do 30 compressions.



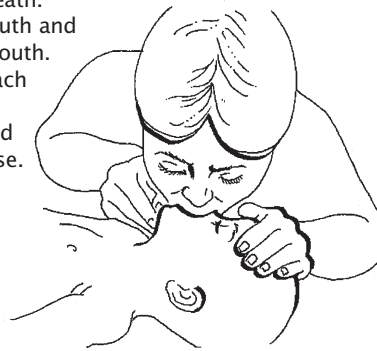
#### 2 OPEN AIRWAY.

- Open airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



#### 3 START RESCUE BREATHING.

- Take a normal breath.
- Cover infant's mouth and nose with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



#### 4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths.
- After 5 cycles of compressions and breaths (about 2 minutes), if no one has called 911 or your local emergency number, call it yourself.



## FOR CHILDREN 1 TO 8 YEARS OF AGE

### CHILD CHOKING (HEIMLICH MANEUVER)

Have someone call 911. If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps.

#### 1. Perform Heimlich maneuver.

- Place hand, made into a fist, and cover with other hand just above the navel. Place well below the bottom tip of the breastbone and rib cage.
- Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.
- Perform Heimlich maneuver until the object is expelled or the child becomes unconscious/unresponsive.



2. If the child becomes UNCONSCIOUS/UNRESPONSIVE, begin CPR.

### CHILD CPR

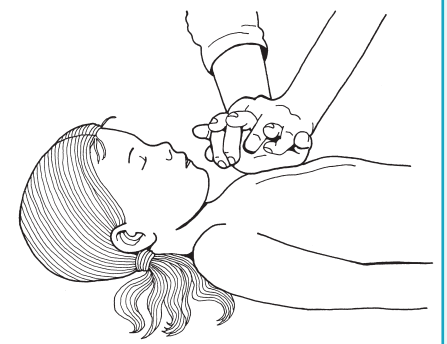
To be used when the child is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place child on flat, hard surface.

#### 1 START CHEST COMPRESSIONS.

- Place the heel of 1 or 2 hands over the lower half of the sternum.
- Compress chest at least  $\frac{1}{3}$  the depth of the chest, or about 5 cm (2 inches).
- After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
- Do 30 compressions.



1-hand technique



2-hand technique

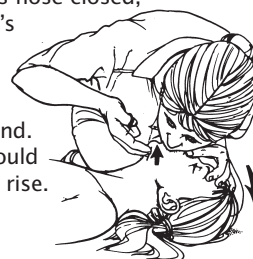
#### 2 OPEN AIRWAY.

- Open airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



#### 3 START RESCUE BREATHING.

- Take a normal breath.
- Pinch the child's nose closed, and cover child's mouth with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



#### 4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths until the object is expelled.
- After 5 cycles of compressions and breaths (about 2 minutes), if no one has called 911 or your local emergency number, call it yourself.

If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

# FIRST AID

**Call 911 or an emergency number for a severely ill or injured child. Call 1-800-222-1222 (Poison Help) if you have a poison emergency.**

## GENERAL

- Know how to get help.
- Make sure the area is safe for you and the child.
- When possible, personal protective equipment (such as gloves) should be used.
- Position the child appropriately if her airway needs to be opened or CPR (cardiopulmonary resuscitation) is needed. (Please see other side.)
- DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY (from a fall, motor vehicle crash, or other injury, or if the child says his neck or back hurts) unless he is in danger.
- Look for anything (such as emergency medical identification jewelry or paperwork) that may give you information about health problems.

## STINGS, BITES, AND ALLERGIES

**Stinging Insects** Remove the stinger as soon as possible with a scraping motion using a firm item (such as the edge of a credit card). Put a cold compress on the bite to relieve the pain. If trouble breathing; fainting; swelling of lips, face, or throat; or hives over the entire body occurs, call 911 or an emergency number right away. For hives in a small area, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Help (1-800-222-1222). Have the pediatrician check any bites that become red, warm, swollen, or painful.



**Animal or Human Bites** Wash wound well with soap and water. Call the pediatrician. The child may need a tetanus or rabies shot or antibiotics.

**Ticks** Use tweezers or your fingers to grasp as close as possible to the head of the tick and briskly pull the tick away from where it is attached. 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 unsure of the type of snake or if you are concerned that the snake may be poisonous. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at or slightly below the level of the heart. Identify the snake, if you can do so safely. If you are not able to identify the snake but are able to kill it safely, take it with you to the emergency department for identification.

**Allergy** Swelling, problems breathing, and paleness may be signs of severe allergy. Call 911 or an emergency number right away. Some people may have emergency medicine for these times. If possible, ask about emergency medicine they may have and help them administer it if necessary.

## FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medicines, an environment that is too hot, or an extreme level of overactivity.

Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) as a fever. However, the way the child looks and acts is more important than how high the child's temperature is.

Call the pediatrician right away if the child has a fever and

- Appears very ill, is unusually drowsy, or is very fussy
- Has other symptoms such as a stiff neck, a severe headache, severe sore throat, severe ear pain, an unexplained rash, repeated vomiting or diarrhea, or difficulty breathing
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or chronic steroid use)
- Has had a first seizure but is no longer seizing
- Is younger than 2 months and has a temperature of 100.4°F (38°C) or higher
- Has been in a very hot place, such as an overheated car

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 medicines. 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.

**Turn Over for Choking and CPR Instructions.**



## SKIN WOUNDS

Make sure the child is up to date for tetanus vaccination. Any open wound may need a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child needs a tetanus booster.

**Bruises** Apply cool 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** Rinse small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding and hold in place for 1 to 2 minutes. If the cut is not deep, apply an antibiotic ointment, then cover the cut with a clean bandage.

Call the pediatrician or seek emergency care for large or deep cuts, or if the wound is wide open. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.



**Scrapes** Rinse with clean, running tap water for at least 5 minutes to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Apply an antibiotic ointment and a bandage that will not stick to the wound.

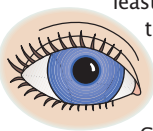
**Splinters** Remove small splinters with tweezers, then wash until clean. If you cannot remove the splinter completely, call the pediatrician.

**Puncture Wounds** Do not remove large objects (such as a knife or stick) from a wound. Call for help (911 or an emergency number). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.

**Bleeding** Apply pressure with gauze over the bleeding area for 1 to 2 minutes. If still bleeding, add more gauze and apply pressure for another 5 minutes. You can also wrap an elastic bandage firmly over gauze and apply pressure. If bleeding continues, call for help (911 or an emergency number).

## EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call Poison Help (1-800-222-1222) 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 medicine. Do NOT remove objects stuck in the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help.



## FRACTURES AND SPRAINS

If an injured area is painful, swollen, or deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or other firm material to hold the arm or leg in place. Do not try to straighten. Apply ice or a cool compress wrapped in thin cloth for not more than 20 minutes. Call the pediatrician 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 (blue or pale), seek emergency care right away.

## 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, hot iron). If clothing is burning, smother flames. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not apply ice, butter, grease, medicine, or ointment.

**Burns With Blisters** Do not break the blisters. Ask the pediatrician how to cover the burn. For burns on the face, hands, feet, or genitals, seek emergency care.

**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. If the child is still in contact with an electrical source, do NOT touch the child with bare hands. Pull the child away from the power source with an object that does not conduct electricity (such as a wooden broom handle), only after the power is turned off. ALL electrical burns need to be seen by a doctor.



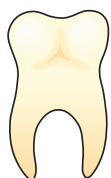
## NOSEBLEEDS

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 5 minutes. If bleeding continues or is very heavy, call the pediatrician or seek emergency care.

## TEETH

**Baby Teeth** If knocked out or broken, apply clean gauze to control bleeding and call the pediatric or family dentist.

**Permanent Teeth** If knocked out, handle the tooth by the top and not the root (the part that would be in the gum). If dirty, rinse gently without scrubbing or touching the root. Do not use any cleansers. Use cold running water or milk. Place the tooth in clean water or milk and transport the tooth with the child when seeking emergency care. Call and go directly to the pediatric or family dentist or an emergency department. If the tooth is broken, save the pieces in milk and call the pediatric or family dentist right away. Stop bleeding using gauze or a cotton ball in the tooth socket and have the child bite down.



## CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent choking. Call 911 or an emergency number for a prolonged seizure (more than 5 minutes).

Make sure the child is safe from objects that could injure her. Be sure to protect her head. Do not put anything in the child's mouth. Loosen any tight clothing. Start rescue breathing if the child is blue or not breathing. (Please see other side.)

## HEAD INJURIES

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, OR BACK INJURY. This may cause further harm.

Call 911 or an emergency number right away if the child

- Loses consciousness
- Has a seizure (convulsion)
- Experiences clumsiness or inability to move any body part
- Has oozing of blood or watery fluid from ears or nose
- Has abnormal speech or behavior

Call the pediatrician for a child with a head injury and any of the following:

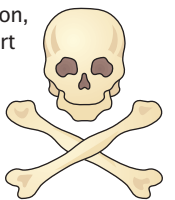
- Drowsiness
- Difficulty being awakened
- Persistent headache or vomiting

For any questions about less serious injuries, call the pediatrician.

## POISONS

If the child has been exposed to or ingested a poison, call Poison Help at 1-800-222-1222. A poison expert is available 24 hours a day, 7 days a week.

**Swallowed Poisons** Any nonfood substance is a potential poison. Do not give anything by mouth or induce vomiting. Call Poison Help right away. Do not delay calling, but try to have the substance label or name available when you call.



**Fumes, Gases, or Smoke** Get the child into fresh air and call 911, the fire department, or an emergency number. If the child is not breathing, start CPR and continue until help arrives. (Please see other side.)

**Skin Exposure** If acids, lye, pesticides, chemicals, poisonous plants, 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 amount of water or mild soap and water. Do not scrub. Call Poison Help 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.

## FAINING

Check the child's airway and breathing. If necessary, call 911 and begin rescue breathing and CPR. (Please see other side.)

If vomiting has occurred, turn the child onto one side to prevent choking. Elevate the feet above the level of the heart (about 12 inches).

**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 OR FAMILY DENTIST \_\_\_\_\_

POISON HELP 1-800-222-1222 \_\_\_\_\_

AMBULANCE \_\_\_\_\_

EMERGENCY DEPARTMENT \_\_\_\_\_

FIRE \_\_\_\_\_

POLICE \_\_\_\_\_

ADDRESS OF AND DIRECTIONS TO THE LOCATION  
(FOR BABYSITTERS, CAREGIVERS) \_\_\_\_\_

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American Academy  
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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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